



## CHILD CARE COUNCIL

Serving Columbia, Greene and Ulster Counties

### Child Care Council Staff:

**Team Leader** - Carroll Sisco, (845) 331-7080, ext. 131

**Ulster Physical Location:** 39 John Street, Kingston, NY 12401

**Ulster Mailing Address:** PO Box 3718 Kingston, NY 12402

Phone: 845-331-7080 Fax: 845-331-0526

cccouncil@familyofwoodstockinc.org

**Ulster County Staff: (845) 331-7080**

**Hours:** Monday-Thursday, 8am–5pm & Fridays, 8am - 4pm

**Program Directors** - Kerry Wolfeil, ext. 133

**Assistant Program Director** - Penny Dombrowski, ext. 132

**Registrars** - Bonnie Kudlacik, ext. 138 and Diann Keyser, ext. 135

**Parent Counselor** - Jessica Markle, ext. 126

**Food Program** - Cindy Eggers, ext.130 and Tamar Reed ext. 137

**Legally Exempt Enrollment** - Penny Dombrowski, ext. 132 and Tamar Reed, ext. 137

**Trainings** - Diann Keyser, ext. 135

**Reception** - Margie Knox

**Columbia & Greene County Staff (518) 822-1944**

**HOURS:** Monday-Thursday, 8am–4pm & Fridays, 8am - 3pm

**Columbia/Greene Location:** 160 Fairview Ave. Suite 207 Hudson, NY 12534

Phone: 518-822-1944 Fax: 518-822-8233

ccccg@familyofwoodstockinc.org

**Program Director** - Cheryl Brush-Elsinger, ext. 105

**Assistant Program Director** - Suzanne Holdridge, ext. 101

**Registrars** - Suzanne Holdridge, ext. 101 and Carey Braidt, ext. 103

**Parent Counselor** - Kristin Scace, ext. 104

**Food Program** - Carey Braidt, ext. 103

**Trainings** - Carey Braidt, ext. 103

**Legally Exempt Enrollment** - Laurie Vogel, ext. 102



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TAMAR REED

## Facilitating Language Development in Early Childhood



### A LANGUAGE SUPPORT TOOLBOX FEATURING FIVE SIMPLE STRATEGIES

2013/2014

#### What's 's inside:

- *“Self-talk”*
- *Parallel, or “Broadcast”Talk*
- *“Wait-and-See”*
- *Modeling*
- *Expansion and Recasting*
- *When to Seek Professional Intervention*

## Language Development

Speech is the production of individual sounds, put together to form words. Most typically developing children learn language in predictable stages and at predictable ages. From infancy, children are gradually learning the distinctive sounds of their language. Babies listen to all the sounds around them and begin to recognize frequently occurring sound combinations called words. By their first birthday, children usually say their first words, and by age four, most speaking children will produce nearly all sounds correctly and will be understood by most everyone around them. There are two parts to the system of language—receptive language (representing what we understand) and expressive language (representing what we can say in words, phrases, or sentences).

This booklet will focus on five specific strategies for language support in early childhood that anyone can use through everyday activities—no special tools, toys, equipment, or educational certification required. These techniques serve to enrich the language skills of children with typical needs, as well as providing extra support for children in need of remediation.



### Self-Talk

“Self-talk” is a running dialogue centering around the actions of the adult. Caregivers may think of themselves as cooks on the Food Channel talking about everything they are doing, like mixing, pouring, cooking, tasting, etc. For example, when a parent is putting on his/her coat for outdoor play time, he/she might say, “I’m getting on my warm, warm coat. Now I’m buttoning up, one, two, three, four, five buttons, so cozy. Where are my gloves? Oh, here they are. They were hiding in my pockets! These will keep my

hands toasty while we play outside on this cold day”.

Essentially, this strategy is all about caregivers *talking* about what they are doing when around the children. The adult will be pairing his/her words with his/her actions, too, which will help build the children’s language. Using “self-talk” may feel a little strange at first, but with practice it becomes easy. “Self-talk” can be used in any setting, at any time!



#### resource

<http://www.asha.org/public/speech/development/chart.htm>

Charts showing developmental milestones in speech, language, and hearing for children aged birth to 5 years.



#### resource

[http://www.earlychildhoodnews.com/earlychildhood/article\\_view.aspx?ArticleID=119](http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=119)

An article describing several theories of language development in early childhood. Also included are some excellent suggestions for encouraging language development in infants, as well as toddlers and preschoolers.



#### resource

<http://www.asu.edu/clas/icrp/research/Publication/Publication%20PDF%202.pdf>

A wonderful resource for caregivers and teachers of preschool aged children. Several strategies for enhancing language development through both planned and daily activities are explored.



#### resource

Ulster County DSS: Early Intervention and Preschool Special Education Programs  
1071 Development Court, Kingston, NY 12401 PH.(845) 334-5251

Providing a full range of screening and intervention services from birth through preschool aged.

#### Mission Statement:

To support the community by expanding and promoting high quality Child Care that meets the needs of children & their families.

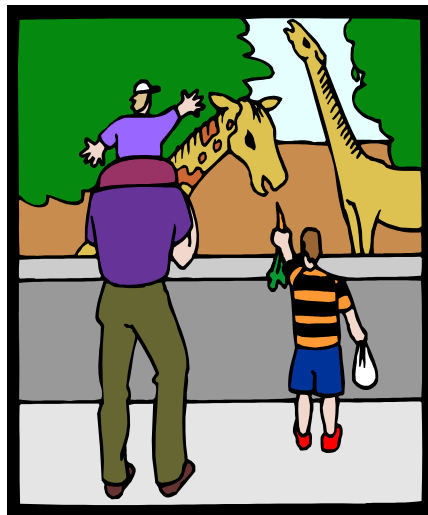
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## Conclusion

Incorporating these strategies throughout the day requires no extra planning at all, only mindful attention. Practice makes perfect, so the more frequently caregivers use these strategies, the easier and more effective they will become.

In a group setting, it is important for caregivers to notice which children share their words frequently and easily and which children are more reluctant. Providing extra support and opportunities for dialogue, both within the group and one-on-one, may go along way in encouraging these less vocal children to join the conversation.

Here are some more ideas for language-rich activities to do with children: cooking or food preparation activities, observation walks, "I Spy" games, finger plays and nursery rhymes, and (of course) reading books together. Remember, it's not necessarily important to read every word on the page. Sometimes it's better for adults and children to just focus on talking about what they see, and on what's happening along the way!



## Parallel Talk or "Broadcast" Talk

This strategy is very similar to "self-talk" but this time the adults give a running commentary about what the children are doing. In this instance, the caregivers consider themselves sports announcers, describing each action the child is doing. For example, if the child is building with blocks, a caregiver might say, "Joey is building a very big house. He's putting a triangle block on top. Uh oh, the blocks are starting to wobble. Joey tried to catch them but they crashed down. It looks like he's going to have to build his house all over again!"



The idea in this technique is to spark a conversation. "Self-talk" and "parallel talk" go together very nicely and using both strategies in the same conversation may be doubly effective. The more facilitative approaches caregivers can include in day-to-day interactions with a child, the better.



## Wait And See

This strategy is probably the easiest to understand, but the most difficult to apply day to day. The idea behind the "wait and see" strategy is just that: wait and see what the child will say. Too often, adults ask questions to children and don't wait and allow them enough time to respond on their own. Children have a lot to say, but if adults don't allow them the chance to speak, their opportunities to practice and grow in their language development are limited. The "wait and see" strategy encourages adults to be patient when waiting for a child to respond to their question. A good rule is to wait between five and ten seconds after asking a child a question. That may not sound like very long, but it can feel like forever sometimes!

By practicing this strategy, caregivers are letting children know that they care about what the children have to say, and promoting a better conversation.

## Modeling

Children learn through imitation, and “modeling”.

This strategy can be used in a variety of ways. A caregiver can model how a certain word sounds that a child is having trouble saying, or what to say when a child asks for an item or greets a friend. Adults can demonstrate what they would like children to do and say.



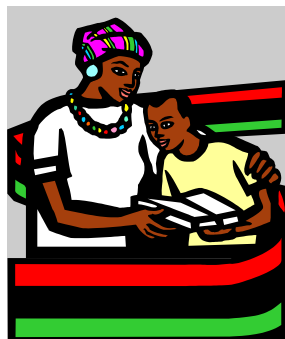
## Expansion and Recasting

Although these are two slightly different strategies, they go together very well and are often used together as a team. “Expansion” is all about encouraging a child to say more by expanding upon what they’ve already said. This is a great way to help a child begin combining words. For example, if a young child says, “I want paint”, a caregiver might *expand* on this by saying, “Yes, I see some red paint and some yellow paint you might use”. If the child says, “All done. I did painting of Mama and Daddy”, the caregiver might *expand* again and say, “Look at that! You’ve painted your Mama and Daddy, and it looks like they are standing underneath a very happy sun!” Helping children to expand their communications simultaneously builds language. The strategy is to build on what the child has said- to make it longer.

“Recasting” is a strategy used to gently correct children’s speech and language. Children need feedback on how to correctly say a certain word, sound, or phrase, but it is important to provide this feedback in a non-threatening manner. For example, if a child says, “I want read”, an adult using recasting might say, “Oh, you want to read? I want to read

too!” The correct sentence structure and words have been restated (or recast) to the child in a manner which is very natural and positive.

When adults are “recasting” a child’s words, they are simultaneously “expanding”, which is why the two strategies go hand in hand.



## Signs of Speech and Language Pathology That Warrant Intervention

When talking is hard for a child, they may be experiencing a speech, sound, or articulation disorder. They may have difficulty producing one or many different sounds or sound combinations. Family members or friends may struggle to understand their speech or refer to it as “baby talk”. A child might leave out a certain sound or substitute one sound for another. This may not be cause for concern, but could raise a red flag if it persists beyond the age when they would be expected to produce such sounds correctly. Other children who have difficulty talking may repeat sounds, words, or phrases when they speak, or they might have a hard time getting words out, or take long pauses between their words. A caregiver may notice a tense neck, face, or shoulders when they try to talk. When these behaviors persist and distract the listener, they may signal a stuttering or fluency disorder. An unusual voice quality such as hoarseness or breathiness, or using a very loud or soft voice, might indicate a voice disorder. If a child has difficulty expressing ideas or needs, they may be reluctant to talk or become easily frustrated. This may signal an expressive language disorder. They may hear a word but not understand its meaning. It’s important to note that these symptoms may be mistakenly identified as poor listening or attention, “selective” hearing, or bad behavior. Children with speech and language difficulties often express their frustration with communicating through physical aggression and other disruptive behaviors. Speech and language disorders frequently occur together, so a child may be demonstrating a combination of several problems. Early childhood is a pivotal time in which to perform necessary interventions. Failure to provide adequate support and intervention in early childhood could have lasting negative effects. The impact on social development, interpersonal relationships, and ability to learn are significant, and potentially life-long.

*Evaluation and therapy services for preschool children (ages 3-5) are provided free of charge through the Preschool Special Education Program.*