PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA

MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH

ABDELHAMID IBN BADIS UNIVERSITY – MOSTAGANEM

FACULTY OF FOREIGN LANGUAGES

DEPARTMENT OF ENGLISH

Language Developmental Delay and Speech Disorders among Pre-School Children

The Case of Preschool Children at Dar Tofoula Al Mosaafa - Mostaganem

A dissertation submitted in partial fulfilment of the requirements for the Master Degree in "**Linguistics**"

Submitted by

Nasli Bakir Zina Ibtissem

Board of Examiners:

Chairperson: Mr. Teguia Cherif

Supervisor: Mrs. Adnani Rajaa

Examiner: Dr. Djoub Zineb

Academic Year: 2018-2019

Dedication

To my parents,

and to my best friends, Van, Chahra,
Chemseddine, Moussa, Sara and Sabrina.

Acknowledgements

I would like to express my sincere gratitude to my supervisor ***Mrs. RajaaADNANI*** for her guidance and patience in directing me throughout this journey.

My special Thanks go to the board of examiners ***Mr. Cherif TEGUIA and Dr. Zineb DJOUB*** who accepted to read my humble work and thanks to them for the valuable remarks.

Thanks to ***Mr. Abdelbasset DOU*** for his support and help.

Abstract

Language Developmental Delay (LDD) and speech disorders are the major language productions deficits that children may encounter. This category of children needs special care, affection and attention from surrounding. The present work attempts to find out the common reasons that lead to speech delay and disorder at first step, and the effectiveness of specialized institution and the side they really play. The study also attempts to check how effective the institutions specialized in treating and taking care of these children can create. The investigation has been conducted in Dar Tofoula Al Mosaafa in Mostaganem. A quantitative study was conducted where two research instruments were used a questionnaire addressed to parents and an interview with four specialists co-working with the aforementioned institution: an orthophonist, a psychologist pedagogue, and a clinician psychologist. Results show that the common reasons -other than biological- of children's language deficits are social and emotional. Besides, institutions can be a supportive social environment that improves children's social and cognitive development.

Keywords: Preschool Children, Language Development Delay, Speech Delay, Institutionalization, Language Acquisition and Production.

List of Acronyms

LDD: Language Developmental Delay

LAD: Language Acquisition Device

UG: Universal Grammar

DNA: Deoxyribonucleic Acid

List of Tables

Table of Contents

Chapter One: Literature Review

Chapter Two: Methodology and Data Analysis

Chapter Three: Findings and Recommendations

General Introduction

Speech and language act as essential elements that construct communication processes between human beings to exchange attitudes, provide an input (instructions) and output (activities). Communication is the core concept in which meanings can be decoded and transmitted. A lot of sophisticated processes contribute in functioning the speech and language reception and production in the brain. Normal children systematically follow the cognitive, social and linguistic milestones. all ordinary children acquire a limited number of utterances and they progress through the same developmental language stages and absolutely language acquisition accomplished through the biological inner capacity.

However, children with speech language delay and disorders can exhibit some deviations and abnormalities in milestones development and language acquisition. In this regard, Language Developmental Delay (LDD) refers to the common developmental difficulty the child faces to receive and produce speech sounds in the right period of language development. Interestingly, unusual cognitive and social signs push parents to search for a solution to that issue. At this point, the factors underlying LDD and speech disorders are still under debate but some scholars categorized them as: genetic, neurological or environmental. The researcher initiated an interest in investigating such issue in the Algerian context due to the cases of young children in their community who encounter LDD and speech disorders.

The present study examines the obstacles Algerian pre-school children encounter in their language acquisition. By checking the reasons behind their LDD. The study attempts to raise the parents' awareness about the potential treatments and solutions for their children's linguistic deficits. To achieve these aims, the researcher raises the following questions:

1- What are the reason that underly a delay in Algerian preschoolers' language development

2- What are the possible diagnoses, treatments and solutions the parents should be aware of in order to decrease LDD among their children?

The researcher, based on those questions, hypothesizes that:

(1) the lack of social interaction is a significant factor that leads to LDD among Algerian preschoolers, and that

(2) children's production of speech needs to be controlled regularly by parents, and the specialized institutions can be effective to help the child be more exposed to social interaction and thus overcome the LDD obstacles.

The targeted population of this study IS the preschool children that encounter LDD. The sample is twenty parents (20) to be asked about the cases of their children. The targeted institution in a specialized nursery in the city of Mostganem, Algeria (Dar Tofoula Al Mosaafa). In addition, four specialists (4) who co-work with the nursery (a psychologist pedagogue, an orthophonist, a psychotherapist, and a clinician psychologist) are interviewed in the pursuit of checking the reasons and finding solutions for LDD among Algerian children.

The study is a three-chapter body. The first chapter introduces the major theories of language acquisition and language development as it sheds light on relevant literature of works conducted on Language Developmental Delay (LDD). The second chapter is devoted to describe the research design, tools, sample and procedures of collecting data. The last chapter presents the analysis of data and the discussion of the results.

CHAPTER ONE

LITERATURE REVIEW

Introduction

The present chapter is an introductory part of the study. It aims to provide an overview of the major notions and concepts. As a theoretical part, the chapter tackles the concepts that build the whole research. The chapter opens with some definitions that need to be provided in order to understand the major elements about the problematic. A review of the child's language acquisition is provided. Importantly, Language disorders and delays will be defined with some features. Finally, the possible common causes children passing through disorders and delays will be presented.

1. Definition of Speech

Speech is defined in the Oxford Dictionary of Psychology **(2015)** as "a verbal utterance defined in terms of its content, the intention of the speaker, and the effort on the listener." Moreover, **Brown &Hagoort (2003)** state:

> "*Speech highlights the verbal output of language, in which a numerousmuscles and parts of human body serve together to produce sounds, namely: speech articulation, which involves the vocal box contains a set of muscles namely: the tongue, vocal folds, teeth, lips and the lungs*".(p.11)

In simple terms, speech is the verbal side of language, since it provides a concreate and decodable information. In addition, speech is the result of the function of several muscles that are referred to as the vocal box.

1.1 Speech Perception

This ability supports the idea that children perceptual apparatus is some way programmed "*to discriminate speech sounds that they born with special feature detectors thatrespond to the acoustic properties of speech*"**(Crystal, 2006, p.80)**

Not far from Chomsky's innateness, **Crystal (2006)** argues that children are not only endowed with a capacity to differentiate between sounds but also can perceive audial stimuli and subconsciously analyse them. By this, a child can tell the difference between familiar voiced and new ones. "How babies turn their heads towards the source of a sound within the first few days of life, and prefer human voices to non-human sounds as curly as two weeks" **(Crystal, 2006, p.80).** That is said, when children mentally process sounds, they categorizethem into human and non-human voices. This process can be a direct evident that children have a language input at the level of the mind.

1.2 Speech Production

Speech motor planning mechanism is responsible for producing refined speech. Moreover, children start picking up sounds from the environment they interact with and also through imitation. This act is usually undertaken through systemic developmental stages. *"Forspeech production, the basic structure of the utterance is through to be generated in Wernicke's area and sent to Broca's area for encoding. The motor program is than passed on two the adjacent motor area which governs the articulators organs"***(Crystal, 2006, p.177).**In linewith this, **Crystal (2006)** asserts, the human brain contains two areas dedicated for language and speech: Wernicke's are that is responsible for generating utterances from the vocabulary stored in one's memory, and Broca's area that handles the realisation of these utterances. Moreover, the brain is the cognitive substance that has the capacity to control muscles such as, vocal cords, mouth, tongue and lips in order to produce speech.

2. Language Acquisition Theories

Naturally, children, while growing up, move through various linguistic stages. The latter is encapsulated in their ability of acquiring language and then creatively producing utterances that they never heard before. This ability is developed from birth, childhood until adolescence.

"*Language is an evolved capacity. this evidence includes the universality of somecharacteristics of language, the linguistics of language, the linguistic stages that all babies progress through, and the existence of specialized brain areas devoted processing*"**(Silvermanand Friedenberg, 2006, p.256)**

Following the main premise of Noam Chomsky, several theories have been conducted that vindicate the universal principals that all children share while processing their mother tongue. These theories are postulated namely by interactionists and cognitivists both of which emphasizes the importance of social exposure.

2.1 The Nativist Theory

The Oxford Dictionary of Psychology defines nativism as, "*A hypothetical mechanism,based on generative grammar*" The theory of innateness refers to how human beings are bornwith a device that facilitates language acquisition: Language Acquisition Device (LAD), the latter is argued to be located in the brain. Chomsky goes further by assuming that language is a group of finite number of words that, when combined, leads to the generation of an infinite number of sentences. Also, he opposes the idea of behaviorists by stating, children are creative in the sense that they produce innovative utterances that they never heard before. "*Languageas a set (finite or infinite) of sentences, each finite in length and constructed out of a finite set of elements*"**(Chomsky, 1957, p.13).**He also discovered that all children acquire their mothertongues in the same manner; in other terms, all languages have a universal grammar (UG) that

is a set of principles underlying language and is developed to a competence later on.

"*All children share the same innateness, all children share the same internal constraintswhich characterize narrowly the grammar are going to construct*"**(Chomsky, 1977, p.8)**

Furthermore, **Stephen Pinker (1994)**adheres the view of Chomsky that language has a biological reality. But also regards the role of society and culture in shaping the child's language "*the universality of complex language is a discovery that fills linguistics with awe, and is thereason the first to suspect that language is not just and cultural invention but the product of a special human instinct*"**(Pinker,1994, p.26)**

Simply put, the theory of Nativism limelight on the biological aspect of language and argues that there are universal grammar underpinning all human languages; Therefore, all children acquire their mother tongue following subconsciously and informally the same procedures.. "*All babies progress through the same developmental language stages, in the sameorder; children also require the rules of language faster than they could possibly acquire them through formal learning*"**(Silverman and Friedenberg, 2006, p.256)**

2.2 Interactionist Theory

As a critique towards Chomsky's Nativism, interactionists postulated a new theory that states, language acquisition would not take place if the child does not interact with members of his society, environment and surroundings. That is, interactionists does not refute the universality of grammar but rather adds what Chomsky considered as only trigger: social interaction.

The fundamental premise of interactionism is that children must interact with their parents. Parents contribute in establishing that would consequently play a major role in developing the child's language. "*We live in a social environment in which we interact with*

family members, friends, coworkers, and others on a regular basis. A social environment from a cognitive point of view is one were individual minds exchange information"**(Silverman andFriedenberg, 2006, p.446).**

.The interactionist theory creates a bridge between nature and social interaction with in which conversations, interactions and guidance by peers and caregivers. Besides, Interactionism shed light on the function of language that contributes in developing children's speech, vocabulary and the ability to communicate in different contexts by respecting cultural norms

2.3 Cognitivist Theory

Cognitivists regards language from a mental standpoint. As their main objective is to account for the mental processes that facilitates language acquisition and development. Furthermore, they see that there is no better way to uncover these processes better than language, which reflects the mind. "*What do children say by time they start talking at age one?They have already twelve months of perceptual and conceptual development*"**(Clark, 2009,p.7)**

According to **Clark (2009)** children need to improve the mental, perceptual and the conceptual capacity before they shape them or use in a linguistic structure. Therefore, the cognitive view seeks to establish the idea that children' representation of the concrete situation as an input or receptive skill will push them to be more advanced linguistically and cognitively in language acquisition stage; (the capacity of guess the world). Importantly, the socio-psychological and cognitive maturity may help children to undertake language tasks.

To put it mildly, theories of language acquisition seek to shed light on how children acquire language; it is also important to draw a line between nature and nurture. The latter also

plays a massive role in completing the former. Because through social exposure children get to acquire their language naturally.Consequently. There would be no language without the biological inborn capacity (Nativism), the intellectual development of the mind of a child (Cognitivism) sociocultural exposure and interaction with environment (Interactionism).

3. Speech Language Delay and Disorders

Speech Delay is what describes the slow development in one of the child basic skills which is speaking. The latter happens to develop at a slow rate. In addition, this disorder occurs when the child's developmental stages (cognitive and social) exhibit an abnormal deviation or abruption that would affect the child's capacity to produce proper speech. consequently, speech sound production does not only appear to be inaccurate but also inappropriate thus difficult for the listeners to decode and interpret the message.

3.1 Speech Disorders

Speech disorder refers to the troubles and strains that make the process of speech production difficult. Some of these issues are seen in articulation severances or phonological anomalies as the sounds are not produced in a natural manner. Consequently, children diagnosed with speech disorder are usually hard to be understood by listeners.

In addition to that, children introduce a poor manner of an intelligible, immature speech as it is noticed by **Feldman (2005)** "*speech disorders are presented delay and deficits in thedevelopment of speech skills and voice quality. Speech disorders include problems in the production of speech sounds disruptions in the flow of speech sounds with voice, pitch, volume, or quality and poor intelligibility*"**(Feldman,2005, p.132).**Moreover, the abnormal occurrence children speech interrupted by the diffluent events such as childhood apraxia of speech and stuttering that will be introduced later on.

3.2 Language Developmental Delay

Language Developmental delay (or Speech Delay) refers to the phenomena that takes place when a child develops his/her speech slower than is regular or seen in other children. To illustrate, a child might be five years old, however s/he has the capacity of developing language as a three years old child, this is usually referred to as Language Developmental Delay (LDD) **(Dodd, 2013, p.36)**

LDD is divided into two categories: Primary: When a language delay is primary there will be no other difficulty identified. If it is secondary: this means that the child is facing another issue, which has affected his/her language skills, such as autism, hearing impairment, global developmental delay. **(Chonchaiya & Pruksananonda, 2008, p.978)**

During the 15-18 months LDD is diagnosed at an early stage. The child does acquire language and learn to utter few words but not following a slow pace. By two years of age, another LDD indicator appears, the child utters around 50 words however does not use any word combination. (e.g. ‘no sugar’, ‘papa leave’, ‘bike go’). As a result, the child faces hard times following commands and even understanding what speech he/she is being exposed to.

3.3 The Causes of Speech Disorders and Language Developmental Delay

At first glance, Parents do not usually notice that their child has an LDD until he/she is diagnosed. Besides, parents start having a difficulty in recognizing their son’s speech. Both parents and speech language pathologist attempt to discover the main reason in which a child suffers from speech language impairment rather than other children at the same age. That allows them to select appropriate techniques of diagnosis and active intervention.

3.3.1 Genetic Causes

Researchers in the field of speech disorder base centre their studies more on families with children who have been diagnosed with such impairments in producing refined speech. Moreover, the data yielded from exploring such phenomenon takes into consideration the biological reality of speech delay. That is, studying the genetic components of children may reveal much about the causes of this disorder. To illustrate, Down syndrome or vocal properties undergrowth may have a direct relation to the speech production of the child. In addition, the environment in which the child is born and raised is also carefully examined; perhaps speech delay might be the result of nurture as well as nature.

Furthermore, more biological tests and experiences are carried out by speech delay doctors on members of families and mainly parents in order to find out whether speech delay can be inherited thus transferred to children, or it is caused by emotional, social or environmental effects. "*environmental effects include the shard family environment as well asthe environment that is unique to an individual family member studies of environmental factors are needed to identify important influences on speech language disorder, and to understand the interaction of genes*"**(Lewis et.al, 2006, p. 305).**

Interestingly, recent findings emphasize the genetic cause underlying language speech disorder; however, the genetic system is also responsible for other skills as writing, reading disabilities and/or speech perception. In short, all the findings culminate into one result: language development delay and speech disorder is evidently inherited. That is, the parents' history of genes, function of their genes and DNA contributes in shaping the child's phonological system as well as his/her vocal box.

3.3.2 Neurological Causes

The nervous system is first responsible for controlling the function of human muscles that serve in speech production as well as speech perception. However, speech language input and output are negatively influences by any deficit in the nervous system or other motor skills impairment; Therefore, it may malfunction. A side from, brain injuries are classifies into several kinds. One of which is a disease (for example brain tumor), physical trauma (traumatic brain or head injuries. For example, accident), Cerebral hemispheres damages (left or right area) and impairments caused by the damage of the frontal lobe and parlays or cerebral palsy.

The recovery from brain injuries is highly unlikely when the impairment is severe and has damaged parts of the brain. This leads to change in behavior, cognition and speech production. Other issues might be cause by mothers using drugs or drinking alcohol or having psychological disorders as depression, or even harsh surrounding conditions as working for many hours. All of these, during pregnancy, may run the risk of damaging the child's neurological system leading to language and speech disorders. "*Alcohol and other drugs playa significant role in the onset course of neurological disorders. As toxic agents, these substances directly affect nerve cells and muscles, and therefore have an impact on the structure and functioning of both the central and peripheral nervous systems*"**(world healthorganization, 2006, p.120)**

3.3.3 Physiological Causes

The ability to hear and recognize sounds is in itself and activity that encourages the construction of social relationships, sharing experiences and being aware of one's environment. That is said, Hearing also functions as the key to receive the spoken language and achieve an intellectual performance. The impairment of hearing can be mild, severe, or total. Also hearing impairment may come from a particular place in the ear, middle ear, inner ear or both.

consequently, the impact of hearing loss is harsh in term of speech and language development. In addition, children at that level face huge range troubles to understand soft and regular speech from a distance. The following signs indicate that the child is passing through hearing difficulty:

- Inappropriate volume during speech
- The problem of hearing loss may be from heritage (family history of hearing loss).
- The child often seems to be distractive, mindless.
- "Children with hearing loss may only hear a very noisy speech sounds in the environment and may recognize load vibrations".

The most noticeable effect of child hearing loss is on language acquisition. "*Languageimpairment can also be exhibited by children with moderate hearing loss, because they are trying to learn oral language with insufficient auditory input*"**(Paradis et al, 2010, p.8).** Moreover, hearing loss my cause children learning disabilities at school later on. "*Children whoare hearing impaired are very slow at learning lipreading and speech*"**(Feldman, 2005, p.131)**

3.3.4 Psychosocial Causes

Environmental, psychological, physical and emotional perspectives in which language development can influence child speech "*examples of psychosocial factors are beliefs and valuesystems, attitudes, socialization goals and practices for modeling behaviors, communication styles, language use at home interpersonal relations, experiences, problem-solving and stress coping strategies*"**(El Sayed, et al.,2010, p.25)**

Naturally, parents have a central role in providing their children with an appropriate environment. The latter would directly influence if not shape the knowledge and skills that support the child's language development and speech production. Clearly, those skills provide

children with a natural and healthy start. Subsequently, parents seek to foster active responses of speech language development an improvement. Hence, parental involvement that constitute of sharing their experiences with their children would certainly enrich and provide more subtlety to speech language development.

Furthermore, children-parents emotional as well as social bond are fundamental components in maintaining children with a healthy and natural growth. For that particular reason, children tend to become closer not only to those who care for them, but also to those who interact with them, correct them and guide them. Consequently, feelings of security and sensitivity are more likely to establish a sense of good attachment between children and their caregivers; all that being provided, children's language development and speech production will develop especially at the cognitive level.

As a result, preschoolers are capable to express their emotions, open full discussions if they live in a language-rich environment where opportunities of listening and speaking are available at large scale. Interestingly, parents have to constantly look after their infants in order to safeguard them from the dangers of speech language delay and disorders. Furthermore, a natural growth can be achieved by providing children with full conditions in which speech is received and also retrieved properly. In addition, parents should also provide children with necessary nutrition in order to protect their neurological system and contribute in equipping them with appropriate cognitive skills that matches their age.

In addition to that, it is the ultimate duty of parents to provide their children with a home that contains calmness, safety and certainly love and mutual trust. Such environment is undoubtedly the measure that would create a balance between what parents ought to teach children (as self-dependence and exploring the world) and how to behave and control their demeanor so that they become ready to live with other members of their society, and know how to socialize.

In contrast, the main causes of speech language adversity are parents who often maltreat and use physical punishment against their children. The latter are more likely to exhibit numerous negative effects: psychological problems such as, depression, anxiety, and insecurity. All of which would culminate in a poor attention and ill growth. These factors also cause the child to be nervous and anxious. Anxiety, as a result, acts as a negative factor that can lead to severe and high degrees of speech disorder mainly at the level of fluency. Such factors are the reason behind linguistic disabilities. Besides, insecure relationships with members of family would also lead to speech delay at the biological, social and mental level.

Furthermore, the consequences of poverty can influence physically and psychologically on parents and children. Neurological disorders can also be a problem in addition to anxiety, poor attention, passive social interaction and speech language impairment. All in all, psychological and social conditions may negatively contribute to child speech performance. In this regard, the emotional emptiness must be considered by parents to save their children's emotions. That, in turn, will affect their linguistic capacities for receptive and expressive language outcomes.

Conclusion

The present chapter has reviewed the main issues related to language acquisition, speech perception and speech development. The major theories of language acquisition have been briefly presented in relation to developmental stages in children's linguistic performance. The chapter has highlighted the issue of language developmental delay and disorders. In this respect, the present chapter is but a basis for the following part that is practically checking this issue in an Algerian context.

CHAPTER TWO

METHODOLOGY AND DATA ANALYSIS

Introduction

The present chapter describes the methods used in the investigation of children's speech delay and disorder. First, the research design is provided by reminding the reader with the research hypotheses. Then, the research instruments, a questionnaire and an interview, are described in terms of purpose, form and content. The chapter also provides a description of the participating informants in the investigation. They are parents and specialists. Data collection procedure is also presented and followed by the analysis of parents' questionnaire and the specialists' interview.

1. Research Design

It is necessary at this point to mention that the choice of the research tools depends on the hypotheses that are:

- Language retardation and speech comprehension and production deficits are caused, more than biological, by the lack of social contact.

- Communicative and interactive actions encourage children to overcome some degrees of delays, and specialized institutions can help children cure.

In order to test these hypotheses, the researcher has opted for two instruments and two kinds of population. The results would either confirm or refute the hypothesized outcomes.

1.1 Research Instruments

In order to test the hypotheses and to have valid and accurate results, two different data tools for data collection have been used. The first tool is the questionnaires to be distributed to the parents of children with language development problems. The questions in the questionnaires are adopted from several sources (Morrisey, 2013). The majority of parents are contacted after checking their children information and status in an institution that takes care of

children in the city of Mostaganem, Algeria (Dar Tofoula Al Mosaafa). The questionnaire starts with a short introductory paragraph for the topic and the objectives behind this attempt in order to clarify them for the informants. The questionnaire is to be done in the Algerian Arabic dialect.

The second research tool is the interview. It is also conducted in Algerian dialect. Specialists -that will be mentioned in the following part- are going to answer a few open-ended questions related to the reasons and diagnosis of Algerian children' language delay and disorders issues. Significantly, the interview investigates the role of institutions in curing children's developmental delays.

1.2 Population Choice and Sampling

The targeted population of this study are two main groups. The parents whose preschool children have problems with their language development are the first group of participants. Most of the children, whose parents are participating in the study, go to a kindergarten; thus, this category is more appropriate for this research since it deals with early childhood. In addition, the child at that age is in the process of development and growth, at the physical, cognitive, and psychological levels. The number of participating parents in answering the questionnaire is twenty (20) parents.

The second group of participants includes four specialists: orthophonist, psychotherapist, psychologist pedagogue, and clinician psychologist. The contributions of these specialists to the study are important as they are always dealing with cases of children with LDD and/or speech disorder. Their opinions, explanations and recommendations would be adding significance to the research content. The specialists are then participating in answering the interview.

1.3 Data Collection

Questionnaires were administered to some of the parents the researchers met in the

institution of Dar Tofoula Al Mosaafa in the city of Mostaganem, Algeria. Some other parents volunteered from local areas of the same city. Interviews were done with three specialists in the same institution, while an interview was done with an orthophonist, another one with a psychotherapist, in their clinics. Data were then collected to be quantitatively and qualitatively analyzed.

2. Data Analysis

This part provides the analysis of data collected from both tools.

2.1 Analysis of the Parents' Questionnaire

Children's Age and Gender

Each of the questioned parents have a case of their one child who encounter a delay or disorder in their language development. The following table shows the children's ages and genders.

Child's Gender		**Child's Age**		
Male	Female	4 years	5 years	6 years
13 (65%)	7 (35%)	5 (25%)	12 (60%)	3 (15%)

Table 1. Children's Ages and Genders

As it is remarkable most of the children who face problem with speech delay and disorder are five-year old. In addition to that it is noticed that almost of two thirds (65%) are male.

Children'sBiological and Physical Conditions

Biological and Physical Conditions	Cases (out of 20)
Hearing problems	2
Visual problems	3
Delayed motor development	4
Serious illness	6
Receiving frequent medical treatment	4

Table 2. Children's Biological and Physical Conditions

As it is mentioned in the table, six children have serious illnesses for instance (asthma, could). And four children are receiving immediate medical treatment. However, two other cases encounter hearing problems. It is also important to mention that four children have a delayed development in their abilities while three other cases having visual problems, one have had a serious fever in his first year after birth.

Children's Age When They First Spoke

2 years	3 years	4 years	5 years
2 (10%	4 (20%)	11 (55%)	3 (15%)

Table 3. Children's Ages When They First Spoke

The majority of children start to speak at the age four. However, four children began to speak at the age of three, while three others began at the age of five only two parents said that their children start to speak at the age of two.

Children'sWays to Communicate

One-word	Two-word	Gestures	Short Sentences	Communication Device
4 (20%)	7 (35%)	3 (15%)	5 (25%)	1 (5%)

Table 4. Children's Ways to Communicate

Answers of parents are quite different as it mentioned in the table, two third (35%) of their children restrictively in a two word way of communication. Four children use only one word. Five children use short sentences in their communication. While three other children use gestures. One of the children who have hearing problems is using a device to receive other speech.

Children's Free Time

Watching TV	Playing with toys	Playing with Mobiles	Playing with other Children

16	7	10	9

Table 5. Children's Free Time

As parents said children watch tv a lot sixteen sixteen cases out of twenty children watch TV.In addition to one or two other activities in their free time. Noticeably half of parents reported that children use mobile in their free time. Moreover nine parents confirmed that children play with their peers. Only seven children prefer to play with toys in free time.

Children's Fears and Anxieties

When parents were asked whether their children have fears or anxieties (see table below), the majority answered with a 'no', yet some parents named some fears and anxieties.

Yes	No
4 (20%)	16 (80%)

Table 6. Children's fears of being alone

when parents were asked if their children have fear or anxieties most of them answered with no, and some parents asserted some anxieties. Two parents confirmed that their children often are scared for being alone, while one of the parents asserted that their children cry when do not understand them. Another parent said that their child fear from darkness.

Children's Behaviors with Caregivers

When parents were asked whether their children behave differently with other people who take care of them, their answers showed different behaviors and attitudes.

Normal	Aggressive	Afraid	More Interactive
6 (30%)	3 (15%)	8 (40%)	3 (15%)

Table 7. Children's Behaviors with Caregivers

Parents answered to the question of whether their children behave differently with other

people who take care if them. That they have different behavior and attitude. Eight parents remarque that their children fear their caregivers at home and institution, three parents reported that caregivers are treated aggressively sometimes by their children, three children are more interactive with caregivers than with parents. Other cases are behaving normally with their caregivers.

Children's Social Development

In this part parent were asked to determine the approximate frequencies of actions and behaviors of their children. The option provided to parents are: almost always/ sometimes/ never.

1. Staying with one activity for some long time		
AlmostAlways	Sometimes	Never
4 (20%)	8 (40)	8 (40%)

Table 8. Staying with one activity for some long time

Eight parents confirmed that their children sometimes prefer to keep doing one activity for some long time. While other four cases mention that children prefer to keep doing an activity for long periods of time almost all the time.

2. Accepting limits without getting upset		
Almost Always	Sometimes	Never
7 (35%)	6 (30%)	7 (35%)

Table 9. Accepting limits without getting upset

As it is mention in the table seven parents asserted that their children never accept such limits, otherwise seven parent confirmed the opposite. However six parents reported that their sometimes accept and sometimes reject those limits.

3. Playing well with other children

Almost Always	Sometimes	Never
4 (20%)	10 (50%)	6 (30%)

Table 10. Playing well with other children

As it is mentioned in the table half of the parents reported that their children play with other children from time to time. Whereas six parents said that their children play alone. However, four parents mentioned the opposite. That is their children most of the time play with other.

4. Stopping when asked to stop doing things		
AlmostAlways	Sometimes	Never
6 (30%)	4 (20%)	10 (50%)

Table 11. Stopping when asked to stop doing things

Half of the parents reported that their children do not stop doing things when they are asked to while seven parents asserted the opposite. However, four parents said that their children sometimes stop doing things when they are asked to, and sometimes no.

5. Obeying Parents		
Almost Always	Sometimes	Never
9 (45%)	8 (40%)	3 (15%)

Table 12. Obeying Parents

As the table above show three parents reported that their children never obey them. But eight parents opted for ‘sometimes’ and nine parents opted for ‘almost aways’.

6. Easy Separation from parent or caregiver		
AlmostAlways	Sometimes	Never
5 (25%)	7 (35%)	8 (40%)

Table 13. Easy Separation from parent or caregiver

As it is mentioned in the table five parents reported that their children separated easily from them or their caregivers. Whereas seven parents confirmed that their children sometimes

have their easy separation from parents or caregivers while eight parents reported that their children never separate easily from their parents or caregivers.

7. Having temper tantrums		
Almost Always	Sometimes	Never
8 (40%)	6 (30%)	6 (30%)

Table 14. Having temper tantrums

As it is mention in the table, eight parents reported that their children always get tempered easily. So that they have tantrums. However, six parents reported that their children sometimes have those temper tantrums while six others denied such kind of status.

8. Easy frustration and crying		
Almost Always	Sometimes	Never
7 (35%)	10 (50%)	3 (15%)

Table 15. Easy frustration and crying

As it is mentioned in the table, half of the parents asserted that their children are sometimes frustrated and cry easily. Whereas seven parents reported the opposite that their children are frustrated and cry always. Only three parents said that their children are never frustrated or crying.

9. Noticing other peoples' feelings		
Almost Always	Sometimes	Never
13 (65%)	2 (10 %)	5 (25%)

Table 16. Noticing other peoples' feelings

Thirteen parent reported that their children observe always very well how other people feel. As it is mentioned in the table. Five parent reported that their children never observe how other people feel.

10. Waiting to hear the whole question before answering		
AlmostAlways	Sometimes	Never
10 (50%)	6 (30%)	4 (20%)

Table 17. Waiting to hear the whole question before answering

As it is mentioned in the table, ten parents reported that most of the time their children wait to hear the whole question before answering, six parents mentioned that their children sometimes wait to hear the whole question to answer, and only four parents asserted that their children never wait to hear the whole question before answering.

11. Preferring to be with other people		
AlmostAlways	Sometimes	Never
7 (35%)	5 (25%)	8 (40%)

Table 18. Preferring to be with other people

As it is mentioned in the table, seven parents confirmed that their children always prefer to be with other people while five parents reported that their children sometimes like to be with other people. It is clearly from the table that eight children do not like to be with other people.

2.2 Analysis of the Specialists' Interview

The answer of each question in each part are presented in a separated table. Only the gist of the specialists' answers are noted below:

a- What affects the process of language development during early childhood?

Specialist	Answer
Orthophonist	Sounds are always organized in classes with shared features that's why we have long sounds and short ones. Almost all children cannot learn them easily. The lack of exposure to natural language may cause delay and disorder in speech.

Psychotherapist	If they are not reacting to parents' motion and sounds, then they become not interested to initiate sound. The lack of parents' care and the medical treatment may cause problems in speech development.
Psychologist pedagogue	Children who don't have the ability to do gestures at their first year may face a risk of speech delay. The parent may not observe that, so no treatment would be done at early stages.
Clinician psychologist	It is expected to make errors like leaving out the last or fist consonant in a word. Children do not need to be corrected between the age of 18 and 24 months. However neglecting them may causes disorder.

Table 19. Specialists' opinions on the factors affecting language development

a- As a specialist, do you think that the institution offers for the child the appropriate healthy growth?

Specialist	Answer
Orthophonist	The articulation impairment in the mouth should be corrected by orthophonists or clinical specialists.
Psychotherapist	If they could find a clever solution for some cases, I would consider them as beneficial. For example they need to cope with children who cry whenever they cannot express their needs, instead of causing them more crying.
Psychologist pedagogue	Parents may show their child the production of the sound by itself. Some institution are good at such act for even three to four years old children.
Clinician psychologist	Institutions can motivate children to some extent, the more the parent talk to their children the more they produce words. If thathappens in the institution by its workers, the healthy outcome would happen.

Table 20. Specialists' opinions on institutionalization

b- To what extent do you think that institutionalization is an effective solution to children with LDD?

Specialist	Answer
Orthophonist	Institutions are good if they have orthophonists and clinicians and are equipped with sufficient materials that can help children.
Psychotherapist	Those who are autistics, those who have language retardation or speech delay. Such institution must be separating those kinds of people. Specialists should not reach any feedback if the children are a mixture of victims of several psychological incidents.
Psychologist pedagogue	Speech disorder or delays may not develop social, emotional, or behavioral state of children during their growth. Institutions should take into account the problems that cause those delays and disorder. A good plan by workers of the institution can bring solution.
Clinician psychologist	Workers of any institution that cares of those children should play the role both of the mothers and father.

Table 21. Specialists' opinions on the institutionalization's effectiveness

c- In which ways can institutionalization influence a child mental, socioemotional growth and language development?

Specialist	Answer
Orthophonist	The best thing that institution can do is for example repeating words correctly after children not before as usual parent do.
Psychotherapist	Children like to stay alone and not talk about their families. However, the new social environment may motivate them to interact with others. It is important to mention that the care of parents cannot be replaced by institution.
Psychologist	Children in institution should be motivated by good surprise. A five

pedagogue	year old child was surprised by a birthday party with the song words written around him, and that triggered him to move from one word to phrase formation.
Clinician psychologist	There is a different kind of children in institutions. Some with unknown origins, some are orphaned, some who have a serious illnesses and some whose parents are poor, workers should take this socio emotional factor into consideration in order to motivate them to speak.

Table 22. Specialists' opinions on the institutionalization and language development

d- What are other remarks that you can add about parents' treatments to children?

Specialist	**Answer**
Orthophonist	Parents have to respond to the first sounds and gestures their babies make by repeating what they say and adding to it would satisfy them.
Psychotherapist	If parents talk about the things which a child sees, tell stories, ask question and listen to answers their children will try to do the same.
Psychologist pedagogue	Parents should figure if their children can hear can react, can understand. Medical treatment in early stages can be helpful. However, the first treatment must be social and emotional.
Clinician psychologist	Caregivers and parent should be aware that children learn language by listening to other.

Table 23. Specialists' remarks on parents' treatment to children

Conclusion

The chapter at hands has provided methodological issues about the study and its sampling criteria. It has also presented the description of the methods used to investigate the causes of language developmental delays and the effectiveness of institutionalization as a solution. The parents' questionnaire and specialists' interview have been quantitatively and qualitatively analyzed. The following chapter presents the findings, discusses the results and recommends some guidelines to parents and institution workers.

CHAPTER THREE

FINDINGS AND RECOMMENDATIONS

Introduction

The present chapter describes the methods used in the investigation of children's speech delay and disorder. First, the research design is provided by reminding the reader with the research hypotheses. Then, the research instruments, a questionnaire and an interview, are described in terms of purpose, form and content. The chapter also provides a description of the participating informants in the investigation. They are parents and specialists. Data collection procedure is also presented and followed by the analysis of parents' questionnaire and the specialists' interview.

1. Discussion of Findings

This section deals with interpreting the results gained from both the parents' questionnaire and the specialists' interview.

1.1 Results from the Parents' Questionnaire

The questionnaires were answered by the parents of children with language development problems. The study found that boys are more primarily subjected to speech language problems than girls. Even the institution (Dar Tofoula Al Mosaafa) had more boys than girls who enter the public center of speech therapy in Mostaganem. Besides, the study found that most of the cases in the institution and that parents talk about are children of five-year-old age.

The results demonstrate that some illnesses contribute to LDD and speech delay. Several parents reported that their children encountered serious sicknesses like fever at early stages. Linking physiological and physical problems to the ability to speak properly has already been studied by several physiologists and psychologists. It is noteworthy that neurological impairment could be caused by such problems as visual or hearing disabilities. Motor-delayed

problems may not interfere with speech problems directly, yet they could affect on children's psychology and emotions, hence, on their self-confidence in the abilities they might have (like speaking)

Furthermore, the results showed that the majority of children who struggle delays or disorders in their speech development start their potential speech productions at the age of four. As the majority of parents reported, two-word attempts are common way that children communicate with. As for those who depend on gestures, they are affected mainly by physical impairments (hearing or seeing problems).

Notably, the majority of children are exposed to television and mobiles so often. The nature of such technological devices to children is not helpful for the enhancement of communication skills. Children's behaviors in a speaker-listener exchange is different from exchanging information with television or mobiles. As unilateral, television is unlikely facilitating children's communication opportunities. Being addicted to television and mobiles, also, may cause them emotional reactions.

Playing with toys and with other children is more beneficial and helpful in terms of communication and potentials to speak and develop speech abilities. However, the number of parents who claimed that their children play with other children is much less than expected. Moreover, playing with toys is still an activity that does not seem as social as playing with other children.

Asking parents about the aggressiveness of their children with caregivers was meant to help us gain information about children's emotional and interactional behaviors. Almost half of the parents described the status of their children towards caregivers as fear. That can be reflecting the lack of communication, feeling insecure with others or a matter of unfamiliarity. Some cases show aggressiveness, and they can be explained as anger when unsatisfied and a reflexive action with others through what parents do. This can be related to emotional causes

of delays and disorders in speech.

Boredom is also proved (as table 8 shows) to be a mirroring factor of what kind of actions interest and attract children. When the child is taking long time in one activity, it is an indicator that they enjoy activities; however, being tempered and easy-bored make them feel bad towards their status, namely when they attempt to speak in vain. Boredom, thus, is a major emotional factor.

When parents put limits to their children, some accept it and some do not. Among those who accept the limits, the case study showed that only one-third children accept the limits without getting sad. Further, sadness or getting upset are results of emotional factors that may be causes for even physical influence. For those who get upset when they are asked to stop doing an activity, their reactions are shifting from crying, shouting, and breaking stuff to a stable state of sadness. Such weakness is presented in a way that could cause them less self-confidence and less initiatives of defending themselves (or speaking).

However, table 11 demonstrates that almost half of the children never follow their parents' orders. That is, there are such daring moments when children attempt to talk more. Nonetheless, the way they are triggered and motivated to talk is not supportive to their language development. That is explained by their parents' orders that seem harsh and irrelevant to children.

Children that have language production deficits are emotionally and mentally sensitive. Parents reported that their children get angry or frustrated easily. Temper tantrums and crying frequently are reflexive actions done by children to compensate their dissatisfaction about the inability of speaking properly.

1.2 Results from the Specialists' Interview

The interviews investigated the role of institutions in curing children's developmental

delays. The group of specialists include four specialists: orthophonist, psychotherapist, psychologist pedagogue, and clinician psychologist.

Results from the interview showed that institutions influence the child's mental development. Children spend much time developing their intellectual abilities while playing with other children under the supervision of nurses and psychologists. When the specialists contribute to programming games and activities, the development of mental and speech abilities improve. As institutions focus on the linguistic development of children with LDD and speech disorders, children are prepared to school because they practice the alphabet, the numbers, and various activities that enhance their growth.

Through the answers of the specialists, it is preferred that the child stays at home with their parents since they need them the most in their first years. Much emotional care is received at home. As for education, if the parents devote their time to teaching their children to speak and listen to them, that is better for some children than to be with other children who may treat them badly. Besides, institutionalization is good when children have social or cognitive problems, institutions would provide an environment full of caregivers and other children where they all make activities that help children cognitively improve.

Based on their experience in giving care to different categories of children, normal, autistics, and those who have language disorders, all the specialists shared the view that there is no difference between institutionalized and non-institutionalized children. Children, no matter where they are, need stimulation from their parents by first place and the surroundings as well. What makes the non-institutionalized child varies from his peer who lives in nurseries is that the former is luckier to rear in home where he gains a healthy growth if he lives in a family where better condition are established. Yet, physical, intellectual, and socioemotional growths are better found at home. Institutionalized children may not act freely for that they are

obliged to live, react, and follow some regulations.

Based on the specialists' insights, social factors make things worse in the process of improving speech production. For that, institutions are preferred for orphans, abandoned, mongolisms, or children who live with divorced or poor parents. However, institutions can never be the ultimate substitute, where the staff cannot behave like any parents, during the day and the night. Institutions are considered by specialists as adoption that remains the best solution for some children who need to rattrap what they missed and offering for the child a real family environment though it is not his biological family.

2. Recommendations

Based on the implications of the study, the researcher provides some recommendations to parents and institutions.

2.1 Recommendations for Parents

In the light of the findings, it is very crucial to propose the following recommendations and tips for parents in order to help their children cope with their language development problems

- Repeating whatever the child says would help him interact more. Repeating certain words several times in different fragments and sentences will motivate them to produce such words.

- Children need to be trained on asking. Parents need to play with them yes/no questions, asking them silly questions (like "can dogs swim?") or questions of choice ("want apple or banana?"). That will help theminitiate questions.

- Singing simple songs and making nursery rhymes will encourage them understand and initiate rhythmic words and speech.

- Children with in-born disabilities need much patience and care from their parents. The social, cognitive and linguistic skills need to be seriously and appropriately treated. Parents canconsultmedical assistance when necessary.

- Parents have to care for children's physical, mental and nutrition health and make them more social by allowing them to meet other children and take them out of any isolation condition.

- Parents need to know about their children's cognitive, behavioral physical, and linguistic properties. That will help parents save them from any risk that may cause or contribute to language development problems.

- Parents need to meet orthophonists and psychological therapists to be well aware of what they should do with the language deficits that their children encounter.

- Children are not aware of the quality of their behaviors. Parents have to be sympathetic.

- Children might refuse to speak sometimes. For that, parents are asked not to confuse them or make them anxious.

- Children need to improve their self-esteem and self-confidence. Parents' reactions to their words and actions can help such esteem and confidence raise.

- Parents are required to pay attention to the child's facial expressions and body language when they receive an input from parents.

- Parents have to show a great deal of importance and care to both infancy and preschool because they are regarded as the crucial periods of child intellectual growth and linguistic development.

- Children always need motivation. Parents' job is to help them explore their talents, appreciate them and their mental abilities.

- Because language delay and disorders can affect negatively all child's learning areas such as speaking and listening and poor achievement for their school stage, it is important to reach their basic communicative skills effectively such as promoting them by singing or share with them role play in order to enable the child to share thoughts and construct relationships.

- Parents have to afford much time to their children as to response to them, avoid interrupting them, help the child to figure out what s/he is going to say or reply. Hence, A successful acquisition of both receptive and expressive language skills is realized.

- Parents, as the first educators for their children, should support the child's communicative skills for effective outcomes later at school. Parents' efforts have to be exerted in order to endorse care through flexible and creative strategies to get rid of the risk of learning disabilities.

2.2 Recommendations for Institutions

The most critical period is early childhood. Children must be taken care of and supported. Some specialized institutions who welcome and care the children with speech disorders and delays should be noted to the followings:

- Institutions' regulations have to serve the child needs effectively. Children must be productive in nurseries in order not to be neglected by caregivers. Through doing this, the critical growth goes well.

- It is necessary for nurses and caregivers to be well-trained before treating children. Their

awareness of the statuses and conditions of children should always be raised.

- Equipping the institution with all tools of entertainment would be helpful for some kinds of children. Besides, an orthophonist must be always available or following the medical conditions of children with language deficits.

- Speech therapists have to be more creative and flexible in the implementation of speech therapy devices that facilitate the speech therapy process and avoid the dull traditional sessions.

- The government should provide medical devices and equipments -as in developed countries- in order to support such institutions in the treatment and teaching of children with language development deficits.

3. Limitations

The study has a number of limitations some of them are identified as follows:

- Some difficulties were encountered when opting for the context of the study. Employers of the institution were not supportive enough. Without the help of some specialists and parents, it would not have been conducted.

- It was difficult to convince some parents about the objective of the study. They rejected talking about the cases of their children. Besides, some parents refused to answer on some questions. Theyattempted to escape the question

- Contradictions in the answers of some participants due to either quick responding or just filling the gap. Some contradictions also appeared in the way some specialists understood the questions.

Conclusion

The research hypotheses are proved to be true. Various factors -other than biological- contribute to speech delay and disorders among preschool children. Institutions, besides, can be helpful for children who need to be in stable social conditions. The present chapter has dealt with the results of the study. Findings from both the parents' questionnaire and the specialists' interview have been highlighted and discussed. It has also presented some recommendations for parents that are mostly the sum of the study's implications. Major limitations and obstacles encountered while conducting the present study have also been presented.

General Conclusion

In this research, the aim was to explore the major causes of pre-school children's speech delay and disorders. It also aimed at checking whether institutionalization is a good substitute of home when treating children with language production deficits. This study has shown that pre-school children who are facing retardation and difficulties in speech production are affected by various psychological and socioemotional problems. The latter does not support them be self-confident and attempt to speak. The study has also shown that institutions are helpful for these children as they support them socially and mentally.

Speaking is the means by which a child is going to survive and realize academic achievement later in life. It is important to take a good care of children who might experience any condition that leads to delays or disorders in their speech. Since early childhood is a sensitive period, it is the responsibility of parents first to check on their children, interact with them, listen and speak to them and afford them all time.

All the specialized institutions and medical centers that care for children with language developmental delay and speech disorders have to improve the ways and techniques of speech production assessment, diagnosis, and intervention for these children. It is proved in all fields of medical sciences that early intervention would always be more effective. In addition, the teamwork in institutions, parents, and caregivers need to identify the points of strength that these children have in order to support them psychologically through developing their points of strengths.

Treatment plans need to be well created in order to help children develop their skills of listening and initiate producing speech. Children, in turn, should be always allowed to communicate, react and do impressions. In all environments and contexts, children need to be trained smoothly on reading and writing.

Since the present study was confined to analyze the reasons and risk factors behind speech and language preschool children's impairment, it is recommended for conducting further research to highlight some micro-reasons of delays and disorders in children's speech.

Dealing with other issues concerning psycholinguistics is also interesting. Researchers have to tackle more angles and through various perspectives the learning disabilities in school (dyslexia, aphasia, slow learning…etc.), autism, hearing loss, stuttering, children self-centrism, attention disorders, bilingualism, etc.

References

Brown, C. M., &Hagoort, P. (2003).*The neurocognition of language*. Oxford: OUP.

Dodd, K. (2013). *Differential Diagnosis and Treatment of Children with Speech Disorder*. Hoboken: Wiley.

Yule, G. (2006), The study of language (3rd ed.). Cambridge: CUP

Lyons, J. (1981). Language and linguistics. Cambridge: CUP.

Chomsky, N. (1977). *Empiricism and Rationalism.Excerpted from Language andResponsibility*. New York: Pantheon.

Chomsky, N. (1957). *Syntactic structures*. Mansfield Centre, CT: Martino Publishing.

Chonchaiya, W., &Pruksananonda, C. (2008). Television viewing associates with delayed language development. *ActaPaediatrica, 97,* 7, 977-982.

Clark, A., (2008). *Supersizing the Mind: Embodiment, Action, and Cognitive Extension*, New York: Oxford University Press.

Crystal, D. (2006). *A dictionary of linguistics & phonetics*. Malden, Mass: Blackwell.

Dodd, K. (2013). *Differential Diagnosis and Treatment of Children with Speech Disorder*. Hoboken: Wiley.

Feldman, H. M. (2005). Evaluation and management of language and speech disorders in preschool children.*Pediatrics in Review*, 26, 4, 131-42.

Friedenberg, J., & Silverman, G. (2006).*Cognitive science: An introduction to the study of mind.* London: SAGE.

Lewis, B. A., Freebairn, L. A., Hansen, A. J., Stein, C. M., Shriberg, L. D., Iyengar, S. K., & Gerry, T. H. (2006). Dimensions of early speech sound disorders: A factor analytic study. *Journal of Communication Disorders*, 39, 2, 139-157.

Morrisey, B. (2013). Questionnaire: Does My Child Have a Speech Disorder? Accessed on June 1st 2019 from http://www.speechdisorder.co.uk/questionnaire-does-child-have-speech-disorder.html

Oxford University Press. (2015) *Oxford dictionary of psychology.*

Pinker, S. (1994).*The language instinct: The new science of language and mind*. London: Penguin Books.

APPENDICES

Appendix 1: Parents' Questionnaire

Dear parent(s)

You are kindly requested to answer this questionnaire. The latter will help us gain insight into the causes and conditions of your child's language developmental delay through getting ideas about their physical, social, behavioral and emotional development. The information you provide will contribute to the required fulfilment of a Masterdissertation at MostaganemUniversity

Thank you for your interest and collaboration!

Part One:

Your Child Age: …..

Gender: □ Male □ Female

Reasons related to biological and

physical factors:

□ Obstacle in hearing

□ Obstacle in seeing

□ Motor development delay

□ Serious illness

□ Having medical treatment

Part Two: Answer the followingquestions:

1- My child, when they first spoke, was

□ 2 years □ 3years □ 4years □ 5years

2- In order to communicate, my child uses:

□ One-word □ two-word phrases □ gestures □ shortsentences □ Communication

device 3- My child spends time by:

□ Watching TV □ Playing with toys □ with Mobile □ with other children

4- My child have fears and anxieties:

□ Yes □ No : …….

5- When I leave my child with other caregiver, my child's separation behavior's is;

□ Normal □ Aggressive □ Afraid □ More Interactive □ Other

Part Three: Social Development

Place an X in the box that best describes how frequently your child shows each feeling or behavior:

Feeling or Behavior	Almost Always	Sometimes	Never
-My child keep doing one activity at a time. -My child accepts the limits and does not get upset -My child plays well with other children -When told to stop doing an activity, my child stops -My child does what I ask him/her -My child separates easily from parent or caregiver -My child suffers from temper tantrums -My child gets easily frustrated and cries frequently -My child notices the feelings and reactions of others -My child hears the whole question before answering -My child like to be with other people			

Appendix 2: Interview with Specialists

Dear orthophonist, psychotherapist, psychologist pedagogue, clinician psychologist, and specialized educator:

You are kindly requested to answer this questionnaire. The latter will help us gain insight into the usefulness of institutionalization of children with language developmental delay. The information you provide will contribute to the required fulfilment of a Master dissertation at Mostaganem University

Thank you for your interest and collaboration!

What kind of specialist are you?

- ☐ Orthophonist
- ☐ Psychotherapist
- ☐ Psychologist pedagogue
- ☐ Clinician psychologist
- ☐ Specialized educator

Please answer the following questions briefly:

1- In your opinion, how is the process of early childhood's language development affected?

……
……
……
…….

2- What do you think of institutions? Do they offer appropriate healthy growth to children?
……
……
……
…….

3- As a specialist, how can children who face LDD effectively improving by institutionalization?
……
……
……
…….

4- In your opinion, do institution evaluate children's language comprehension production and acquisition?

……
……
……

…….

5- In what ways do institutionalized children differ from non-institutionalized ones?

……
……
……
…….

6- What do you think of the institutionalized children differ from non-institutionalized impact on children children's mental, sociomental growth and language development?

……
……
……
…….

7- Regarding the treatments of parents to their children, what remarks can you can add?

……
……
……
…….

إستبيان للآباء

سيدي / سيدتي

نرجو منكم الإجابة على ها الاستبيان الذي يهدف إلى تشخيص الأسباب والظروف المتعلقة بتأخر الكلام التي يعاني منها ابنكم / ابنتكم . سيتم تحصيل بعض المعلومات على التطور البدني والاجتماعي والسلوكي و العاطفي. كل المعلومات التي تقدمونها ستساعد في انجاز الدراسة المكملة لمتطلبات نيل شهادة الماستر من جامعة مستغانم

شكرا لاهتمامكم ومشاركتكم.

الجزء الأول: بيانات عامة

1) عمر الطفل:
2) جنس الطفل: ☐ ذكر ☐ أنثى
3) الأسباب المرتبطة بالحالة البيولوجية و المدنية

☐ مشاكل في السمع
☐ مشاكل في البصر
☐ تأخر في الحركة
☐ مرض مزمن
☐ تلقي علاج طبي دائم

الجزء الثاني :أجب على الأسئلة التالية

1) طفلي عندما تحدث لأول مرة

☐ عامين ☐ 3 سنوات ☐ 4 سنوات ☐ 5 سنوات

2) من أجل التواصل يستخدم طفلي

☐ كلمة بكلمة ☐ تراكيب كلمتين ☐ حركات ☐ جمل قصيرة ☐ آلة تواصل

3) طفلي يقضي وقته عن طريق

☐ مشاهدة التلفاز ☐ ألعاب ☐ الهاتف ☐ اللعب مع الأطفال

4) طفلي لديه مخاوف وقلق

☐ لا ☐ نعم أذكرها: .....

5) عندما اترك طفلي مع الحاضنات فأن سلوك طفلي يكون :

☐ طبيعي ☐ عدواني ☐ خائف ☐ متفاعل

الجزء الثالث :التطور الاجتماعي

حدد نسبة وتردد إظهار ابنك / ابنتك للسلوكات والمشاعر التالية عن طريق وضع علامة "x" في الخانة المناسبة

السلوك / الشعورر	دائما	أحيانا	أبدا
يواصل طفلي القيام بنشاط واحد كل مرة			
طفلي يتقبل الحدود و لا يتضايق			
طفلي يلعب مع أطفال آخرين			
عندما أخبر طفلي بأن يتوقف عن فعل شيء ما فإنه يتوقف			
طفلي يفعل ما أطلبه منه			
طفلي ينعزل بسهولة عن الآباء و الحاضنين			
طفلي يعاني من نوبات غضب			
طفلي يمل ويبكي بسرعة			
طفلي يلاحظ مشاعر وردات فعل الآخرين			
طفلي يسمع الكلام قبل إن يجيب			
طفلي يحب أن يكون مع أشخاص آخرين			

مقابلات مع الأخصائيين

أخصائي أرطوفونيا، معالج نفساني، طبيب نفسي، أخصائي في علم النفس العيادي، وأخصائي في التربية.

يرجى منكم الإجابة على هذا الاستبيان الذي سيساعدنا في اكتساب نظرة حول دور الطفولة والمؤسسات المتخصصة في معالجة الأطفال الذين يعانون من تأخير تطور اللغة.

كل المعلومات التي تقدمونها ستساعد في انجاز الدراسة المكملة لمتطلبات نيل شهادة الماستر من جامعة مستغانم

شكرا لاهتمامكم ومشاركتكم.

ماهو نوع تخصصك

- ☐ أخصائي أرطوفونيا
- ☐ معالج نفساني
- ☐ طبيب نفسي
- ☐ أخصائي في علم النفس العيادي
- ☐ أخصائي في التربية

يرجى الإجابة على الأسئلة التالية

1) في رأيك كيف تتأثر عملية تنمية اللغة في مرحلة الطفولة المبكرة؟
2) مارأيك بالمؤسسات هل يقدمون نموا صحيا مناسبا للأطفال ؟
3) كمتخصص كيف يمكن للاطفال الذين يعانون من تأخر الكلام أن يتحسنو بشكل فعال من خلال إضفاء الطابع المؤسسي؟
4) في رأيك هل المؤسسات تقيم فهمهم و تركيبهم و اكتسابهم للغة ؟
5) بأي طريقة يختلف أطفال الذين يدخلون المؤسسات الذين لم يدخلونها؟
6) مارأيك في تأثير المؤسسات على نمو الأطفال العاطفي و الاجتماعي والذهني للغة؟
7) فيما يتعلق بمعاملات الإباء لابناءهم ماهي الملاحظات التي يمكن إضافتها؟