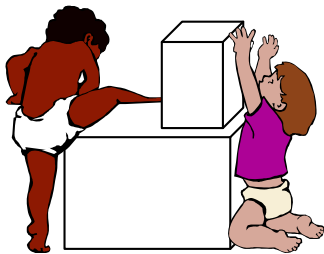


If your child is found not to be eligible for Birth-3 and you are still concerned three months later, you may call 1-800-505-7000 to request another evaluation.



RECOMMENDATIONS TO HELP LANGUAGE DEVELOP:

- Read to your child every day.
- Talk about what you are doing or seeing throughout the day.
- Limit display speech, (e.g. "Show Grandma how you count to ten.")
- Follow what your child is interested in playing with or talking about.
- Use repetition in stories and songs.
- Take turns with your child. Say: "Daddy's clapping, now you clap!"
- Use clear, simple, language when talking and speak a bit slowly.
- If your child has frequent or prolonged ear infections, talk to your doctor. It may be appropriate to see an Ear Nose & Throat doctor (ENT)

The Connecticut Birth to Three System is designed for families who have a child with a significant developmental delay in at least one area

The service guideline booklet includes many useful appendices, lists, charts, and resources. A lot of the information is written for speech-language pathologists but anyone on an early intervention team can help with questions you may have.

For a full copy of the guideline...

- ask any CT Birth to Three program
- call 1-860-418-6155
- you can access all of the Connecticut Birth to Three service guidelines on-line at:

www.birth23.org



A Summary of the Connecticut Birth to Three System Service Guideline 3

for children referred solely because of a concern about their speech or language

With the help of many people, service guidelines were developed for evaluating and supporting families with children who have communication development as the only concern.

This is a brief summary of the main points in the guidelines.



Expressive Language

- Expressive language is how we communicate to others such as talking and signing.
- Some children have delays in their *expressive* language but they understand a lot (called good *receptive* language since they can receive language.)

The Birth to Three System Service Guideline #3 explains that some children are just late talkers and catch up without speech therapy. Their parents may just need to learn about regular activities to do at home to help language develop and to create opportunities for play time with children their age who talk well.

The guideline recommends that if there are still concerns, these children can be re-evaluated every three months to make sure they are making progress.

However...

Some children have certain biological factors that can indicate the possibility of a more significant communication delay or disorder (although not yet serious enough to require early intervention services).

If one of the biological factors listed below is present, then the child with a significant delay in speech is eligible for the Birth to Three System.

- *Oral Motor Impairment* -trouble coordinating the muscles in the mouth for eating and speaking
- *Phonological impairment* - no trouble with the muscles of the mouth but the sounds they use and the rules they use to make sounds into words are impaired or delayed (e.g. saying “ta” for “cat” and “gah” for “dog” at 2½.)
- *Family history of language impairment or developmental delay*
- *Significant birth history* (there is a list of what is significant for speech development)
- *Social/emotional, interpersonal, play interest, sensory concerns*

The speech-language pathologist on your team will help to determine whether your child and family need a comprehensive system of support like Birth to Three.

Fluency

- If speech does not flow smoothly, it may sound like stuttering.

It is normal for children to not speak smoothly when they are learning to talk.

Children have to think about what they want to say, breathe, and make their mouth work. (That is a lot to do, especially when you're excited.) The Birth to Three team determines if your child has Stuttering Like Disfluencies that require intervention or normal disfluencies which do not.

For some children, English is not the primary language that they hear each day

The guideline states that children must be tested in the language they are consistently exposed to each day. This is usually the primary language of the home and includes sign language for hearing children of deaf parents. Also, children adopted from non-English speaking countries should be tested in English after they have had six months to adjust to their new home and new language.