CAREGIVER GUIDE

Finding Their Voice: Supporting Communication as Children Grow

A caregiver's guide to everyday connection, individual differences, and finding support

CONNECTED CAREGIVER

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> ***About this publication*** *Educational information for caregivers of infants and young children, including the early school years. U.S. service pathways are described; local eligibility and arrangements vary.*

At a Glance

Central idea: Communication develops through exchanges in which people notice, express, listen, and respond. Caregivers can recognize the ways a child already communicates, make room for their ideas and needs, and seek support when understanding or being understood is difficult.

This brief explores communication before and beyond speech, developmental guidance, everyday opportunities for connection, and what caregivers can expect when they have questions about a child's development. It also distinguishes early intervention, preschool and school services, and clinical support.

A Starting Point: Wanting to Understand and Be Understood

Communication begins with getting to know one another. As caregivers learn to recognize a baby's cries, movements, and expressions, the baby is becoming familiar with the caregiver's voice, tone, touch, and responses. Neither needs to understand every message right away; understanding grows through everyday moments together.

Babies communicate from birth. Caregivers gradually recognize patterns suggesting hunger, discomfort, or a need for closeness, although a cry's meaning is not always clear. As babies coo and babble, adults often echo a sound and pause for a response. Many naturally use *parentese*: slower speech, a higher pitch, and expressive intonation. These small exchanges introduce conversational turns. [16, 17, 18]

Newborns see best at about 8-12 inches, often the distance to a caregiver's face when held face-to-face. Against a caregiver's chest, they can also feel the vibrations of talking, humming, or singing. Such moments bring together sound, sight, touch, and movement, adapted to the baby's sensory needs and comfort. [19, 20]

As children grow, a gesture, word, sign, or picture can help them share pleasure, express feelings, and make their needs known. Familiar adults may understand a glance or sound that a new teacher or playmate cannot. Siblings may also anticipate needs or answer for one another. This shared understanding is a strength, but it can make communication difficulties less apparent.

Caregivers - especially with a first child - may wonder what variation to expect. Recognizing a child's strengths and asking questions about development can happen together. There is no need to be certain of a delay before seeking guidance.

Learn: Understanding Communication and Development

Communication, Language, and Speech

- **Communication** is the exchange of messages and meaning. It can involve movement, expressions, gestures, signs, pictures, speech, writing, or a device.
- **Language** is a system for sharing meaning. **Receptive language** concerns understanding; **expressive language** concerns conveying ideas, needs, and information. Language can be spoken, signed, or written.
- **Speech** involves producing spoken sounds and words. Speech concerns may involve sound production, fluency, or voice.

A child may pronounce words clearly yet struggle to understand a story, or understand much more than they can say. These distinctions help identify where support may be useful. [1]

Volume, tone, pace, expression, and body position also convey meaning. “Come here” may sound welcoming, urgent, or frustrated, regardless of the adult’s intention.

Development Is More Than a Word Count

Children develop skills at different rates. Reaching a milestone earlier or later than another child does not, by itself, establish advanced development or a delay. Consider understanding, expression, and participation together. [2]

Some families notice a burst of new words; others see steadier growth. Two-word combinations commonly emerge by around age two, followed by more varied combinations and longer sentences. Caregivers can ask about current concerns without waiting for a “language explosion.” [2]

These broad areas offer a starting point for observation. ASHA’s linked age-specific milestones provide more detail; they are not diagnostic tests. [2]

Period	Areas of communication to notice
Infancy: birth to about 12 months	Responses to people and sounds; expressions, vocalizations, and gestures; increasingly shared exchanges.
Toddlerhood: about 1-3 years	Understanding familiar language; gestures and words used to share meaning; emerging combinations; initiating and responding.
Preschool: about 3-5 years	Longer exchanges, questions, explanations, stories, speech clarity, and participation in play with others.
Early school years	Understanding classroom language, explaining ideas, following conversations, telling connected stories, and using language in reading and writing.

Speaking often does not necessarily mean communication is easy; difficulties may become more apparent as language demands increase. [1]

Noise, fatigue, unfamiliar people, and the setting can affect communication. Eye contact and quick answers are not the only signs of attention.

Languages, Culture, and Different Ways to Participate

Learning more than one language does not, by itself, delay early language milestones. Vocabulary may be distributed across languages, so considering only English can underestimate a child's knowledge. Mixing languages is normal and does not indicate confusion. [3, 15]

Children need not have equal skills in each language. Caregivers can use the languages in which they communicate comfortably. Concerns deserve attention across the child's languages; multilingualism neither establishes nor rules out a difficulty. [6, 15]

Families differ in conversational pace, storytelling, gestures, and expectations about speaking with adults. Sharing these patterns helps others understand the child.

Simple signs such as "more," "help," or "finished," paired with words, can support communication with any baby. Signing does not imply a delay or guarantee faster speech. Using a few signs alongside speech differs from learning a complete sign language, such as American Sign Language (ASL), which has its own grammar and may be a child's primary language. [12]

Gestures, pictures, repetition, pauses, and playful exchanges are useful in everyday caregiving as well as early intervention. Professionals tailor these approaches to assessed needs and family priorities. [2, 5]

Augmentative and alternative communication (AAC), including picture boards and speech-generating devices, can supplement or provide an alternative to speech. No minimum age or test score is required to consider AAC. A speech-language pathologist (SLP) can help select tools and support their use throughout the day. [4]

Why Early Attention Matters

Early intervention partners with families while language skills are forming, weaving support into familiar routines. Learning continues beyond the early years; noticing a concern later does not mean the opportunity for help has passed. [5]

ASHA reports that approximately 50-70% of children with **late language emergence** catch up by late preschool or school age. This is not a percentage of all children receiving services who "outgrow therapy," nor a prediction for an individual child. Understanding, expression, and progress over time guide decisions about support. [6]

Connect: Making Room for Everyday Communication

Begin with the Child's Message

A toddler holds up a ball. "You found it!" acknowledges the message; a pause leaves room for a look, sound, sign, or word. Caregivers need not narrate constantly or make every moment educational.

Comments and genuine choices can invite exchanges without a string of questions. If a child says “dog run,” an adult might add, “The dog is running fast!” If the child points to water, the adult can name it and respond without requiring the child to repeat the word. More time, fewer words, or visual support may help. [2, 4]

Everyday Activities and What They Offer

These familiar activities offer opportunities to enjoy communication together.

Shared experience	A possible communication opportunity
Looking at a familiar book	Notice what interests the child; share comments, gestures, and questions; return to favorite pages.
Songs and rhymes	Enjoy repetition, rhythm, sounds, and shared participation through voice, movement, signs, or listening.
Pretend play	Negotiate roles, describe events, request materials, and create a story together.
Dressing, washing, or preparing food	Connect words and gestures with familiar actions; offer meaningful choices and discuss what comes next.
A walk or time outdoors	Follow a shared discovery and make room for questions or observations.
Building or a simple turn-taking game	Share a plan, ask for help, describe a problem, and respond to another person’s idea.

Repeating a favorite book or song gives children opportunities to anticipate and contribute. There is room to follow their interests rather than finish exactly as planned.

Conversation with Family and Peers

Family meals offer opportunities to talk; a snack, walk, or bedtime exchange may fit just as well. Time to reconnect can come before questions.

A question about one familiar moment can be easier to approach than a request to recall the whole day. If you know the child played outside, “What did you play with outside?” provides a concrete starting point. With something present, an invitation such as “Show me what you made” allows words, gestures, or demonstration. A comment and a pause can also leave room for the child to contribute without needing an answer.

When a sibling answers, a gentle invitation makes space: “Let’s give her a moment to show or tell us, too.” During peer play, an adult might clarify, “I think Sam wants a turn. Sam, is that what you mean?” Accessible materials, pacing, and communication tools can help children join in.

When Understanding Is Difficult

A quieter setting, a different position, or more time may make an exchange easier. Having communication tools within reach helps the child join in.

When a message remains unclear, an adult can acknowledge both the effort and their own uncertainty:

> *“I want to understand. I heard something about your bag. Can you show me, point, or tell me another way?”*

Acknowledge what you understood and help find another way to convey the rest, rather than repeatedly asking the child to “say it properly.”

Refusing, disagreeing, and reporting discomfort also matter. Acknowledging a message can coexist with a safety limit: “You do not want to leave. I hear you. We need to go, and I can help.”

Grow: Finding Support When Questions Arise

Notice Patterns and Share Concerns

Caregivers can seek guidance about understanding language, expression, speech clarity, fluency, voice, hearing, or difficulty participating. They do not need to identify a diagnosis before asking. Loss of previously acquired communication skills deserves prompt discussion with a healthcare professional. [7]

A few everyday examples can make a concern easier to explain:

- What does the child communicate readily, and how?
- What seems difficult to understand or express?
- Do familiar and unfamiliar people understand the child differently?
- What happens during exchanges with peers? How do children show that they understand one another or need clarification?
- Are the patterns similar at home, in childcare, and in other settings?
- What languages and communication supports does the child use?
- What changes have caregivers noticed over time?

Peers may ask “What?” or respond in a way that suggests misunderstanding. Notice whether children clarify and continue playing, or whether misunderstandings repeatedly limit participation. Consider shared languages, familiarity, and the setting; a peer’s response alone does not establish a difficulty.

An optional recording of an ordinary exchange can support discussion. Audio captures speech; video also shows gestures and context. Reviewing it with another caregiver or an SLP can prompt questions such as “What did each of us understand?” and “What helped us understand it?”

Recordings capture one moment, affected by sound quality, context, and the listener’s familiarity with the language or dialect. Respect the child’s comfort, avoid requests to perform, and share privately only with people supporting the child. A recording is not a test or a prerequisite for guidance; caregivers can seek help while their interpretations differ.

Teachers and other caregivers may contribute observations, with attention to family privacy.

Where to Begin - and Why Hearing May Be Checked

A child’s healthcare professional can discuss development and referrals. A **speech-language pathologist (SLP)** evaluates and supports communication; an **audiologist** assesses hearing. Public early childhood and school systems provide additional routes to evaluation.

For a child younger than three, caregivers can contact their state’s early intervention program without a doctor’s referral. As the third birthday approaches, the program may coordinate with the local school district about preschool evaluation and services. Families can ask which program will evaluate their child and what happens next; there is no need to wait until age three to begin that conversation. For children three or older, contact the local public school district. [7, 21]

Close to age three: There is no general federal early intervention evaluation cutoff at two and a half. If a child is first referred fewer than 45 days before turning three, however, the early intervention program is not required to complete its own initial evaluation. If the child may qualify for preschool special education, it must refer the child to the appropriate education agencies with parental consent. [21]

Hearing affects access to spoken language. Newborn screening is widespread, but caregivers may want to confirm the result. Passing it does not rule out later hearing changes, and responding to some sounds does not establish that all speech is heard clearly. A hearing assessment can help clarify support needs. [8, 13]

What an Evaluation May Look Like

Early intervention staff can explain the process. **Screening** briefly considers whether closer assessment is warranted; an **evaluation** explores development in depth. Programs may proceed directly to evaluation, and parents may request one even if screening identifies no concern. [7, 9, 14]

Evaluation may include caregiver interviews, play observations, communication samples, and structured tasks addressing language, speech, hearing information, and other developmental areas. Caregivers can explain whether the child’s behavior with the evaluator resembles everyday interactions. [1, 9]

For multilingual children, screening and evaluation should consider exposure to each language and communication across languages, using a qualified interpreter when needed. English-only results cannot provide the whole picture. Families can ask, “How will you account for all the languages my child understands and uses?” [6, 15]

Results should explain strengths, support needs, eligibility, and next steps - even when a child does not qualify. Useful questions include:

- What did you learn about how my child understands and communicates?
- What does this result mean in everyday life?
- Were there limits to what this evaluation could tell us?
- Is a recommendation for support separate from the program's eligibility decision?
- What can we do next, and when will we review progress?
- Can I receive the findings and recommendations in writing and in language I understand?

Understanding Different Service Pathways

U.S. pathways include preschool services before kindergarten. Eligibility varies by state and program. [5, 10]

Pathway	General focus and planning
Early intervention: generally birth to the third birthday, under IDEA Part C	State-defined developmental eligibility or qualifying conditions; support for the child and family, commonly organized through an Individualized Family Service Plan (IFSP).
Preschool special education: generally ages 3-5, under IDEA Part B	Eligibility for special education and related services; an Individualized Education Program (IEP) addresses educational needs before kindergarten.
School-age special education: under IDEA Part B	Evaluation considers disability, educational impact, and the need for special education and related services. Speech-language support may be part of an IEP.
Clinical or community speech-language services	Assessment and treatment based on clinical needs; access, referrals, payment, and insurance requirements differ from public educational programs.

A clinical diagnosis does not automatically establish school eligibility. Educational impact includes participation and social communication, not only grades. Families can ask which criteria and evidence informed the decision. [1, 10]

Early intervention receives state and federal funding. Evaluation, assessment, service coordination, and IFSP development are free to families. Other services may involve insurance or fees, depending on the state; staff can explain costs and consent requirements. [5]

What Support Can Look Like

An SLP may join a familiar activity, model an approach, and help caregivers build on the child's response. Together, they consider what fits family priorities and routines. Support may also include individual or group sessions, classroom collaboration, or communication tools. [5]

Playful activities can be enjoyable while serving specific goals. Bubbles offer opportunities to request or take turns; a mirror may help with sound placement; songs and rhymes can support speech or language practice. Blowing bubbles is not an established general treatment for speech sounds through mouth strengthening. Caregivers can ask, "What skill does this activity support?" [11]

Some children join readily; others need time to feel comfortable. Families can discuss what is manageable and adapt approaches with the team.

Reviewing Progress and Planning Changes

Progress may mean being understood by more people, expressing discomfort, or joining play. Caregivers and professionals can review what helps across settings and whether goals still fit. With family permission, providers can coordinate approaches.

Near age three, early intervention teams plan transitions with families. Some children qualify for preschool special education; others do not because their needs or the eligibility criteria differ. Not qualifying does not necessarily mean all communication needs have disappeared. [5]

When services end, families should have opportunities to review useful approaches, ways to adapt activities, and signs that warrant renewed guidance. A plan can identify community resources, other services, and someone to contact. The aim is practical knowledge and confidence to continue supporting communication. [5]

If concerns persist or services are delayed, families can ask about follow-up, review procedures, or another professional perspective.

Observations and Considerations

What is already working well? Notice exchanges the child enjoys, people who understand them, and circumstances that make participation easier.

Where does communication become difficult? Consider both the child's skills and the demands of the setting. What might the communication partner or environment change?

Whose message leads the interaction? Is there room for the child to ask, comment, refuse, share pleasure, and introduce an idea, as well as respond?

What would make the next step clearer? A conversation, a written explanation, a hearing assessment, or a shared observation may help caregivers decide where to begin.

Key Takeaway

Taking a child's message seriously supports connection and participation. Caregivers can build on strengths, make room for meaningful exchanges, and seek guidance as needs change.

Learn · Connect · Grow

Learn: What did this brief help you notice about how the child understands and communicates?

Connect: What could make an everyday exchange more accessible or responsive to this child?

Grow: What would you like to observe, discuss, or learn more about as the child's needs change?

Research Foundations and Further Reading

The following sources support the developmental and service information. The conversation examples and reflection questions are illustrative, not treatment protocols.

1 ASHA. Spoken Language Disorders.

2 ASHA. Communication Milestones: Age Ranges.

3 ASHA-linked consumer resource, Communication Health Support Association. Learning More Than One Language.

4 ASHA-linked consumer resource, Communication Health Support Association. Augmentative and Alternative Communication.

5 ASHA. Early Intervention.

6 ASHA. Late Language Emergence.

7 CDC. Concerned About Your Child's Development?.

8 CDC. About Hearing Loss in Children.

9 U.S. Department of Education. Evaluation and Assessment: IDEA Part C.

10 U.S. Department of Education. About IDEA and Definition of a Child with a Disability.

11 ASHA Evidence Maps. Effects of Nonspeech Oral Motor Exercises on Speech.

12 Alberta Health Services. Supporting Communication with Gestures.

13 CDC. Data and Statistics About Hearing Loss in Children.

14 IDEA regulations, 34 CFR § 303.320. Screening Procedures (Optional).

15 American Academy of Pediatrics and ASHA. Young Children Learning Multiple Languages: Parent FAQs.

16 Nationwide Children's Hospital. Behavior Changes in a Newborn.

17 Great Ormond Street Hospital. Speech and Language Development from Birth to 12 Months.

18 Ferjan Ramírez and colleagues. Parent Coaching Increases Conversational Turns and Advances Infant Language Development.

19 American Academy of Pediatrics. Infant Vision Development: What Can Babies See?.

20 Cambridge University Hospitals. Early Listening Skills.

21 U.S. Department of Education. IDEA Part C: Transition to Preschool and Other Programs, § 303.209.

> ***A Final Reminder*** *Adapt ideas to the child's needs, abilities, and circumstances. This publication does not replace individualized developmental, hearing, speech, or language assessment or determine service eligibility.*

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