
A Parent's Guide to Children's Speech

*A collection of full-length articles and
handy Check Lists*



Pinpointing Problems Early Makes a Big Difference

by: Tracey Poffenroth, MS, SLP-PF and Adele Husar, MS, S-LP(C)

Parents often wonder how well their child's speech and language skills are developing. Communication skills are extremely important to a child's future well being. Discovering any problems early gives a child a better chance to learn how to communicate successfully. A child who has difficulties can work with a speech-language pathologist (S-LP) who is specially trained to help people with communication problems.

Communication problems are not uncommon.

- One in 10 Canadians has a speech, language or hearing problem.
- An estimated four per cent of the preschool population has a significant speech or language problem.
- About one per cent of Canadians and four per cent of preschoolers stutter. Men are four times more likely to stutter than women.

What are the most common communication problems in children?

Articulation problems — This is a difficulty with pronouncing sounds to make words. There are many reasons children have difficulty in making sounds. These include hearing problems, poor muscle control, cleft palate and lip or learning problems. However, often there is no apparent reason for the problem so it is called “a specific speech impairment” (delay of unknown origin). Children develop sounds in a particular order. English-speaking children learn most sounds by six or seven years. With other languages, such as Cantonese, youngsters develop the sounds earlier as they are less complex to learn. The speed at which children learn their sounds depends on the complexity of the sounds being mastered. As children develop their speech sounds it is not uncommon for them to make single types of errors like “tat” for “cat,” do.—” for “dog” or “shshssoup” for “soup.” Similar types of errors can be noted in other languages.

Sometimes children do not make single sound errors but have trouble learning “sound patterns.” For example, classes of sounds may give the youngster difficulty, such as replacing every sound that should be made at the back of the throat like “k” and “g” with “t.” The child may make words like “tap” for “cap,” “tup” for “cup” and so on. Every language has rules about how sounds can be combined to make words. If a child has trouble with specific rules and develops unique patterns like those just described, he might have a “phonological disorder.” In this situation, the speech-language pathologist helps the child to learn classes of sounds, rather than just specific sounds.

Language problems — These problems can be expressive (what the child says) receptive (what the child understands) or a combination of both. Expressive language difficulties can show up in problems with grammar, as in “Him is mean,” or vocabulary such as calling a “lion” a “tiger.” Receptive problems can show up in misunderstanding what is said, including difficulty following instructions or answering questions strangely - for example, answering “What do you do at night?” with “Pajamas.” Sometimes children have trouble learning the context in which certain language is used. They get themselves into trouble and appear to be rude by talking, for example, to a teacher as to a friend, saying “Hey gimme a pencil!” instead of “May I have a pencil please?” Problems with reading and writing can also show up in this area.

Voice disorders — A problem with a child's voice is determined by whether the voice matches the speaker's age and gender and has a pleasant sound to it. A pleasant voice is one that is not too loud nor soft, neither breathy nor harsh and not too nasal or hypo-nasal (how we sound when we have a cold). Before seeing a speech-language pathologist, it is important that a child be seen by an Ear, Nose and Throat (ENT) physician to rule out the possibility of a medical condition for the voice problem.

Fluency disorders (stuttering) - With this type of problem, the child has difficulty with the flow or rhythm of speech. The smooth flow of speech can be interrupted in a number of ways: repeating sounds, syllables, words and phrases, prolonging sounds, or using interjections such as “urn.”

My Child is Stuttering. What should I do?

Children who are still learning to talk often go through a period somewhere between the ages of two and five of what is called normal non-fluency, also known as stuttering. These behaviours are characterized by repetitions of whole phrases or words, as in “I like, I like, I like ice cream,” or “My, my new cat is nice.” Be aware that this is a normal part of your child’s speech development. Act in ways that promote easy smooth speech. Children are great imitators and often will copy you. Speak more slowly; listen to what is said, not how it is said; communicate well by pausing when you talk to give your child a chance to talk and letting him finish his own sentences; and show attention by nodding occasionally and looking interested in what he is saying.

Signs that your child’s stuttering may be becoming more of a concern include:

- Repeating sounds and syllables three times or more, as in “The ha-ba-ba-baby is happy”
- Using a higher pitched or louder voice when prolonging a sound
- Drawing out or prolonging a sound for more than one second, such as saying “ssssssssssssssoup”
- Showing signs of impatience or fear when stuttering or avoiding talking altogether
- Using “escape” behaviours such as nodding or blinking to break out of stuttering
- Tensing up and hurrying through repetitions
- Blocking the airflow or interrupting the voice during speech

If you are concerned that your child’s stuttering is becoming a problem, speak to a speech-language pathologist.

By what age should children be using certain sounds?

There is quite a wide range in age in which sounds are learned, as children vary in their development. The table below is a general guide to show by what age most English-speaking children will be using a sound.

Age	Sounds Acquired
3	m,n,h,w,p
4	b,t,d,k,g,f
5—6	v,j,s,l,r
7	z,ch,sh,th

As a rough guide, your child’s speech should be understood by a stranger:

- 25 per cent by age one,
- 50 per cent by age two,
- 75 per cent by age three, and
- 90 per cent or greater by age four.

Remember that not all sounds will be perfect until Grade 1 or, at the latest, Grade 2.

How many words should my toddler be using?

On average, a child should use at least 200 words by the age of two. By the age of four her vocabulary should be at least 2000 words. As general benchmarks, consider whether your child can:

- Say her first word by her first birthday
- Combine two words, for example “Mommy up” by age two
- Use three-word phrases and short sentences by age three, like “Puppy come here”
- Use four or more word sentences by age four, as in “I like to play dolls”

When should I visit or speak to a speech-language pathologist?

Seek answers if your child:

- Shows no reaction to sound in the first three months of life
- Is not babbling and making sounds by 10 months
- Doesn't gesture, show, give or point to get something by 12 months
- Doesn't understand simple commands like “See your ball? Get your ball!” by 18 months
- Doesn't pretend play, like feeding a stuffed toy, by 18 months
- Is not using single words by 21 months
- Doesn't understand a variety of simple concepts like “big-little, up-down” by 24 or 36 months
- Is not joining two or three words by 27 months
- Is extremely difficult to understand at age three - the listener has to guess extensively about what the child is saying
- Doesn't understand or is unable to reason questions like “What do you do when you're hungry/cold” by the age of three or four
- Continues to make numerous grammatical errors at age five so that the communication burden falls to the adult to figure out what's been said
- Shows other communication problems, or you have a sense that something is just not quite right with the child's way of communicating or interacting

Finding speech and language problems early in children is very important. If you are concerned about your child's speech, discuss your concerns with your family doctor. If necessary, speak to a speech-language pathologist. Contact your local health unit or hospital for information, check the yellow pages or contact the Canadian Association of Speech-Language Pathologists and Audiologists 1-800-259-8519 or www.caslpa.ca

Your Child's Speech and Language Development

by Kathryn Elborn, MHSc and Elizabeth Kay-Raining Bird, PhD

Few milestones are more eagerly anticipated or proudly celebrated by parents than their child's first words. Language is a unique human possession, helping us connect with those we love. To be able to communicate with your child is to gain a precious window into his thoughts, ideas, reasoning, and sense of wonderment. From a baby's first cries to his seeming non-stop chatter as a young child, no skill will be more vital to his future success in life - academic, occupational and social - than the ability to communicate effectively.

From birth, babies are increasingly sensitized to the sounds of their native language. Even before they can talk, babies as young as 8 months are beginning to indicate some of their wants and needs to attentive parents (reaching for or pointing to a cookie, giving mummy the book). Infants are busy absorbing the names of familiar people, common objects, activities and places. By 14 months most children have said their first word (bye-bye, mama, baba, blankie). Between the ages of approximately 12 and 24 months, the toddler delights his parents by labeling and describing his environment (nana, juice, doggie, up, more, gone, push), revealing the growing vocabulary he has been working hard to acquire. This single-word vocabulary gives rise to word combinations by 18 to 24 months (more juice, doggie gone) and phrases (me all finish, dat my car) a little later. By age three, with seemingly little conscious effort or instruction, most children will be beginning to speak in multi-word phrases or even complete sentences. Save for some grammatical errors and simplified pronunciations that will resolve with maturation, the three to four year old sounds much like a miniature adult and makes a most engaging conversational partner. Nonetheless, there is still much to learn! The language skills of children continue to develop and refine throughout the school years.

This is how speech and language skills develop for ninety percent of young children. But for one in ten children in North America, the complex business of language learning does not progress so smoothly. How does a parent know if their preschool child has a speech or language problem? When is intervention necessary and when is it okay for parents to relax and trust their child's individual developmental timetable to take its course?

These are critical questions for parents of preschoolers, particularly since one of the most significant predictors of school achievement is oral language ability. Researchers in the fields of speech-language pathology and education concur that spoken language proficiency is an essential precursor to learning to read, write and spell. For example, an area of language that professionals refer to as phonemic awareness (the ability to pay attention to and analyze the sounds or phonemes of language as with rhyming and word play) is intimately connected with learning to read. A prominent researcher in the field, Marilyn Jager Adams, declares that phonemic awareness may be the "most important core and causal factor separating normal and disabled readers." Other areas of the curriculum, including math, assume the developing student can process language and integrate previously learned information with new.

Should I Wait until My Child Goes to School?

Unfortunately, many parents are given misguided assurances from well-meaning friends and family that their child will "outgrow" their difficulty or delay. As a parent, you need to trust your instincts. If you have any question at all regarding your child's speech or language development, it is almost always best to pursue a professional opinion.

As Patricia McAleer Hamaguchi, author of *Childhood Speech, Language & Listening Problems: What Every Parent Should Know*, comments, "when mulling over your concerns, bear in mind that a child who has a speech, language, or listening problem upon entering kindergarten will be at a distinct disadvantage for learning and participating in class." In kindergarten, your child will be expected to follow verbal directions, learn and remember new concepts, follow a story, answer questions, associate letters with sounds, and share information in an organized fashion and in speech that is understandable to others. Language is not something children

learn in a 20-minute block called Language Arts; language is the means through which much of their learning occurs throughout the day.

From a purely practical standpoint, parents may be faced with a waiting list when they do decide to seek help so adopting a “wait-and-see” approach is not advisable.

Early Speech and Language Milestones:

By age three to four, most children will:

- ❑ use sentences of 4 to 6 words
- ❑ understand and answer simple wh-questions (who, what, where, when)
- ❑ show an interest in how and why things happen and how people feel
- ❑ ask questions, usually who or what questions
- ❑ follow concrete, two to three-step directions (e.g., “get your socks, put them on and then come downstairs”)
- ❑ talk easily about daily activities, especially what they are doing, just did or will just do (e.g., what they did at the playground)
- ❑ talk to themselves and their toys while playing
- ❑ tell a simple story or sing a song
- ❑ give directions like “fix this for me”

Seek the opinion of a speech-language pathologist when:

You have any concerns about your child’s reading, writing, listening, memory, speech or social skills.

- ❑ your child has a limited vocabulary
- ❑ your child seems to talk less well than most children the same age
- ❑ your child often does not seem to understand
- ❑ your child stutters
- ❑ other people have a hard time understanding what your child says your child has a hoarse voice that has persisted for more than three weeks and is unrelated to a recent cold or infection

[adapted from ASHA’s website and “First Words” brochure (Preschool Speech & Language Program of Ottawa-Carleton)]

Don’t Be Concerned When . . .

- ❑ your child has difficulty with later-developing speech sounds such as r, s, l, th, and consonant blends such as sp (spoon). A good rule of thumb for this age (3 to 4 years) is that strangers should be able to understand at least 80% of what your child says.
- ❑ your child makes grammatical errors such as over-generalizing word endings to the irregular exceptions (e.g., goed for went, runned for ran, tooths for teeth, mouses for mice). Simply rephrase what your child has said, modeling the correct form, without drawing negative attention to his error (e.g., “Yes, Mom went to the store but she’ll be right back”).
- ❑ your child appears to be stuttering unless the repetitions of sounds and words are accompanied by facial grimacing, obvious physical tension, breaking eye contact or other type of avoidance behaviour. Preschoolers frequently go through a stage of “normal non-fluency. Because they are undergoing such a rapid expansion of vocabulary and sentence complexity, at times their mouths literally cannot keep up with their brains. Practice patience, slow down your own rate of speech and focus on the content of what they are saying versus how they are saying it.

What You Can Do To Help

- ❑ Play is important. Preschool children are active learners and learn many things during play. They act out scenarios, try on new roles, construct stories, negotiate game rules, and practice new ways of saying things.
- ❑ Books are important. Reading together can be snuggly and should be fun. Regular reading can help your children learn many important things (facts about the world, information about what people do and why they do it, new words and sentence forms, how to construct stories, rhymes and songs). As well, we now know that the road to reading begins with early knowledge about books and print. For example, children learn that print has meaning and that it is comprised of conventional symbols (e.g., letters, words) arranged in a particular way (e.g., English is read from left to right; top to bottom).
- ❑ Talking to your child often is important. Recent studies have shown that the more parents talk to their children, the more their children learn about language. Not all talk is equal! Children learn more easily when the talk is directed to them (rather than hearing two adults talk to each other). While some television programs (e.g., Sesame Street) are good tools for helping children learn specific skills, there is no substitute for face to face interactions! Remember that talking can happen almost anywhere, anytime (e.g., in the car, at the store, in the bath, while getting ready for bed).
- ❑ How you talk to your child is important. Children seem to learn best when they are interested, engaged and involved. So, talking about what your child is concentrating on and what they enjoy or find interesting at any particular point in time is helpful. Of course, we cannot do this all the time! Listening with genuine interest, commenting, encouraging, expanding, clarifying and explaining are all good tools when talking to your child.

For More Information

Contact the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) at 1-800-259-8519 or visit www.caslpa.ca

Each province/ territory also has its own Association and/or College of Speech-Language Pathologists and Audiologists, with information for parents and other consumers.

Recommended Reading

Beyond Baby Talk, Kenn Apel & Julie Masterson, Prima Publishing, 2001

Childhood Speech, Language & Listening Problems: What Every Parent Should Know, Patricia McAleer Hamaguchi, John Wiley & Sons, Inc., 1995



Communication Checklist

For Children from Birth to Age Five

Communication is developed over time. This checklist outlines the ages that communication milestones are normally reached.

If the answer is **NO** to any of the following questions, contact a Speech-Language Pathologist. Consult with your doctor for a referral, check the yellow pages or contact the Canadian Association of Speech-Language Pathologists and Audiologists 1-800-259-8519 or www.caslpa.ca

BY THREE MONTHS

Does the child:

Yes No

- Startle to a sudden sound? Yes No
- Turn to where a sound is coming from? Yes No
- Make sounds? (*oo, ah*) Yes No
- Look at you with interest when you talk to her/him? Yes No
- Smile in response to you? Yes No

BY SIX MONTHS

Does the child:

Yes No

- Make several different sounds? Yes No
- Try to get your attention by looking at your face and or making sounds? Yes No
- Make sounds and smile in response to your facial expressions and sounds? Yes No

BY NINE MONTHS

Does the child:

Yes No

- Reach out to be picked up? Yes No
- Respond to her/his name? Yes No
- Make *speech-like* sounds? (*baba, gaga*) Yes No
- Babble tunefully (sing-song voice) while playing alone? Yes No
- Turn to where a voice spoken words is coming from? Yes No
- Enjoy being played with and does he/she take turns making sounds back and forth? Yes No
- Understand *no*? Yes No

BY TWELVE MONTHS

Does the child:

Yes No

- Use a finger to point out things to you in the environment? Yes No
- Imitate or use gestures like waving bye-bye? Yes No
- Let you know what he/she wants by using a combination of sounds and actions? Yes No
- Bring you toys he/she wants to show you and /or play with? Yes No

- Enjoy playing games like Peek-a-boo and Pat-a-cake and will he/she sometimes start the game?
- Understand some simple phrases? (*Come here. Don't touch*)

BY FIFTEEN MONTHS

- Does the child: **Yes** **No**
- Usually look at you when communicating?
 - Repeat words he/she hears?
 - Seem to be talking in sentences but not using real words?
 - Say one or two words?
 - Understand some simple questions and commands? (*Go get a diaper. Where's the ball?*)

BY EIGHTEEN MONTHS

- Does the child: **Yes** **No**
- Point, look at you, and then at what he/she is talking about?
 - Use the word *no*?
 - Say about ten or more words?
 - Understand and use the names of familiar objects? (light, ball, bed, car)
 - Sometimes answer the question: *What's this?*
 - Take turns when playing with a partner?
 - Use toys for pretend play?

BY TWO YEARS

- Does the child: **Yes** **No**
- Point to some body parts?
 - Use descriptive words? (hungry, big, hot)
 - Use two word combinations? (*Me go. More cookie.*)
 - Ask questions like: *What dat?*
 - Enjoy listening to simple stories?

BY THREE YEARS

- Does the child: **Yes** **No**
- Follow two-part directions? (*Go to the kitchen and get your cup.*)
 - Participate in short conversations?
 - Use sentences of three words or more to communicate?
 - Talk about something that happened in the past?
 - Ask *why* questions?
 - Do people outside the family understand one half of what he/she says?

BY FOUR YEARS

- Does the child: **Yes** **No**

- | | | |
|---|--------------------------|--------------------------|
| - Talk in whole sentences using adult-like grammar? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Tell a story that is easy to follow? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Ask many questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Answer <i>who, how, how many</i> questions | <input type="checkbox"/> | <input type="checkbox"/> |
| - Use <i>I, me, you, he</i> and <i>she</i> properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Start a conversation and continue it, staying on the same topic? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Use language to create pretend situations when playing with others? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Does people outside the family understand more than 3/4 of what the child says? | <input type="checkbox"/> | <input type="checkbox"/> |

BY FIVE YEARS

Does the child:

- | | Yes | No |
|---|--------------------------|--------------------------|
| - Explain how an object can be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Answer <i>when and why</i> questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Talk about past, future, and imaginary events? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Participate in long, detailed conversations? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Do people outside the family understand most of what he/she says? | <input type="checkbox"/> | <input type="checkbox"/> |

REFER ANY CHILD...

- If you are concerned about her/his speech/language/hearing* development.
- If her/his speech and language skills have not improved over the past six months.
- Who often repeats sound and/or words (stuttering).
- Whose voice sounds different /odd to you.
- Whose play or social interactions seem inappropriate.
- With a diagnosis such as cleft lip/palate, hearing loss. PDD/Autism, developmental delay (who is not receiving services).

*Please refer to an [audiologist](#) for any concerns about hearing.