Teaching Resources for Chapter 11

**Links**

• [*basic*] This site provides an extensive video dictionary of American Sign Language that allows you to see how the words are signed.

http://www.aslpro.com/

And at this site, you can see ASL translations of many common books to get a feel for what the language looks like:

http://www.youtube.com/user/1001booksinASL

• [*intermediate*] All of the different language differences and disorders discussed in the book have strong communities associated with them. The following sites will help you learn more about some of them:

Autism Spectrum Disorders: http://www.autismspeaks.org/

National Federation of the Blind: https://www.nfb.org/

Down Syndrome: http://www.ndss.org/

Fragile X Syndrome: http://www.fragilex.org/

Specific Language Impairment: http://www.nidcd.nih.gov/health/voice/pages/specific-language-impairment.aspx

Williams Syndrome: http://www.williams-syndrome.org/

**Activities for Students**

• You can see the differences in language use among children with different language disorders in the CHILDES database. Start here: http://childes.psy.cmu.edu/browser/index.php?url=Clinical/

On the left side of the page you will see a series of names of researchers. To look at transcripts of children with Autism Spectrum Disorders, click on the Nadig and Rollins links; for children with Specific Language Impairment, click on the Conti-Ramsden and Hargrove links; for children with Down Syndrome, click on the Rondal and Flusberg links. To get full information about all of the available clinical transcripts, you can download the manual here: http://childes.psy.cmu.edu/manuals/ (click on the link for Language Disorders)

Choose a child with a particular language disorder and look through his or her transcript sets. Based on your readings, identify 2 or 3 features that you would expect to find in a child with this particular disorder. Can you find these features in the transcripts you are looking at?

• Many people have the idea that sign languages are easy to understand even if you do not know the language. Find out if this true. On YouTube, you can find many examples of people speaking ASL and other sign languages. Watch a few of these and see how much you can understand. If the video provides subtitles (or voice-over) try to cover that up (or turn it off) to see how much you can understand without the translation! If you already speak ASL (or to do something a bit different), try this exercise with another sign language, such as Langue Signe des Quebecoise (LSQ) or British Sign Language (BSL).

Here are a few links to help:

ASL: http://www.youtube.com/watch?v=SS5w1mKotmY

LSQ: http://www.youtube.com/watch?v=z-hZuXd-j9Q

BSL: http://www.youtube.com/watch?v=2eqhYE-P6mI

• There are many organizations devoted to helping children with various learning disorders and providing advocacy for them. Choose one of the language disorders discussed in the text and find then go online and find a few organizations that serve that population. What kinds of issues are important for this group? What kind of special challenges do they face? What kinds of accommodations or interventions do they recommend?

**Online Movies**

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| Movie Name | Access | Description | Time |
| Why Do We Talk? | Part 1:  http://www.youtube.com/watch?v=PZatrvNDOiE  Part 2:  http://www.youtube.com/watch?v=dsaqD9FVRsM  Part 3:  http://www.youtube.com/watch?v=oimnxkEj4ns  Part 4:  http://www.youtube.com/watch?v=UTbI-G42JoY  Part 5:  http://www.youtube.com/watch?v=pmsQJfyVrr0  Part 6:  http://www.youtube.com/watch?v=kqs-jKSdj8Y | BBC/Horizon documentary on language acquisition, with a general emphasis on speech. Broken down on youtube in sections:  Part 1: Overview; Roy’s Speechome project  Part 2: The larynx across species; language and brain damage  Part 3: language and brain damage, cont.; neuroanatomy of language; newborn speech perception with ERP; **language savant Christopher**  Part 4: **Language savant Christopher, cont.**; Interview with Chomsky; wild child Oxana, raised by dogs; language (bird song) with no experience in Finches  Part 5: Bird song, cont.; **genetic components of language – KE family.**  Part 6: Evolutionary origins of speech, conclusions | Each part, ~9:45 |
| Videos of a Homesigner | http://www.psypress.com/goldinmeadow/videos/ | Website for Susan Goldin-Meadow’s book. In particular, clips of David saying various things | 17 clips, each under 30 seconds |
| Cochlear Implant Introduction | http://www.youtube.com/watch?v=-WA7-k\_UcWY | A brief informational piece featuring animations of the ear that explains how hearing works and how a cohlear implant works. | 3:20 |
| Researcher Discovers genetic link to language disorder | http://www.youtube.com/watch?v=cnlGvcDIiHw | Interview with Mabel Rice discussing discoveries relating to the genetic origins of SLI | 4:01 |
| Babbling in sign language | http://www.youtube.com/watch?v=YIG0hjGgFWc | A very short clip of a deaf infant babbling in ASL | 0:9 |

**Movies on CD**

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| 10.1  Hearing impaired child at 2 years (10 months after cochlear implant) | On Existing Student CD | Kennedy is a 2-year-old girl born with a hearing impairment. She has been exposed to American Sign Language (ASL) through a native signing tutor. Her parents also have been learning ASL and using it with Kennedy. Kennedy received a cochlear implant at age 1 year, 3 months. In this clip she has had the implant for 10 months. She is interacting with her ASL tutor who is also Deaf. Notice the great number of signs Kennedy uses. She understands the signs that her tutor uses and can respond using signs, such as duck, bunny, hat, etc. | 1:27 |
| 10.2  Hearing impaired child at 2.5 years (13 months after cochlear implant) | On Existing Student CD | In this clip, Kennedy is 2 years and 4 months old. It has been 13 months since she was implanted with her cochlear implant. Kennedy is interacting with her speech therapist. She knows many words such as baby, crying, duck (quack quack), bath, bubbles, and many more. Her speech therapist exaggerates some words so Kennedy can hear the correct word parts, such as “crying” has the –ing elongated so Kennedy can attempt the full word. Notice she still uses signs when speaking. She uses the sign for ‘wash’ when the picture of a bath comes up in her book. You should notice that Kennedy uses fewer signs compared to the earlier clip, but she does continue to use them. | 4:08 |

**Sample Test Questions**

1. Studies of how children in special populations learn language:
   1. shed light on how normally developing children acquire language.
   2. provide useful information for guiding intervention and remediation programs.
   3. provide insight on how aspects of cognitive and social development relate to language development.
   4. All of these answers are true.
2. Sign languages, such as American Sign Language (ASL) or the Langue Signe Quebecoise (LSQ) are:
   1. composed mostly of iconic pantomimes which can be easily understood by anyone.
   2. artificial languages that were created to help deaf people fulfill minimal communicative functions.
   3. natural languages, containing all the grammatical complexities found in spoken languages.
   4. manual versions of spoken languages; in particular, ASL is the manual version of English and LSQ is the manual version of French.
3. Research on children using American Sign Language (ASL) as their first language indicates that:
   1. the children have fewer vocabulary words than their hearing peers at the same level.
   2. the children have greater vocabulary words than their hearing peers at the same level.
   3. deaf children make the same errors and learn language elements in the same sequence as hearing children.
   4. deaf children make more errors, such as pronoun reversal, than hearing peers at the same level.
4. Research on language development for deaf students who are in oral programs (that is, programs that teach deaf children a spoken language) has found that:
   1. the vast majority of deaf children in these programs become able to speak and understand spoken language.
   2. only a small percentage of deaf children in these programs achieve intelligibility in their spoken language or any reasonable understanding of it.
   3. deaf children who are exposed to a sign language from birth are capable of learning to produce spoken language but deaf children without sign language exposure are not.
   4. there are so few children who participate in oral programs that it is unclear whether or not they are effective.
5. Deaf babies:
   1. do not babble at all.
   2. babble manually as well as orally, to some extent.
   3. babble orally to some extent, but do not babble manually at all.
   4. babble manually but do not babble orally at all.
6. Among children who are deaf, the most successful readers are:
   1. children who receive exclusively oral language training.
   2. children who given extensive training in lip-reading.
   3. children who create their own home sign systems.
   4. children who have been exposed to a sign language from birth.
7. Research on Home Sign systems by Goldin-Meadow and colleagues has shown that deaf children who are exposed to **no** natural language input:
   1. are able to create a communication system that has many grammatical and referential features of natural languages.
   2. are able to create a communication system that is radically different from any known natural language.
   3. are unable to communicate anything beyond their basic needs.
   4. are able to create a complete natural sign language on their own.
8. Deaf children who receive cochlear implants:
   1. develop oral language abilities that are indistinguishable from hearing children
   2. show no changes in their ability to understand or produce spoken language.
   3. should be prevented from using sign languages to aid in their motivation to process sounds.
   4. show some improvement in their ability to understand and produce spoken language, but do not achieve the ability levels of hearing children.
9. Studies of phonological development in children who are blind have found that :
   1. they develop their phonological systems more quickly than sighted children because of their heightened auditory skills.
   2. they are delayed in their production of vowels, but not in their production of consonant sounds.
   3. they are somewhat delayed in producing sounds that have highly distinctive visible components such as /b/, /m/, and /f/.
   4. they develop their phonological systems at the same rate as sighted children do.
10. Studies of children with different intellectual capabilities and their language development has found that:
    1. children with intellectual disabilities never achieve typical levels of language ability
    2. children can have different levels of skill in their linguistic and cognitive abilities, showing that the two are partially independent.
    3. there is no relationship between linguistic and cognitive abilities in development.
    4. linguistic and cognitive abilities always track together in development so that children’s level of ability is always very similar in both areas.
11. An area of relative strength in the language development of children with Down Syndrome is:
    1. syntactic development.
    2. lexical development.
    3. use of narrative discourse.
    4. pragmatic development.
12. When children with Williams Syndrome speak, they:
    1. use syntactically complex sentences and rich vocabulary.
    2. tell complex and coherent stories.
    3. both of the above answers are true.
    4. none of these answers are true.
13. For individuals with autism, the area of language development that is most affected is:
    1. communicative competence.
    2. syntactic competence.
    3. recall of frequent expressions.
    4. phonological organization.
14. Children who are described as having specific language impairment (SLI) have:
    1. cognitive delays or disorders.
    2. sensory delays or disorders.
    3. limited language development in a variety of areas.
    4. all of the above are symptoms of SLI.
15. The asynchronous language development of children with SLI suggests that:
    1. different language subsystems may be delayed to differing degrees.
    2. all subsystems of language must have equal delays.
    3. children with SLI do not develop any language subsystems.
    4. all subsystems of language must be in synchrony.
16. Many people in the deaf community have argued that being deaf is not a language disability at all. Using evidence from language development, discuss this position. Be sure to provide at least one piece of evidence that supports the position and one piece that does not support it.
17. Based on the evidence from studies of language development with children who have various kinds of intellectual and language disorders, what is the relationship between language and cognition in development? Be sure to consider children with Down Syndrome, Williams Syndrome, and Specific Language Impairment in your answer.
18. Describe the language development in children with Autism Spectrum Disorders. What are aspects of language development that cause these children little to no difficulties? What are aspects of language development that are very difficult for them? How do these patterns connect to other features of Autism?