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Speech & Language Specialist

Module 38: Literacy Development

Having the ability to read, write, and comprehend is essential to an understanding of the world around and one's ability to achieve in it, both academically and professionally. Speech and Language Therapists play a pivotal role in ensuring that all children have access to opportunities for literacy development and comprehension. Throughout this module you will learn about the important stages of literacy in childhood and the warning signs that development may be delayed.

We will explore the crucial ways that speech and language therapists can identify, assess, intervene, and develop the literacy skills so that children who show early signs of development delays have the opportunities to experience both social and academic wellbeing.

Furthermore, within this course of study we will discuss the important topic of multiculturalism and how speech and language pathologists assess language patterns to differentiate between individuals who are struggling with a new, learned language versus that of those who are learning disabled or have some kind of developmental or acquired communication disorder.

What you'll learn in this module:

- 38.1 Speech therapy and literacy
- 38.2 Foundations in pre-literacy in infants and toddlers
- 38.3 Early childhood language acquisition
- 38.4 Continued oral and written language development
- 38.5 Multiculturalism and bilingualism

38.1 Speech therapy and literacy

Speech and language therapists' role in the literacy of children is to help improve their skills for lifelong achievement. Speech pathologists work closely with regular classroom teachers, special education teachers, parents and families, occupational and other therapists, and medical professionals to develop a plan of intervention that is suited to each individual child's



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developmental needs. At times the speech and language therapist will simply run tests and assessment procedures to see if the developmental delays are within reason for the age group of the child or are cause for concern.

38.1.1 Core literacy-based requirements of speech and language therapists

The four areas that guide the life-long success in reading, writing, and spelling for individuals with communication disorders are early identification, literacy intervention, identification of language difficulties, and research within the field. Speech and language therapists play an important role in each of these areas:

Early identification

- to help teachers and other professionals with early recognition of language factors associated with later literacy problems
- to collaborate with other professionals to identify risk factors
- to participate on child study teams
- to consult with government agencies, teachers, school administrators, and other health professionals on indications, timing, need, and use of diagnostic assessments

Literacy intervention

- to provide direct intervention and collaborative assistance to general education teachers, students, and parents that is needs and research-based, culturally and developmentally appropriate, and curriculum relevant
- to implement developmental literacy program activities for children and adolescents in early childhood, early elementary, later elementary, and secondary programs

Identification of language difficulties

- to educate other professionals regarding risk factors involving all language systems
- to participate on child study teams
- to recognize added literacy risks for children being treated for spoken language difficulties
- to interview students, parents, and teachers about curriculum-based language difficulties
- to monitor classroom progress and other factors that justify formal referral for assessment

- to suggest assessment strategies to identify whether a language difference or disorder might be at the root of literacy challenges



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Research

- to formulate questions to inform practice in literacy and design strategies for answering them
- to bridge gaps between research and practice
- to participate in collaborative research teams that include academicians and practitioners

38.1.2 Literacy tasks performed by speech therapists

Speech and language therapists are the only professionals who not only are capable of identifying the factors that contribute to language and communication disorders that affect literacy, they also are the individuals who have developed the strategies and techniques that can delve deeply at the cause and find alternative methods for learning.

Through infancy all the way to older secondary students and every age in between, SLP's perform the following tasks in the literacy goals of children:

- **Prevention**—SLP's communicate what are considered “risk factors” to teachers and families while working closely with them to develop programs so kids can reach age appropriate skills, knowledge, and strategies in reading and writing.
- **Identifying At-Risk Children**—a speech and language therapist will assist in the development process and the implementation process of various forms of screening in speech, language, and hearing. When children's performances are not “at grade” or at the appropriate levels, referrals are made for more in depth screening to determine if there are areas of concern.
- **Assessing**—selection, implementation, adaptation, and interpretation of assessment tools and methods to evaluate skills in spoken language, reading, writing and spelling are just some tasks performed by the SLP in schools when dealing with early literacy.
- **providing Intervention**—speech and language experts will work closely with teachers and families to plan intervention goals and activities while offering modification to the child's education curriculum in order to move them toward grasping the language, communicating properly, and achieving meaningful goals.
- **Documenting Outcomes**—SLP's establish tracking systems to identify literacy disorders as a means to document outcomes and progress through a course of action that involves goals, intervention, and outcome achievement plans.
- **Program Development**—speech therapists will direct or participate in professional support teams to develop school or system-wide strategic approaches to early identification and intervention for children with reading and language deficiencies.



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- Advocating for Effective Literacy Practices—of utmost importance is for the speech and language experts and therapists to educate and advocate information relating to literacy development to state and local agencies.

38.2 Foundations in pre-literacy in infants and toddlers

The time period referred to as “pre-literacy” in a child’s life refers to infancy through ages two. A baby is considered an “infant” during the first year of his or her life, where a “toddler” is a child between years one and three. While it may seem like the entire concept of reading, writing, and comprehension in relation to literacy development shouldn’t be of much concern at such a young age, it’s actually one of the most crucial time periods in an individual’s life to create the blueprint for their literacy journey that lays ahead. The umbrella term of “pre-literacy” is, at its core, a child’s ability to recognize letters, numbers, and shapes.

Grasping these concepts early on will determine whether or not a child is ready to advance to the more complex stages of development in reading and writing. There are signs and signals apparent within the first few years of a child’s life that, if not diagnosed and treated, can have terribly adverse effects to the child’s future communication development and learning success.

The first several years of a child’s life is the time when the brain makes significant developmental advancements, particularly in language. Almost every interaction with a child during this time frame – whether it is through talking, playing, gestures, sounds, or movement, in some way, shape, or form affects their communication abilities. It is highly scientifically demonstrated that through talking, playing, and moving a child’s pre-literacy patterns begin to develop.

38.2.1 Early literacy behaviors

Speech and language therapists must know the fundamental expectations of literacy in the first three years of life. Literacy research shows that:

- reading, writing, and language skills tend to naturally develop at the same time and are linked to one another
- early/pre-literacy development is a continuous, dynamic developmental process that begins in the first year of life
- through positive interactions with literacy materials, pre-literacy skills develop in everyday, real life settings



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The behaviors that parents, loved ones, and speech and language therapists should expect to see in early childhood experiences, that demonstrate “normal” or “expected” behaviors are as follows:

- book handling behaviors – a child’s physical connection and interaction with books, be it holding, chewing, or turning the pages.
- looking and recognizing – a child demonstrates their cognitive ability to understand shapes, images, letters, words, and number combinations by looking at, interacting with, and responding to images on the page. Gestures such as pointing, laughing, and smiling for instance shows this ability.
- picture and story comprehension – behaviors that show a child can understand the events taking place in a story or identify objects in images. Imitating actions or talking about a story can show that comprehension is present.
- story reading behaviors – interaction with books such as running their finger along the lines of text as they are read is a strong indication that literacy skills are developing. Also, verbal interactions like babbling in response to text, asking questions, or showing excitement can indicate further language acquisition is present.

As demonstrated here, a lot of the early literacy patterns deal with how a child is engaged in the reading process. Prior to entering kindergarten, the home life a child is essential to the natural growth of literacy behaviors, skills, and ultimately the development of the young brain. During this time, children will begin to develop their own language patterns through imitation of what’s happening in their small circle of interaction with the world around them.

Because children are influenced by such a limited world around them, parents and loved ones can do the following things in order to enhance their child’s literacy development in the years prior to entering kindergarten:

- talk and sing to and with children
- watch educational shows and movies with children that expose them to letters, numbers, words, and language
- promote play that includes shapes, numbers, letters, etc.
- spend time reading to a child every single day and showing them the words, phrases, letters, numbers, and shapes on the page
- promote creative thought through imaginative play
- expose children to play opportunities with other children and other environments outside of the home
- observe your child; this might be the most important way to determine that your child is developing naturally and doesn’t have some form of communication disorder that might require the needs of a SLP. A parent should be a sort of “detective” during these early



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learning years, and once signs are apparent that things are not as expected, a professional should be contacted to evaluate the needs of the infant or child.

38.2.2 Signs of language delays and disorders in the pre-literacy stage

While early literacy behaviors certainly can give parents a peace of mind that their kids are developmentally on the right track, many parents are still continuously concerned that their children might be behind their peers in the stages of literacy development. As a speech and language therapist, clinicians can expect to be met with appointments from many parents who have questions about the pre-literacy patterns of their children.

A majority of the time that parents bring young children to a speech and language pathologist, children under four years of age are found developmentally appropriate for their age. Even slight delays in speech development is often not a cause for concern, because sometimes slower language acquirers can make up for lost time and catch up to their peers. However, there are times that delays will be significant, and can lead toward the diagnosis of autism or other disorders, processing disorders, or hearing impairment once testing is done. Here are some signs that children could be at risk of developmental delays and therefore require the intervention of a speech and language therapist:

- late talking, compared to other children in his/her age group, including delayed babbling sounds in infancy
- excessive crying that is not soothed by normal comforting strategies (can often indicate inner ear issues that will affect later speech and communication)
- pronunciation problems that are not natural to the early language learner lexicon
- slow growth in learning words or sounds
- trouble learning and identifying numbers, the alphabet, days of the week, shapes, etc.
- has trouble interacting with peers
- is easily distracted or irritated
- has trouble following instructions or directions

Many of the above “warning signs” could potentially result in being a phase normal to the child’s process of growth, however, it is often easy for parents to feel alone and become frustrated by these behaviors. It is with the help of a speech and language therapist that children can fine-tune their language development skills, learn age-appropriate behaviors, and provide the tools and strategies for these children to either catch up to their peers’



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communication and language skills or be diagnosed with a disorder or affliction in which coping and management strategies can be implemented early on in life.

38.3 Early childhood language acquisition

From the moment a child is born, speech sounds and language are already a crucial component of the child's life. Within the first 6-months of life, infants learn to cry for food, comfort, and affection. Newborns recognize important sounds that relate to their environment, such as the voice of their mother and father and siblings or other caretakers.

In early childhood, children can develop at various paces, but there are certain expectations at each age range that would tell caretakers and medical professionals that a child's brain, motor skills, language and speech comprehension, and ability to produce sounds is developing properly. Sometimes when difficulties in speech and language arise, hearing infections or disorders might be the cause. Other times, children whose speak has been less rampant might be found to have swallowing or respiratory problems that have affected their ability to produce sounds. Language impairments and speech disorders can be diagnosed by a family's medical doctor and evaluated, assessed, monitored, and treated by a speech and language therapist.

It is important to note, at this time, that all speech and language concerns are not created equally. Speech disorders and language impairments are the result of contrasting causes and the treatment plans are unique to each individual seeking rehabilitation or management strategies for their young children.

- speech disorders – when a child has trouble producing the physical speech sounds associated with a language, or they continuously hesitate or stutter or question their speech sounds when trying to articulate words, phrases, or sounds.
- language impairments – issues with receptive and expressive language. For instance, a child might have difficulty sharing their thoughts (expressive) or understanding what other people say to them (receptive).

Speech pathologists will look to a child's understanding of speech and language as well as his or her hearing, balance, recall, response, and more during the evaluation process. Depending on the age of the child, a speech therapist will use a list of different criteria and outcome approaches to suit that developmental stage.

Birth to 3-months old

- does the child react to loud sounds?



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- does the child react when spoken to (i.e. smiles, looking in the direction of the voice, etc.)?
- does the child smile or react to the presence of a parent, a favorite toy, or a song, etc.?
- does the child coo or make other sounds of pleasure during play?
- does the child make sucking sounds before, during, or after feeding?

4-months to 6-months old

- does the child follow a sound with his or her eyes?
- does the child respond to inflection in your voice?
- does the child make babbling sounds, particularly using the age-appropriate speech sounds of “m,” “p,” and “b.”?
- does the child make gurgling, babbling, or laughing sounds during play?

7-months to 1-year old

- does the child listen when being spoken to?
- does the child understand common items like “juice,” “cup,” “shoe,” etc.?
- does the child respond to requests (i.e. “come here,” “put that down,” etc.)?
- does the child attempt to imitate speech sounds?
- does the child attempt to imitate facial expressions, gestures, and mouth movements that are modeled (i.e. sucking, kissing, or sticking out the tongue, etc.)?
- does the child use long and short groups of sounds like “tata,” “bibi,” etc.?
- by his or her first birthday, does the child have one or two words that can be said?

1-year to 2-years old

- does the child follow commands like “roll the ball” or “where’s your shoe”?
- does the child enjoy and engage in stories, songs, and play?
- does the child acquire new words regularly?
- can the child put two words together (i.e. “give cookie” or “where’s kitty”)?
- can the child identify objects or images in pictures when asked to?
- can the child use different consonant sounds at the beginning of words?

2-years to 3-years old

- is the child capable of stringing together 2 or 3-word phrases?
- does the child use the speech sounds for the letters k, d, f, g, t, and n?
- do the family members of the child recognize the words, sounds, and phrases spoken by the child?



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- does the child have a word or phrase for most everything they can recognize?

3-years to 4-years old

- can the child answer simple “who,” “what,” “where,” “when,” and “why” questions?
- can the child use sentences that include 4 or more words?
- can the child articulate clearly without over repetition or continued starting and stopping of sounds?
- does the child fluently articulate syllable sounds?

4-years to 5-years old

- does the child hear and understand a majority of what is said to him or her?
- Can the child articulate and produce sentences that include details?
- Can the child recite sets of numbers and letters as well as visually identify them?
- Does the child understand rhyming words and is he or she able to utilize rhyming words when prompted?
- Does the child communicate well with adults and/or other children his or her age?

- Can the child produce a majority of speech sounds (with the exception of l, s, r, v, z, ch, sh, and th – all of which are not within the expected scope of language acquisition until after age 5)?

38.4 Continued oral and written language development

By the time a child is entering kindergarten, typically around 5-years of age, they are able to string complex sentence structures together. Even though, up to this point in their lives, they have not received any formal training, they are demonstrating the innate human ability to figure out the rules of their language. Based on all the interaction, social situations, and play resources they are introduced to in their home environments, children manage to comprehend and display evidence that they understand their own language rules.

38.4.1 Risk factors in language development

Once children enter school, they continue to develop and demonstrate more advanced forms of language structures that are encouraged to grow through continued instruction with classroom teachers.

As children continue to grow during this time, adults tend to nit-pick errors that arise in language pronunciation, structure, and articulation and fluency. For instance, the train of



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thought is often, “if my child is being taught how to properly speak in school, and his/her peers are putting together sentences properly, is there something wrong with my child?” In a majority of cases, language is developing normally and efficiently, even when it appears as though deficiencies are present. For instance, a child who pronounces, at the age of 5, the “r” sound as a “w” (i.e. “she wang the bell” vs. the proper “she rang the bell”) is not presented an error in pronunciation. It just so happens that the difficult consonant sound of “r” is one of the last sounds a child will learn to produce, thus making this a very minor and temporary time in a vast world of the child’s language development.

However, there are certain areas that caretakers should look toward in school-age children. These particular factors can indicate that the services of a speech and language therapist could be helpful:

- hearing disorders – if a child appears to not hear what others around him or her are saying or constantly asks “what?” or other questions that call for others to repeat themselves, this may be an indication of hearing loss, deafness, or infection that will affect communication over time.
- speech disorders – if adults who know the child well have difficulty understanding the words, phrases, or sounds that come out of the child’s mouth, this could be an indication there is some form of speech issue present.
- language disorders – when there seems to be a clear divide in the way a child communicates in comparison with his or her peers, some kind of language disorder that has not been previously diagnosed might be present.

38.4.2 Stages of oral language

- Stage 1: cooing in infancy – stringing together vowel sounds like “oooo”, “aaa,” and “ahhh”
- Stage 2: babbling at 4-6 months – repetition of consonant and vowel sounds like “bababa”
- Stage 3: 1-word at 1-year old – whether real words or invented words created by the child, these signifiers are attached to specific people, places, or things
- Stage 4: telegraphic stage in toddlerhood – stringing together several words, but without the use of conjunctions like “cookie all gone.”
- Stage 5: oral, written, and cognitive approach in school age children – children are able to speak, read, question, comprehend, and write about thoughts, ideas, and topics as they relate to one another.



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38.4.3 Stages of written language

- Stage 1: prephonemic – random and controlled scribbling on a page, drawing of pictures, and mocking or imitating letter shapes
- Stage 2: early phonemic – picture labeling and imitation of letters, words or phrases that they see printed elsewhere in their environment is mimicked
- Stage 3: letter name – only some letters of a word are used to represent that word (i.e. the word “cat” is written as “c t”)
- Stage 4: transitional – misspellings occur but phonetically the spelling on the page make sense in relation to the word pronunciation
- Stage 5: conventional writing – full and correct spelling and placement of words is established

38.5 Multiculturalism and Bilingualism

If a child is a second language learner of English, it is imperative that schools, teachers, and parents do not automatically label a child as having a language or speech disorder as a result of something that is in actually a culturally distinct language difficulty. For instance, particular speech sounds are more apparent in some cultures more so than others, while the way a child processes the English language might be acquired at a slower rate if it is not his or her native language.

While it is true that children are more likely to acquire the rules of a second language more easily than adults, it does not dismiss the challenges that this child may face (over and above what his or her peers may experience). Regular integration and experience with the language will allow the child to naturally develop as he or she grows.

However, if a speech and language therapist is needed, then these standards must be met:

- assessment and other evaluation materials should never be racially or culturally discriminatory
- assessment and other evaluation materials are to be provided in the child's native language or other mode of communication unless it is clearly not feasible to do so
- a child must not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading or math, or limited English proficiency
- parents are entitled to an interpreter at the IEP meeting if needed to ensure that the parents understand the proceedings



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- when working with school officials in developing an IEP, in the case of a child with limited English proficiency, the language needs of the child as they relate to their IEP must be considered

Most importantly, speech and language therapists must be culturally aware, meaning SLP's should research and understand both the language and culture of their clients in order to best suit their needs, adapt materials for a greater level of understanding, and most importantly to avoid the misdiagnosis of a disorder or disability.

[EXAM LINK](#)