



Speech Delay

About 5-10% of children have a developmental disability that causes a delay in their speech and language development. It is important to keep in mind that **language development** involves more than just speech, it also includes other forms of communication, such as sign language, writing, and visual skills (pointing, etc.).

Parents are usually the first to notice that their child is not developing their speech skills at the same rate as similarly aged children and will describe their child as 'not talking,' 'a late talker,' or 'not speaking yet.'

A speech delay can be caused from problems with the **output** of speech (anatomical problems with the vocal cords, etc.), the **input** of speech (hearing loss), or the **processing** of speech (mental retardation and developmental language disorders). The two main types of speech delay are **expressive** delays, which is the inability to generate speech, or **receptive** delays, the inability to decode or understand the speech of others. Or children can have a delay with a mix of both types (mixed expressive/receptive delay).

Most children with speech delays have a **developmental language disorders** (DLD), with an expressive delay, and will meet normal age appropriate visual language skills (recognizing parents, recognizing objects, responding to facial expressions, following commands that are accompanied with a gesture indicating what you want done, pointing to desired objects, etc.), and will seem to have normal comprehension or understanding of other's speech, meeting normal age appropriate auditory receptive skills (recognizing and turning toward sounds, following 1 or 2 step commands without a gesture, pointing to named body parts and objects), although some can also have a mild or variable receptive delay. With early intervention (speech therapy), most of these children will have improved speech by the time they begin school and their speech will ultimately become normal.

Some children with an expressive delay are just 'late talkers' and have a **constitutional delay** in their speech development. These children will develop normal speech and language skills as they get older without any treatment. Unfortunately, there is no way to differentiate children with a constitutional delay, who will have improvement of their speech without intervention from those children who will require treatment. You can only tell in hindsight and it is not advisable to just 'wait and see' if your child's speech will improve.

Another important cause of speech delay are **hearing problems**, and so all children suspected of having a speech or language delays should have their hearing formally tested. It is not enough that they think that he hears because he responds to a loud clap or bell in the doctor's office or because he comes when you call him from another room.

Other causes of speech delays include mental deficiency or **mental retardation** and pervasive developmental disorders, including **autism**. In addition to expressive and receptive delays, children with these conditions will also commonly have a delay in their visual language skills (recognizing objects, responding to facial expressions, following commands that are accompanied with a gesture indicating what you want done, pointing to desired objects, etc.).

Things that don't cause speech delays are a child being 'tongue-tied,' being 'lazy,' having a lot of siblings that 'talk for him,' or living in a bilingual family.

The **early speech and language milestones** which are listed below include the upper limit of when 75% of infants meet this milestone, so your child may still be developing normally if he has not mastered a milestone by the age indicated. These milestones should be used as a general guideline to help identify infants that are at risk for having speech and language problems so that their development can be watched closely. You should discuss it with your Pediatrician if your infant is not meeting these milestones on time, or if he has a **regression** or loss of language skills that he has already learned, so that he or she can review his overall development (language, social, fine motor and gross motor skills) and determine what, if any, interventions need to be made. Among the screening tests available that your Pediatrician may perform are the **Early Language Milestone** (ELM) Scale-2 and the Clinical Linguistic and Auditory Milestone Scale (**CLAMS**).

Language delays, especially if secondary to a hearing loss, should be identified as early as possible.

Early speech and language milestones:

- Newborns can **localize a sound** to their right or left side shortly after being born and will turn their head or look in the direction of a sound. This works best with loud noises when your baby is awake and alert, but they should also be able to hear soft sounds. They can also begin to **smile spontaneously** and in response to someone by 1 month. Infants learn to recognize their parents by 1-2 1/2 months.
- Infants can **imitate speech sounds** by 3-6 months.
- **Monosyllabic babbling**, or making isolated sounds with vowels and consonants (ba, da, ga, goo, etc) usually begins by 4-8 months.
- **Polysyllabic babbling**, or repeating vowels and consonants (babababa, lalalalala, etc) usually begins by 5-9 months.
- **Comprehending individual words** (mommy, daddy, no) usually occurs by 6-10 months.
- By 5-10 months, most infants can say **mama/dada nonspecifically**, using the words as more than just a label for his parents.
- Many infants can **follow a one step command with a gesture** (for example, asking for an object and holding your hand out) by 6-9 months. He should be able to follow a one step command **without a gesture** by 7-11 months.
- The **correct use of mama/dada** as a label for a parent usually occurs by 7-12 months.
- The **first word** (other than mama/dada) is usually spoken by 9-14 months.
- By 10-15 months, he should be able to **point to an object that he wants**.
- Your child will be able to say **4-6 words** (other than mama/dada and names of family members or pets) by 11-20 months.
- He should be able to **follow a two step command without a gesture** by 14-21 months.
- By 16-20 months your child should be able to **tell two wants** using single words (juice, milk, more, etc.).
- He should be able to point to one or more **body parts** by 14-18 months, and this will increase to 6 body parts by 22 months.
- **Two word combinations or sentences** are used by 18-22 months and can include phrases like 'Want milk', 'More juice', etc.
- A **vocabulary spurt** leading to a **50+ word vocabulary** occurs by 16-24 months.
- **Pronouns** (me, you, etc) are used by 19-26 months, although they may still be used incorrectly (reversed, etc). Most children can use pronouns appropriately by 30 months.
- By 24 months his speech should be **half understandable** by strangers, or someone who is not routinely around the child.
- By 24-32 months he should be able to **name 4 pictures**.
- **Conversations**, with 2-3 simple sentences put together, can usually occur by 26-32 months.
- He should **understand two prepositional commands** (put the cup **on top** of the table or **next** to the book) by 27-34 months.
- By 29-34 months he should be able to give the **name and use of at least two objects**.
- He should be able to **name one color** by 2 1/2 - 3 1/4 years, and this will increase to 4 colors by 3 - 4 1/4 years.
- By 3 years his speech should be **75% understandable** by strangers, or someone who is not routinely around the child and he should have a vocabulary of about 250 words. His speech should be **fully understandable** by 4 years of age with a vocabulary of well over 600 words.

Children can usually be screened for hearing loss in your Pediatricians office with a simple test (audiometry) after they are cooperative enough (usually after four years of age). Younger children (from birth to age 4) usually need to see an audiologist for more detailed testing, such as an **ABR** or auditory brainstem response test, or **OAEs** (otoacoustic emissions).

If you think that your child is not meeting his normal speech or language developmental milestones, if he is at high risk of developing a hearing problem, or has school performance problems, then it is very important that his hearing be formally tested by a professional. Again, it is not enough that they think that your child hears because he responds to a loud clap or bell in the doctor's office or because he comes when you call him from another room.

Parents are usually the first ones to think that there is a problem with their child's speech development and/or hearing, and this parental concern should be enough to initiate further evaluation. In addition to a formal hearing test and developmental assessment by their Pediatrician, children with speech and language delays should be referred to an **early childhood intervention program** (for children under 3) or the local school district (for children over 3), so that an evaluation and treatments can be initiated by a psychologist (if indicated) and/or a **speech therapist/pathologist**.

Among the things that a parent can do to improve their child's speech (in addition to regular speech therapy), include:

- **Read** to your child. Especially picture books, where you can make a game of pointing and naming familiar objects.
- Use **simple language** when you talk to your child and ask him a lot of questions. You can also be sure you are talking to your child a lot by narrating out loud the things you are doing.
- Respond to your child's speech to give him **positive reinforcement** when he does talk.
- **Repeat and expand** on what he says by turning his single words or simple phrases into longer sentences or phrases.
- **Be patient** by being forgiving of errors in his speech and give him time to say what he wants to say. Don't rush him.
- **Don't force him to talk** by withholding something he wants until he asks for it. Instead, when he points to an object he wants, such as a cup of juice, say 'Do you want some juice?' or 'Oh, you want the cup,' etc. and then give it to him. Forcing him to talk, or constantly reminding him to 'use your words' can lead to increased stress and frustration.

Internet Resources:

- **Better Hearing Institute:** "a nonprofit organization that informs persons with impaired hearing, their friends and relatives, and the general public about hearing loss and available help through medicine, surgery, amplification and other rehabilitation" and includes a parent's information page '[A Guide to Your Child's Hearing](#)' and a [frequently asked question](#) list about people with hearing loss.
- **American Speech-Language Hearing Association (ASHA):** "The American Speech-Language Hearing Association (ASHA) is the professional, scientific, and credentialing association for more than 99,000 audiologists, speech-language pathologists, and speech, language, and hearing scientists. ASHA's mission is to ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively." Learn about [speech and language disorders](#) and [development](#).
- **The American Academy of Audiology** - "a professional organization of individuals dedicated to providing quality hearing care to the public. We enhance the ability of our members to achieve career and practice objectives through professional development, education, research and increased public awareness of hearing disorders and audiological services," and includes an [Understanding Your Audiogram](#) page that explains hearing test results and web links to other sites.
- **The American Society for Deaf Children** - "an organization of parents and families that advocates for deaf or hard of hearing children's total quality participation in education, the family and the community."
- **National Association of the Deaf** (NAD): provides information on programs and activities including grassroots advocacy and empowerment, captioned media, certification of American Sign Language professionals, certification of sign language interpreters, deafness-related information and publications, legal assistance, policy development and research, public awareness, and youth leadership development.
- **Cochlear Implant Association, Inc.:** a nonprofit organization for cochlear implant recipients, their families, professionals, and other individuals interested in cochlear implants. The Association provides support and information to anyone who has a cochlear implant or a child with an implant, or is interested in information about implants

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