

# **LANGUAGE INTERVENTION TOOL KIT**

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# LANGUAGE INTERVENTION TOOL KIT

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## Description of Project

The Language Intervention Tool Kit Project is a collaborative plan between and among, Kansas State University, Juniper Gardens Children's Project, Kansas Department of Social and Rehabilitation Services, Region VII Federal Office, Community Development Institute QIC, and University of Kansas QIC-D. The tool kit was developed to support the implementation of Outcomes for Kansas Early Head Start. The tool kit is comprised of a problem-solving protocol to guide staff in discerning possible factors affecting the infant's or toddler's development. The protocol is integrated with the family needs assessment and lesson planning process used by Early Head Start. The tool kit includes a section to help family educators identify specific language needs for children who fall below typical development according to the Early Communication Indicator (ECI). Parent handouts and suggestions for parents and other caregivers include specific activities to support infant and toddler language development and serve as a supplement to the Parents as Teachers Curriculum.

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## Parent Handouts: Language Intervention Activities

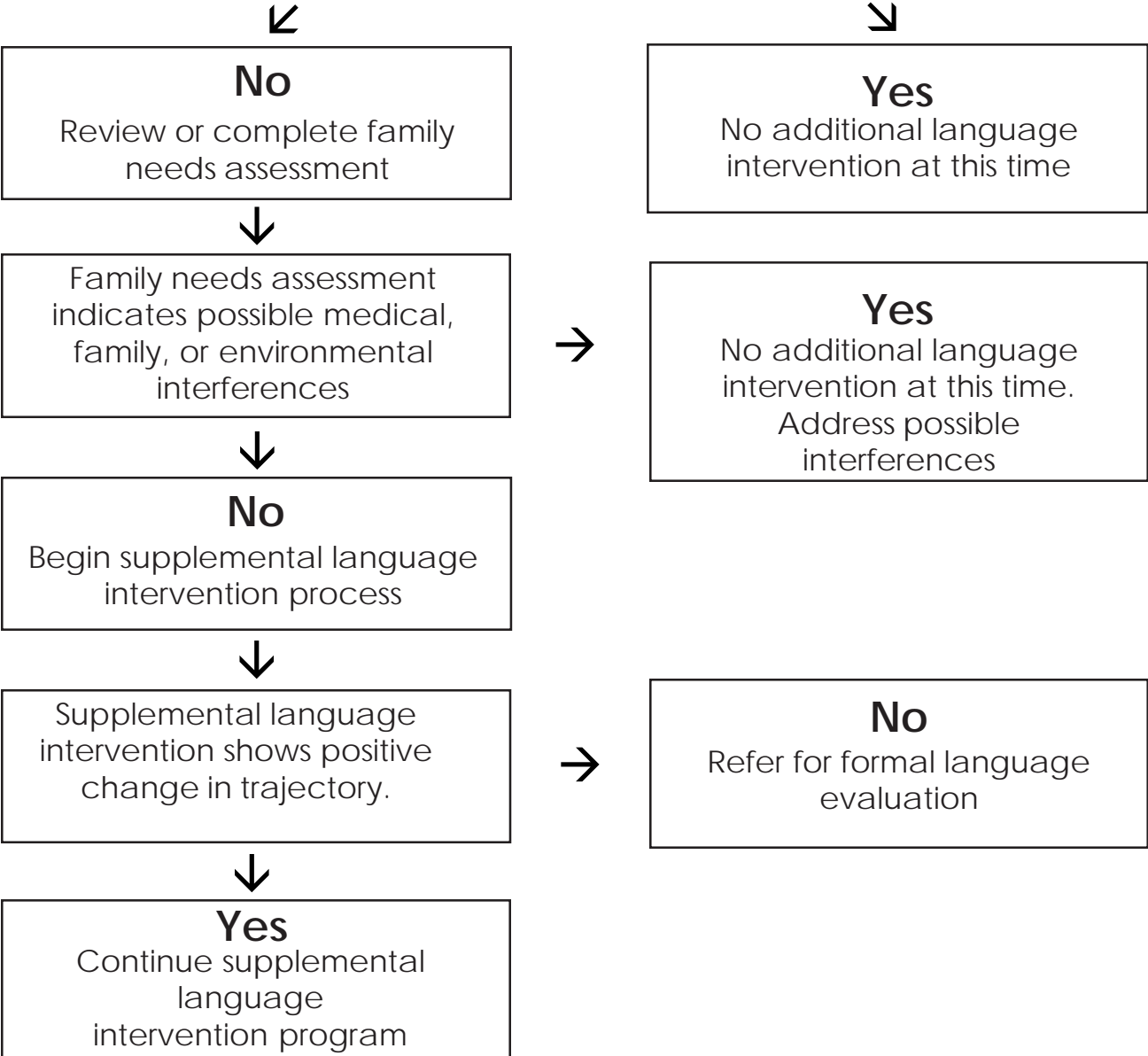
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# Problem-Solving Protocol

# Decision-Making Tree

***ECI Trajectory***  
Indicates Typical Development



# Family Needs Assessment Child Data

The following areas should be probed:

1. What is the child's current hearing status?
  - most recent hearing check
  - frequency and duration of ear infections
  - responses to noises, voices
  
2. What is the child's current vision status?
  - changes since the most recent vision screening (clinic or Parents as Teachers screening)
  
3. How is the child's social/emotional development progressing?
  - any red flags noted (refer to Parents as Teachers screener)
  - reaction to toilet teaching
  - reaction to removal of bottle, breast feeding, security blanket, etc.
  
4. What is the child's general health status?
  - gaining weight (not too much)
  - eating and sleeping concerns
  - alertness and responsiveness
  - reaction to immunizations
  - recent childhood illness or accident

# Family Needs Assessment

## Family Data

The following areas should be probed:

1. Have there been any recent changes in family system?
  - new baby or additional children
  - divorce, illness, or deaths
  - new spouse/partner
  - additional family members (other relatives)
  - caregiver started a new job with change in caregiver
  
2. Have there been any recent changes in environment(s)?
  - move to different location
  - change in preschool or daycare
  - child has moved into a different bed (e.g., crib to bed)
  
3. Are there any cultural differences or changes in the child's environment?
  - two languages spoken in the home
  - two dialects spoken in the home
  - home language/dialect different from preschool or daycare
  - move to a different cultural location
  
4. What resources and materials are available to the family?
  - adequate resources to meet daily needs (food, clothing, etc.)
  - adequate materials (books, writing supplies, toys, etc.)
  - opportunities for world experiences (zoo, library, etc.)

# Language Intervention Guide

# Determining Language Level

If the Decision-Making Tree indicates language intervention is needed, use the following language levels to determine a starting point for remediation. The language level should be based on the child's use of gestures, vocalizations, and words.

## Preverbal - Preintentional

- ◆ uses no or few intentional vocalizations or gestures (less than 5)
- ◆ exhibits reflexive behaviors (crying, grunting, grasping, flailing)
- ◆ may vocalize using some gooing and cooing

## Preverbal - Intentional

- ◆ uses many purposeful gestures (10 or more)
  - pointing, reaching, showing, giving, nodding
- ◆ may also use many purposeful vocalizations (10 or more)
  - babbling (muh-muh, bah-bah, goo-bah, etc.)
  - animal sounds
  - laughing or giggling in response to an action
- ◆ may use various intonation patterns that sound like the following:
  - questions
  - comments
  - protests or fusses (indicating dislike)

(Determining Language Level - continued)

## First Words

- ◆ uses many gestures to accompany vocalizations (more than 10)
- ◆ uses many vocalizations (more than 10)
- ◆ has no word combinations
- ◆ uses a variety of intonation patterns

## Early Verbal

- ◆ continues to use many gestures (more than 10)
- ◆ continues to use unintelligible vocalizations
- ◆ has more than 15 recognizable single words
- ◆ has some two word combinations

For example:

- my ball or me ball
- no me

## Expanding Verbal

- ◆ may continue to use many gestures (more than 10)
- ◆ uses few, if any, unintelligible vocalizations (less than 5)
- ◆ has many single words (at least 20)
- ◆ has two-word combinations (at least 10)
- ◆ is beginning to use some 3-word utterances (less than 5)

# Using the Language Intervention Activities

Language and literacy skills are acquired in natural communicative settings. Language and literacy acquisition begins at birth and is nurtured and enhanced through positive adult-child activities and interactions. The language intervention activities found in this guide are designed to assist caregivers in promoting children's development of language and literacy abilities. Each developmental level begins with **General Strategies**. These general strategies have similar underlying principles that cross all age ranges and should provide a frame for the family educator. Observe how the caregiver begins to use these general strategies within specific language activities.

# General Language Intervention Strategies

## 1. Establishing joint attentional focus

Before a child can associate words with people, objects, actions, and events, he/she must attend to what the adult's words are referring. The adult promotes attention through actions and words:

- move self or object in child's view
- hold object by your own eyes, then move object toward the child when he or she looks at it.
- use words such as, "Look", "Look here", or "See \_\_\_\_."

## 2. Balancing interactions

In order for a child to become an active communicator, he or she must have models and opportunities to communicate. This means the adult must give the child communicative turns. Child turns may be verbal or nonverbal, depending on the child's developmental level.

For example:

- A random wave of the arm for a newborn can be interpreted as a turn. "Oh, you're waving at me."  
"Hi, to you, too."

## 3. Matching utterances

When talking to infants and toddlers, the number of words the adult uses should be fewer than when talking to older children and adults. One to four words are typically appropriate for the prelinguistic and emerging language user. Adult utterances should also refer to people, objects, and actions in the immediate environment. Infants and toddlers learn through their senses - taste, touch, smell, sight, and sound. Talking about sights, sounds and smells, helps young children attach these experiences with words.

(General Language Intervention Strategies - continued)

#### **4. Being responsive (following the child's lead)**

Responsiveness means observing the child, watching what the child does, and responding to the child's vocalizations and/or actions in a meaningful way. Being responsive also means using fewer commands and directives. By responding to the child's communicative attempts the child soon learns that communication is a powerful tool for getting wants and needs met and for controlling actions and events in his/her environment.

#### **5. Using positive words**

Praise and positive comments about a child's behavior and communication is critical to a child's language development. Both praise and positive words should be specific to what the child does.

For example:

- What a happy face!
- You are working hard.

# Introducing and Monitoring Use of Strategies and Activities

## 1. Read through the activity with the caregiver

- discuss rationale of the activity
- answer any questions

## 2. Model the activity

- show the caregiver how to interact with the child during an activity

## 3. Coach and practice

- have the caregiver try the activity
- assist the caregiver as needed

## 4. Praise

- give the caregiver positive comments following the activity
- be sincere and comment only on those parts of the activity the caregiver did well.

## 5. Discuss Self-Evaluation sheet

- briefly discuss how to complete the self-evaluation form.
- leave the self-evaluation sheet with the caregiver to complete

## 6. Review sheet and activity on next visit

- have the caregiver demonstrate the activity on the next visit
- review the self-monitoring sheet to determine the frequency with which the caregiver tried the activity
- ask for feedback (did they like the activity; why or why not?)
- decide whether to continue the activity