Language stimulation program.

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The University of Montana

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A LANGUAGE STIMULATION PROGRAM

By

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Master of Communication Sciences and Disorders

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Approved by:

Chairman, Board of Examiners

Dean, Graduate School

7-21-80
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Chapter 1

INTRODUCTION

A language stimulation program was designed primarily to provide parents of language delayed preschool children with (1) suggestions and techniques for facilitating their child's language growth through stimulation and (2) information regarding other areas of child development.

While the involvement of parents in the development or remediation of their own children's communication would be approached cautiously by some authors and not at all by others . . . , training parents to help their children with speech-language development is likely to receive increased attention as a possibly effective and inexpensive way to lower the occurrence of communication disorders and to facilitate school achievement.¹

The primary focus of this program was on parent training partly because a preschool child's interactions are mostly with his family. "Parents play a unique role in their child's speech and language development. A preschool child spends the majority of his day with his parents. His work revolves around his family totally."² Revill and Blunden provided support for the parent training idea: "It is clear that early intervention is essential to the extended task of training


severely handicapped children and it has been demonstrated that parent involvement is a major factor in its effectiveness."3 Carpenter and Augustine stated, "Our results suggest that use of trained parent-clinicians can ultimately provide a useful resource to aid the speech pathologist in modifying communication behavior in some instances."4 Their results indicated "that training parents to work with their children is a useful tool."5

The approach to parent instruction decided upon by the speech-language pathologists to be used for this program included actual training in language stimulation techniques through observation, practice, and professional feedback rather than just counseling. Carpenter and Augustine supported this approach.

Clearly, the procedure of counseling a parent, usually a mother, and then giving her some reading matter or treatment suggestions has been unproductive. . . . "As most of us who have worked with parents know, telling a parent what to do to remediate a situation rarely has durable efficacy. . . ." In contrast to a counseling-informing approach, training mothers to assist in the remediation of articulation disorders has been successful. . . . [Two researchers] reported training both mother and father to assist in developing articulation and language skills in their autistic child. These studies suggest that the utilization of trained parents has considerable potential for extending the limited sources of speech and language therapy.6

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5Ibid., p. 57.

6Ibid., pp. 48-49.
Only preschool age children were enrolled in the language stimulation program because "[a researcher] indicated that the most critical period of language learning is from birth to about four years."\(^7\)

A rationale for using language stimulation techniques to intervene is described by Hatten and Hatten (1974, 1975): "Language develops first in the silent thought of a child's mind before it shows up in the speech we hear. For this reason it is a good idea to help that process along by supplying language stimulation when no speech is heard."\(^8\)

The speech-language pathologists designed the program so that demonstration and practice of the language stimulation techniques would occur with children in situations as natural as possible. There are two reasons.

1. Language growth is more likely to occur in natural settings where a child has numerous opportunities for interactions with things immediately present. Hatten and Hatten (1974, 1975) suggested that "Language is learned, but it is not taught. Always try to make the activities fun, easy, and natural. This is the right environment for language growth."\(^9\)

In a Piagetian approach to a nonverbal child, the child is encouraged to have a variety of action patterns toward things

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\(^8\) Hatten and Hatten, *op. cit.*, p. 60.

\(^9\) Ibid., p. 7.
about him. Variations of action patterns provide opportunities to learn new attributes of things. The more attributes the child knows and the more variations he encounters the more likely he is to attempt to name them."\(^{10}\)

2. Parents are more likely to utilize new ideas or techniques when they can be applied in situations and routines already existing in the home.

The importance of parent education regarding other areas of child development is supported by Muma: "A language intervention program should be integrated into an entire curriculum. Parent participation is important."\(^{11}\) Muma suggested that areas of the curriculum in addition to language development should include "motor development, cognitive development, socioemotional development, physical development, health and parent-child interactions."\(^{12}\)

In summary, the philosophy of the speech-language pathologists conducting this program was that parents should be trained through observation, practice, and professional feedback in the use of language stimulation techniques they could apply in home situations. This would be done with the preschool age children in natural situations to increase the possibility of children developing language skills and to make the ideas presented more easily transferrable to home situations. In addition, parents would receive information regarding other areas of child development.

\(^{10}\)Muma, op. cit., p. 277.

\(^{11}\)Ibid., p. 303.

\(^{12}\)Ibid.
Chapter 2

DESCRIPTION

The language stimulation program described herein was part of a service provided by the Speech Pathology-Audiology Department at the Glenrose Provincial General Hospital in Edmonton, Alberta. This particular program was staffed by two speech-language pathologists who developed the program content with feedback from a speech-language pathology supervisor. They determined that this six-week program for language delayed preschool children and their parents should utilize a natural language approach and instruct parents in the language stimulation techniques of modeling, expansion, and parallel talk by having parents (1) observe speech-language stimulation in relatively natural situations, (2) participate in language stimulation sessions to practice the techniques observed, and (3) plan and conduct group sessions. The program was also designed to provide parents with general information on overall child development by having them attend a series of lectures.

Sessions were one and one half hours long, two afternoons a week from 7 May-11 June 1980. The first week of the program was a probationary period so that the speech-language pathologists had an opportunity to determine if this program was the appropriate placement for all the families enrolled. The weekly schedule is outlined below.
I. Week 1

A. Session 1
1. Parents: completed required information forms.
2. Speech-language pathologists: Began stimulating the children's language and evaluating the appropriateness of this placement for all families.

B. Session 2
1. Parents: attended a lecture on speech and language development presented by the speech-language pathology supervisor.
2. Speech-language pathologists: continued stimulating the children's language in a group setting and evaluating the appropriateness of this placement.

II. Week 2

A. Session 3
1. Parents: observed the speech-language pathologists demonstrating language stimulation techniques.

B. Session 4
1. Parents: attended a lecture on behavior management and the development of self-help skills presented by a psychologist.
2. Speech-language pathologists: continued the language stimulation.
III. Week 3
A. Session 5
1. Parents: observed the speech-language pathologists demonstrating language stimulation techniques.
2. Speech-language pathologists: demonstrated language stimulation techniques in natural situations with the children.

B. Session 6
1. Parents: attended a lecture on motor development and the role of play in child development presented by an occupational therapist.

IV. Week 4
A. Session 7
1. Parents: one half began stimulating the children's language for part of the session while the other one half observed. The two groups exchanged responsibilities for the last part of the session.
2. Speech-language pathologists: one continued stimulating the children's language and commented for participating parents while the other commented for parents who were observing.

B. Session 8 (same as session 7)

V. Week 5
A. Session 9
1. Parents: one half planned and conducted part of the session while the other one half observed. The second one half participated in the remaining part of the session while the first one half observed.

2. Speech-language pathologists: one conducted the last part of the session and commented to participating parents while the other commented to observing parents.

B. Session 10

1. Parents: the two groups exchanged the responsibilities described for session 9.


VI. Week 6

A. Session 11

1. Parents: One half planned and conducted the entire session while the other one half observed.

2. Speech-language pathologists: one commented to the participating parents and the other commented to the observing parents.

B. Session 12

1. Parents: the two groups exchanged the responsibilities described for session 11.

2. Speech-language pathologists: same as for session 11.
Although specific activities varied daily, the general schedule usually consisted of eight activities.

1. Greeting time: a short hello song was sung for each child.

2. Group story time: a short story with visual (flannel board) and auditory input was presented to the group. For example, "The Three Bears," "The Three Little Pigs," "The Gingerbread Man." The speech-language pathologists simplified a story as it was told. The children participated by removing specified items from the flannel board.

3. Playtime: language stimulation techniques such as modeling, expansion, and parallel talk were utilized as the children interacted with peers, adults, and materials of their choice.

4. Gross motor time: language stimulation techniques were utilized as the children participated in play activities specifically designed to develop gross motor skills. These activities included kicking and throwing big balls, crawling under and over various obstacles, climbing short ladders, hopping, jumping, or wiggling to music.

5. Snack: language appropriate to mealtime was stimulated.

6. Playtime: same as described for previous playtime.

7. Group story time: same as described for previous group story time.

8. Goodbye time: a short goodbye song was sung for each child.

At the end of the program, families were required to meet individually with the speech-language pathologists to discuss program results and post program recommendations.
Eleven families were referred to the language stimulation program by speech-language pathologists who had seen the children through one of four programs.

1. School-hospital: children referred to school-hospital assessment clinics are seen for assessment and diagnosis by professionals from the fields of education, social work, psychology, occupational therapy, audiology, speech-language therapy, and medicine. Following an assessment, a professional team meets to discuss assessment results, diagnosis, and a plan. The results of the assessment and the team's recommendations are explained to the family by a team professional designated as a contact person. This person also acts to initiate the plan decided upon by the team. Six of the children were referred to this language stimulation program from either school-hospital assessments or subsequent reviews.

2. Infant Intervention Program: this program for cognitively delayed infants from one to approximately two years of age, and their parents, is staffed by psychologists, one occupational therapist, and one speech-language pathologist who acts as a consultant. Children are retained in the program for one year or until they reach a two year developmental level, whichever comes first. They are not retained beyond a chronological age of two years unless their one year in the
program has not expired. The occupational therapist works to develop gross motor and feeding skills when necessary. Cognitive tasks such as those described by Uzgiris and Hunt (1978) are presented to an individual child by a psychologist while the parents observe. This demonstration is intended to serve as therapeutic intervention for the child and training for the parents who are expected to present the demonstrated tasks at home between sessions. Three of the children were referred to the language stimulation program from this source.

3. Neonatal Follow-up Clinic: originally a research project, this program is now a permanent one for babies from the intensive care unit who are considered "at risk." Parents are contacted regarding this service within a few months of a baby's birth. If a family chooses to become involved, the infant is assessed at four to six months, seen three or four times in the first year of life, and at three and one half years, five and one half years, and at eight years. One child was referred to the language stimulation program from this clinic.

4. Health units: health units throughout the city provide public health care services to the surrounding community. One child was referred to the language stimulation program following assessment by a speech-language pathologist at a health unit.

Criteria for selection of appropriate language stimulation candidates from the eleven referred families follow:

1. Chronological age between two years and three years six months:

2. Preferably ambulatory.
3. Expressive language delay of six months or more compared to chronological age.
4. Behavior considered appropriate for a group program.
5. Guardians needed instruction in stimulating child language.
6. No anticipated problems regarding regular attendance.

All but one of the referred families met the selection criteria; these were contacted regarding attendance in the program. The one candidate who did not meet the selection criteria demonstrated hyperactive behavior. Medication had been recommended, but the hyperactivity had not diminished at the time the program candidate selection was made.

Four of the ten appropriate program candidates contacted chose not to attend the program for one of the following reasons reported by the parents.

1. The child's expressive language had improved since the child was last seen by a speech-language pathologist.
2. Transportation was impossible to arrange.
3. Care for siblings during the program was impossible to arrange.
4. Anticipation of a move to an area that would make travel to the program impossible.

Of the six remaining appropriate program candidates, three were developmentally delayed due to prenatal or birth complications or early CNS trauma. One child, cognitively delayed, was not walking independently at age two years six months. These four were essentially nonverbal although they occasionally vocalized bilabial consonant plus vowel
sounds such as "ma" or "ba." No delays or disorders other than in the area of language were currently evident in the other two children. These two children occasionally produced two to three word utterances, but they did so infrequently. Only one of the six children was completely toilet trained although they ranged in age from two years six months to three years three months.

For five of the families attending the program, the mothers were the only parent accompanying their child because they were single-parent families or the fathers were at work during scheduled session times. One of the children was accompanied by his foster father; occasionally the foster mother was able to join them.

The appropriate program candidates received a program description and information regarding expected parental involvement, the one-week probationary period, and the importance of regular attendance.
Chapter 4

GOALS AND PROCEDURES

There were three program goals.

1. To instruct parents in principles of language stimulation that they could apply outside the clinic setting.

2. To provide parents with basic information regarding speech, language, and motor development as well as suggestions for discipline and appropriate toys and activities to use with each developing child.

3. To begin stimulating the children's expressive language.

Parents learned techniques for stimulating language by first observing the speech-language pathologists demonstrating these techniques in group sessions with the children. Next it was required that the parents take turns participating in group sessions in order to practice the demonstrated language stimulation techniques. While one half the parents participated in the group sessions, one speech-language pathologist remained with them to demonstrate and to comment on their attempts to stimulate language. The second speech-language pathologist provided comments and suggestions to the parents who were observing but not then participating in the group. Finally, the parents took turns planning and conducting group sessions. The speech-language pathologists provided ideas for activities and materials and again commented as necessary on the parents' use of language stimulation techniques.

As was previously mentioned, language stimulation was carried
out in as natural a play environment as possible. The language stimulation techniques used were modeling, expansion, and parallel talk.

Modeling procedures are similar in principle to behavior modification. An individual . . . provides a model attitude or behavior the student is expected to emulate. The degree to which he identifies with the model is the degree to which he will try to emulate it . . . . Modeling appears to be very useful in natural language learning.13

In order to ensure that a child could identify with the models provided, verbal models were based on what the child verbalized and on what was immediately present in the environment. Wood supported modeling: "communication models provide children with verbal and nonverbal language patterns that they can discover, and their interaction with these models offers opportunities for their further development."14

"Adult expansions of child utterances offer an effective means for facilitating language learning."15 Expansion of a child's utterance serves to "increase types of relationships expressed verbally and number of ways to talk about some referent [and to] increase number of elements marked in one utterance."16

The third language stimulation technique, parallel talking, is described as talking about what a child is doing.

Notice what this parallel talking activity offers for language learning. First, it begins with the level of learning of a child,

\[13\text{Ibid., p. 246.}\]
\[15\text{Muma, op. cit., p. 150.}\]
\[16\text{James E. McLean and Lee K. Snyder-McLean, Lecture, Calgary, Alberta, February 1980.}\]
cognitively by virtue of the action patterns he initiates and grammatically in terms of the specific word forms he tries and the phonological patterns he can utter. Second, parallel talking is timely. It deals with actual references and events. Third, it deals with a child's communicative intent when he attempts to label something. Fourth, labels can be used when a child indicates different functions for things. The clinician can say "truck" as the child reaches for a truck, pushes it, loads it, makes truck noises, etc. The child will come to realize that a label has several referents. Then, the clinician should respond to the activity in terms of the purpose of a child's utterances. If the child says "duk" while reaching for a truck, the clinician should say "duk" immediately and help him get the truck. Nothing works better in language learning than a speech act that works as intended.\(^\text{17}\)

In order to obtain the secondary goal of providing parents with suggestions for utilizing appropriate toys or activities and information regarding child development and discipline, parents were required to attend three lecture sessions. The first lecture was given by a speech-language pathologist. Differences between speech and language were discussed as well as (1) stages of speech and language development, and (2) possible problems in each area of development especially as related to the problems exhibited by the children enrolled in the language stimulation program.

A psychologist presented the second lecture. It dealt with the development of self-help skills, behavior management, toileting, and problems faced by parents of children with special needs. Copies of the handouts given the parents at this lecture appear in Appendix A (pp. 28-40).

The third lecture, given by an occupational therapist, dealt with gross and fine motor development and the importance of play in child development. It also provided suggestions for materials and

\(^{17}\)Muma, op. cit., p. 280.
activities to guide a child's development in specific areas through play. Copies of the information presented at this lecture appear in Appendix B (pp. 42-56).

In order to begin stimulating the children's expressive language so as to achieve the last goal of the program, the speech-language pathologists and later the parents modeled appropriate utterances, expanded the children's utterances, and provided parallel talk as the children and adults interacted in natural situations.
Chapter 5

RESULTS

The primary goal of the program was parent education in the use of language stimulation techniques. Program results include the speech-language pathologists' reports of parents' increased use of the language stimulation techniques trained and the parents' reports of information learned throughout the program. The post program recommendations that were individually discussed with each family are also included herein.

This program was considered an appropriate placement for all families at the end of the one-week probationary period; however, one family did not attend the program after the seventh session due to family illness. That family did not use the language stimulation techniques demonstrated before withdrawing from the program and it was not required that the family complete the parent report as did the other parents at the end of the program.

It was reported by the speech-language pathologists that four of the five remaining parents, whose verbal interactions with the children consisted primarily of questions at the onset of the program, demonstrated marked increased use of modeling, expansion, and parallel talk by the end of the program. The last parent's verbal interactions with the children were minimal. These were emitted in an extremely quiet voice at the onset and at the end of the program. Use of
language stimulation techniques by this parent increased somewhat by the conclusion of the program, but the speech-language pathologists reported that these gains were not as marked as those made by the other parents.

Parent reports of information gained throughout the program were immediately returned by three of the five families finishing the program. The remaining two families were unable to return the parent reports at the time of this writing due to extenuating family circumstances. They indicated that they would submit the completed forms at a later date.

The parents felt that they had made positive changes in their verbal interactions with the children. One family now felt that, when their child verbalized, it was at a high enough expressive language level that the stimulation techniques discussed might not continue to be extremely beneficial. Another family felt it would now like to have their child obtain direct, individual speech-language therapy while the family continued stimulating language in the home. The third family stated that it had expected the program to be direct, speech-language therapy; once the family realized that it was demonstration and instruction for the parents in child language stimulation, it felt the program curriculum was more appropriate.

Post program recommendations discussed with each of the five families included continuing language stimulation in the home as well as the outlined specific recommendations.

I. Family 1

A. Speech-language review immediately.
B. Psychological assessment to determine level of intellectual functioning.

II. Family 2
A. Referral to the Nursery program. This program, coordinated by the Occupational Therapy Department, is staffed by professionals from occupational therapy, speech-language therapy, physiotherapy, and social work. Children accepted into this program are approximately three to five years of age with physical handicaps as their primary problem. They require intervention by more than one professional discipline. Children whose primary problem is a speech-language handicap may also be accepted into the program if the problem is suspected to be severe enough to interfere with regular school placement in the future.
B. Continue individual speech-language therapy already in progress.

III. Family 3
A. Referral to the Nursery program.
B. If not accepted into the Nursery program, review speech and language in six months.

IV. Family 4
A. Speech-language review in six months to monitor progress.

V. Family 5
A. Referral for short-term intensive speech-language therapy in order to capitalize on the child's present level of
imitation and on gains made in the language stimulation program.

B. Referral to a play school setting to capitalize on gains made in the area of peer interactions.

VI. Family 6

A. Speech-language review in six months to monitor speech-language development. This is the family that withdrew from the program. The recommendation preferred by the speech-language pathologists was referral to the next language stimulation program. Records indicated such sporadic attendance in other programs, however, that it was felt their place should be given to another family who could benefit more from the next language stimulation program by attending more regularly.

During the six-week program, increased use of expressive language was observed in two of the six children. These two had previously been using two to three word utterances infrequently. None of the other children demonstrated increased verbalization by the end of the program.
Chapter 6

IMPRESSIONS

1. The speech-language pathology supervisor involved in this program was unable to actively participate except to present one lecture. It is suggested that three actively participating speech-language staff members would prove beneficial (this may vary with program enrollment). In this way two could directly participate with the parents and children in the session while one could comment to the parents observing.

2. Parental observations of the initial sessions may be more meaningful if the parents and speech-language pathologists spent one session, prior to the children's first session, discussing language stimulation techniques, then role playing to practice those techniques.

3. This language stimulation program could be improved by scheduling one meeting between the speech-language pathologists and each individual family, approximately midprogram, in addition to the individual post program meeting. Although individualized comments were presented to the parents as they participated and observed, an individual conference would provide an opportunity away from the children and other parents to discuss information relevant to their own homes and communication situations. It would also provide an opportunity to discuss any relevant problems a family may be experiencing and permit the forming of realistic goals for each child's rate of progress.
4. Fathers and other family members should be encouraged more to attend program sessions although, due to job constraints, that was not feasible for this group.

5. Considering the ages of the children accepted into this program, morning sessions would be better for them. A few of the parents reported that their children took afternoon naps until the program commenced.

6. The children accepted into this program constituted a heterogeneous population although they were from families requiring instruction in language stimulation techniques. This was initially disadvantageous because parents of lower level children felt their children should be performing the same as higher level children of the same chronological age. This ceased to be a problem as the program progressed and individualized comments were made by the speech-language pathologists. A midprogram individual conference, previously mentioned, would also help resolve this problem. The heterogeneous population proved to be advantageous for the parents because they were able to observe language stimulation for children at a variety of levels. Stimulation presented at a level too high for a particular child would be appropriate as the child progressed. Stimulation presented at a level too low for a child might prove to be appropriate for younger siblings at home.

7. It would seem appropriate to follow up families that have completed a language stimulation program in order to not only evaluate a child's language progress, but analyze the parent-child communicative interactions as compared to their interactions immediately following the program. This could be done when the children are seen for reviews
or scheduled separately. Such follow-up would provide information useful to other speech-language pathologists regarding program effectiveness and early childhood language stimulation.
BIBLIOGRAPHY


APPENDIX A

HANDOUTS GIVEN PARENTS AT A PSYCHOLOGY LECTURE
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<td>1</td>
<td>Sucks and swallows liquid</td>
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<td>2</td>
<td>Eats liquified foods, i.e. baby cereal</td>
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<tr>
<td>3</td>
<td>Reaches for bottle</td>
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<td>4</td>
<td>Eats strained foods fed by parent</td>
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<tr>
<td>5</td>
<td>Holds bottle without help while drinking</td>
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<td>6</td>
<td>Directs bottle by guiding it toward mouth or by pushing it away</td>
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<tr>
<td>7</td>
<td>Eats mashed table foods fed by parent</td>
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<tr>
<td>8</td>
<td>Drinks from cup held by parent</td>
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<tr>
<td>9</td>
<td>Eats semi-solid foods fed by parent</td>
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<td>10</td>
<td>Feeds self with fingers</td>
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<td>11</td>
<td>Holds and drinks from cup using two hands</td>
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<tr>
<td>12</td>
<td>Takes spoon filled with food to mouth with help</td>
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<tr>
<td>13</td>
<td>Holds out arms and legs while being dressed</td>
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<td>14</td>
<td>Eats table food with poop independently</td>
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<tr>
<td>15</td>
<td>Holds and drinks from cup with one hand</td>
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<tr>
<td>16</td>
<td>Puts hands in water and puts wet hands on face in imitation</td>
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<tr>
<td>17</td>
<td>Sits on potty or infant toilet seat for 5 minutes</td>
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<tr>
<td>18</td>
<td>Puts hat on head and takes it off</td>
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<tr>
<td>19</td>
<td>Pulls off socks</td>
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<td>20</td>
<td>Pushes arms through sleeves, legs through pants</td>
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<tr>
<td>21</td>
<td>Takes off shoes when laces are untied and loosened</td>
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<tr>
<td>22</td>
<td>Takes off coat when unfastened</td>
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<td>23</td>
<td>Takes off pants when unfastened</td>
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<tr>
<td>24</td>
<td>Zips and unzips large zipper without working catch</td>
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<tr>
<td>25</td>
<td>Uses words or gestures indicating need to go to bathroom</td>
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<td>26</td>
<td>Feeds self using spoon and cup with some spilling</td>
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<tr>
<td>27</td>
<td>Takes towel from parent and wipes hands and face</td>
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<td>No.</td>
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<tr>
<td>28</td>
<td>Sucks liquid from glass or cup using straw</td>
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<tr>
<td>29</td>
<td>Scoops with fork</td>
<td></td>
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<tr>
<td>30</td>
<td>Chews and swallows only edible substances</td>
<td></td>
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<tr>
<td>31</td>
<td>Dries hands without help when given towel</td>
<td></td>
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<tr>
<td>32</td>
<td>Asks to go to bathroom, even if too late to avoid accidents</td>
<td></td>
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<tr>
<td>33</td>
<td>Controls drooling</td>
<td></td>
<td></td>
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<tr>
<td>34</td>
<td>Urinates or defecates in potty three times per week when placed on potty</td>
<td></td>
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<tr>
<td>35</td>
<td>Puts on shoes</td>
<td></td>
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<tr>
<td>36</td>
<td>Brushes teeth in imitation</td>
<td></td>
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<tr>
<td>37</td>
<td>Takes off simple clothing that has been unfastened</td>
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<tr>
<td>38</td>
<td>Uses bathroom for bowel movements, one daytime accident per week</td>
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<tr>
<td>39</td>
<td>Gets drink from faucet without help, when stool or steps are provided</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40</td>
<td>Washes hands and face using soap when adult regulates water</td>
<td></td>
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<tr>
<td>41</td>
<td>Asks to go to bathroom during day in time to avoid accidents</td>
<td></td>
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<tr>
<td>42</td>
<td>Places coat on hanger placed at child's height</td>
<td></td>
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<td></td>
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<tr>
<td>43</td>
<td>Stays dry during naps</td>
<td></td>
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<tr>
<td>44</td>
<td>Avoids hazards such as sharp furniture corners, open stairs</td>
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<tr>
<td>45</td>
<td>Uses napkins when reminded</td>
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<tr>
<td>46</td>
<td>Stabs food with fork and brings to mouth</td>
<td></td>
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<tr>
<td>47</td>
<td>Pours from small pitcher (6-8 oz.) into glass without help</td>
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<tr>
<td>48</td>
<td>Unfastens snap on clothing</td>
<td></td>
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<tr>
<td>49</td>
<td>Washes own arms and legs while being lashed</td>
<td></td>
<td></td>
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<tr>
<td>50</td>
<td>Puts on socks</td>
<td></td>
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<tr>
<td>51</td>
<td>Puts on coat, sweater, shirt</td>
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<tr>
<td>52</td>
<td>Finds front of clothing</td>
<td></td>
<td></td>
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<tr>
<td>53</td>
<td>Feeds self entire meal</td>
<td></td>
<td></td>
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<tr>
<td>54</td>
<td>Dresses self with help on pull over shirts and all fasteners</td>
<td></td>
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<tr>
<td>No.</td>
<td>Task Description</td>
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<tr>
<td>55</td>
<td>Wipes nose when reminded</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>56</td>
<td>Wakes up dry two mornings out of seven</td>
<td></td>
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<tr>
<td>57</td>
<td>Males urinate in toilet standing up</td>
<td></td>
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<tr>
<td>58</td>
<td>Initiates and completes dressing and undressing except fasteners 75% of time</td>
<td></td>
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<td></td>
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<tr>
<td>59</td>
<td>Snaps or hooks clothing</td>
<td></td>
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<tr>
<td>60</td>
<td>Blows nose when reminded</td>
<td></td>
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<tr>
<td>61</td>
<td>Avoids common dangers (e.g., broken glass)</td>
<td></td>
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<tr>
<td>62</td>
<td>Puts coat on hanger and replaces hanger on low bar with instructions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>63</td>
<td>Brushes teeth when given verbal instructions</td>
<td></td>
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<tr>
<td>64</td>
<td>Puts on mittens</td>
<td></td>
<td></td>
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<tr>
<td>65</td>
<td>Unbuttons large buttons on button board or jacket placed on table</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>66</td>
<td>Buttons large buttons on button board or jacket placed on table</td>
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<tr>
<td>67</td>
<td>Puts on boots</td>
<td></td>
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<tr>
<td>68</td>
<td>Cleans up spills, getting own cloth</td>
<td></td>
<td></td>
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<tr>
<td>69</td>
<td>Avoids polishes and all harmful substances</td>
<td></td>
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<tr>
<td>70</td>
<td>Unbuttons own clothing</td>
<td></td>
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<tr>
<td>71</td>
<td>Buttons own clothing</td>
<td></td>
<td></td>
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<tr>
<td>72</td>
<td>Clears place at table</td>
<td></td>
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<tr>
<td>73</td>
<td>Puts zipper foot in catch</td>
<td></td>
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<tr>
<td>74</td>
<td>Washes hands and face</td>
<td></td>
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<tr>
<td>75</td>
<td>Uses correct utensils for food</td>
<td></td>
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<tr>
<td>76</td>
<td>Wakes from sleep during night to use toilet or stays dry all night</td>
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<tr>
<td>77</td>
<td>Wipes and blows nose 75% of the time when needed without reminders</td>
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<tr>
<td>78</td>
<td>Bathes self except for back, neck, and ears</td>
<td></td>
<td></td>
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<tr>
<td>79</td>
<td>Uses knife for spreading soft toppings on toast</td>
<td></td>
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<tr>
<td>80</td>
<td>Buckles and unbuckles belt on dress or pants and shoes</td>
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<tr>
<td>81</td>
<td>Dresses self completely, including all front fastenings except ties</td>
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<tr>
<td>82</td>
<td>Serves self at table, parent holds serving dish</td>
<td>/</td>
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<tr>
<td>83</td>
<td>Helps set table by correctly placing plates, napkins, and utensils with verbal cues</td>
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<tr>
<td>84</td>
<td>Brushes teeth</td>
<td>/</td>
<td>/</td>
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<tr>
<td>85</td>
<td>Goes to bathroom in time, undresses, wipes self, flushes toilet, and dresses unaided</td>
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<td>/</td>
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<tr>
<td>86</td>
<td>Combs or brushes long hair</td>
<td>/</td>
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<tr>
<td>87</td>
<td>Hangs up clothes on hanger</td>
<td>/</td>
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<tr>
<td>88</td>
<td>Goes about neighborhood without constant supervision</td>
<td>/</td>
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<tr>
<td>89</td>
<td>Lakes shoes</td>
<td>/</td>
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<tr>
<td>90</td>
<td>Ties shoes</td>
<td>/</td>
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<tr>
<td>91</td>
<td>Is responsible for one weekly household task and does it upon request</td>
<td>/</td>
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<tr>
<td>92</td>
<td>Selects appropriate clothing for temperature and occasion</td>
<td>/</td>
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<tr>
<td>93</td>
<td>Stops at curb, looks both ways, and crosses street without verbal reminders</td>
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<td>/</td>
<td></td>
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<tr>
<td>94</td>
<td>Serves self at table and passes serving dish</td>
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<tr>
<td>95</td>
<td>Prepares own cold cereal</td>
<td>/</td>
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<tr>
<td>96</td>
<td>Is responsible for one daily household task (i.e., setting table, taking out trash)</td>
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<tr>
<td>97</td>
<td>Adjusts water temperature for shower or bath</td>
<td>/</td>
<td>/</td>
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<tr>
<td>98</td>
<td>Prepares own sandwich</td>
<td>/</td>
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<tr>
<td>99</td>
<td>Walks to school, playground, or store within two blocks of home independently</td>
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<tr>
<td>100</td>
<td>Cuts soft foods with knife (i.e., hot dogs, bananas, baked potato)</td>
<td>/</td>
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<tr>
<td>101</td>
<td>Finds correct bathroom in public place</td>
<td>/</td>
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<tr>
<td>102</td>
<td>Opens 1/2 pint milk carton</td>
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<tr>
<td>103</td>
<td>Picks up, carries, sets down cafeteria tray</td>
<td>/</td>
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<tr>
<td>104</td>
<td>Ties hood strings</td>
<td>/</td>
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<td></td>
</tr>
<tr>
<td>105</td>
<td>Buckles own seat belt in car</td>
<td>/</td>
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</table>
A NOTE ABOUT PREVENTING MISBEHAVIOR

This volume is designed for any adult who wants to learn how to discipline a child. It discusses ways to teach appropriate behavior and to deal with misbehavior when it occurs.

The key to disciplining children is teaching them appropriate behavior before inappropriate behavior has a chance to occur. Since this is not always possible, we need to know how to deal with misbehavior when it does occur.

The method used here is simple. Basically, it is an attempt to replace misbehavior with good behavior. Here are some general rules to follow to help you teach children good behavior:

1. Watch for good behavior, and tell children what they are doing that you like. Never take good behavior for granted. We adults have a tendency to ignore good behavior and focus on misbehavior. Make a conscious effort to reverse that tendency. Teach children that your attention comes as a result of good behavior, not as a result of misbehavior.

2. Provide children with good models. Although this is not always possible, it is important to provide them with as many good models as you can. Try to expose them to playmates who are good "players," "workers," "learners," "talkers"—in other words, good at whatever behavior you would like the child to imitate. Avoid exposing children to...
inappropriate models (that is, playmates or adults who consistently demonstrate inappropriate behavior).

3. Teach children how to behave by keeping them actively involved in situations that promote appropriate behavior. Provide them with a variety of stimulating activities, and praise them for playing and doing things in an appropriate way.

4. Prevent misbehavior by taking time to teach children how to behave. Play with them. Engage them in productive, enjoyable activities in which you can take part as well.

**REINFORCEMENT**

The kind of reinforcement referred to in this book is positive reinforcement. This type of reinforcement consists of attention and reward paid to a child for behaving, rather than attention and punishment for misbehaving. Positive reinforcement will tend to increase the behavior that preceded it.

Positive reinforcement may be in the form of tangible rewards or social rewards. Tangible rewards are objects that you give a child for good behavior. For example, if a young boy cleans his room, you might give him a cookie. If he rakes the leaves, you might buy him a toy. If he helps his little sister build a dollhouse, you might give him some ice cream. It should be noted here that there are a number of foods that
may serve as reinforcers. Some suggested treats include: fruits (fresh or dried) like grapes, apples, apricots, raisins; vegetables such as carrots or celery; nuts, cookies, etc. (Try to use the most nutritious foods you can. Replace rewards of food with social rewards as soon and as often as possible.) It might be useful to determine in advance what things are reinforcing to a particular child. What is reinforcing for one child is not necessarily reinforcing for another.

While tangible rewards can be an effective way to modify behavior, they may not always be desirable or available. Another type of positive reinforcement which works well and is free and easy to give is social rewards. These include any behavior a person exhibits in an attempt to reinforce the good behavior of another. Smiling, touching, hugging, kissing, and patting are all examples of social reinforcers. So also are certain words and phrases such as: "You certainly are doing a good job, Edward" or "I like the way you are sharing with your sister."

The reinforcer we are probably most familiar with is praise. This book emphasizes the use of praise as an effective way to increase good behavior and decrease misbehavior.

Another method of modifying behavior is the use of a "quiet area" to deprive a child of positive reinforcement. If a child is misbehaving, an adult can often decrease that misbehavior by placing the child apart from others for one to five minutes immediately following the misbehavior. The child should be told why he or she is being
isolated. This is frequently referred to as "time-out." The "quiet area" is discussed more fully on page 23.

In learning to use reinforcement to increase good behavior, the adult must keep in mind several points:

1. Notice when children are behaving.
   Pay attention to children when they behave, and always reinforce them for it. Don't take good behavior for granted.

2. Be specific in your praise.
   Let children know exactly what it is that they did correctly.
   For example, "Very good" does not tell children exactly what they did. "Thank you for helping me set the table" would be a better comment. Some examples of things you might say to praise a child include:
   - Wow! That's a very good picture you drew!
   - Boy, you really set the table well.
   - When you play nicely with the baby, I'm really proud of you.
   - I like playing this game with you.
   - Thank you for picking up your toys.
   - You're doing just what I told you to do. I like that.
   - You listened carefully. You did everything I said to do.
   - I'm very proud of the way you ate dinner tonight.
   - I've noticed you sit quietly watching TV, I'm so pleased with you when you do that.

3. Reinforce immediately.
   Try to reinforce children's behavior right away. Don't wait until after dinner to tell them they did a good job raking the leaves that afternoon.

4. Reinforce small steps.
   Reinforce small steps toward the desired behavior. For example, if you want to teach a little girl to wash her hands, you could start by praising her for going to the sink. After she has learned to go to the sink, you should show her the next step (turning on the water), then wait until she walks to the sink and turns on the water before reinforcing her. As the child learns to do one step, you can teach her another. The steps for washing hands would look like this:
Go to the sink.
Turn on the water.
Pick up the soap.
Wash the hands.
Rinse off the soap.
Put the soap in the holder.
Rinse the hands.
Turn off the water.
Dry the hands.
Praise the child for each step. When she learns one step, reinforce her and show her the next step. Wait until she can do both steps before reinforcing her again. By reinforcing small steps, you can teach a child to do things and to behave the way you like.

5. Follow the three steps for teaching.
Keep these three steps in mind when teaching a child something new:

**TELL**: Tell your daughter, for instance, how to do something. Then give her a chance to try it alone. Example: "Jane, go turn on the water. Just turn the handle."

**SHOW**: Show the child how to do something if just telling her isn't enough. Then give her a chance to try. Example: "Jane, this is how to turn on the water. Now you try it."

**HELP**: Help the child do something if showing isn't enough. Example: (Take Jane's hand and put it on the faucet.) "This is how we turn on the water, Jane." (Turn Jane's hand and the faucet until the water runs. Turn it off and give her a chance to try.) "Now, you try it."
Always praise children when they do a task, even if you help them. Praise them for trying. The goal is for children to be able to do something alone when you tell them to. You should insist that children be able to do more and more each time on their own before you extend praise. Remember the small steps for washing the hands in number 4.

6. Be consistent.
   Whatever behavior you expect of children, continue to demand it. This is very important. Your responsibility is to let children know what you expect of them, and that you expect it today the same way you did yesterday. Children's responsibility is to make sure they follow the rules. For example, if the rule is “You get dessert only if you eat all of your dinner,” then that rule should be enforced everyday. Once you let a child get away with breaking rules, he or she will no longer believe in them. You must be consistent. It is often a good idea to let children help decide what the rules should be and what will happen if they are broken. That way they are as sure of the rules as you are.

7. Ignore misbehavior.
   Pay no attention to children’s misbehavior whenever possible. Any kind of attention, even scolding, can be rewarding. Provided that the misbehavior is not harmful, ignoring it will often cause it to stop. When children get no attention for doing things that you don’t like, and plenty of attention for things that you do like, they will begin to do the things you like more often.

8. Create a “quiet area” and use it when necessary.
   Sometimes a misbehavior is harmful and you cannot allow it to occur again. You may have warned a child and tried various distraction tactics. In that case you may need to use punishment. The “quiet area” is one form of punishment. A “quiet area” is a place where a child must stay for a limited amount of time (one to five minutes) with nothing to do. Merely associating with other people and being involved in what’s going on is rewarding for a child. Removing him or her from activity and attention because of misbehavior is an effective way to stop that behavior. An example of a “quiet area” is a chair facing a blank wall. If a little boy is teasing his sister, for instance, you might have him sit in the “quiet area” for five minutes, then allow him to return to play.

A WORD OF CAUTION: The “quiet area” should be used sparingly to maintain its effectiveness. Use it only when other attempts to teach the child how to behave have not worked.

9. Set conditions.
   Tell children that they must do something before they can have (or do) something that they really want. You should use this method when what you want a child to do is not absolutely necessary, and when you can wait.
for the child to do it. Examples: “If you take off your coat and hang it up, we can read a book together.” “When you put your toys away, you may have some juice.” Be sure to state exactly what you want the child to do. You may need to use other cues to make sure he or she understands. For example, point to the coat and hanger or demonstrate putting the toys in their proper place.

10. **Make effective demands.**

Sometimes what you want a child to do is absolutely necessary and cannot wait. In that case, using a statement such as “When you put on your jacket, I will give you a cookie” is not appropriate. A better statement would be: “It is time to put on your jacket. Please do so right away.” Say it firmly. Do not confuse the child by mentioning a reward before he or she has obeyed you. And do not ask a question unless you are willing to accept a “Yes” or “No” answer. Asking a question when you are really making a demand can be confusing to a child. Some other rules for making demands are:

- Make only those demands that you can follow through on.
- Be sure the child knows how to do what you are demanding.
- Make sure the child understands. Pointing or demonstrating may be necessary.
- As soon as the child starts the task, offer praise.
- Be patient, and allow the child time to complete the task. Then give more praise.

If children do not do what they were told, firmly repeat the demand once. If they still do not begin the task, then help them physically. In the above example, you should begin by getting the jacket and starting to put it on the child. While you are helping, if the child does part of the chore alone, praise him or her immediately. Teach children that they will have to do what they are told one way or another.

Say nothing else. Only the demand and praise are necessary. Do not scold. Do not reason.

11. **Reason with a child only when he or she is behaving.**

Trying to reason with a child after misbehavior occurs can lead to many problems. Here is an example:

**Adult:** If you throw that clay one more time, you will have to leave the table.

**Child:** (Throws a ball of clay on the floor a few seconds later.)

**Adult:** I don’t want you to throw clay because I have no time to clean it up.

**Child:** I’m sorry. I won’t do it again.

**Adult:** You know I’m busy and can’t waste my time picking up clay.

**Child:** I won’t do it again.

**Adult:** Okay. But one more time, and that’s it!
What did the child learn about misbehaving?
He or she may have learned, among other things:
- Mom doesn't really mean it when she says I will have to leave the table if I throw clay.
- Mom is busy, but I want her to play with me. I'll throw the clay to get her attention.
- When I misbehave, all I have to do is say I'm sorry, and Mom will forget about it.

You should not try to reason with a child at a time like this. Wait until the youngster is being good. In this example, a good time to explain why clay must not be thrown is when the child is playing quietly with it.

REMEMBER:
1. Notice when children are behaving.
2. Be specific in your praise.
3. Reinforce immediately.
4. Reinforce small steps.
5. Follow the three steps for teaching.
6. Be consistent.
7. Ignore misbehavior.
8. Create a "quiet area" and use it when necessary.
9. Set conditions.
10. Make effective demands.
11. Reason with a child only when he or she is behaving.

IMPORTANT:
BE CONSISTENT ABOUT ALL RULES.
REINFORCE GOOD BEHAVIOR.

USE THE QUIET AREA ONLY WHEN NECESSARY.

IGNORE BAD BEHAVIOR.

When you make a new rule for a child, be certain that the child understands the rule.

Example: "This is a new rule. If you hit your brother, you will have to sit by yourself for three minutes."
APPENDIX B

INFORMATION PRESENTED TO PARENTS AT A LECTURE GIVEN BY AN OCCUPATIONAL THERAPIST
PLAY: OUTLINE FOR DISCUSSION WITH PARENTS

Development from Gross → Fine

2 1/2 years

Gross Motor: Activities that encourage running
climbing
pushing and pulling toys
jumping off small step
standing on tiptoe
kicking large ball
usually walks, two feet per step

Fine Motor: Practice picking up small items
filling up containers
Building towers—accuracy (6-7 blocks) (tall and long)
Imitating T, V, I, —, 0.
Left on own—uses see

Play: Stage—where temper tantrums often occur
Lots of make-believe play, washing clothes, doesn't like to share

3 years

Gross Motor: Climbs with more agility
Turns about obstacles while running
Rides a tricycle
Stands momentarily on one foot

Fine Motor: Can cover one eye and pick up small items
Builds towers—10 blocks
Copies—mentioned before—as well as T, H
Draws a man 😊
Matches and names 2-3 basic colors

Play: Comforts other children
Affectionate and confiding
Likes to help Mom with daily routine
Begins to invent people and objects in his play
Enjoys floor play with blocks, trains, cars
Begins to understand sharing of sweets not toys

Introduce concept of play skill. Learning blocks, sensory, motor, conceptual, and imaginative.
a child's need for play:

1. a need for exploration
2. a need for emotional outlet
3. a need for social interaction
4. a need for creativity
5. a need for development of self

= a need for fun!
building 'learning thru' play' skills

- imaginative learning block
- conceptual learning block
- motor learning block
- sensory learning block

solid building base = normal development
1. Sensory Learning

- vision
- hearing
- touch
- oral stimulation
- smell
2. physical learning

- grasp and manipulation
- eye/hand co-ordination
- general use of body
- muscle power and energy
3. conceptual learning

- sorting by shape, colour, size, texture
- similarity of height, weight
- prepositions
- body awareness
4. imagination

- abstract use
- imitation of daily events
- use of sensory, motor, language, intellectual and social skills
## Play Materials for Development of Strength and Skill

### Infant: 3 mos. to 1 yr.
- Bright coloured ribbons
- Bright coloured balloons
- Bright coloured, large, strong beads
- Plastic measuring spoons
- Brightly coloured beads
- Animals or people banbell rain rattles
- Ordinary sewing spoons
- Brightly coloured blocks
- (at least 1 1/2" square)
- Teddy bear

### Toddler: 1 to 3 yrs.
- Push and pull toys
- Take apart, push and pull toys
- Take apart toys
- Riding car
- Large rubber ball
- Hobby horse
- Hula hoop and tug set
- Large clothes pins
- Large wooden spoons

### Preschooler: 3 to 5 yrs.
- Push and pull and take apart toys
- Wagon (large enough to sit in)
- Wheelbarrow
- Scooter
- Tricycle
- Large rubber ball
- Wagon and block sets
- Boxing gloves
- Slides
- Trampoline sets
- Graduated sized boxes

## Materials for Constructive and Creative Play

### 1 to 3 yrs.
- Take apart toys
- Black sets
- Box of various sized spoons
- Clothes pins
- Boxes

### 3 to 5 yrs.
- Wooden bead sets
- 5 to 10 piece puzzles
- Clothes pins
- Spools
- Boxes
- Sandboxes
- Wooden mill sets
- Sewing cards

### 6 to 8 yrs.
- Clothes pins
- Building blocks
- Ticket toys
- Embroidery sets
- Paper construction
- Carpentry sets
- 20 to 75 piece puzzles
- Beadwork

## Material for Dramatic and Imitative Play

### 1 to 3 yrs.
- Lacing shoes
- Village building blocks
- Small wooden cars, etc.
- Paper dolls
- Soft dolls
- Doll house and furniture
- Housekeeping equipment
- Doll bed
- Doll clothing
- Picture books
- Dancing

### 3 to 5 yrs.
- Lacing shoes
- Village building blocks
- Small wooden cars, etc.
- Paper dolls
- Soft dolls
- Doll house and furniture
- Housekeeping equipment
- Doll bed
- Doll clothing
- Picture books
- Dancing

### 6 to 8 yrs.
- Kitchen materials
- Toy guns
- Toy telephone
- Medical kits
- Dress up clothes
- Pets
- Dancing
- Toy musical instruments
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Toys</th>
<th>Age Group</th>
<th>Toys</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 3 yrs.</td>
<td>Soft dolls and cuddle toys, Wagons</td>
<td>3 to 5 yrs.</td>
<td>Wagons, Tricycle, Dishes, Jingo Game, Old maid</td>
</tr>
<tr>
<td>3 to 5 yrs.</td>
<td>Jumbo crayons, Coloured blocks, Finger painting, Peg boards, Large coloured beads</td>
<td>6 to 8 yrs.</td>
<td>Marbles, Dominoes, Mosaic games, Spool board, Blocks, Crayoning, Clay modelling, Chalk and paper, Tracing equipment</td>
</tr>
<tr>
<td>1 to 3 yrs.</td>
<td>Coloured cone, Large Cultured beads, Take apart toys</td>
<td>3 to 5 yrs.</td>
<td>Jumbo crayons, Coloured blocks, Finger painting, Peg boards, Large coloured beads</td>
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<tr>
<td>6 to 8 yrs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to 5 yrs.</td>
<td>Picture and coloured blocks, Any coloured wooden toys, Picture books</td>
<td>6 to 8 yrs.</td>
<td>Same toys as in other lists, Sewing cards, Blunt scissors, Embroidery, Dolls and doll's play, Medical kits, Pots, Card and board games, Chalk, Clay, Crayons, Pencils and inks, Books</td>
</tr>
</tbody>
</table>
EASY-TO-MAKE TOYS

1. Building Blocks
Cut and sand various sizes of lumber, 1" x 1" into various lengths, 2" x 4" into various lengths. Make a variety of interesting shapes. Paint with bright non-toxic paint or varnish.

2. Threaded Spools
Paint old thread spools various colours. One can use them for building towers, houses, etc. or threading with shoe lace. Another task is sorting the spools by colour in various containers.

3. Nesting Tumblers
Have a variety of sizes of tins that fit inside each other. Cover the tins with a variety of textures including old scraps of wallpaper, sand paper, flannellette, fur, cotton, wool, etc.

4. Sorting Game
Using plastic bread bag clips and an egg carton, sort the clips according to colour.

5. Playdough
Recipe: 2 cups flour 1/4 cup vegetable oil or 1 cup salt a few drops of liquid detergent
Add enough water for dough to stick together. Add a few drops of food colouring to the water if desired. Playdough will keep for 2 weeks if refrigerated. Suggested activities for playdough - roll using a flat hand to make a long snake shape; roll using a rounded hand to make a round ball; cut the playdough using knives, forks, cookie cutters. Make things such as snowmen, faces, cats, dogs, etc.
6. Bottles and Lids
Assemble a variety of plastic bottles and lids, such as empty pill bottles, cosmetic jars, etc. Children enjoy trying to match each bottle with its lid.

7. Stacking Game
How many stacking objects can be found in the kitchen - plastic tumblers, small tins, pie plates, etc.

8. Magazine Picture Puzzle
Help the child paste a picture from a magazine on heavy cardboard. Choose pictures with simple detail i.e. - house, face, body, animal. Cut into 3-4 pieces. Child re-assembles pieces.

9. Dress-Up Box
Have available old clothes, shoes, hats, purses, etc.

10. Finger Paint
Recipe: 3 tablespoons powdered tempura paint (available at most art stores) 2 tablespoons of wallpaper paste 1/4 cup powdered detergent

This paint washes off easily and has a thick consistency. Fingerpaint on various types of paper, newsprint, waxpaper, tinfoil or cardboard.
### Stack Development

#### Twelve to Eighteen Months
- He learns to walk, but is still not sure of himself.
- His locomotive drive is very strong.
- He starts to talk in phrases.
- Twelve Months - may show handedness.
- Knows and points to own name.
- Drops toys deliberately in play.
- Looks at pictures.
- Learns to spoon feed.

#### At Two Years
- He likes balancing, experience-walking on boards, etc. He wants to climb. He is able to use scissors (blunt type). He can carry ordinary vessels without spilling contents. He can button large buttons. He has vocabulary of about 200 words just starting to construct sentences.
- Verbalizes toilet needs.
- Circular scribble and dots.
- Has sense of personal identity and expression. Play is predominantly solitary - does not want to share or give things up.
- Group activity is only a minor and beginning interest at this age.

### Play Needs

<table>
<thead>
<tr>
<th>Twelve to Eighteen Months</th>
<th>Other Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure of himself. He needs things to strengthen and develop his back, leg and arm muscles. He should have steps and boxes to climb on, big blocks to try and lift, pile up and knock down, etc. 10 months - enjoys simple picture book.</td>
<td>- A child of two needs very few bought toys. Almost everything in his home that he is allowed to use provides exciting experience. - Tin lids and pots to bang; the potato masher; old spoons; clothespins; spoons; milk bottle caps are good for dropping into slots in the top of a tin can; cubes in and out of box.</td>
</tr>
<tr>
<td>He needs things to pound or bang on.</td>
<td>- Tin lids and pots to bang; the potato masher; old spoons; clothespins; spoons; milk bottle caps are good for dropping into slots in the top of a tin can; cubes in and out of box.</td>
</tr>
<tr>
<td>He needs things to throw - a ball, for example.</td>
<td>- A push car or kiddie car. - A pegboard with large pegs to grasp in his hand.</td>
</tr>
<tr>
<td>He needs points, crayons, sand box for creative activity.</td>
<td>- A pull toy. - Small and large blocks, bits of lumber, chimes to push about.</td>
</tr>
<tr>
<td>He needs things to throw. He needs a simple kiddie car to manipulate. Tantrums but easily distracted.</td>
<td>- Caterpillar of various colors. - A ball to throw. - Boxes to open and close.</td>
</tr>
<tr>
<td></td>
<td>Other Items:</td>
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<td>- A simple kiddie car. - A pegboard with large pegs to grasp in his hand.</td>
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<td>- Caterpillar of various colors. - A ball to throw. - Boxes to open and close.</td>
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#### Outdoors
- A 3-rive swing.
- A small slide.
- A sandbox.
Two to Two and a Half Years

For the parents, this is the exasperating age in the preschool period of a child. He seems to be fighting contrary impulses. His life is made up of conflicting extremes. He sees alternative lines of action, but his capacity of voluntary choice is weak. Tantrums, parallel play.

At Three Years

By three he has become much more sure of himself and assertive.

He shows real interest in persons, and enjoys a party - joins in play with others.

Dramatic and imitative play begins, using toy animals, cars, dolls, telephones, etc.

He can copy a circle - place round pegs in round holes, and square pegs in square holes.

He has a vocabulary of from 200-500 words.

At this age, details are still not noticed, color and texture more important than details.

A bright colored square cloth is just as effective as a fine doll's dress.

Stages of Development

Play Needs

Asks what and where and nursery rhymes.

He still needs things to push and pull, carry about, and use in building, matching and fitting together.

He needs things to help to distinguish shapes and colors.

Large picture books interest him.

He is interested in equipment and facilities for imitative play - miniature cars, dolls, telephones.

He needs apparatus for climbing - swings, teeter-totters; kiddie cars with pedals are not too advanced for him.

Social activities are important - birthdays, Christmas, Easter, picnics, hallowe'en, etc.

Draws man with head and indication of at least one other part. Loves stories - same over and over.

Suggested Materials

Indoors:

- Wooden beads
- Pegboards and hammer
- Blocks, cones, etc.
- Colored rings.
- Dolls, doll houses and furnishings, large only, housekeeping equipment, etc.
- Trains with wheels but not tracks.
- Paints, crayons, clay, blackboards, easelboards, water colors, etc.
- Music.
- Picture books and stories.

Outside

- A sandbox
- 3 rope swing
- Shallow wading pool (if supervision possible).
- A large playhouse (empty piano box with windows).  
- A jungle gym etc.
The Four Year Old

At four, he is assertive in contrast to the assertive person he was at three.

His motor drive is high. He wants a great deal of action—running, climbing, swinging, etc.

He has acquired such excellent balance that he can manage a tricycle with skill.

His co-ordination of eye and muscle is good enough to enable him to toss bean bags through a hole in a board.

He has real interest in sense-training toys.

He has from 1,000 to 1,200 words.

He makes sentences 4-5 words long.

He can place square, round, triangular, hexagonal, and other shapes in their insets.

He can match colors.

Draws man with head, legs, trunk, and features.

At Five Years

At five, the youngster is much more sure of himself—he thinks more clearly, and is more precise in decisions.

He has less conflict with himself and society than at 2 1/2 and 4. (In this way, similar to the 3-year-old.)

<table>
<thead>
<tr>
<th>STAGE OF DEVELOPMENT</th>
<th>PLAY NEEDS</th>
<th>SUGGESTED MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Four Year Old</td>
<td>Alternating - co-operative and aggressive with peers or adults.&lt;br&gt;He needs many things to help his play of imitations of adults, and develops his social sense through such activities as birthdays, parties, holidays, etc.&lt;br&gt;He also needs playthings to help satisfy his urge for sense-training.&lt;br&gt;He needs to go on little excursions and picnics, nature trips, etc. (The planning involved is as important as the event.)&lt;br&gt;He likes stories, especially those with rhyme and play on words.</td>
<td>For imitating adults:&lt;br&gt;- Dolls with dresses, etc.&lt;br&gt;- Doll cartridges, doll houses, etc.&lt;br&gt;- Unbreakable dishes.&lt;br&gt;- Brooms, carpet sweepers, wash-tube.&lt;br&gt;- Miniature autos.&lt;br&gt;- Wooden animals.&lt;br&gt;For manipulative and creative play:&lt;br&gt;- Pegboards with smaller pegs.&lt;br&gt;- Nunner, nails, small colored boards.&lt;br&gt;- A good supply of blocks (all sizes and shapes).&lt;br&gt;- Puzzles (puzzle).&lt;br&gt;- Blunt scissors.&lt;br&gt;- Crayons, paints, easels, etc.&lt;br&gt;- Music and story book illustrate.</td>
</tr>
<tr>
<td>STAGE OF DEVELOPMENT</td>
<td>PLAY NEEDS</td>
<td>SUGGESTED MATERIALS</td>
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<tr>
<td>At five years (continued)</td>
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<tr>
<td>- Draws man with head, trunk, limbs and features.</td>
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<tr>
<td>- Uses knife and fork.</td>
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<tr>
<td>- Dresses and undresses alone.</td>
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<tr>
<td>Between Five and Six Years</td>
<td>His motor co-ordination is greatly improved.</td>
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<tr>
<td>He can learn to swim, skate, etc.</td>
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<tr>
<td>He is able to draw a man with body, eyes, arms, hands, and some indication of neck.</td>
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<tr>
<td>He learns to name the highly saturated colors and distinguish letters and figures.</td>
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</tr>
<tr>
<td>His vocabulary ranges from 2,000 to 3,000 words.</td>
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<tr>
<td>He is much more creative with less tendency to imitate.</td>
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<tr>
<td>He wants enlarged community experience.</td>
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<tr>
<td>He is proud of all he owns—clothes, toys, skates, etc.</td>
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<tr>
<td>Six Year Old</td>
<td>He has his first permanent teeth.</td>
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<tr>
<td>He is very active; sitting still is an effort.</td>
<td>He is independent in bathing and dressing.</td>
<td></td>
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<tr>
<td>He enjoys play in small groups.</td>
<td>Parties are greatly in favor.</td>
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<tr>
<td>He commonly uses upwards of 2,500 words.</td>
<td>He is able to use the telephone competently.</td>
<td></td>
</tr>
<tr>
<td>Teacher’s opinions and ideas are very important.</td>
<td>He delights in imaginative dramatic play. He likes adventure stories on the radio, and believes the characters are real. He enjoys the first steps in learning to read.</td>
<td></td>
</tr>
<tr>
<td>He needs plenty of opportunities for action.</td>
<td>He needs a chance to express and develop his natural interest in and affection for animals.</td>
<td></td>
</tr>
<tr>
<td>His first definite interest in art, music, and rhythm should be encouraged.</td>
<td>He needs additional materials related to his school experience.</td>
<td></td>
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<tr>
<td>He needs more sophisticated materials.</td>
<td>His imaginative play is still centered chiefly in the home. For this he needs dolls, doll furniture, etc.</td>
<td></td>
</tr>
<tr>
<td>He is interested in making toys for play.</td>
<td>Creativity.</td>
<td></td>
</tr>
<tr>
<td>outdoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sandbox plus shovels, etc.</td>
<td>- Large hollow block, packing boxes arranged for safe climbing.</td>
<td></td>
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<tr>
<td>- A ball to throw.</td>
<td>- A slide.</td>
<td></td>
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<tr>
<td>- Swing, bars, rope ladder.</td>
<td>- Tricycle.</td>
<td></td>
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<tr>
<td>- Packing boxes as playhouses, etc.</td>
<td>- Wheelbarrow.</td>
<td></td>
</tr>
<tr>
<td>- Boards of varying lengths, and thicknesses (not too hard).</td>
<td>- Any kind of wheel toys.</td>
<td></td>
</tr>
<tr>
<td>- A pet suitable for his home surroundings.</td>
<td>- Children’s records, paints, crayons and clay.</td>
<td></td>
</tr>
<tr>
<td>- Equipment for dramatic play, such as “dress up” costumes and jewelry.</td>
<td>- Easy story books.</td>
<td></td>
</tr>
<tr>
<td>- Easy games, involving the use of numbers such as parcheesi, dominoes and simple card games.</td>
<td>- Dolls, doll houses, all kinds of doll accessories.</td>
<td></td>
</tr>
</tbody>
</table>