

Simple Language Delay in Children: Diagnosis and Early Intervention

تأخر اللغة البسيط لدى الأطفال: التشخيص والتدخل المبكر

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Abstract:	Article info
<i>This research aims to examine simple language delay in children from an orthophonic perspective or a speech-language pathology perspective by clarifying this concept and distinguishing it from speech delay and speech disorders, and analyzing its symptoms and developmental impacts based on a documentary and analytical approach along with a review of relevant literature and previous studies. The findings showed that the impact of language delay is not limited to difficulties in speech production but affects also comprehension, expression, reading abilities, and social adaptation. The results further emphasize the importance of early detection, hearing assessment, family and school involvement, and the implementation of structured and effective intervention programs.</i>	Received :25/04/2026 Accepted :19/05/2026
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يهدف هذا البحث إلى دراسة تأخر اللغة البسيط لدى الأطفال من منظور أرطفوني، من خلال توضيح مفهومه، وتمييزه عن تأخر الكلام واضطرابات النطق، وتحليل أعراضه وآثاره النمائية، اعتماداً على منهج وثائقي تحليلي يستند إلى الأدبيات والدراسات السابقة. وتوصل البحث إلى أن تأخر اللغة لا يقتصر على ضعف النطق، بل يؤثر في الفهم والتعبير والقراءة والتكيف الاجتماعي. كما تؤكد النتائج أهمية الكشف المبكر، وفحص السمع، وإشراك الأسرة والمدرسة، واعتماد تدخل منظم وفعال.	تاريخ الارسال: 2026/04/25 تاريخ القبول: 2026/05/19
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❖ **Introduction:** Language is a central aspect of human development. It allows the child to move from sensory and motor responses to symbolic and social interaction. Language is not only a tool for speech. It is also a cognitive system. It helps the child construct meaning, organize experience, express needs, and build relationships.

According to Abdel Rahman (2024), the study of language delay in children shows that language is essential for verbal communication and thinking. Verbal interaction and vocabulary enrichment support mental development, cognitive growth, self-confidence, and independent behavior in children. This makes language development a major indicator of the child's general development.

From a speech-language pathology perspective, language delay should not be viewed as a simple delay in pronouncing words. It may affect comprehension, expression, vocabulary, morphology, syntax, semantics, pragmatics, and the ability to use language in social contexts. ASHA (n.d.) defines spoken language disorder as a persistent difficulty in the acquisition and use of listening and speaking skills across the domains of phonology, morphology, syntax, semantics, and pragmatics.

The topic becomes more important when it is linked to schooling. A child with language delay may not only struggle to name objects or form sentences. The child may also have difficulty understanding classroom instructions, participating in class, learning to read, and interacting with peers. Djedidi, Chabane, and Hamdani, (2025) showed that simple language delay affected reading acquisition in two fourth-year primary school pupils. Their study used a case-study method and assessed reading through linguistic intelligence measures and text reading tasks.

This article responds to the need for a structured academic treatment of simple language delay. It combines theoretical analysis with applied clinical orientation. It also draws on Arabic, French, and English literature. The article does not claim new field data. Instead, it provides a documentary analytical synthesis supported by previous empirical studies and international clinical references.

Simple language delay is often interpreted in a simplified way within the family or school. Some parents and teachers may say that the child “will speak later” or “will improve after starting school.” This view may delay referral and intervention. However, speech-language and educational literature suggests that language delay may affect comprehension, expression, working memory, reading, and social-emotional behavior.

A child with language delay may appear shy, unwilling to participate, distracted, or academically weak. In some cases, the primary source of difficulty is not low motivation or poor intelligence. It may be an undiagnosed language and communication difficulty. This makes accurate diagnosis essential.

The main research question is therefore: How can a comprehensive theoretical and applied speech-language pathology framework be developed for simple language delay in children, while taking into account definition, multidimensional diagnosis, developmental effects, and early intervention?

The following sub-questions arise from this main question: What is meant by simple language delay? How can it be distinguished from speech delay and articulation disorders? What are its main symptoms and related factors? How may it affect reading,

working memory, and social-emotional behavior? What are the main steps of speech-language assessment? What are the components of an appropriate intervention program?

The theoretical significance of this study lies in its integration of literature on simple language delay, speech-language disorders, reading, working memory, and social-emotional development. It links language delay to broader developmental outcomes. This is important because language difficulties rarely remain limited to oral expression alone.

The study is also supported by empirical studies involving children. These include a case study of two children in relation to reading, a case study of three children in relation to working memory, and a study of 20 pupils in relation to social-emotional behavior. These studies provide useful evidence from Arab educational and clinical contexts.

From an applied perspective, the study provides a framework that may benefit speech-language pathologists, teachers, and families. It may support early detection, diagnostic planning, and the design of intervention programs. The proposed intervention is based on play, interaction, story reading, concept training, sentence expansion, pragmatic use of language, and reading readiness.

The study also has preventive value. Early support may reduce secondary difficulties in learning, behavior, and social participation. This is consistent with international clinical guidance, as described by Rupert, Hughes and Schoenherr (2023), which emphasizes referral to speech-language pathology and audiology when speech or language concerns are present.

This study aims to:

- define simple language delay from a speech-language pathology perspective;
- distinguish simple language delay from speech delay and articulation disorders;
- identify the main symptoms and age-related warning signs;
- analyze auditory, neurological, cognitive, psychological, and environmental factors;
- examine the effects of simple language delay on reading, working memory, and social-emotional behavior;
- propose a multidimensional diagnostic protocol;
- present an applied intervention model that involves the child, family, and school.

❖ **Methodology:** This study adopts a documentary analytical approach. It analyzes selected Arabic and international studies, clinical guidelines, and theoretical sources related to language delay and developmental language disorders. It also uses secondary analysis of findings from previous empirical studies involving children.

The study does not include a new sample. It does not present original field results. This methodological position is necessary from both ethical and scientific perspectives. Original human research requires an actual sample, ethical approval, standardized tools, and statistical or qualitative analysis based on collected field data.

The analysis followed four steps. First, key concepts were defined and compared. Second, symptoms and related factors were organized according to developmental domains. Third, the effects of language delay on reading, working memory, and social-

emotional behavior were reviewed. Fourth, a diagnostic and intervention framework was proposed on the basis of the reviewed literature.

Table 1. Analytical focus of the study

Analytical dimension	Main focus	Practical value
Conceptual analysis	Language delay, speech delay, articulation disorder, developmental language disorder	Reduces terminological confusion
Developmental analysis	Symptoms, age indicators, cognitive and social effects	Supports early recognition
Diagnostic analysis	Hearing, receptive language, expressive language, pragmatics, cognition, school functioning	Guides comprehensive assessment
Intervention analysis	Child-centered, family-centered, and school-based strategies	Supports functional communication

Language is an organized social symbolic system that enables communication. It consists of phonological, morphological, syntactic, semantic, and pragmatic levels. Amrani, Dalil, and Tensaout (2020) state that language is an organized symbolic system in which sounds are arranged into words according to rules. These words convey meanings intended by the speaker. Language also allows the transmission of ideas, the storage of information, and the activation of cognitive processes.

Speech is the vocal and motor production of language. A child may therefore produce some sounds but still have a language difficulty. The difficulty may appear in understanding instructions, forming sentences, using pronouns, or organizing a short narrative.

Language delay refers to the failure of a child's language skills to develop according to the expected level for chronological age. Abdel Rahman (2024) presents several definitions. One definition describes language delay as difficulty in producing or receiving linguistic units. This difficulty may range from the complete absence of speech to limited vocabulary and structures. It may also appear as an inability to use linguistic symbols for communication (p. 200).

Another definition, as mentioned by Abdel Rahman (2024), describes language delay through late emergence of the first word, weak understanding of word meanings and questions, and difficulty using language in appropriate contexts to express needs and feelings.

Simple language delay is a developmental condition that affects oral language. It is not directly caused by clear hearing loss, intellectual disability, or major neurological impairment. It often affects expressive language more than receptive language. In many cases, comprehension remains relatively better than expression.

The document Simple Language Delay states that the condition may appear when the child does not begin speaking between the ages of two and three, in the absence of intellectual delay or hearing impairment. The child may still communicate within the family, but comprehension and expression remain below the level of peers. The same document reports that Michel Lokra described simple language delay as a disorder that is

not caused by hearing impairment or disability. It can be considered between the ages of three and four. It mainly affects oral expression, while comprehension remains relatively good.

❖ **Terminological Note, Simple Language Delay and Developmental Language Disorder:** The term simple language delay is used in this article because it reflects the Arabic clinical and educational terminology used in the reviewed sources. In international literature, persistent language difficulties that cause functional impairment and are not explained by a known biomedical condition are often discussed under the term developmental language disorder. The CATALISE consensus recommended this term when language difficulties are persistent, functionally significant, and not associated with a known biomedical etiology (cited in: (Bishop, Snowling, Thompson, & Greenhalgh, 2017)).

This article does not treat all cases of simple language delay as developmental language disorder. Some children may show late language development and later improve. Others may show persistent difficulties that affect learning and daily communication. For this reason, diagnosis should be based on developmental history, functional impact, standardized assessment, and follow-up.

Table 2. Distinction between related concepts

Concept	Main area affected	Typical clinical signs	Key diagnostic note
Language delay	Linguistic knowledge and use	Limited vocabulary, short sentences, weak comprehension, poor use of grammar or concepts	Assess receptive, expressive, and pragmatic language
Speech delay	Speech production mechanism	Late or unclear speech production	Examine oral-motor skills and speech production
Articulation disorder	Production of speech sounds	Omission, substitution, or distortion of sounds	Speech sounds are affected more than language structure
Developmental language disorder	Persistent language impairment with functional impact	Long-term difficulty in language learning and use	Consider when difficulties persist and affect daily life or schooling

❖ **The Difference between Language Delay, Speech Delay, and Articulation Disorders:** Speech-language diagnosis requires a clear distinction between three levels. Language delay refers to delayed development in linguistic knowledge itself. This includes vocabulary, sentence structure, comprehension, meaning, pronouns, concepts, and language use. Speech delay is more related to the mechanism of speech production or to the phonetic-motor aspect of speech. Articulation disorders appear in the omission, substitution, or distortion of speech sounds.

Djedid et al. (2025, p 104) showed that language delay differs from speech delay. Speech delay concerns the mechanism of speech itself. Language delay refers to delayed development in the basic knowledge of language, not only to its execution.

This distinction is consistent with modern classifications. These classifications separate receptive, expressive, and mixed language disorders from speech disorders such as articulation, fluency, and voice disorders. Clinical assessment should therefore examine receptive language, expressive language, voice development, speech clarity, oral-motor status, and pragmatic use of language.

❖ **Symptoms of Simple Language Delay:** The symptoms of simple language delay appear at several levels. Kramer reported that the language of a child with language delay may be marked by the absence of sentences. Words may be placed next to one another without clear structure. Verbs may remain unconjugated. Spatial and temporal terms may be absent. Pronouns may be used incorrectly, and linking words may be missing.

The document Simple Language Delay also presents differences between typically developing children and children with language delay. In typical development, first words appear between 10 and 18 months. In children with language delay, they may appear after the age of two. The combination of two words often appears between 12 and 15 months in typical development. In children with language delay, it may be delayed until around the age of three.

The use of the pronoun “I” may also be delayed. Telegraphic speech may appear, with missing linking words. Syntactic difficulties may continue until the age of five. These may include poor word order, limited use of complex sentences, weak use of plural and inflectional forms, and self-reference in the third person.

Clinical sources also identify important warning signs. These include absence of babbling or pointing at 12 months, absence of words at 15 months, fewer than 20 words at 18 months, inability to combine two words at two years, and failure to use sentences or ask questions at three years. A child who cannot tell a simple story by four or five years should also be referred for assessment.

Table 3. Selected warning signs of language delay by age

Age	Possible warning sign	Suggested clinical response
12 months	No babbling, no pointing, weak response to name	Monitor closely and check hearing and interaction
15 months	No meaningful words	Refer for developmental and speech-language screening
18 months	Very limited vocabulary	Assess hearing, comprehension, imitation, and expressive language
24 months	No two-word combinations	Refer to speech-language pathology and audiology
36 months	No short sentences or poor understanding of simple questions	Conduct comprehensive language assessment
4–5 years	Difficulty telling a simple story or understanding classroom language	Assess oral language, narrative skills, and reading readiness

❖ **Causes of Simple Language Delay and Related Factors:** Simple language delay is rarely explained by one factor. It often results from the interaction of biological, cognitive, psychological, and environmental influences. The diagnostic process should therefore avoid single-cause explanations.

- ✓ **Auditory Factors:** Hearing is a basic entry point for spoken language acquisition. Children learn sounds and words through listening and imitation. For this reason, hearing assessment is essential before confirming simple language delay. The document Simple Language Delay stresses the need to verify hearing ability first because hearing is one of the first conditions for language acquisition.

International clinical guidance supports this point. According to Bower, Reilly, Richerson, Hecht, et al. (2023), The American Academy of Pediatrics emphasizes the importance of hearing assessment beyond newborn screening because delayed or incomplete access to language may affect language, cognitive, and socioemotional development. Rupert et al. (2023) also recommend referral to speech-language pathology and audiology when speech or language concerns are present.

- ✓ **Intellectual and Cognitive Factors:** Language is related to higher cognitive abilities. These include attention, perception, memory, classification, and abstraction. The document Simple Language Delay indicates that intellectual ability and language delay are closely related. It also states that language delay may become more severe when cognitive difficulties are more pronounced. This does not mean that every child with language delay has an intellectual disability. It means that cognitive and psychological screening may be needed. This helps distinguish simple language delay from broader developmental disorders.

- ✓ **Neurological and Perinatal Factors:** Some cases may be associated with neurological or perinatal factors. These include maternal illness during pregnancy, premature birth, oxygen deprivation, brain trauma, and severe jaundice. Such factors may be linked to perceptual-motor disorders and later learning difficulties

Neurological conditions may also affect the muscles needed for speech or the brain systems involved in speech and language. For this reason, medical history is an important part of assessment.

- ✓ **Psychological and Emotional Factors:** Language does not develop apart from the child's emotional and relational environment. The document Simple Language Delay notes that some children with language disorders may also present emotional difficulties. Excessive protection, rejection, or emotional neglect may reduce opportunities for independent communication and expression

It is important to avoid blaming the family. Emotional factors rarely act alone. They interact with biological, cognitive, and environmental factors. The role of the speech-language pathologist should therefore be supportive and guiding, not accusatory.

- ✓ **Environmental Factors and Linguistic Deprivation:** Innate readiness alone is not enough for language acquisition. The child needs a supportive environment that provides rich linguistic input, interaction, and opportunities for communication. Limited interaction, excessive screen exposure, weak verbal stimulation, and lack of shared reading may reduce the child's opportunities to develop language.

Family support is therefore central to intervention. This support includes daily conversation, naming objects, describing actions, reading picture books, encouraging imitation, expanding the child's utterances, and avoiding harsh correction or comparison.

- ✓ **Bilingualism:** Some older literature suggested that exposure to more than one language may confuse language acquisition. Modern literature is more cautious. Bilingualism is not a disorder in itself. A bilingual child should be assessed in the languages and contexts in which the child functions. If the difficulty appears in all languages and contexts, it may indicate a language disorder. If the difficulty is limited to one language or related to limited exposure, it may reflect a language difference rather than a disorder. ASHA (n.d.) notes that a speech-language pathologist may work in the family's languages or through an interpreter when needed

Table 4. Factors associated with simple language delay

Factor	Possible effect on language	Assessment implication
Hearing loss or recurrent ear infections	Reduced access to speech sounds and words	Audiological assessment is required
Cognitive difficulties	Weak comprehension, memory, abstraction, and learning	Cognitive screening may be needed
Neurological or perinatal factors	Speech-motor or processing difficulties	Medical and developmental history should be reviewed
Emotional factors	Reduced initiation, withdrawal, or weak communicative confidence	Family interview and psychological screening may be useful
Environmental deprivation	Limited vocabulary and poor sentence development	Parent coaching and language enrichment are needed
Bilingual exposure	Possible uneven language profiles across languages	Assess both languages and avoid misdiagnosis

❖ Effects of Simple Language Delay:

- **Effect on Reading:** Reading is closely linked to oral language. It is not limited to decoding written symbols. It also requires vocabulary, comprehension, phonological awareness, working memory, and meaning construction. Djedidi et al. (2025) explained that reading is one of the most important skills acquired in primary

school. Failure to acquire it may lead to difficulty in oral and written expression and weak understanding of word meanings (p. 106).

Their study used a case-study method with two children with simple language delay. The researchers used the Linguistic Intelligence Scale and two reading texts to determine reading level. The study concluded that simple language delay affected reading acquisition in both cases.

This finding is consistent with the broader literature. Oral language supports phonological awareness, vocabulary growth, syntactic comprehension, and narrative understanding. These skills are important for reading comprehension. A child with weak oral language may decode words but fail to understand the text.

- **Effect on Working Memory:** Working memory is a cognitive system that allows information to be stored and processed temporarily. It is important for understanding instructions, repeating sentences, learning new words, and reading. Miliani (2021/2022, p 5) explained that working memory is related to reading, expression, and language comprehension. It performs storage and processing at the same time.

Miliani's study used a case-study method with three children with simple language delay. It applied Baddeley's Working Memory Test, including the verbal component, central executive, and visuospatial component. The findings showed working memory disorders ranging from moderate to severe. Difficulties were especially clear in storage and retrieval. The study also indicated that retaining and recalling what the child heard required more time and effort.

Working memory may therefore be viewed as a mediating variable. It links language input to comprehension, learning, and later academic performance. Intervention should include short instructions, repetition, visual support, and gradual increase in linguistic complexity.

- **Social and Emotional Effects:** The effect of speech and language disorders is not limited to academic learning. It may extend to self-concept, impulsivity, dependency, aggressive behavior, or withdrawal. Amrani et al. (2020) examined the relationship between speech-language disorders and social-emotional behavior difficulties in schoolchildren. Their sample included 20 primary school pupils in Oum El Bouaghi. The study found a strong correlation between speech-language disorders and social-emotional behavior difficulties.

The same study highlights the importance of early diagnosis and intervention. Language disorder may affect the child's psychological and educational development. It may also influence cognitive, social, and school growth.

International findings support this view. (Norbury, et al., 2016) reported that language disorder at school entry has a significant prevalence. Their population study estimated language disorder of unknown origin at 7.58%. They also reported links with social, emotional, behavioral, and academic difficulties. This suggests that early language difficulties may have long-term educational and psychosocial consequences.

Table 5. Developmental effects of simple language delay

Developmental domain	Possible manifestations	Educational or clinical implication
Oral language	Limited vocabulary, short utterances, weak grammar	Direct language intervention is needed
Reading	Weak decoding support, poor comprehension, low reading readiness	Build phonological awareness and oral comprehension
Working memory	Difficulty retaining and processing verbal information	Use short instructions, repetition, and visual cues
Academic learning	Poor classroom participation and weak response to instructions	Coordinate with the teacher
Social-emotional behavior	Withdrawal, frustration, low confidence, peer difficulties	Support communication in natural social contexts

❖ **Speech-Language Diagnosis of Simple Language Delay:** Speech-language diagnosis should not be limited to asking the family whether the child speaks. It should answer more precise questions. What does the child understand? How does the child express needs? What is the length of the child’s utterances? Does the child use pronouns? Does the child understand spatial and temporal concepts? Does the child initiate communication? How does the child interact with peers? Does the child hear well? Are there associated cognitive, emotional, or behavioral difficulties?

The document Simple Language Delay indicates that diagnosis requires a general medical examination. It may also require neurological examination, ear-nose-throat examination, psychological assessment, and language assessment based on observation and dialogue. It may include tests designed to assess linguistic development.

AAFP guidance states that children with speech or language concerns should be referred to speech-language pathology and audiology for diagnosis and management. Parents and caregivers may also request early intervention services for children under the age of three when language concerns are present Rupert et al. (2023) instead of AAFP guidance.

The USPSTF (2024) concluded that evidence is insufficient to recommend for or against universal screening for speech and language delay in children five years or younger without symptoms or concerns. This does not mean that concerns should be ignored. It means that clinical decisions should be individualized. Children with warning signs, parental concern, teacher concern, or developmental risk factors should be evaluated.

- **Proposed Diagnostic Steps:** The process begins with a family interview. The clinician collects information about pregnancy, birth, babbling, first words, sentence development, hearing history, screen exposure, languages used at home, play, interaction, and family concerns.

Hearing assessment comes next. It is essential before confirming simple language delay. After that, speech-language assessment should examine receptive language, expressive language, articulation, voice, fluency, oral-motor movement, non-verbal communication, and pragmatic language.

The assessment should also include observation of symbolic play, joint attention, imitation, turn-taking, response to name, understanding of instructions, picture naming, sentence construction, use of pronouns, understanding of temporal and spatial concepts, and ability to narrate a simple event.

For school-age children, the teacher should be involved. Language difficulties often appear clearly in the classroom. They may affect instruction comprehension, reading, writing, participation, and peer interaction.

Table 6. Proposed diagnostic protocol

Step	Purpose	Tools or procedures
Family interview	Identify developmental history and family concerns	Structured interview, developmental history form
Hearing assessment	Exclude or identify hearing problems	Audiology referral, ENT examination when needed
Medical and developmental review	Identify neurological, perinatal, or sensory factors	Pediatric report, neurological or psychological referral when indicated
Receptive language assessment	Examine comprehension	Instructions, object identification, concept tasks
Expressive language assessment	Examine vocabulary, sentence length, grammar, and narrative	Naming tasks, language sample, picture description
Speech assessment	Examine articulation, clarity, voice, fluency, and oral-motor skills	Speech sound inventory, oral-motor observation
Pragmatic assessment	Examine social use of language	Play observation, conversation, turn-taking tasks
School consultation	Identify classroom impact	Teacher report, observation, academic records
Diagnostic synthesis	Build a functional profile	Integration of clinical, family, and school data

❖ **Speech-Language Intervention for Simple Language Delay:**

Speech-language intervention aims to enable functional communication. It should not train the child mechanically to repeat isolated words. National Institute on Deafness and Other Communication Disorders (2022) explains that treatment for developmental language disorder is usually provided or supervised by a licensed speech-language pathologist. It may occur at home, school, university clinics, private clinics, or outpatient settings. Early intervention is ideal, but treatment may be beneficial at any age, depending on the person's needs. ASHA states that treatment may target understanding vocabulary, instructions, and complex sentences. It may also help the child use words to express

thoughts, feelings, and knowledge. Families and teachers can also be trained to support language in daily routines.

- **Principles of Intervention:** ASHA (n.d.) highlighted that intervention should begin from the child’s actual level. It should use interactive play and natural communication contexts. It should also rely on functional repetition, language expansion, modeling, positive reinforcement, and parent coaching. The goal is not pronunciation alone. The aim is to help the child understand, express, participate, and interact with confidence. Associated problems, such as hearing loss, attention difficulty, or learning difficulties, should also be addressed.
- **Components of the Intervention Program:** The proposed program includes five main areas.
 - ✓ First area: pre-linguistic skills. This area focuses on eye contact, joint attention, imitation, turn-taking, pointing, and response to name.
 - ✓ Second area: receptive language. This area includes understanding simple and complex instructions, classification, spatial and temporal concepts, colors, shapes, actions, and adjectives.
 - ✓ Third area: expressive language. This area includes naming objects, expanding vocabulary, building two-word and three-word sentences, using pronouns, linking words, plural forms, and verb conjugation.
 - ✓ Fourth area: pragmatic language. This area focuses on requesting, refusing, commenting, asking questions, answering, respecting conversational turns, and expressing emotions.
 - ✓ Fifth area: reading readiness. This area includes phonological awareness, picture naming, story comprehension, sequencing events, linking pictures to words, and early reading comprehension.

Table 7. Proposed intervention program

Area	Examples of objectives	Examples of activities	Indicators of progress
Pre-linguistic skills	Improve eye contact, imitation, and joint attention	Turn-taking games, imitation games, pointing tasks	More initiation and response
Receptive language	Improve understanding of words and instructions	“Give me...,” “Put... under/on,” classification games	Correct response to instructions
Expressive language	Increase vocabulary and sentence length	Naming, sentence expansion, picture description	More words and longer utterances
Pragmatic language	Improve social use of language	Requesting, refusing, commenting, role play	Better conversational participation
Reading readiness	Build early literacy foundations	Shared story reading, sound awareness, sequencing	Better story comprehension and attention

- **A Model of an Applied Speech-Language Session:** A session may last between 30 and 45 minutes. It begins with a short warm-up activity based on a game the child enjoys. The specialist then presents pictures or objects for naming and classification. After that, the specialist moves to simple instructions. Examples include: “Put the ball on the table” and “Give me the red car.” The next step involves sentence construction. Examples include: “The boy is eating,” “The girl is playing,” and “The cat is sleeping. «The specialist then uses a short picture story. The child is asked to name the characters, arrange the events, and answer questions such as “Who?”, “What?”, “Where?”, and “Why? «The session ends with family guidance. The family may read a picture story with the child for ten minutes each day. Parents may name pictures, wait for the child’s response, and expand the child’s utterance without pressure.
- **The Role of the Family and the School:** The literature confirms that the family is not only a recipient of guidance. It is a therapeutic partner. Parents should be trained to talk with the child, sing, read daily, describe daily activities, and respond to communicative attempts. Parents should also be encouraged to use simple and correct language. They can repeat the child’s utterance in a more complete form. For example, if the child says “car red,” the parent may say, “Yes, this is a red car.” This supports language expansion without direct criticism. The school is also a setting where language difficulties become clear. The child needs language to understand lessons, read, answer questions, and interact with peers. The speech-language pathologist should therefore cooperate with the teacher. This cooperation may include simplifying instructions, using visual support, giving the child enough time to answer, and encouraging participation without embarrassment or comparison.

Table 8. Family and school strategies

Setting	Strategy	Example
Home	Shared reading	Read a picture book for ten minutes daily
Home	Language expansion	Child: “dog sleep.” Adult: “Yes, the dog is sleeping.”
Home	Daily description	Name objects and actions during meals, dressing, and play
School	Visual support	Use pictures, gestures, and written keywords
School	Simplified instructions	Give one instruction at a time, then increase gradually
School	Positive participation	Allow extra response time and avoid public correction

❖ **Discussion:** The analysis shows that simple language delay is not a single-cause disorder. It results from the interaction of auditory, neurological, cognitive, psychological, and environmental factors. Its effect is not limited to oral language. It may extend to reading, working memory, academic learning, and social-emotional development. Reading requires vocabulary, comprehension, sentence construction, phonological awareness, and memory. A child with limited language may struggle to decode written symbols and understand texts. This was supported by Djedidi et al. (2025), who studied two fourth-year primary school pupils with simple language delay.

Working memory also appears to be an important mediating variable. The child needs to retain words and instructions while processing them. Miliani (2021/2022) showed that children with simple language delay had working memory disorders, especially in storage and retrieval. This supports the need to include memory-supportive techniques in intervention. Language disorder may also affect the child's self-image and peer integration. Amrani et al. (2020) found a strong correlation between speech-language disorders and social-emotional behavior difficulties in a sample of 20 pupils. Speech-language intervention is therefore part of psychological and social prevention. It is not merely a treatment for pronunciation. International literature supports this view. Norbury et al. (2016) estimated the prevalence of language disorder of unknown origin at 7.58% at school entry. They also reported links with social, emotional, behavioral, and academic difficulties. Bishop et al. (2017) further emphasized the need for consistent terminology and recommended the term developmental language disorder when language difficulties are persistent, functionally significant, and not explained by a known biomedical condition.

This article also shows the importance of methodological accuracy. Since the current study is documentary and analytical, it should not claim original field findings. Its contribution lies in organizing evidence, clarifying concepts, and proposing an applied framework for assessment and intervention.

❖ **Conclusion:** This article concludes that simple language delay in children is a multidimensional developmental condition. It may affect receptive, expressive, and pragmatic language. It may also influence working memory, reading, academic participation, and social-emotional behavior.

Passive waiting may worsen the child's difficulties. Early detection and structured intervention may improve the child's linguistic, educational, and psychological development. Effective intervention cannot be achieved through the speech-language session alone. It requires cooperation between the family, school, physician, psychologist, and speech-language pathologist when needed.

Diagnosis should be based on hearing assessment, observation, language testing, and analysis of family and school contexts. Intervention should be based on measurable functional goals. It should also be adapted to the child's developmental level and daily communication needs.

The study recommends hearing assessment for every child suspected of having language delay. It also recommends referral to a speech-language pathologist when age-related warning signs appear.

The study further recommends awareness programs for families and teachers. These programs should explain the differences between language delay, speech delay, articulation disorders, and developmental language disorder. Parents should also be trained in language stimulation strategies.

Story reading and daily dialogue should be encouraged at home and in the classroom. Teachers should use visual support, simplified instructions, and positive participation strategies.

The study also calls for new field studies in Arab contexts. These studies should use larger samples and standardized tools for language, working memory, reading, and social-emotional behavior. They should also measure the effect of speech-language intervention programs before and after treatment.

This article is based on documentary analysis and secondary analysis of previous studies. It does not include new field data. The reviewed Arabic studies also used limited samples in some cases. This limits generalization. Future research should include larger samples, control groups, standardized tests, and longitudinal follow-up.

The article has practical implications for speech-language pathologists, teachers, and families. First, it supports early referral when warning signs appear. Second, it emphasizes the need for hearing assessment before diagnosis. Third, it proposes a functional intervention model based on natural interaction. Fourth, it highlights the role of the school in identifying language difficulties that may not appear clearly at home. Finally, it calls for cooperation among professionals and caregivers.

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