



Pediatric Developmental
Surveillance Program



Developmental Resource Notebook



Pediatric Developmental Surveillance Program



Developmental Resource Notebook For Children and Families

Table Of Contents

Pediatric Developmental Details
Developmental Staff
Evaluations
Speech Therapy
Physical Therapy
Occupational Therapy
Medical Specialists
Family and Behavioral Services
Community Resources/ Activities
Pre-Schools and Classes
Screening Tool Ordering
Websites
Social Emotional Grant
Articles of Interest

This is not an all inclusive list of Wake County Resources for children and families.
This list includes resources the Pediatric Developmental Surveillance Program has utilized.

*Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart,
a local organization that insures young children are prepared for school and life.*



Pediatric Developmental Surveillance Program



*A collaborative initiative of Wake County Human Services,
Wake County Smart Start and Pediatric Practices*

Mentoring pediatric staff

*Developmental Surveillance Process
Use of AAP endorsed screening tools
On site Training and Assistance in Practices
Implementation of Systematic Screenings at well child visits
Secondary Screening of Children*

Promoting the healthy development of preschool children

*Primary and Secondary Developmental Screening
Peds Response Questionnaire
Ages and Stages Questionnaire
Child Development Inventory
Brigance
M-CHAT
ASQ-Social Emotional*

Referral and Follow-Up of Identified Concerns

*CDSA, Wake County Preschool Services, Speech, OT/PT, Early Intervention,
Family and Behavioral Services, Project Enlightenment, etc.*

Parental Anticipatory Guidance

Literacy Packets- A guide for parents promoting early exposure to books

*Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart,
a local organization that insures young children are prepared for school and life.*



Pediatric Developmental Surveillance Program



Staff:

**Karen Nolfo, DS
Developmental Specialist**

Office: 250-1125

Cell: 368-7599

Fax: 782-9815

E-Mail: karen.nolfo@co.wake.nc.us

**Sarah Sabornie, RN, BSN
Developmental Specialist**

Office: 212-9657

Cell: 610-5856

Fax: 250-4581

E-Mail: ssabornie@co.wake.nc.us

**Susan Schiewe, MSW
Developmental Specialist**

Office: 231-5569

Cell: 306-5828

Fax: 250-3826

E-Mail: sschiewe@co.wake.nc.us

Dr. Jean Smith

Office: 250-4483

Dr. Dave Moore

Office: 250-1153

Beth Jenkins, RNC

Office: 250-4569



Pediatric Developmental Surveillance Program



Evaluations:

Evaluation process and options: If you have a child that you feel needs an evaluation for development concerns please use the resources below. The first two are public services and the evaluation will be free of charge to the family. However, there may be a longer delay in processing time. The remainder evaluation sites are private. Some will bill insurance and others will not. Your family should be able to get a quicker evaluation at these sites. Then, the evaluation report can be used 1. for private services (he family will pay for or bill insurance) or 2. for the public agencies who will provide children who qualify with services (free or sliding fee scale depending on where you go). If you take a private evaluation to a public agency they should be able to process your application quicker than if you were waiting for a full evaluation. If you have questions on the referral process- you can call any of the developmental specialists (numbers on the first page of resource guide).

Free Evaluations:

Children's Developmental Services Agency

Evaluation services. Early Intervention services for children birth – three

Referral Contact: Sheila Summer

Voice: (919) 662-4600

Fax: (919) 662-4473

Process for referral:

- Child **MUST** be under the age of 3 and live in WAKE COUNTY
- Call with parent contact information, child's DOB, area of concern and any prior screenings or evaluations

Wake County Public Schools

Evaluation and special education services for children 3 years to kindergarten.

Referral Contact: Teri Wilson

Voice: (919) 856-8162

Fax: (919) 664-5762

Process for referral:

- Child **MUST** live in WAKE COUNTY
- Fill out a Focus of Concern packet

Submit packet and all required documentation to WCPSS by mail, fax or drop off.

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Private Interdisciplinary Evaluation Sites:

**Process for Referral for all private agencies:
Contact agency to schedule evaluation**

Shigley Family Services

Psychological services, developmental evaluations, speech/occupational therapy.
Does not file insurance.
Contact: Hal Shigley
(919) 783-8846

CDSA's serving other counties- State Wide (Used to be DEC's)

*A complete list of the other CDSA's can be found on the web at www.ncei.org or
by contacting the Early Intervention Branch at 919-707-5520.*

*Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart,
a local organization that insures young children are prepared for school and life.*



Pediatric Developmental Surveillance Program



Speech Therapy

Pediatric Therapy Associates

Offices in Cary, Raleigh and Wake Forest
Lu Dickenson
919-781-4434

KM Pediatric Therapy

Loraine Allen
919-465-4424

Easter Seals

Pamela Glacier
919-662-8340

Speech Connections

Dorine Clark
919-787-4400

Allied Rehab

Teresa Hale
919-556-1700

Play and Grow Pediatric Services

Jan Baker
919-833-5113

Shigley Family Services

Hal Shigley
919-783-8846

Speech Partners

Mary Holmes
919-781-5728

Dynamic Therapy

Jenny Cradle
919-493-7002

Let's Talk

Sharron Carrol
919-852-0702

Aspen Development Center

Lisa Smith
919-796-2833

Developmental Therapy Associates

Cary and Durham Offices
Greg Stivland
465-3966

Wedge Works

Marie Wedge
919-781-7891

Advantage Speech Therapy

Melissa Peters
919-847-6773

Now We're Talking

Kim Sherwin
919-352-1323

Wake Med Outpatient Rehab- North Raleigh

Lina Lemmons
919-350-4200

Dunn Pediatric Therapy

Pam Foland
919-380-7171

Bilingual Speech Therapists

Bilingual Therapeutic Resource

Benita Cortez
919-367-9830

Therapeutic Communication Services

Diana Goodwin
919-467-3692

Terapias Incorporated

Maria Barber
919-848-0428

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Physical Therapy

Pediatric Therapy Associates

Offices in Cary, Raleigh and Wake Forest

Lu Dickenson

919-781-4434

Easter Seals

Pamela Glacier

919-662-8340

Play and Grow Pediatric Services

Jan Baker

919-833-5113

Dynamic Therapy

Jenny Cradle

919-493-7002

Dunn PT

Pam Foland

919-380-7171

Allied Rehab Inc,

Teresa Hale

919-556-1700

Wake Med Rehab

North Raleigh, Cary, Western Wake, Wake Med

919-350-7876

Bilingual Physical Therapy

Wake Med Rehab

North Raleigh, Cary, Western Wake, Wake Med

919-350-7876

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Occupational Therapy

Pediatric Therapy Associates

Offices in Raleigh, Cary and Wake Forest

Lu Dickerson

919-781-4434

Developmental Therapy Associates

Offices in Cary and Durham

919-465-3966

Easter Seals

Pamela Glacier

919-662-8340

Allied Rehab

Teresa Hale

919-556-1700

Play and Grow

Jan Baker

919-833-5113

Dunn PT

Pam Foland

919-380-7171

Shigley Family Services

Hal Shigley

919-783-8846

Dynamic Therapy

Jenny Cradle

919-493-7002

Let's Talk

Sharron Carrol

919-852-0702

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Medical Specialists/Resources

Carolina Pediatric Dysphagia

Identifies swallowing problems in children of all ages. We work with patients and parents to develop the oral motor skills necessary for improved feeding and swallowing.

www.feeding.com

877-9800

Dr. CJ Malanga

UNC Department of Pediatric Neurology
Movement Disorder Specialist

966-1401

Dr. David Wallace

UNC Pediatric Ophthalmology

966-6482

Dr. Dorfman- ENT

North Raleigh & Wake Medical Faculty Physicians

350-1360; 350-2800

Dr. Joshua Alexander

UNC- Psychiatrist

966-5164

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Behavioral and Family Therapy Services:

Project Enlightenment

Parent counseling, developmental and behavioral screening, parent training.
Center based or in daycare/preschool.

856-7774

Shigley Family Services

Psychological services, developmental evaluations, speech/occupational therapy.
Does not file insurance.

783-8846

Wake County Human Services- Child Mental Health

Child and family therapy for behavioral and mental health needs. Bilingual
therapists on staff.

212-8405

Triangle Family Services

Child and family therapy services. Bilingual therapist on staff.

821-0790

Dorothea Dix Child Psychiatry Outpatient Clinic (Ages 3-18)

Child and family therapy services. Sliding fee scale.

733-5344

Greta Zuck, LPC

Child and family therapy services. Accepts private insurance, sliding fee scale.
Psychiatric services offered for patients with Medicaid or Healthchoice for
medication administration and management.

784-0250

*Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart,
a local organization that insures young children are prepared for school and life.*



Pediatric Developmental Surveillance Program



Behavioral and Family Therapy Services (cont.)

Family Guidance Services (Ages 0-5)

Lucy Daniels Center

Child and Family Therapy Services. Accepts private insurance.

919-677-1289

Wee Play Psychological Services

Barbara Still, PHD

Family counseling, play therapy.

858-7887

Flourish

Amy Allen

Play therapy.

518-0775

Family Psychiatry and Psychological Associates (Cary)

Seth Tabb, MD; Mark Moffett, MD; Roger Moore, PhD; Heather Kane, PhD,

Patricia, Kering, PhD

Child and family therapy, educational testing, medication management.

Do not file insurance.

233-4131

3-C Family Services (Cary)

Hima Ravi, MD; Lori Schweickert, MD

Child and family therapy, educational testing, medication management, social skills groups. Do not file insurance.

677-0101

Learning and Developmental Associates (Ages 5+ & other ages case by case)

Lynn Wegner

380-0028

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Behavioral and Family Therapy Services (cont.)

Meg Sams- Pediatric Therapy Associates

Behavior therapy.
\$45 an hour fee.
906-4008

Tanza Haskins

Provides therapy to young children and will go to schools.
Accepts Insurance and Medicaid
839-0042

Ellison and Associates

Provides therapy and medication management to young children.
872-5220

Mary Luckhardt

Child and family therapy.
Accepts private insurance and Medicaid.
816-9008

Grace Hubbard, MSN, RN, CS

Therapy for children ages 3-12 yrs.
414-8635

Wake County Human Services Developmental Disabilities- Single Portal

Therapy resource for children in Wake County
857-9110

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



In Home Services:

Enriching Families, Nurturing Children

Dora Sanders

Home and daycare services to address behavior and parenting issues. Bilingual.

919-212-9343

Learning Together Child Mental Health Initiative

Rita Terrago

In home behavior therapy and social skills therapy groups (Best Buddiez)

919-856-5458

Sarah Stevens- Secure Path (Lucy Daniels Center)

In home therapy to address behavior and mental health needs. Bilingual.

919-677-1400

The Early Childhood Development Program (ECDP) staff contributed the Behavioral and Family Therapy Services resources list. The ECDP is funded by a grant from the John Rex Endowment.

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Community Resources and Activities:

Wake County Library System

Books, Literacy, Story times
919-250-1246

Project Enlightenment

Project Resource Library, Parenting Classes, Parents As Teachers, Teacher Consultants
919-856-7774

Ready To Learn Centers

Free creative play, K- Readiness classes, Children Birth- 5
Joleen King
919-508-0819

Child Care Services Association (CCSA)

Assistance to families with locating, choosing and securing childcare
919-967-3272

Community Partnerships, Inc- Inclusion Resource Project

Consultation in daycare, camp, or preschool for behavioral and/or developmental concerns.
919-781-3616

Family Support Network

Rene Morrison
Parent to Parent Matching, Support Groups, Information
919-662-4600

Special Needs Awareness Project (SNAP)

Jennifer Pfaltzgraff
Free Education and Support for Families
919-219-0852

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Community Resources and Activities: cont.

Smart Start

Building a solid foundation for Wake County's Young Children

www.wakesmartstart.org

919-851-9550

Child Care Resource and Referral:

Child Care Resource and Referral organizations (CCR&Rs) are your **local experts** on child care and provide parents with many services, including referrals to local child care providers.

<http://www.childcareservices.org>

Division of Child Development:

monitors and licenses all child care programs in North Carolina

The Division records a variety of [information on regulated facilities](#) that you might find useful in your search, including:

- Star rated license information
 - Sanitation scores
 - Complaint investigations
 - Visits made by Division staff
- Any [administrative actions](#) taken

800.859.0829 (In-State only)

919.662.4499

Department of Public Instruction—Mission Statement:

North Carolina's public schools will create a system that will be customer-driven with local flexibility to achieve mastery of core skills with high levels of accountability in areas of student achievement.

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.



Pediatric Developmental Surveillance Program



Pre-Schools and Classes

First Journeys

Jean Meares
919-779-5225

More At Four

Wake County Smart Start
919-789-9990

Learning Together

Nell Barnes
919-856-5200

White Plains Children's Center

Cathy Frederick
919-469-2217

Jordan Center

919-833-5428

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.

Tools for Early Detection

Frances Page Glascoe, PhD

Last July, the AAP's Committee on Children with Disabilities (COCWD) issued recommendations regarding early detection of developmental and behavioral problems in infants and young children (Developmental Surveillance and Screening of Infants and Young Children <http://www.aap.org/policv/re0062.html>). Recognizing that developmental problems are subtle and not readily detected with informal methods such as checklists and clinical observation, the COCWD encouraged the use of standardized validated screening tools. This article provides information about the tools described favorably by the Committee. Not included are measures with problematic psychometric properties (e.g., absence of validation studies) or ones that fail to meet standards for screening test accuracy (sensitivity and specificity of 70% to 80%).

For each measure, publisher's contact information is provided along with administration time, total cost of purchasing a complete test kit, material costs (the expense of the test forms needed to administer the measure), amount of time needed to administer and score, and costs of professional time needed to administer and score coupled with material costs. For tools dependent on information from parents, administration time is adjusted for each measure's reading level and thus by the expected frequency of administration by interview). Some but not all of the measures tap behavioral and emotional status and this is noted where relevant.

Screens for primary care and mass screenings

The time constraints and competing objectives of well visits in primary care, means that screening should be as brief as possible while also providing rich and accurate information. Screens using information from parents, because they can be largely completed in waiting or exam rooms, (or on the telephone, mailed with visit reminders or by interview) are thus ideal. In early childhood settings, such screens can be used in mail-out child find programs and system-wide kindergarten screening. Four such measures are described below:

- 1) Ages and Stages Questionnaire (ASQ) (1994). Paul H. Brookes, Publishers, PO Box 10624, Baltimore, Maryland 21285 (1-800-638-3775). <http://www.pbrookes.com/>

For children 3 months to 6 years, the measure presents parents with about 35 descriptions to endorse of developmental tasks along with clear drawings. Totals are compared to a single cutoff "A" different 2 - 3 page form is used for each well visit according to children's age. Available in English, Spanish, French, the measure is written at the 6th to 8th grade level. Parents can com

plete the tool in about 7 minutes and scoring takes about 2 minutes. Material costs are \$130. The various forms can be photocopied making the material per patient cost about 30 cents (excluding labor and time away from billing/patient care). Administering 10% by interview and scoring for all renders a cost of about \$2.68. The recently published ASQ-Social Emotional works the same way and screens for behavioral and emotional problems.

- 2) Parents' Evaluations of Developmental Status (PEDS). (1997) Ellsworth & Vandermeer Press, Ltd. P.O. Box 68164 Nashville, Tennessee 37206 (Phone: 1-615-226-4460; Fax: 1-615-227-0411) <http://www.pedstest.com>

For children birth to 9 years of age, PEDS involves 10 questions eliciting parents' concerns about development and behavior. The measure assigns risk levels and determines when to refer, provide a second screen, provide patient education, reassurance or vigilant monitoring of development, behavior/mental health, or academic progress. Available in Spanish and Vietnamese, PEDS is written at the 5th grade level. Parents can complete the tool in about 5 minutes while scoring takes 1-2 minutes. Material costs are \$30 and the material per patient cost about 25 cents. Administering 8% by interview and scoring for all renders a cost of about \$1.19.

- 3) Child Development Inventories (formerly Minnesota Child Development Inventories) (1992) Behavior Science Systems, Box 580274, Minneapolis, MN 55458 (Phone: 1-612-929-6220)

For children 3 months to 6 years of age, the CDIs are three separate instruments measuring development (one for 3-18 months, one for 18 months-3 years, and one for 3-6 years.) Each includes 60 yes-no descriptions, which are totaled and compared to cutoffs. For older children, a separate un-scored scale focuses on health and emotional issues. Available in Spanish, the measures are written at the 6th to 8th grade reading level. Parents can complete the tools in about 10 minutes while scoring takes approximately 2 minutes. Purchasing all 3 costs \$65 dollars and the material per patient cost is about \$0.40. Administration of 10% by interview and scoring for all renders a per-patient cost of about \$3.80.

- 4) Pediatric Symptom Checklist. Jellinek MS, Murphy JM, Robinson J, et al. Pediatric Symptom

Tools for Early Detection ...continued from page 7

Checklist: Screening school age children for academic and psychosocial dysfunction. *Journal of Pediatrics*. 1988;112:201-209 (the test is included in the article). Also can be freely downloaded at <http://www.dbpeds.org/handouts>

For children 4-16 years, the PSC presents parents with 35 short statements of problem behaviors including both externalizing (conduct) and internalizing (depression, anxiety, adjustment, etc) Ratings of "never," "sometimes," or "often" are assigned a value of 0, 1, or 2 and compared to cutoffs. Factor scores identify attentional, internalizing, externalizing problems, and academic problems. Available in English, Spanish and Chinese, items are written at the 6th to 8th grade reading level. Parents can complete the evaluation tool in about 7 minutes. Scoring time takes anywhere from 2-5 minutes. The PSC can be photocopied making the material per patient cost about \$0.10 (excluding labor and time away from billing/patient care). Administering 10% by interview and scoring for all renders a cost of about \$2.48.

Screens for teaching and for subspecialty settings

Developmental and behavioral pediatricians often use in-depth tools as a way to teach residents about child development (although a good screen for primary care should also be taught for use in continuity clinics and for generalist practices after graduation). In practice settings, screens can be used for triage and intake. Subspecialty services such as NICU follow-up often depend on in-depth screening for monitoring progress and determining which children need diagnostic evaluations. Some primary care practices have developmental specialists or nurse practitioners able to provide in-depth screening on a pre-selected set of patients (e.g. those identified by a primary care screen as in need of further screening). Finally, child-find programs and public school screening *initiatives* generally depend on in-depth screens. To assist with acquisition of the greater skills demanded of examiners using in-depth screens, several of those listed below include training manuals, exercises, and videotape guides to their administration and application.

- 1) Brigance Screens. Curriculum Associates, Inc. (1985) 153 Rangeway Road, N. Billerica, MA, 01862 (1-800-225-0248) <http://www.curriculumassociates.com/>

For children from birth through the end of first grade, the screens include nine separate forms, one for each 12-month age range. Scores are provided for each developmental domain. Measurement relies largely on directly eliciting skills from children except in the 0-2 year age range where observation and interview administrations are options. Only the 0-2 year screens

measure social-emotional development and provide cutoffs, age equivalents, quotients and percentiles and detects delays as well as giftedness/advanced development. It includes growth indicators and adjustments for psychosocial risk to ensure that new entrants into programs such as Head Start can be better triaged and monitored. Each screen takes 10-15 minutes to administer. Computer software yields a scoring time of approximately 2 minutes. Purchasing manuals and test forms costs \$596 with a per-patient material cost of about \$1.00. Administration and scoring for all renders a per-patient cost of about \$11.00.

- 2) Battelle Developmental Inventory Screening Test (BDIST) (1984). Riverside Publishing Company, 8420 Bryn Mawr Avenue, Chicago, Illinois 60631 (1-800-767-8378) Test stimuli can be obtained for about \$50 by shopping at discount department stores. <http://www.riverpub.com>

For children from 1-8 years of age, items use a combination of direct assessment, observation, and parental interview to measure all developmental domains including social-emotional. Scores include cutoffs and age equivalents. The receptive language subtest may serve as a brief prescreen. The measure takes between 15 and 35 minutes to administer. Purchasing manuals, test forms, and a materials kit costs \$495 (although the \$398 toy kit can be avoided by purchasing materials at hardware and department stores) with a material per patient cost of \$1.36. Administration and scoring for all renders at a patient cost of about \$21.00.

- 3) Bayley Infant Neurodevelopment Screen (BINS). San Antonio, Texas: The Psychological Corporation, 1995. 555 Academic Court, San Antonio, TX 78204 (1-800-228-0752) <http://www.psychcorp.com>

For children 3-24 months, the BINS involves 10-13 directly elicited items per 3-6 month age range. Items assess neurological processes (reflexes, and tone); neurodevelopment skills (movement, and symmetry); and developmental accomplishments (object permanence, imitation, and language). Performance is categorized into low, moderate or high risk via cut scores. Provides subtest cut scores for each-of the 3 domains. The measure takes 10-15 minutes to administer and costs \$265 with a material per-patient cost of \$ 1.32. Administration and scoring for all renders a per-patient cost of about \$ 11.00.

For more information on these and other tools, and an expanded discussion of pearls and pitfalls in screening, please see <http://www.dbpeds.org/articles/dbtesting/>.



Pediatric Developmental Surveillance Program



Websites

www.dbpeds.org

(screening section has many articles, tutorials, and specific information about developmental screening tools)

www.zerotothree.org

(a leading resource for parents and professionals working with young children)

www.nectac.org

(videos, lending library)

www.ecac-parentcenter.org

(NC parent training and information center)

www.kidsgrowth.com/stages/guide/index.cfm

(english/spanish--free newsletter for parents)

www.autismspeaks.org

(autism information and support)

www.schwablearning.org

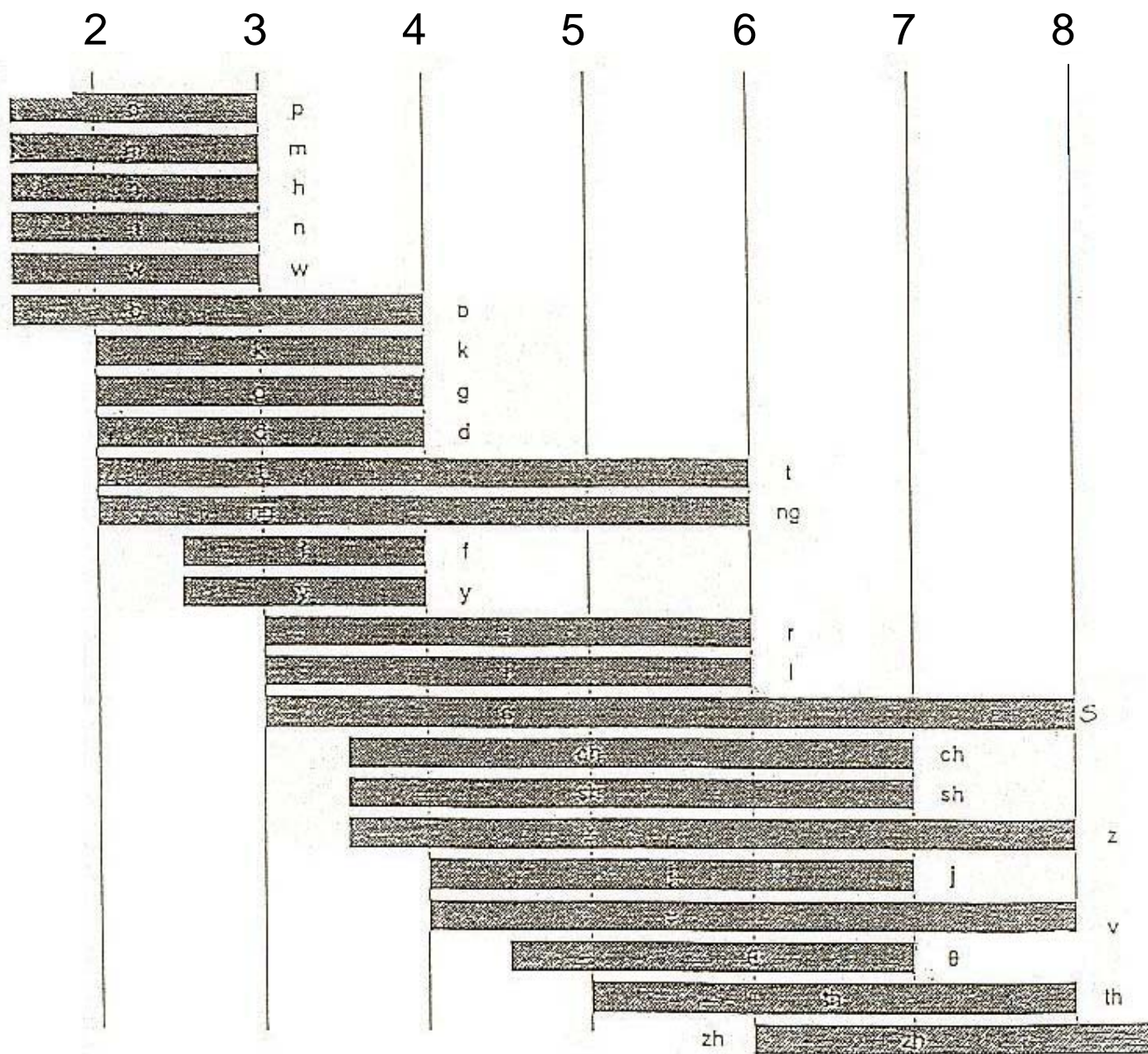
(parent directed--lots of advertisements)

www.cdc.gov

(the Disabilities section has a whole list of topics including normal development as well as other information about specific disabilities and screening)

Services provided by the Pediatric Developmental Specialist Program are funded by Wake County SmartStart, a local organization that insures young children are prepared for school and life.

Age Level



Average age estimates and upper age limits of customary consonant production. The solid bar corresponding to each sound starts at the median age of customary articulation; it stops at an age level at which 90% of all children are customarily producing the sound (from Templin, 1957; Wellman, et al., 1931). (Source: "When are Speech Sounds Learned?" by E. K. Sander, 1972, Journal of Speech and Hearing Disorders, 37, p.62. Copyright 1972 by the American Speech - Language - Hearing Association, Rockville, MD. Reprinted by permission.

What to do if your child should be talking—but isn't yet

As with other areas of development, there are milestones in the development of language. Most babies, for example, are babbling by 6 or 7 months of age. Most 1-year-olds have said their first words, and, by age 2, most toddlers are using two- or three-word phrases and pronouns. By age 3, most children can say their name, age, and gender.

If your child is 18 to 20 months old and uses fewer than 10 words, or is 21 to 30 months old and uses fewer than 50 words and no two-word combinations (such as “mommy car”), she (or he) is considered a “late talker.” A delay in language may simply be a developmental lag (these children are often called “late bloomers”). Most late talkers catch up to their peers with some simple “language enrichment.” In other cases, a language delay indicates a problem that will require more direct intervention by health or education professionals (or both).

You can stimulate speech development

How you talk to and play with your young child can make a big difference in her language ability, even if she has already been referred for evaluation or therapy because of the pediatrician's concerns about late talking. Here are some recommendations for promoting development of speech.

Take advantage of the ordinary. Don't limit playtime to structured sessions with toys. Opportunities present themselves all day long, whether you are shopping, working in the garden, folding clothes, or driving. Verbalize repetitive activities. For example, when setting the table, say, “Plate, plate, plate, plate; fork, fork, fork, fork.” Use “self talk” and “parallel talk”—providing a running commentary on all of the events of the day.

Funny sounds. Employ a funny or odd tone to your voice and encourage your child to copy you. Have her imitate the sounds of mechanical objects such as the doorbell, or the ringing of the phone, or the “vroom” of a car engine. Talk like a cartoon character, such as Donald Duck or a monster.

Amplify and play back. Letting a child hear the sound of her own voice encourages more sounds. Good toys for this exercise range from inexpensive plastic echo sound microphones to tape recorders, and even higher priced karaoke machines that can be hooked up to your television.

Vocalize. Sometimes late talkers are not even able to make basic sounds that reveal pleasure or excitement. Use any opportunity you can to try and

initiate a copycat response. Point to rides at the amusement park and say, “Ooooooh,” or point at food, rub your stomach, and say, “Mmmmm.”

March to the beat. While singing simple songs, use instruments or kitchen items to add a beat. Depending upon her ability, encourage your child to fill in words or sing aloud. Music, singing, and dancing help a child “express” herself. Start with songs like “Old Mac Donald” and see if she'll do the “e-i-e-i-o” part.

Puppet play. Puppets are perfect for stimulating imaginative play and speech sounds. You don't have to invest in expensive puppets. Simply place a gaggle of your child's favorite stuffed animals behind the couch and have her sit on the other side. Put on a show for her and see if she will play too.

Animal play. Your child may love to pretend she's a puppy or a kitten, or even an elephant, a cow, or a bear. The ways that the animal moves, sounds, and eats are amusing activities to imitate. Animal sounds such as “baa,” “moo,” “meow,” “woof,” and “neigh” have an ideal variety of vowels. As an example, using monkey sounds “eee eee,” “ah ah,” and “ooh ooh, ah ah” (with corresponding arm action) can be a lot of fun. To create the “eee” sound, make sure the teeth are together; open lips for a big smile and then make the sound. To make the “ah” sound just open your mouth all the way. You can use a tongue depressor and pretend you're at the doctor's office. For the “ooh” sound, why not try “fish face”? Use

GUIDE FOR PARENTS

(continued)

your fingers to round your lips for an “ooh.” Once your child stops laughing you can let her try fish face with the “ooh” sound too.

Nursery rhymes. Children develop the ability to detect rhyme before they can produce it. Rhyming is an important pre-literacy skill. Reading rhyming books like Dr. Seuss’s *Sam I Am* helps develop an ear for rhyme.

Echo and correct. Your daughter says, “Her frew dat ball.” Don’t say, “That’s not how you say it.” Simply repeat it correctly: “You saw Anne. She threw the ball.”

Praise. Children love to be told “well done,” reinforced with a big hug.

Accept assistance and keep asking questions!

Early identification and treatment of speech and language problems can prevent later reading and academic problems, protect self-esteem, and reduce the need for special education services later on. Don’t hesitate to bring to the attention of the pediatrician continuing concerns about your child’s delay in speech or other areas. If you have been given a referral to a developmental specialist—because of your parental instincts that your child may have a problem or because of the doctor’s concerns—always follow up with the appointment!

What services exist? There are several possible answers to that question. If your child is younger than 3 years, one referral that may already have been made by the pediatrician is to the local Early Intervention (Birth to Three) program through your local department of health. There, the staff will perform a developmental evaluation to determine your child’s eligibility for services—at no cost to you or on a sliding-fee scale based on income. Again, don’t delay following up appointments and referrals that have been given to you: A six-month wait in the life of a toddler is a long time in her development. If your child is 3 or older, the pediatrician may have referred you to special education services in your school district, for which your child may be eligible.

Resources on language delay

Books

The Late Talker: What to Do If Your Child Isn’t Talking Yet, by Marilyn C. Agin, MD, Lisa F. Geng, Malcolm J. Nicholl, St. Martin’s Press, 2003

Beyond Baby Talk: From Sounds to Sentences. A Parent’s Complete Guide to Language Development, by Kenn Apel, PhD, and Julie J. Masterson, PhD, Prima Publishing, 2001

Childhood Speech, Language, & Listening Problems, by Patricia McAleer Hamaguchi, John Wiley & Sons, 1995

Does My Child Have A Speech Problem? by Katherine L. Martin, Chicago Review Press, 1997

Web sites

www.cherab.org

CHERAB Foundation, Inc.
(Communication Help, Education, Research, Apraxia Base)
PO Box 8524
Port St. Lucie, FL 34952

www.speechville.com

Speechville Express

www.nectac.org

National Early Childhood Technical Assistance Center

www.asha.org

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
800-638-8255