ASL FOR SLPs

(AMERICAN SIGN LANGUAGE FOR SPEECH-LANGUAGE PATHOLOGISTS)

BY

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ABSTRACT

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Children are considered late talkers when they have not begun talking by the age of eighteen months; this may be caused by hearing loss, cognitive impairment, speech and language disorders, autism, or may be due to normal individual variation. Speech-language pathologists (SLPs) work with these children, teaching them signs, which act as an intermediate communicative stage before speech. Currently, there is no unified sign system that SLPs use in this context; some SLPs rely on on-line dictionaries for American Sign Language (ASL) signs or “Baby Sign Language”, which they then try to simplify for the children due to the fact that the signs are often too complicated for the children to produce or the reduced signs are simply gestures and are not truly ASL-based.

Since SLPs are trying to aid children with their communication skills, it would be useful to have a unified system of sign that all SLPs could draw on; this in turn, would significantly widen the children’s number of possible communication partners (not just to those within the SLP setting, but to all familiar with ASL). Lastly, it would expose children to a true, rule-governed language rather than a haphazard set of gestures. In order to create this system that is both accessible to late-talking children and still understandable by ASL users, it is important to first understand the development and language acquisition of ASL.

KEYWORDS: American Sign Language; baby sign language; speech language pathology; intermediate communication
Introduction
Teaching children signs who have not yet started talking is beneficial in helping these children learn to communicate. Teaching late-talking children signs, however, is not as simple as it may appear at first glance. When speech therapists use signs with their late-talking clients, it is not only the child who is learning signs, but also the speech therapist and oftentimes the parents of the child. This requires the SLP to first look-up and perhaps simplify the signs, remember what that sign(s) is, and to teach the child and the parents in order to work on his/her progress outside of the therapy session.

When signs are simplified, only those who know what the simplified signs mean are able to understand the system. If the child tries talking to someone else, they will not be understood. Likewise, if the child is to change therapists, their new therapist will not know the child’s version of signs and be forced to begin all over again, perhaps with a new set of signs. Since most SLPs have no background in ASL and do not know the linguistic structure of signs, they unknowingly alter the signs into gestures that are unintelligible to anyone familiar with ASL, thus limiting the children’s communicative sphere to their SLP and family members.

The current study aims to break down the process of ASL acquisition and determine how to systematically simplify signs in a way that renders the same meaning as the original version of that sign. First, a brief synopsis of phonetic features for both spoken and signed languages will be reviewed, followed by a review of literature focusing on language acquisition. Finally, a discussion of ASL for SLPs is provided, revealing issues with the current system of introducing signs into speech therapy and the process for the creation of a web-based database.

Phonetic features
Phonetics refers to the system of speech sounds in languages, while phonology is the study of the smallest contrastive units of a language. These units are the building blocks of language, which are used to create words. This section discusses the phonetic features found in spoken languages, as well as the phonetic features, known as parameters, in ASL, which will be discussed in the following subsections.

2.1 Phonetic features of spoken languages
This section provides examples of how articulatory phonetics works by focusing on consonants. In spoken languages, a phoneme is the smallest unit of speech, distinguishing one word from another. An example of English would be the sound /b/ in the word bug, which differentiates from the word dug. Consonants in spoken languages generally have three features: voicing, place of articulation, and manner of articulation. Each of these features will briefly be discussed in the subsections below.

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1 I would like to thank Jasmine Urquhart, M.S., CCC-SLP and the staff at S&L Therapy for their help with understanding late-talking children and how they currently use signs during their sessions as a tool. I would also like to thank Chris Patten, who spent many hours making the web-based database become a reality. I also want to thank my advisor, Professor Littlefield for all her help and guidance in making this project possible.
2.1.1 Voicing
Phonemes are characterized by their voiceless or voiced qualities. A voiced sound is one in which the vocal cords vibrate; a voiceless sound is one in which the vocal cords do not vibrate. An example of voicing in English, is the difference between [s] and [z]. A vibration of the vocal cords is produced when [z] is pronounced, but not when [s] is pronounced.

2.1.2 Place of articulation
Place of articulation refers to where the sound is made in the vocal tract. Sounds can be produced anywhere between the glottis to the upper and lower lips. An example of two sounds that differ by place of articulation are the [b] and [d] sounds. The phoneme [b] is pronounced using the lips, while the phoneme [d] is pronounced when the tongue touches the alveolar ridge.

2.1.3 Manner of articulation
Differing from place of articulation, manner of articulation is how the sounds are made. Manner of articulation is the interaction of the articulators (tongue, lips, and palate) and how the air is released. Differences of phonemes with different manners of articulation include stops and nasals. Stops like [p] and [b] result from a burst of air from the mouth. During the production of nasals like [m] and [n], however, air flow is blocked from the mouth and goes through the nasal cavity.

2.2 Phonetic features of sign languages
In the same way that the features of voicing, place of articulation, and manner of articulation make up the parameters for each phoneme in spoken languages, sign languages also have phonetic features known as parameters. The parameters of ASL, which will be discussed further in the sections below, are the features that make up the phonemes.

In order to relay meaning, a sign must be correctly formed with regard to five linguistic features: location, movement, handshape, palm orientation, and non-manual markers (NMMs) (Cheek et al. 2001). In order to produce a sign, all parameters must be used; a sign cannot be made simply by incorporating a handshape – movement, location, and palm orientation all play a role in the production of signs (Stokoe, 1980).

2.2.1 Handshape
Handshape refers to the form the hand (or hands) assume during the articulation of a sign. There are 40+ handshapes that are considered primes for this parameter. The basic handshapes that children first acquire are the 5-handshape, B-handshape, A-handshape, S-handshape, C-handshape, O-handshape, and I-handshape (as seen in Figure 1). According to Seal and Bonvillian (1997), the 5-handshape, B-handshape, and A-handshape are the handshapes children produce with the fewest errors.

Figure 1. The basic handshapes in ASL that children first acquire. (www.visualizeasl.com)
In Figure 2 below, an example of a minimal pair between the signs BLUE\(^2\) and GREEN.

![Figure 2: The signs for BLUE and GREEN in ASL. (www.lifeprint.com)](image)

These two signs share the same movement, location, and palm orientation, but differs in the handshape. Due to this change, the two signs convey different meanings.

### 2.2.2 Movement

Movement refers to the distinctive motions or actions that hands form to produce a sign. Types of movement include lateral motions, supination or pronation of the hand, flexing of the wrist, and/or opening and closing of the hand. An example of a minimal pair can be seen below in Figure 3. The signs here show a difference in movement. MY is produced with the hand lying flat on the chest, while HAPPY\(^3\) is made by circling the hand.

![Figure 3: The signs for MY and HAPPY in ASL. (www.lifeprint.com)](image)

Research done on movement in regards to language acquisition show that movement contrasts are among the most difficult to perceive and produce (Bochner, Christie, Hauser, & Searls, 2011). The specific movement of contact, however, is produced significantly more than any other movement prime and is produced with few errors (Siedlecki, & Bonvillian, 1992). Due to the fact that the movement of contact is easier for children to produce, the simplified signs incorporate this movement when necessary, and when the meaning would not be changed.

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\(^2\) Transcription of signs into written English is known as *glossing*. There are different systems for transcribing ASL, but for the purpose of distinguishing signs in this paper, signs will be written in CAPITAL LETTERS.

\(^3\) HAPPY can be produced with either one or two hands without changing the meaning of the sign. To be a minimal pair with MY, it would need to be produced with one hand.
2.2.3 Location
Location refers to specific areas the hands occupy as they are used in the production of signs. Signs can either be produced in neutral space (away from the body) or on a specific location of the body. These locations include areas on the face, upper arms and forearm, back of the wrist, or on the inside of the wrist. A minimal pair for the parameter of location includes the signs for UGLY and DRY, as seen in Figure 4.

![Figure 4. Minimal pairs for location. (www.quizlet.com)](www.quizlet.com)

In the figure above, the only difference between the two signs is the parameter of location. UGLY is produced directly below the nose, while DRY is produced on the chin. The parameters of handshape, movement, and palm orientation are the same.

Results from past studies (Liddell & Johnson, 1989) indicate that contrasts in movement and handshape were significantly more difficult to discern than contrasts in location. Signs produced in neutral space, on the chin, or on the trunk are used most often by children when producing signs.

2.2.4 Palm orientation
Palm orientation refers to the direction that palm is facing. It is important to note that even closed handshapes (S, A, etc.) have a palm orientation even though the palm is covered. The orientations the palm can be facing are: up, down, forward, back, and side. A minimal pair exists between the signs for FROZEN and WANT. In the production of the sign WANT, the palm orientation is facing upwards. Starting with the hand relaxed, the movement is pulled in towards the body. The same production is used for the sign FROZEN, the only difference is that the orientation of the palm is facing down, as can be seen in Figure 5.
Figure 5. The palm orientation for FROZEN is facing down, while the palm orientation for WANT is facing up (www.asluniversity.com; www.mykidentity.com)

Not a lot of research has been conducted on the role of palm orientation in regards to children’s language acquisition. Children seem to acquire the parameter of palm orientation at a young age to indicate possession. Children do not have difficulty acquiring this parameter and as a result, palm orientation was not considered as an essential feature when simplifying signs in the development of ASL for SLPs.

2.2.5 Non-Manual Markers
Non-Manual Markers (NMMS) consist of facial expressions, mouth morphemes, body positioning, shoulder movements, and head tilts that add grammatical meaning to signs. NMMS are acquired by being immersed in the language and Deaf community. For the purposes of children learning a simplified signing system as an intermediary step before communicating verbally, NMMS would be too much for the children to learn. As a result, NMMS are not incorporated into the system.

3 Acquisition of ASL
Studies have shown that sign language acquisition follows the same milestones as spoken language acquisition. Cheek et al. (2001), for example, shows that if a child is exposed to a signed language at birth, the child “will follow predictable stages of producing various articulations” (294). Children acquiring a spoken language begin vocal play and babbling around 5 to 7 months of age; the same age that children acquiring a signed language begin producing manual babbling.

The difference in stages appears when children begin producing their first words; deaf children produce their first sign around 8 months, while hearing children produce their first word around 12 months. Meier & Newport (1990) suggest that the difference appears due to the ease of manipulation of manual articulators compared to vocal articulators, rather than any cognitive difference. This is due to the physical development of manual articulators, which develop earlier than vocal articulators. Hand movements are much easier for children to produce than use their vocal cords, which are still in the process of developing.

Later milestones outside of the babbling and one-word stage remain similar between hearing and deaf children. These milestones include lexical and syntactic development comprised of question formation, negation, and complex constructions. Meier & Newport conclude, “Within the two-sign stage, the variety of semantic relations expressed, as well as timing and order of their emergence, maps closely onto what we know of speech (1990:11).

Findings of another study (Bochner, Christie, Hauser, & Searls, 2011) have implications for language learning in situations in which the first language is a spoken language and the second
language (L2) is a signed language. In such a situation, “The construct of language transfer does not apply to the acquisition of L2 phonology because of fundamental differences between the phonological systems of signed and spoken languages, which are associated with differences between the modalities of speech and sign” (1302). Therefore, children who have not yet begun verbally communicating are often able to communicate using sign language before they begin speaking. They may, however, have some difficulty producing certain signs.

Analyses of children’s earliest signs have focused on the accuracy of children’s productions with respect to location, movement, and hand-shape. Studies of parental reports done by Bonvillian and Siedlecki (1996) indicate that children use the parameter of location with very few errors. As previously stated, movement and handshape, however, both have significantly higher error rates. The difference between location and handshape may be explained by an observation posed by Meier et al. (1998) that the parameter of location requires only gross motor control of articulators of the arm (i.e. shoulder and elbow), whereas correct production of the array of ASL handshapes requires fine motor control of distal articulators of the arm (i.e. fingers).

In another study carried out by Seal and Bonvillian (1997), students diagnosed with autistic disorder were examined for their sign language production. The parameters of location, handshape, and movement were observed; the parameter of location was again produced most accurately. According to their results, “the subjects tended to make significantly more handshape and movement errors (both with means of 36%) than location errors (with a mean of 16%)” (1997, 446). This was especially essential to consider when devising the simplified system, because a large population of clients who will be using this are considered to have autistic disorder.

The fact that changes in handshape and movement may be more difficult to discriminate between than changes in location is also supported by previous research examining normal language acquisition and young signers’ production errors during the early stages of acquisition. In these studies, Deaf and hearing infants demonstrate first signs that are typically produced in the correct location, but with incorrect handshapes and movement (Bonvillian & Siedlecki, 1996; Wilbur & Jones, 1974).

### 3.1 Hand preference

Another important aspect to consider is that of hand preference. When working with children who have special needs and are trying to learn sign language as a form of communication, hand preference can play a huge role in how quickly they acquire the new signing system. Bonvillian & Richards (1993) looked at the development of hand preference in children’s early signing, while Bonvillian et al. (2001) focused on the hand preferences of children with autistic disorder.

Typically, right-hand preference is associated with the left cerebral hemisphere, which controls language; “the link between right-handedness and language production has been clearly documented in studies of early signing” (263). For children on the autism spectrum, however, studies have been done to show there is an ambiguity for which hand the children use. When signing, a dominance exists for either the right or left hand; whatever side is dominant produces the sign.

After testing the hand preferences in sign-learning students with autism, however, Bonvillian et al. (2001) discovered that students failed to exhibit a strong right- or left-hand bias for any actions. For example, a child might decide to sign with their right hand, but in another instance, produce the same exact sign with their left. The simplified signing system developed in this project does not put a preference on hand. All of the signs can be produced with the right or left hand and still remain comprehensible.
Goals for the project
As previously mentioned, this project is a simplified signing system based on ASL that SLPs can use with late-talking children; one that is appropriate for the developmental level of late-talking children, and one that remains comprehensible to ASL speakers. With the creation of this project, the sphere of possible communication partners for late-talking children significantly widens, while also being a true, rule-governed language. This section focuses on the state of current practices, followed by a review of how this project aims to correct the issues present in current practices.

4.1 Issues with current practice
Teaching late talking children “signs” that have been simplified from the adult form of the sign in ASL is not a significant problem if only a handful of signs are being used as an intermediary step before the child begins to speak. The issues arise when the child begins building an extensive sign vocabulary. From speaking with SLPs we have learned their concerns and issues that arise from teaching children signs.

When introducing only one or two signs into the children’s vocabulary, looking up signs from one of the various websites available seems to work fine for clinicians. The issues clinicians run into begin when they start building an extensive sign vocabulary with their clients. If signs are taken from their adult-, ASL-form and simplified without thoughtful consideration, when teaching new signs in the future, the simplified sign might actually be a sign that means something else. When this happens, clinicians are stuck and have two options: to not teach their client a new sign, or to then simplify the second sign and risk having to repeat the process all over again.

From interviews with SLPs who have tried simplifying signs themselves, one of the most common mistakes they run into is simplifying a sign into an already existing sign for another lexical item. Unknowingly altering the signs into gestures is a common mistake, especially when the clinician has no previous background in ASL. One example of this mistake comes from simplifying the sign OPEN².

![Figure 6. The sign for OPEN. (www.asluniversity.com)](www.asluniversity.com)

After testing out the sign with the client, the clinician found the child was having difficulty with the production of the sign. The clinician then decided to change the sign into:
Due to the fact that the clinician did not have a background in ASL and therefore did not know the linguistic structure of signs, she changed the sign OPEN into the sign BOOK. This would not have been an issue; however, when trying to introduce the sign BOOK into the client’s sign vocabulary, she ran into a huge issue – she could no longer use the sign BOOK because the sign meant a completely different concept to the child.

This project aims at addressing what exactly those problems are and developing a signing system so that incidences such as the one seen with the example of BOOK and OPEN, do not occur.

4.2 Simplifying signs
One of the goals of ASL for SLPs is for the simplified signs to be broken down in a way that they still reflect the true ASL adult-form of the sign. In doing so, the children will be able to communicate not only with their speech therapists, parents, or people who know their specific signing convention, but also anyone who knows and uses ASL. This gives the child a wider range of communication partners and more opportunities to practice communicating. The next session focuses on the development of the system.

5 Developing the simplified signing system
This section concentrates on the simplified signing system and the process of how it was developed. The section will first discuss how the simplified signs were tested to be sure they were
comprehensible to native users of ASL. The initial vocabulary items are then discussed, followed by the process of simplifying signs (both simple adult forms and complex adult forms).

5.1 Testing the new system

Gallaudet University is a liberal arts school for the deaf and hard of hearing. A student obtaining her B.S. in Human Services at Gallaudet University tested the simplified signs. The tester was born deaf and acquired ASL as her native language. Having the signs tested on a native-user of the language supports the validity of the simplified signing system.

Once the signs were simplified, which will be discussed in the following section, the tester was shown the simplified signs. When presented with the simplified version, she would respond with her initial reaction to the sign, determining what the adult form of the sign would be. There were numerous instances where she did not know the adult form. Those signs were noted, and were later simplified again taking into account the previous miscommunication. Examples of this occurrence are explained below.

Figure 9. The first version of the simplified sign for ALWAYS.

After seeing the simplified sign for ALWAYS (shown in Figure 9), the adult form of ONE was given as a response. The movement of the adult-form had been reduced, leaving the sign looking like the number one. The adult-form of the sign has the index finger sticking up while the rest of the fingers remain in a fist. The arm then makes a circular motion, depicted in Figure 10 below.

Figure 10. The ASL (adult-form) sign for ALWAYS. (www.lifeprint.com)

Upon consideration, it was determined that movement should not be removed from the simplified sign altogether, but slightly altered to make the production easier for late-talking children. A circular motion, which requires a great deal of motor skills was then reduced to a horizontal movement, slightly moving from left to right (or right to left), as seen below.
5.2 Determining the initial vocabulary list
The dictionary portion of this project consists of 250 lexical items. As a starting point, the Dolch word list of the frequently used words in English was consulted. The Dolch word list was compiled from frequently used words of children’s books for a method of reading instruction. The list of Dolch words contains “sight” words; words that children are encouraged to memorize as a whole by sight. The words on the list are also words with the highest frequency among children. Examples of words on the list are: jump, green, work, help, etc.

Along with words from the Dolch list, a word list containing frequently used and common words that appear in speech therapy sessions was referred to. This list was compiled from interviews with speech therapists. Examples of these words include: birthday, dance, and friend.

A vocabulary list for ASL for SLPs was accumulated from those two sources, which formed the basis of the systemized breakdown of ASL signs and the formation of the online database. The vocabulary list consists of common nouns, adjectives, and verbs that children attending speech therapy would use. The full list of words used can be found in Appendix A.

5.3 Simplifying vocabulary items
With careful consideration of the previous research that has been done in regards to ASL language acquisition, the selected 250 vocabulary words were carefully broken down in terms of their parameters in order to be simplified. This section focuses on the process of simplifying, as well as the testing of the simplified signs for comprehension of a fluent, native, ASL user.

5.3.1 Vocabulary items with simple adult forms
Some of the vocabulary words are fairly simple; meaning they have one handshape, one movement, and one location, which are all easily produced by young children. An example of this is MY:
With this sign, late-talking children with other developmental delays have shown to be able to produce this sign. As a result of the “simplicity” of the sign, this sign was not simplified and remains in its original form. There are also more signs from the list of vocabulary, which did not need to be altered.

### 5.3.2 Vocabulary items with complex handshapes

Other signs, however, are more complicated to produce. As observed in previous research (Bonvillian & Siedlecki, 1996; Wilbur & Jones, 1974; Bochner, Christie, Hauser, & Searls, 2011), the parameter of location is often the easiest parameter to learn, and the parameter with the least amount of errors in production. In the process of simplifying signs, the location remains the same as in the original form. After attempting to change the location of signs, it was clear that changing a sign’s location altered the meaning of the sign’s adult-form.

Thus, in order to create a simplified signing system that late-talking children can produce while remaining comprehensible to ASL users, the parameter of location was left untouched. The focus was turned to the parameters of handshape and movement to match the abilities of late-talking clients.

Simplifying signs from ASL was not as structured as first imagined. There were some signs when the handshape was not one of the first acquired handshapes and had to be abridged. An example of this is with the sign CAKE, as seen below in Figures 10 and 11:

The adult-form of the sign is produced with a bent-5 handshape (also known as a “claw”). The simplified version of the sign suggests to have the child produce the bent-5 handshape as a C-
handshape. If that is still too difficult for the child to produce, reduce the C-handshape to a 5-handshape.

Figure 14a. CAKE produced with a C-handshape.

Figure 14b. CAKE produced with a 5-handshape.

5.3.3 Vocabulary items with complex movements
There are other instances, where the handshape of the adult-form are not an issue, but rather the movement of the hands in the production of the sign was too complicated. When signs like this were encountered, the handshape remained the same and the movement was altered slightly to make the production easier. An example can be seen below:
In Figure 15, two separate movements are shown. When produced together, these movements are depicted as a lexical item – BOX. For late-talking children, however, this movement is often too complex to produce. The movements were reduced to one movement:

![Figure 16. Simplified sign for BOX.]

These processes were used for each vocabulary item until a comprehensible, simplified version was formed.

6 **Development of a web-based database: www.ASLforSLPs.com**

Once the vocabulary list was determined and the simplified signs were tested on a native user of ASL, a web-based database was created with the goal of being an easy to use and accessible resource for SLPs to use.

6.1 **Homepage**

The homepage provides access to all of the different tools ASL for SLPs has to offer. The goals and purpose of ASL for SLPs is provided in the center of the page with links that redirect the user of the database to different pages of the website. The top menu of the homepage also redirects the user to the dictionary lookup, workshops, the about section, and the contact page.

Located at the top of every page is a search bar where clinicians can type in a sign they would like to search. On the left side of almost every page is a real-time overview of the most popular signs and the most recently viewed signs on the site. By clicking on any of those words, the clinician will be directed to a page that contains the video, definition, and description of the sign they choose.

6.2 **Lookup section**

When clinicians access the website, one simple click on “Lookup” will direct them to the database of signs with videos. From there, clinicians can browse the signs by word type (verbs, nouns, adjectives, and prepositions) or look at a list of the most commonly used words and search from there. If the clinician knows what word they want to look up, they can simply type the word in the search bar.

To make the searches more extensive and intuitive, the searches reference the word list as well as synonyms for the words, which creates a larger word count. If a clinician wants to see a
video for a word that is not present on the site, there is a place to make a new sign suggestion. The website also records searches that return a "not found" result; regardless of if the clinician chooses to submit a sign suggestion, new words will be able to be added to the database based on search results.

Once the word is found, a video appears on the screen. Below the video is a dictionary definition of the word, as well as a description of both the adult (full) form and the simplified form. The adult form of the sign is always preferable, however not every child will be capable of producing the adult form. In those instances, the simplified sign should be taught. As mentioned in section 5.3.1, some signs do not have a simplified form. For these signs, only a full form description is provided.

Currently, the videos show the full form of the signs. Features are currently being added to the database, however, advancing how viewers are able to search for vocabulary words and improvements on the videos are being made to incorporate the full sign as well as the simplified sign. As the need for more signs increases, the vocabulary database will also increase.

6.3 About section
The initial “about” section provides information about the website and the approach for ASL for SLPs. The clinician can then click to learn about ASL and its culture or to learn about SLP and the use of sign from a clinician’s perspective, which will be discussed further in the following sections.

6.3.1 ASL & culture
Educating SLPs about ASL and the Deaf community is an important aspect of the values and beliefs that ASL for SLPs is grounded upon. Speech therapists are extremely knowledgeable about the acquisition of language and the problems that can arise, but most often their knowledge primarily focuses on spoken languages and does not include sign languages.

ASL is a true, rule-governed language, which consists features comparable to those of spoken languages. Educating SLPs about this language is essential in order for clinicians to understand the importance of teaching their clients a rule-based signing system.

6.3.2 SLP & signs
The section on SLP & Signs is written by Jasmine Urquhart, the director of a pediatric speech and language private practice in the Greater Boston area. This article focuses on the benefits of using signs as treatment when working with children who present delayed expressive language skills.

To go along with this section, ASL for SLPs will be introducing workshops for clinicians to view and learn more about the incorporation of signs in their treatment plans. These workshops will be presented in videos, free to anyone who is interested. The workshops will range from teaching clinicians how to properly and effectively use signs as part of their treatment plans by focusing on how to systematically simplify signs, how to combine multiple signs to form phrases, and how to include signs in certain activities. The workshops are currently in the process of being filmed and edited, and will hopefully be up on the website soon.

7 Conclusion
ASL for SLPs is beneficial for late talking children by opening the sphere of possible communication partners for these children. www.ASLforSLPs.com is now the home to a web-based resource for SLPs to use when treating late-talking children. More work is to be continued
with this project, expanding the video dictionary, and providing more insight to the world of speech therapy and ASL.

8 References


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**9 Appendix A**

**Word List**

- About
- Again
- Airplane
- Always
- Animal
- Apple
- Ask
- Baby
- Ball
- Bath
- Bathroom
- Bear
- Bed
- Before
- Berries
- Best
- Better
- Big
- Bike
- Bird
- Birthday
- Black
- Blue
- Boat
- Book
- Both
- Bowl
- Box
- Boy
- Bread
- Bring
- Broken
- Brother
- Brown
- Bubbles
- Buy
- Cake
- Call
- Candy
- Car
- Cat
- Chair
- Chicken
- Children
- Christmas
- Clean
- Coat
- Cold
- Color
- Come
- Corn
- Cow
- Cry
- Dance
- Day
- Diaper
- Dirt
- Dog
- Doll
- Done
- Door
- Draw
- Dress
- Drink
- Duck
- Eat/food
- Eight
- Egg
- Fall
- Far
- Farm
- Fast
- Father
- Feet
- Finish
- Find
- Fine
- Fire
- Firefighter
- Fish
- Five
- Floor
- Flower
- Fly
- Found
- Four
- Friend
- Frog
- Full
- Funny
- Game
- Garden
- Get
- Girl
- Give
- Green
- Grow
- Go
- Good
- Good-bye
- Grass
- Ground
- Hand
- Has
- Hat
- Happy
- Have
- Head
- Help
- Here
- Hill
- Home
- Horse
- Hot
- How
- Hungry
- Hurt
- I
- Ice cream
- In
- Jump
- Keep
- Know
- Laugh
- Letter
- Light
- Like
- Little
- Live
- Long
- Love
- Make
- Man
- Many
- Me
- Milk
- Money
- Moon
- More
- Morning
- Mother
- Movie
- Must
- My
- Myself
- Name
- New
- Never
- Nice
- Night
- No
- Now
- Off
- Old
- On
- One
- Only
- Open
- Orange
- Out
- Paints
- Paper
- Party
- Pick
- Picture
- Pig
- Play
- Please
- Policeman
- Pretty
- Purple
- Puzzle
- Rabbit
- Rain
- Read
- Red
- Right
- Rock
- Run
- Said
- Same
- Santa Claus
- School
- See
- Share
- Sheep
- Shoe
- Show
- Sister
- Sit
- Slide
- Slow
- Small
- Snow
- Song
- Soon
- Squirrel
- Start
- Stick
- Stop
- Store
- Street
- Stuck
- Sun
- Swing
- Tell
- Ten
- Thank you
- Thing
- Think
- Thirsty
- Three
- Time
- Tired
- Today
- Together
- Tomorrow
- Toy
- Train
- Tree
- Try
- Two
- Use
- Wait
- Walk
- Want
- Warm
- Wash

- Water
- Wet
- What
- When
- Where
- When
- Which
- White
- Wind
- Window
- Who
- Why

- With
- Wish
- Wood
- Women
- Work
- Write
- Yellow
- Yes
- You
- Your