

Speech and Language

8

National Data on Speech and Language

The American Speech-Language-Hearing Association (ASHA) is one source of general information on various types of speech and language disorders that affect youth. Speech and language disorders are the most frequent developmental impairment for children under the age of five. ASHA estimates that approximately 42 million Americans have a communication disorder. Of the total, 14 million have a speech or language disorder. The National Dissemination Center for Children with Disabilities (NICHY) estimates that communication disorders, including speech, language, and hearing disorders, affect one of every 10 people in the United States.

NICHY data also indicates that more than one million students served in special education programs in the 2000-2001 school year were categorized as having a speech or language impairment. This estimate does not include children who have speech/language problems secondary to other conditions such as deafness. In their book, *The Late Talker*, Marlyn Agin and Lisa Geng indicate that 15 to 25 percent of young children have some type of communication disorder. The authors state that speech and language disorders are the leading cause of later academic failure and emotional distress for youth.

When a child has difficulty understanding the code of language, or understanding verbal or written information, the problem is considered a receptive language problem. If a child does not understand the rules of language and can't express thoughts and feelings, the problem is expressive, which involves the child's ability to communicate through verbal words, sign language, gestures, or written words. When the language is used correctly, but the sound of the voice does not come out correctly, the issue is a speech problem. Children also can have a combination of these problems.

ASHA explains that articulation disorders are difficulties with the way sounds are formed and put together. They make up the majority of all speech disorders. They usually are characterized by substituting one sound for another (wabbit for rabbit), omitting a sound (han for hand), or distorting a sound (ship for sip). About three out of five of all speech and language disorders are related to articulation.

Language is an essential to learning, family life, and making and maintaining friendships. Some youth use non-verbal forms of language such as sign language, computerized voice, and writing. When non-verbal youth have communication problems, their development, self confidence, and independence can be affected.

Oral language develops naturally for most children. As their vocabulary and syntax mature, their overall communication gets stronger, and they are able to interact with and control what happens around them. Hearing loss and deafness can affect oral language skills if they occur before a child learns to talk, however, many speech and language disorders do not involve hearing problems.

Wisconsin Data on Speech and Language

Students who have speech and language disabilities make up the second largest category of special education students, exceeded only by those with learning disabilities. There is a difference between the number of children who have speech and language disabilities and those who have problems with English because of linguistic or cultural differences. For that reason, children who are learning English as a second language are not considered to have a disability and are not eligible for special education classes unless they are identified as having a speech disability. They may be involved in classes for students who are learning English as a second language.

For More Information:

Agin, M., and L. Geng, 2004. *The Late Talker*. New York: St. Martin Press.

American Speech-Hearing-Language Association.
Language and Literacy Development
www.asha.org/public/speech/development/lang_lit.htm

—What is Language? What is Speech?

www.asha.org/public/speech/development/language_speech.htm

—Speech and Language Development.

www.asha.org/public/speech/development/

The Relationship between Oral Speech and Reading and Writing

Literacy skills depend on children having basic language skills. Phonological awareness, the ability to understand that words are made up of different speech segments, is especially tied to spoken language.

Literacy depends a great deal on acquisition of oral language skills because reading and writing builds on oral skills. Language skills and writing are inter-related, each reinforcing the other. Youth who have problems with spoken language often have difficulties learning to read and write. Most poor readers have a history of language deficits in the preschool years. Research reported by ASHA indicates that children who are not fluent readers by fourth grade are likely to struggle with reading as adults. Seventy-five percent of dropouts in the U.S. have reading problems, as do half or more of adolescents with criminal records. Early intervention when a child is having speech or language delays is important, because the difficulties persist, and they often interfere with literacy skill acquisition.

Students with Speech and Language Problems 2005-06

Age	Number of Students
3-5	10,926
6-11	17,586
12-17	2,598
18-21	101
Total	31,211

From the IDEA Child Count at <http://dpi.wyo.gov/sped/cc-12-1-05.html>

Speech and Language Milestones

Many public librarians see preschool children long before the local school district. It is helpful for librarians to have a general awareness of normal speech and language development so that they can alert parents if a child seems to have a significant delay. Librarians can refer parents to agencies such as Birth to 3 or their local school district for speech and language screening and support services

The Children's Hospital of Wisconsin gives the following age-appropriate speech and language milestones for infants and toddlers on their web page. The DPI publication, *Speech and Language Impairments Assessment and Decision Making Technical Assistance Guide*, includes speech and language norm charts for children two to five years old.

The DPI publication indicates girls and boys differ slightly on the ages at which they can correctly pronounce some letters and letter combinations. For many letter sounds, there is no difference between when boys and girls pronounce them. But girls pronounce some

sounds six months to two years ahead of boys. Both boys and girls typically pronounce the b, initial h, m, p, and w sounds before the age of three. It is not until about age nine that both boys and girls pronounce the final ng sound, s and z, and the following letter combinations—sl, sk, skr, skw, slp, sm, sn, sp, spr, st, str, sw, str, and th.

Marlyn Agin and Lisa Geng suggest in their book, *The Late Talker*, that a "late talker" is a child who is not speaking but whose development is normal in terms of understanding spoken language, play, large and small muscle coordination, and cognitive ability. A late talker is 18 to 20 months old and says less than 10 words, or is between 21 and 30 months and has a vocabulary of less than 50 words, but does not use two word combinations.

The Children's Hospital of Wisconsin suggests adults use a child's age to remember the norms for speech and language. A two-year-old should be putting two words together. A three-year-old will make a three-word sentence, and a four-year-old should use sentences with at least four words. By age five, most children use eight or more words in a sentence. The hospital also suggests that, by age three, strangers should be able to understand about 50 percent of what the child is saying. By age five, strangers should be able to understand almost everything the child says.

Letter Sound Pronunciation Differences Between Boys and Girls

Letter Sounds	Age Pronounced by 90% of Girls	Age Pronounced by 90% of Boys
d	3 years	3½ years
g	3½ years	4 years
initial j	4 years	5 years
voiced th	4 ½ years	7 years
l	5 years	6 years
th	6 years	8 years
l	5 years	6 years
ch, dz,sh, and final l	6 years	7 years

From *Speech and Language Impairments Assessment and Decision Making Technical Assistance Guide*. Services for Students with Speech and Language Disabilities, based on *The Iowa Articulation Norms and It's Nebraska Replication*. <http://dpi.wi.gov/sped/speech.html>

Speech and Language Milestones for Children Ages Three to Five Years

Two to Three Years

- uses words for spatial concepts such as "in" and "on"
- uses additional pronouns, "you," "me," "her," and "I"

- uses descriptive words such as “big” and “happy”
- vocabulary is 250 to 900 words and uses three-word sentences.
- speech is more accurate but may leave off endings.
- uses inflection when asking a question
- begins to use plurals and past tense
- strangers may not understand child’s speech

Three to Four Years

- can classify objects such as foods or clothes
- knows some colors
- enjoys absurdities and other language play, repeats simple sentences
- uses “ing” on the end of verbs
- strangers can usually understand what the child is saying

Four to Five Years

- uses language to express spatial concepts such as “behind” and “next to”
- understands complex questions
- vocabulary is about 1,500 words
- uses irregular past tense for some verbs
- can define words and how to do things
- can answer “why” questions

Five Years

- understands time sequences
- can follow a series of three directions
- can rhyme
- sentences are eight or more words long and can be complex
- engages in conversations

For More Information:

Agin, M. and L. Geng. 2004. *The Late Talker*, New York: St. Martin Press.

American Speech-Hearing-Language Association. Language and Literacy Development. www.asha.org/public/speech/development/lang_lit.htm

—Speech and Language Development. American Speech-Hearing-Language Association. www.asha.org/public/speech/development/

Children’s Hospital of Wisconsin. Age Appropriate Speech and Language Milestones. www.chw.org/display/PPF/DocID/21450/router.asp

Wisconsin Department of Public Instruction. *Assessment and Decision Making Technical Assistance Guide*. Services for Students with Speech and Language Disabilities. <http://dpi.wi.gov/sped/speech.html>

Simms, M. D. “The Late-Talking Child: What Should the Pediatrician Do?” Children’s Hospital of Wisconsin. www.chw.org/display/PPF/DocID/35351/router.asp

Squier, S. Revised 2003. *Speech and Language Impairments Assessment and Decision Making Technical Assistance Guide*. Services for Students with Speech and Language Disabilities. Madison, Wisc. Wisconsin Department of Public Instruction. www.dpi.wi.gov/sped/speech.html

Types of Speech and Language Disorders, and Their Causes

Cleft Lip and Palate

Some birth defects result in a need for speech therapy. Two of the most common of these birth defects in the U.S. are cleft lip and cleft palate. According to the Cleft Palate Association, one of every 600 newborns is affected by these birth defects, which occur very early in pregnancy. A child born with a cleft frequently requires several different types of services, including surgery, and dental or orthodontic care. Many children also require speech therapy.

The association indicates a [cleft lip](#) is a separation of the two sides of the lip, which often includes the bones of the upper jaw or upper gum. A [cleft palate](#) is an opening in the roof of the mouth in which the two sides of the palate did not fuse. Because the lip and the palate develop separately, it is possible for the child to have a cleft lip or palate, or both.

Stuttering

Stuttering begins in childhood, usually between ages two and a half and four years, and in some situations continues through adulthood. It is a speech problem that affects the fluency of speech. About 75 percent of preschoolers who stutter will stop without intervention, and only one percent of children continue to stutter as adults. More boys stutter than do girls. Children stutter more frequently when dealing with new vocabulary, complex grammar, or longer sentences. Without treatment stuttering often becomes worse in adulthood.

Stuttering involves frequent repetition of words or parts of words, or the stretching out of speech sounds. Some people who stutter have a complete stop or blockage of speech which may last for several seconds. Stuttering problems are likely to occur when a child has difficulty finding the correct word or with more complex grammar.

Often preschool children are not aware of their stuttering, but as they get older, they become increasingly aware and self-conscious about their disorder and are often teased by other children. The severity of the

stuttering can vary from day to day or from one situation to another. The Children’s Hospital of Wisconsin recommends speech screening if a child stutters after the age of five, is afraid to talk, or has a family history of stuttering.

Children who are easily frustrated may be more likely to tighten their speech muscles, and the tension may prolong the pause before speech goes forward. Some children and teens who stutter may develop emotional responses to their stuttering that aggravate the stuttering, but stuttering is not the result of an emotional disability. People who stutter have the same full range of personality traits as the general population and are not more likely to be nervous, shy, or anxious. Stress can aggravate stuttering, but is not the cause of it.

Most treatments used by speech therapists for stuttering involve teaching skills or behaviors to improve communication. Techniques may include adjusting the rate at which the child speaks and breaths. One technique involves starting with short sentences and phrases and building to more sophisticated sentences. Assistive and electronic devices sometimes are used in therapy. Some medications show promise in helping children who stutter.

Dysarthria

Dysarthria is a disorder often associated with cerebral palsy that affects both muscle tone and speech. The disorder results from weakness or lack of coordination of the speech muscles. The speech of affected children is slow, weak, imprecise, or uncoordinated. It also may be slurred or have an abnormal rhythm. Children with dysarthria may drool. Therapy involves teaching the child to use non-verbal communication such as pointing and gestures, as well as encouraging the children to speak. Pre-speech exercises may involve training of the muscles in the lips, tongue, jaw, and soft palate. It also may include activities such as chewing, swallowing, sucking, and blowing. Children need practice imitating the sounds they hear and also need to have their efforts reinforced.

Articulation Disorders

Phonological disorders are characterized by failure to use speech sounds that are appropriate for the child’s age and dialect. They involve a difficulty in learning and organizing the sounds needed for clear speech, reading, and spelling. Children who have phonological disorders may make errors in sound production, or substitute one sound for another, such as using the k sound instead of t in “target,” or omitting final consonants. These disorders tend to run in families. Developmental phonological disorders may occur in conjunction with other communication disorders such as stuttering, specific language impairment, or developmental apraxia of speech.

Central Auditory Processing Problems

Central Auditory processing problems make it difficult for youth to understand spoken language, even though they have normal hearing. Auditory processing problems frequently are associated with certain types of learning disabilities and problems with spelling and reading.

For More Information:

Advice for Listeners. www.asha.org/public/disorders/stutter/AdvLstn.htm
American Speech-Language-Hearing Association. [Dysarthria. www.asha.org/public/speech/disorders/dysarthria.htm](http://www.asha.org/public/speech/disorders/dysarthria.htm)
—Language-Based Learning Disabilities. American Speech-Language-Hearing Association. www.asha.org/public/disorders/Language-Based-Learning-Disabilities.htm
—Selective Mutism. American Speech-Language-Hearing Association. www.asha.org/public/disorders/Selective-Mutism.htm
—Speech and Language Development. American Speech-Language-Hearing Association. www.asha.org/public/speech/development
—Speech and Language Disorders American Speech-Language-Hearing Association. www.asha.org/public/speech/disorders/
—Stuttering. American Speech-Language-Hearing Association. www.asha.org/public/disorders/stuttering.htm
Apraxia-Kids Web Site. Articulation Disorders. www.apraxia-kids.org/slps/velleman.html
Children’s Hospital of Wisconsin. Stuttering. www.chw.org/display.PPF/DocID/24280/router.asp
Cleft Palate Association. About Cleft Palate. www.cleftline.org/aboutclp/CleftPalateAssociation
Simms, M. D. “The Late-Talking Child: What Should the Pediatrician Do?” Children’s Hospital of Wisconsin. www.chw.org/display.PPF/DocID/35351/router.asp
What is Language? What Is Speech? American Speech-Language-Hearing Association. www.asha.org/public/speech/development/language_speech.htm

Barriers to Service

One of the most common special needs a youth services librarian in a public library is likely to encounter is a child with a speech or language impairment. Librarians can have a very positive impact on speech and language development because the library is the ultimate enriched language environment. When the speech of a child is difficult to understand, a librarian can talk to the child's parents to find out specific ways to help. A speech therapist can make general suggestions on how to help children with particular types of speech problems. The cause of the problem is less important than knowing how best to interact specifically with each child who has a speech or language problem, because each child's needs are different.

Strategies for Success

Collaboration

The starting point to planning adjustments to programs and material selection should be parents of children who have speech and language problems, or in the case of older youth, the juveniles themselves. Birth to 3, local school districts or CESA speech therapists and audiologists can offer assistance in planning services or be willing to collaborate with the public library on joint projects.

Planning

Parents of children with speech disorders, staff from Birth to 3 programs, and the local school district speech and language therapists are the most likely to be able to help with public library planning processes.

Staff Training

All staff should understand that they should talk directly to babies and young children who visit the library, as well as older children. Young children may not answer, but the library is one place that children can learn and practice social conversations. Young children are sometimes shy or afraid to talk to strangers, but they will come to understand that library staff are community helpers and are safe strangers. These children may not have many opportunities to talk to and interact with adults they don't know.

It is important that all staff interact pleasantly, patiently, and respectfully with young children and treat them as valid library patrons. All service points and contact with all staff matter when it comes to providing excellent library services to youth. Children have a harder time recovering from negative experiences than do adults and may be sensitive to even a mild reminder or reprimand. These young patrons are tomorrow's library board trustees. It is important for library staff to offer services and materials appropriate for youth of all ages and to communicate appropriately with them beginning in infancy.

Staff need to be sensitive in general to people who have communication problems, and be aware of general ways to appropriately interact. They should be comfortable working with patrons who use artificial speech devices, such as speech boards, computerized speech, or devices that are programmed with common social phrases such as "please," "thank you," or "Can you help me?"

Staff who work with children should check on the process of arranging speech screening for preschool children. They should keep that contact information on hand to offer to parents who express concerns about their children's speech or language development, or to use when the librarian notices a young child's language appears to be significantly delayed.

Diversified Collections and Services

It may be possible to collaborate with Birth to 3 or the school districts on free speech screenings to children who attend library story programs. Staff may be willing to present public programs at the library on speech and language issues. They also may be able to offer suggestions on parent resources, videos, or software and educational toys that foster speech and language development.

Adapting Story Times for Children with Communication Problems

All preschool children benefit from the use of age appropriate word play and exposure to language activities including classification activities, comparisons, spatial concepts, sequencing, rhyming, following a series of directions, color naming practice, letter recognition, and lingual absurdities. These techniques all should be incorporated into story programs. Suggestions on how to do this are included in the DLTCL's publication, *Early Learning Initiative for Wisconsin Public Libraries*, available online at <http://dpi.wi.gov/pld/earlylearning.html>.

Interacting with Children whose Speech is Difficult to Understand

The speech of children can be difficult to understand for numerous reasons. Maintain eye contact with the child. Repeat the parts of the conversation that are understood, even if it is a word or two. Tell the child what he is saying is important. Admit it is difficult to understand him, but express a willingness to try. Try asking yes and no questions to get closer to what the child wants to say. Ask the parent or another child if they can help explain what the child said.

If there is a problem understanding an older child or teen, the librarian can explain that he is having difficulty understanding the words and ask the youth to write down what he wants to say, or type it on a computer screen. Another possibility is to ask the child to pantomime or draw what she is trying to communicate. Librarians can ask for instructions on how to use children's picture boards or other communication aides so that they can communicate directly with these children.

Accommodating Non-Verbal Children

Some children can't speak because of issues such as cerebral palsy, but have good receptive language skills. Try to include actions or finger play movements the child can do. If a story for the day is going to involve a refrain, write it out, and ask the child to hold it up each time the group says it. If the child can't participate in this way, it may be possible to use a device like a pocket talker to record the refrain and have the child push a button or touch a switch in some way to play the refrain.

Use whatever movement the child can make as a way to greet and say goodbye to the child. If the children can't say hello, ask to see their big smile. If they can't say or wave goodbye, ask them to nod, or blink or kick their foot, etc., as their way of socially interacting. Repeat that movement or motion with them. The parent or adult accompanying the child can explain the ways the child can communicate. Always respond to any electronic communication used by a child, although it is appropriate to expect all children to take turns and to wait for a response when necessary.

Accommodating Children Who Stutter

Many preschool children stutter but if a child has an extremely difficult time getting his words out, the first thing to do is to relax. Move to the child's level if standing and maintain eye contact. Smile and make sure the child knows the librarian is going to wait as long as it takes for him to say what he wants to say. It may help to take the child's hand to further assure him he has the librarian's attention. Avoid filling in words, or completing sentences, let the child do the communicating. Avoid telling the child to "slow down" or "take a deep breath" or to "relax." When the child stops talking, wait a moment before answering, to give him a chance to add something if he wants to continue speaking.

The Stuttering Foundation suggests adults model slow, relaxed speech, and pause frequently when talking with the child. Reduce the number of questions asked of a child who stutters. It is easier for children to express their own ideas than answer questions. Use facial expression and other body language to help convey meaning. Help everyone in a group learn to take turns and discourage interruptions.

If a child has many things to say that are not necessarily related to the discussion at hand, explain that what they want to say is important and that there will be special "You and Me" time after the program. Always follow up on promises of individual attention by inviting the child at the end of the program to come and talk one-on-one.

Accommodating Children Who Have Auditory Processing Problems or Who Are Easily Distracted

Try seating these children away from visual distractions and from the sources of noise to help them maintain focus. A separate story time room, away from the activity in the youth department, can be helpful. Use a consistent routine to begin and end the story sessions. Tell the children at the beginning of the program what will be involved that day to help them understand the sequence. Cue the group when an activity is going to change, such as explaining that the book is finished so it is time to do a favorite finger play.

Accommodating Older Children Who Have Communication Problems at Programs

Some children who have auditory processing problems have trouble dividing their attention. Avoid having them listen and write at the same time. If an activity calls for listening and writing, have the group listen the first time, and then write as the information is repeated. Speak slowly when giving directions and use words that cue children to sequences such as "step one, step two," or "first," "next," and "finally."

Accessible Buildings, Equipment, and Outreach

There are numerous ways a public librarian can help make language accessible to children who have speech and language problems. There is often time to greet each child as they arrive for a program and as they are leaving the story area or story room. There may be time to talk as they pick out books or stop by the library at a time when no program is planned. Some librarians offer to read a short story to individual children whenever they visit, depending on their other responsibilities. The time spent at the service desk is another opportunity to engage children in conversation, perhaps inviting comments about the books they have selected.

Many techniques and materials used in story times are ideal for enhancing language and speech development. The books themselves use vocabulary and grammatical structures not used in spoken English. Dialogical reading techniques involve helping children learn to “read pictures.” The librarian asks the children to talk about what they see in a picture, to use the facial expressions to guess at how the characters feel, or to use the picture to guess at what will happen next. Librarians can use questions to help connect the pictures or actions in the story to children’s lives. The pictures may lead into a conversation about other things the children want to discuss.

There are helpful techniques librarians can use when conversing with children who have speech or language disorders, as well as those who do not. Give each child undivided attention when greeting them. Say each child’s name and look at them when you ask questions. Give them time to think of their responses. In a group, if a child needs more time to think of what she wants to say, tell her you will come back to her, and be sure to return later to give her a turn to speak.

Librarians can expand on what children say and use correct grammar or sentence structure without drawing attention to errors the children make. For example a child might say, “He falled down.” The librarian might respond, “That’s right. The teddy bear did fall down. He fell right down off the bed. But he didn’t get hurt. Did you ever fall off the bed and get hurt?” Librarians can add words the children leave out of their sentences. A child might say, “Him frew da ball.” The librarian can respond, “Yes, Kyle did throw the ball. He threw the ball way up high in the air. Do you like to throw and catch a ball?” The librarian may exaggerate the th sound slightly. It is important not to stop and correct a child’s pronunciation because that discourages him from trying to talk. However, when reading a story, a librarian may pause to define a new word and invite the children to repeat it.

Librarians can describe what they are doing or what other children are doing. During a game that involves imitating the actions of someone, the librarian might say, “Look, LaShay is blinking her eyes. Let’s try to blink our eyes like LaShay. Open your eyes, then shut your eyes. Open them, shut them. Let’s do it faster. Open, shut, open, shut, open, shut. We can all blink our eyes. We just have to open and shut them quickly. Can someone show us how to wink just one eye?”

Most librarians use songs, flannel boards, props, finger plays, nursery rhymes, poetry, games, pantomime, and voiced refrains as part of story time. All these story and language enhancements help nurture speech and language skills.

Librarians use numerous methods for connecting the written and spoken word. When reading a story librarians run their fingers under the line of text as they read along to help children understand that they are reading the printed words, not the pictures. Librarians pause while reading a story, or extend the story when it is finished, by making a list related to the story. Perhaps they will write a list of the children’s suggestions on what to take on a picnic and then read the list back to the children. Additional suggestions are included in the *Early Learning Initiative for Wisconsin Public Libraries*, available online at www.dpi.wi.gov/pld/earlylearning.html.

Useful Adaptive Technologies

Children who use speech aides, such as picture boards or computerized speech, typically have their own equipment because everything has to be customized. Although the library will not be providing this equipment, it might be possible to add to what the child already has. A picture of the librarian could be put on a picture board to help the child recognize the librarian. The librarian’s name or a greeting for the librarian might be added to a child’s computer selection. The adult who brings the child to the program is likely to know how to best make the additions.

A librarian might want to create a speech aid to record some basic library related phrases on it for regular patrons who come but don’t bring their own speech aids or as a teaching tool for other children. The device might include phrases like “Will you read me a story, please?” “Can you help me?” “Hello” “Is it my turn now?” and “Thank you.” Children could use the phrase needed. The Attainment Company in Verona, Wisconsin carries a variety of these types of speech aids. It might be helpful to allow children who can speak to use the devices if there is a child in story time or at programs who uses an electronic speech device, just to help them accept electronic speech as a valid way to communicate.

Picture directories, maps of the library identifying where to find things, and auditory directories that play a recorded message all can be useful to patrons who can't speak, or whose speech is difficult to understand. The auditory directory messages might include a button for "music." The recorded message might say, "music cds are located in the popular materials section to the right of the elevator." There might be a "bathroom" button with a message that says, "The bathrooms are located in the rear of the building just past the magazine section."

If the library circulates educational toys, those that are especially good at encouraging speech and language could be included. The National Lekotek Center has lists of toys that foster these skills on their web page and have also created a list for Toys-R-Us that is available at their stores. Suggestions on software useful to youth who have auditory processing disorders are included in the section on Learning Disabilities in this publication.

Marketing

The library is not likely to specifically target youth with speech and language disorders for programs. However, the library may host programs for parents about speech and language issues. Birth to 3 programs and the staff who work with children in speech therapy at school or through a CESA agency, can send library informational materials to their clients or the parents of their students

Marketing efforts for this target population might focus on informing people of in-house accommodations. Many older children who have speech problems or are aware people have trouble understanding them, do not like to ask for assistance. Try to make it easy as possible for these youth find things for themselves as often as possible. Maps or floor plans are helpful, as is good signage throughout the building. Older youth might be more interested in using email to ask for reference assistance than asking in person, so it is helpful if the library has a general reference email address and a catalog that is accessible off-site.

Getting Started with Little Money or Time: Speech and Language

Collaboration

- Talk to parents of individual children who have speech and language problems to find out how best to help them while they are at the library.
- Local school district speech therapists or those at a regional CESA might be willing to collaborate on projects with public libraries.

Planning

- Check with the local school district to find out how many students are involved with speech and language therapy or go to the Special Education Reports by school district on the DPI web site at www2.dpi.state.wi.us/leareports/.

Staff Training

- Ask a local speech therapist to demonstrate various types of speech aids and how they work. If possible give staff some hands-on practice with them.
- Have staff practice asking questions and giving directions without speaking or writing.
- Remind staff that they should talk to every baby they meet in the library, smile and greet young children, and to treat all youth as valued patrons at all service points and in all interactions with them.
- Youth services staff should know the process for requesting speech screening services for preschool children and keep the contact information on hand.

Diversified Collections and Services

- Weed the collection of dated materials on language development.
- Purchase new materials on speech and language development and on infant sign language as part of the regular library budget for new materials.
- Consider adding educational toys that foster speech and language skills to the collection of in-house or circulating toys.

Accessible Buildings, Equipment, and Outreach

- Check with the school district to see if the students who have auditory processing disorders use any particular software. It may be possible for the school to provide a copy for use at the library.
- Walk through the library and evaluate all signage. Is it easy to see and read from a distance? Make changes as necessary.

Marketing

- If the library doesn't already have one, create a floor plan or map of the library and train staff to use it when giving directions to patrons.
- Consider creating an auditory map and directory of the library that is activated by pushing buttons or touching areas on a screen. This might be part of the library's web page.

Observe there Awareness Events

May

Better Speech and Hearing Month sponsored by the American Speech-Language-Hearing Association www.asha.org

National Stuttering Awareness Week sponsored by the Stuttering Foundation www.stutteringhelp.org

October

International Stuttering Awareness Day sponsored by European League of Stuttering Associations, International Fluency Association, and International Stuttering Association
Stuttering Foundation www.stutteringhelp.org

Resources

National Resources

About Face USA www.aboutfaceusa.org

About Face provides support and information for individuals with a facial disfigurement and their families.

Apraxia Kids www.apraxia-kids.org

This site is maintained by the Childhood Apraxia of Speech Association (CASANA).

American Speech-Language-Hearing Association. www.asha.org

This association has information for the public to help raise awareness about speech and language issues.

Advice for Listeners. www.asha.org/public/disorders/stutter/AdvLstn.htm

Language-Based Learning Disabilities

www.asha.org/public/disorders/Language-Based-Learning-Disabilities.htm

Orofacial Myofunctional Disorders www.asha.org/public/disorders/Orofacial-Myofunctional-Disorders.htm

Selective Mutism www.asha.org/public/disorders/Selective-Mutism.htm

Speech, Language, and Swallowing www.asha.org/public/speech

Speech and Language Development www.asha.org/public/speech/development

Speech and Language Disorders www.asha.org/public/speech/disorders

Stuttering www.asha.org/public/disorders/stuttering.htm

What is Language? What Is Speech? www.asha.org/public/speech/development/language_speech.htm

Autism Society of America www.autism-society.org

The society provides autism information and promotes education, awareness, and advocacy on critical issues

Cherab Foundation www.apraxia.cc

The foundation provides communication help, education, and research on apraxia.

Childhood Apraxia of Speech Association (CASANA) / Apraxia-KIDS www.apraxia-kids.org

The society provides information on Apraxia of Childhood for families and professionals.

Children's Craniofacial Association www.ccakids.com

The association is dedicated to improving the lives of people with facial differences.

Children's Hospital of Wisconsin www.chw.org

Age-Appropriate Speech and Language Milestones. www.chw.org/display/PPF/DocID/21450/router.asp

Cleft Palate Association www.cleftline.org

The association provides publication through the Cleft Palate Foundation.

Council for Exceptional Children www.cec.sped.org

The council is dedicated to improving educational outcomes for children with disabilities.

Division for Communicative Disabilities and Deafness (DCDD)

International Stuttering Association www.stutterisa.org

The association provides information about Stuttering for people who stutter, professional clinicians, and researchers.

Lekotek National Center www.lekotek.org

The center is a national resource on toys and play for children with special needs.

Able Play Toy Guide www.ableplay.org/search.asp.

Toys R Us Toy Guide for Differently Abled Kids www.lekotek.org/services/toyind/toysrus.html

LD OnLine www.ldonline.org/ld_indepth/speech-language/asha_earlyid.html

A national web site for information on learning disabilities and ADHD.

National Dissemination Center for Children with Disabilities www.nichcy.org/index.html

The center is a central source of information on infants and children with disabilities.

National Information Center for Children and Youth with Disabilities (NICHCY) www.nichcy.org

This is a clearinghouse on disabilities and related issues involving children birth to age 22.

Speech and Language www.nichcy.org/pubs/factshe/fs11txt.htm

National Lekotek Center www.lekotek.org

This is a source of information on adapted toys including those for children with speech and language disorders.

National Stuttering Association www.nsastutter.org

Information and answers to questions about stuttering for children and adults who stutter.

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

www.resna.org

This association promotes research, development, education, advocacy, and access to assistive technologies.

Stuttering Foundation of America www.stutteringhelp.org

The foundation provides free online resources, services and support to those who stutter and their families.

U.S. Department of Education www.ed.gov

The U.S. Department of Education promotes excellence in education in the U.S.

Office of Special Education and Rehabilitative Services (OSERS) www.ed.gov/about/offices/list/osers/osep/index.html

U.S. Department of Health and Human Services

National Institutes of Health (NIH)

National Institute on Deafness and Other Communication Disorders (NIDCD) www.nidcd.nih.gov

Wide Smiles www.widesmiles.org

This is a resource on cleft lip and palate.

Wisconsin Resources

Children's Hospital of Wisconsin. www.chw.org

Age-Appropriate Speech and Language Milestones www.chw.org/display/PPF/DocID/21450/router.asp

University of Wisconsin–Madison www.wisc.edu

College of Engineering www.engr.wisc.edu

Trace Research and Development Center www.trace.wisc.edu

The center works on ways to make telecommunications systems more accessible and usable by people with disabilities.

Waisman Center www.waisman.wisc.edu

Family Village www.familyvillage.wisc.edu

Communication Disorders www.familyvillage.wisc.edu/Lib_comd.htm

Deaf/Hard of Hearing www.familyvillage.wisc.edu/lib_deaf.htm

Speech Intelligibility and Augmentative Communication Laboratory

www.waisman.wisc.edu/~hustad/index.html

Stuttering Page www.familyvillage.wisc.edu/lib_stut.htm

Wisconsin Assistive Technology Initiative (WATI) www.wati.org

WATI provides information on Independent Living Centers that lend assistive technology devices.

Wisconsin Department of Health and Family Services (DHFS) <http://dhfs.wisconsin.gov>

DHFS coordinates social services for people who have speech and language problems.

Wisconsin Assistive Technology Program (WisTech) <http://dhfs.wisconsin.gov/disabilities/wistech>

Wisconsin Birth to 3 Program <http://dhfs.wisconsin.gov/bdds/birthto3/index.htm>

Wisconsin Sound Beginnings http://dhfs.wisconsin.gov/DPH_BFCH/eshen/sndBegning.htm

Wisconsin Department of Public Instruction <http://dpi.wi.gov>

Cooperative Educational Service Agency (CESA) <http://dpi.wi.gov/cesa.html>

Preschool Options Project www.preschoolorptions.org

Preschool Options Reference List www.preschoolorptions.org/resources/index.php

Special Education Team <http://dpi.wi.gov/sped/>

IDEA Child Count <http://dpi.wi.gov/sped/cc-12-1-05.html>

Special Education Reports by school district www2.dpi.state.wi.us/leareports/

The reports provide district counts of children in special education categories.

Services for Students with Speech and Language Disabilities <http://dpi.wi.gov/sped/speech.html>

Speech and Language Resources <http://dpi.wi.gov/sped/slresource.html>

Wisconsin Hispanic Association of the Deaf www.geocities.com/Heartland/Ranch/6142/whad.html

The association offers support and resources for individuals and families who are Hispanic and deaf.

Wisconsin Lions Foundation, Inc. www.wlf.info

The Lions Club has a mission to children with disabilities, including those with speech and language problems.

Wisconsin Speech-Language Pathology and Audiology Association (WISHA) www.wisha.org

This association provides public awareness and advocacy for people with speech and language disorders.

