INTRODUCTION

Oral language and vocabulary include children's spoken language, knowledge, and skills. This means both speaking (or “expressive” language skills) and listening (or “receptive” language skills). Children gain strong language skills by interacting with adults and older peers who use language with them and support the children's language use. Just like their peers without disabilities, children who have disabilities who are dual language learners (DLL) can learn and develop early language and vocabulary skills in more than one language.

WHAT THE RESEARCH SAYS

Reviews of interventions for young children who are DLLs, including children at-risk and children with disabilities, show positive outcomes in oral language, especially when interventions were provided both in English and in the home language.

Education staff (e.g., teachers, home visitors, family child care providers) and families can use responsive communication strategies during daily activities and routines with children who are DLLs and have disabilities. Staff can also set up more targeted interventions in the children's home languages and in English to ensure those with disabilities are able to communicate effectively across natural environments. Strategies such as expanding on a child's comments and focused stimulation (where an adult introduces a specific word or phrase multiple times in a conversation) have shown positive results.

Two approaches, described below, have been successfully implemented by a variety of professionals and family members to increase oral language and vocabulary skills with young children who have disabilities and are DLLs. These interventions have also been used to promote pre-linguistic and verbal communication skills with infants and toddlers.

SHARED INTERACTIVE BOOK READING (SIBR)

This is an evidence-based practice where adults use child-centered language facilitation strategies — such as making comments on what a child is interested in, asking questions, and expanding on what the child says — while reading books with children.

SIBR has promoted positive language outcomes in interventions with children who have disabilities\(^5\) and children with disabilities who are also DLLs.\(^6\)

SIBR interventions have been most effective at teaching vocabulary to children with disabilities who are also DLLs when adults use the following four steps: Preview the book, teach target words, review target words, and practice throughout the day.\(^7\)

ENHANCED MILIEU TEACHING (EMT)

This naturalistic, play-based method for supporting language development has been found effective in promoting communication, oral language, and vocabulary with young children, including infants and toddlers and young children who are Spanish speakers.\(^8\)

In EMT interventions, adults typically follow a child’s lead and respond to the child’s communication efforts by providing differing levels of instructional support, such as time delays, open-ended questions, choice questions, and directly asking a child to repeat a model.\(^9\)

WHY ORAL LANGUAGE AND VOCABULARY ARE IMPORTANT

Oral language and vocabulary skills in preschool and kindergarten are strong predictors of early literacy and later reading achievement for children who are DLLs. Many children from low-income backgrounds, and children with developmental disabilities, enter preschool with vocabulary knowledge that is markedly below that of their peers.\(^10\)

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7 Chūn-Lán Debbie Guān, and Gregory A. Cheatham, “Bilingual Vocabulary Development for Dual Language Learners With Disabilities: Two Research-Based Approaches.” Young Exceptional Children, 21, no. 3 (September 2018), 142–56.


WHAT CAN PROGRAMS DO?

Education staff can use the Framework for Effective Practice and the individualization tiered approach, described in the Introduction to the Big 5 for All: Highly Individualized Teaching Supplement document, to plan instructional strategies that support learning for all children, as well as more individualized and intensive support for individual children.

When implementing activities, staff and families also need to regularly monitor how well a child is responding to the supports provided and exchange information with service providers. They can use this information to adjust the amount and types of support, depending on the child’s progress.

Education staff should promote children’s language learning in English, and in the child’s home language. If educators only speak English, then they may look to multilingual support staff, family, or community members to volunteer and read books in the child’s home language.

Program staff can use the Head Start ReadyDLL app to learn key words and phrases in the child’s home language.

SELECTING GOALS: BEHAVIORS AND SKILLS THAT SUPPORT ORAL LANGUAGE AND VOCABULARY

Head Start Early Learning Outcomes Framework (ELOF) goals associated with oral language and vocabulary appear in the Language and Literacy central domain and subdomains under the Language and Communication domain. Goals in these domains include knowledge and skills related to attending and understanding, communicating and speaking, and using an increasing number and variety of words.

Education staff (e.g., teachers, home visitors, family child care providers) and families can use these goals to promote children’s oral language and vocabulary development in English and in the home language. A broader goal may need to be broken down into smaller, clearly defined steps. This makes it easier to see how well a child is progressing for each individual step and adjust types of support as needed.

INDIVIDUALIZING INSTRUCTION: PARTNERING WITH FAMILIES

For young children with disabilities who are DLLs, staff partnerships with families are critical to implement effective early language interventions that address both the preferences of families and the communication needs of children. Education staff and families can work together to identify communication goals that incorporate words and phrases relevant to a family and are consistent with verbal and nonverbal features of the home language.11

Partnering with families also helps match interventions to children’s cultural backgrounds. Many language facilitation strategies build on child-directed interactions, such as following a child’s lead and balanced turn-taking. Education staff can discuss these approaches with families and make adaptations for children whose families come from cultural backgrounds that prioritize more explicit and adult-directed interactions with young children.12

TEACHING STRATEGIES: FOUNDATIONAL PRACTICES

Effective practices for supporting oral language and vocabulary development for all children include using language intentionally during everyday activities and routines and teaching new words. Refer to the Planned Language Approach Big 5 resource on oral language and vocabulary for examples of specific ways to support oral language and vocabulary with infants, toddlers, and preschoolers. For more examples of teaching practices, view these 15-minute In-service Suites on Language Modeling and Conversations, Birth to 5: Thick and Thin Conversations and Novel Words.

TEACHING STRATEGIES: HIGHLY INDIVIDUALIZED TEACHING AND LEARNING

Curriculum modifications. When children need more support to engage in interactions that promote oral language and vocabulary, education staff can make some simple changes to increase their participation in the types of back-and-forth communicative exchanges that promote oral language learning.

Examples of modifications to help children engage in back-and-forth communicative exchanges during everyday activities and routines include:

- Using a child’s interests. Talk about what a child is interested in.
- Adult support. Join in the child’s play, model words.
- Peer support. Invite a more verbal peer, sibling, or friend to join the conversation.
- Multiple modes of communication. Use gestures, signs, and special communication devices.
- Special equipment. Encourage children with severe communication difficulties to use their assistive technology devices. Take turns using the devices. Model new words, ask questions, and expand on children’s responses.

Examples of modifications to help children learn new vocabulary during SIBR include:

- Using a child’s interests. Select words that are culturally relevant to a child’s everyday experiences and match a child’s communication abilities.
- Providing visual supports. Use pictures and real objects to help a child connect a new word to something more concrete.
- Simplifying the task. Read the same book that a child likes multiple times. Knowing the story makes it easier to focus on learning new words.
- Sequencing turns. Let the child repeat a new word after another child has provided a model by saying the same word.
- Multiple modes of communication. Repeat new words and add gestures, facial expressions, movement, pictures and real objects.
Embedded teaching. Some children may not readily meet their goals, even when provided with modifications and adaptations during regular activities and routines. They may need more systematic learning opportunities to help them make progress. Education staff can work with families and service providers in planning ways to embed instruction on individual language and communication objectives into daily activities.

Education staff can use an activity matrix, as shown in the Activity Matrix suite on ECLKC, to plan for how a child’s specific learning objective will be addressed in an activity. They will also need to plan specific teaching loops — what they will say or do, the kind of support they will provide to help the child be successful, how they expect the child to respond, and what kind of feedback they will provide to the child.

Enhanced Milieu Teaching (EMT) is an ideal approach to providing children with additional learning opportunities during SIBR and other everyday activities and routines. In this naturalistic, play-based approach, adults follow a child’s lead and respond to the child’s communication efforts using various language facilitation strategies. EMT strategies that are effective and easy to use during teaching episodes include providing sufficient wait time for a child’s responses, carefully selecting prompts to match a child’s communication abilities and needs, expanding on a child’s comments, and providing children with feedback by asking a child to repeat an unclear statement or by restating a child’s utterance into a more correct language form.13

Home visitors can help families create simple activity matrices that identify times during the day that offer opportunities to promote their child’s learning goal. They can explain and demonstrate how to use teaching loops and provide feedback on the family’s use of strategies.

Embedded Teaching in Action: Olek
10-month-old Olek squealed with delight as he watched a caterpillar in the outdoor playground with his 15-month-old friend, James. James pointed to the caterpillar and said, “Bug.” Olek also pointed to the caterpillar and repeated, “Ba.” Sunisa, Olek and James’ family child care provider, joined the conversation and expanded on their comments: “Yes, that’s a caterpillar bug.” This was the first time Sunisa had heard Olek use a word! Olek, who has Down syndrome, typically communicated using gestures and some signs. His individual learning objective was to imitate new words. Sunisa realized that including James in activities with Olek might help Olek use words more often. Later, she shared Olek’s new skill with his mother, Daria. Daria had also noticed Olek’s interest in insects on their outings to the park and was reading The Very Hungry Caterpillar in Ukrainian with him every night. Together, the adults decided to focus on teaching Olek the names of insects, Daria in Ukrainian at home and Sunisa in English at school.

Curriculum Modifications in Action: Olek
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Embedded Teaching in Action: Hue
30-month-old Hue’s individual learning goal was to combine words or signs from one or more languages into phrases and sentences. Hue’s parents, Tam and Oliver, had been reading Hue’s favorite books over and over again and modelling two-word phrases, Tam in Vietnamese and Oliver in English. To help keep track of Hue’s progress, home visitor Jessica suggested that Tam and Oliver record all the words and phrases they heard Hue speak in both languages for two weeks. As Jessica and Tam looked over the list of words at their next home visit, they discovered that Hue was still only using one word at a time. Jessica opened a book and showed Tam a new expansion strategy she could try with Hue: adding a new word to what Hue had said. She also asked Tam if there were other times of the day she could set aside to work on Hue’s goal. They decided to do this during play time in the morning and then before bedtime while Hue listened to his parents read. Jessica wrote down the plan in an activity matrix that Tam would share later with Oliver.

**Intensive, individualized teaching.** Children with significant communication disabilities may need more individualized and intensive teaching in English and the child’s home language.

Education staff and families may continue to use modifications to promote engagement and embedded learning to offer increased opportunities. They also may need to use a more specialized teaching strategy to help the child make progress on a learning goal or objective.

Some effective, more explicit instructional approaches include repeating a specific word or phrase multiple times in a conversation, asking closed-ended questions, asking questions that allow for a nonverbal response (such as pointing to a picture), and providing focused and individualized feedback to a child’s response.

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**Intensive, Individualized Teaching in Action: Lucas**

Lucas, a 5-year-old boy with moderate hearing loss, recently began wearing hearing aids. Martina, his Spanish-English bilingual Head Start teacher, met with Leo, Lucas’ speech therapist, to discuss some ways to increase Lucas’ understanding and use of new words. Lucas spoke both English and Spanish at school and mostly Spanish at home. Martina had been using pictures and real objects to teach Lucas new words in Spanish and in English during storybook reading and had modeled these words during regular activities and routines. Lucas’ parents also read books in Spanish with Lucas at home. Looking at the data Martina had collected during these activities, Leo agreed that Lucas would benefit from more frequent and intensive instruction. Martina was able to offer Lucas an individual 10-minute book reading and a 10-minute block play session each day, alternating days in English and Spanish. Martina chose five target vocabulary words and child-friendly definitions in English and Spanish. Leo gave her examples of close-ended questions she could use to prompt Lucas in using the words. Hopefully, she’ll have better data to show Leo next time they meet!

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**SUMMARY**

Reviews of interventions for young children who are DLLs, including children at-risk and children with disabilities, show positive outcomes in oral language, especially when interventions were provided both in the home language and in English. Education staff can collaborate closely with families and service providers to address children’s individual needs. Staff and families can use responsive communication strategies and naturalistic teaching with children with disabilities who are DLLs during daily activities and routines, as well as more targeted interventions during storybook reading and play.

Partnering with families is critical to implementing effective early language interventions for young children who are DLLs with disabilities. Such interventions should address both the cultural and linguistic preferences of families, and the communication needs of children.

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REFERENCES


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