

Cognitive And Communicative Performances Of Children From 3 To 5 Years Old With Language Delay

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ABSTRACT

This research deals with the cognitive and communicative performances of children from 3 to 5 years old with language delay. Our objective is to observe the 3 to 5 year old child with language delay integrating and interacting socially, in an environment other than his family during his interactions with his peers and especially with the adult. . We conducted the study in the light of the theories of Piaget, Vygotsky and the Anglo-Saxon theory on the extent of language disorders. The implementation of language activity by several approaches around games and textless books and the observation of these in interaction with their specialized educators including trainees as well as their peers, allowed the rating of 5 children (3 boys and 2 girls, all with language delay) on an observation grid. The success of the exchange is largely assured thanks to the interventions of specialized educators (ES) to support the speech of the children. Despite their delay, these children are aware of their social environment, and integrate into the rehabilitation program, and particularly into language activities.

Keywords: Delay - Language - Performances - Cognitive - Communicative

INTRODUCTION

Rondal and Seron (2003), according to the definition of DSM IV (1996), specify that 7.4% of children aged 3 to 6 have a language delay (study carried out on 7218 children). It is also a specific learning disorder, that is to say that it concerns children with a specific cognitive impairment, whether it is an oral language disorder, written language, the ability to find one's bearings in space, an attention deficit disorder, etc. According to Vanier (2012), "In language delay, disorders are at the level of syntactic construction of the sentence and in the ability to associate words in sentences". This results in the fact that the child has difficulty choosing and ordering the words for Vanier (op.cit). Impact of speech and language delay on social interactions between the child and the teacher in a large section of kindergarten, around an activity. Despite the acquisition difficulties of the child with speech impairment, his development is not necessarily pathological. Among these children, at 2 years old, many catch up, more or less quickly, with their peers of the same age (for example: 1/3 of the children observed in the study by Fishel, Whitehurst, Caulfield & DeBaryshe (1989), 70 to 80 % according to Whitehouse, Robinson & Zubrick (2011), cited by Masson, 2014) while others, less numerous, continue to experience difficulties in their acquisition of language. "The children in question, located in the 18-36 month age group, are referred to in the literature as late-talkers ... However, even if all late-talker children do not develop language disorders, there are persistent

difficulties in these children in more elaborate language tasks such as storytelling, understanding metaphors (Girolametto, Wiigs, Smyth, Weitzman & Pearce, 2001) or reading (Rescorla, 2002) "(p. 175). Delay is a pathology that is assertive in terms of the standard measured by a calibrated verbal and non-verbal test). It is a deficit concerning homogeneously all the sectors of the language; language resembling that of a younger child. In addition it is a functional disorder, that is to say, it alters the functioning of processes of various orders (cognitive, language ...) in their adaptive value and the explanatory framework of this / these disorders would be that of a simple delay in maturation responding in the vast majority of cases quickly and favorably to speech therapy.

We speak of disorders when there is an anomaly related to a brain processing disorder of linguistic information (phonological / lexical / morphosyntactic). Language is deviant because it does not exist in the context of language development. The deficit is of a structural nature, that is to say, they affect the very structure of language in connection with a dysfunction of brain structures (networks, module) or consequence of a congenital structural anomaly affecting the development of bases language brain specifically involved in the processing of linguistic information (neurobiological or even hereditary origin of disorders and their cognitive mechanisms). In addition to the severity of the symptoms, durability is associated with a certain degree of resistance to rehabilitation protocols without forgetting the presence of associated disorders. Finally, therapy presupposes the coherence of multiple skills from the fields of education (school psychologists, specialist teachers) and health (doctors, speech therapists and neuropsychologists).

This process will not be acquired until around 6 years of age. Even if the exchanges become more verbal around the 4th year, they remain largely based on non-verbal modes of communication. During the first few months, the mother plays a predominant role in managing the interaction. While giving her child the role of a fully-fledged interlocutor, she structures the exchanges in a conversational mode, thus providing him with a dialogical model of interaction. In addition, it gives meaning to the behavior of his child who can learn to formulate his intentions in an ever more sophisticated manner. Piaget said that "what seems to me essential in the stages, and this for years that I repeat it, it is not the chronological ages, it is the necessary successions. You have to have gone through such a stage to arrive at another." During the period of 3 and 5 years old even 6 years old, the child is in a perpetual development, it is centered on the development of his ego, the assertiveness. His attention is focused on him, he is still very immature and therefore prey to strong anxieties. With the appearance of language, we also have the appearance of mental representations and the possibility of evocation that they bring. The child is then able to enter the delayed imitation games. The symbolic games that start in the 2nd year (by immediate imitation) are very present here: playing dad, mom, mistress, car driver, baby, big sister, heroes / heroine of the book, etc.

The child is in an irrational world without continuity (syncretism = global, undifferentiated apprehension). He does not hear the rational answers we give him; The child projects into the objects of life, thought modes which are his "the ball is nasty, it hurt me" "the car is sleeping in the garage", "the snow has jumped on the car". Their relation to time is very different from the adult, they perceive the present time so waiting can seem difficult for the child especially when he is waiting for something without knowing when it will happen becomes anxious: waiting for the end of the session rehabilitation (especially for novices), waiting for the parent after snack. The child can start playing again when the parent arrives or is nearby because he has found his safety. These are previous works that have dealt with the subject. Given the fact that we have analyzed and

studied several works, our synthesis will take into account the most important research works related to language delay and / or cognitive and communicative performance. This also makes it possible to highlight the objectives targeted by these previous authors through their research.

Certain works such as that of Vaniere (2012) deal with the impacts of speech and language delay on the interactions between the child and his teacher in the large nursery school section. These also demonstrate that language delay is a fairly common disorder in kindergarten, that it can be mild and resolve quickly, but that it can also appear in much more severe forms. At school, these disorders can weaken learning and affect other areas (relationships, behavior, self-esteem ...). The author hypothesizes a negative influence on speaking, on the relevance of the child's responses as well as an influence on the teacher's shoring strategies and on the success of the exchange. . The observation is that the delay does not hinder the child's speaking but that it can make him less informative. The success of the exchange is largely assured thanks to the teacher's interventions to support the discourse of late-learning children. Despite their delay, the children integrate into the life of the class, and particularly into language activities.

In addition, there are other works such as DSM-IV (2005), which deal with the fact that the disturbance can manifest itself on the clinical level by symptoms such as: markedly restricted vocabulary, time errors, difficulty in evoking words, difficulties in constructing sentences of a length or complexity appropriate to the stage of development. Thus, difficulties of expression interfere with academic or professional success, or with social communication. According to him, the language delay does not meet the criteria for a pervasive developmental disorder.

In addition, work emphasizes the prevention of language disorders through an early identification policy. This is the perspective of Masson's (2014) work, the aim of which is to better inform people in contact with young children and thus ensure care as early as possible. According to his studies, research on the future of children with a language dysfunction shows that their early identification helps to stem future social problems. The latest reports on language disorders have all stressed the need to identify these problems and to intervene before the start of school learning, in particular by providing information to professionals. Still in its logic, recent studies also seek to determine whether there are, in the early stages of language, warning signs of a delay or a language disorder. The issues raised by the prevention of language disorders lead us to carry out work to raise awareness among childhood professionals and parents about language development and its delays.

In addition, the works of Delahaie (2009), concretely relate that there would be at least one child with more or less severe disorders per class because in terms of prevalence, language learning disorders concern 4 to 5% children of an age group and among them 1% have severe disorders. Emphasis is placed on the imperative of favoring identification and early detection because speech disorders in children, and beyond, learning disabilities, have become a real public health issue. The objective is to draw up the current state of knowledge on language development and specific disorders, considered from several angles (educational, socio-emotional and neurological). It is a theoretical clarification tool intended not for specialists in the question, but for education and health personnel (teachers, psychologists, school nurses and doctors, pediatricians, general practitioners ...) to questions and questions in their daily practices.

Sharing the same logic, other prevention studies argue that early intervention can prevent some children with language acquisition disabilities from becoming serious cases and requiring heavy and costly measures. Language guidance and progress checks can often reduce the family's normal anxiety and give the necessary impetus to overcome blockages. This is the vision of several authors, among whom we include Allemann et al. (2007).

In addition to these reflections, Language delay and dysphasia are the subject of debate, precisely at the level of their classification. Schelstraete and Colette (2012) discuss the concepts of language delay and dysphasia, placing them in the context of their definition in French literature on the one hand and Anglo-Saxon on the other. The authors address the limits and the problems raised by these definitions, in particular, the notion of specificity and the border between language delay and dysphasia, which calls on the criteria of persistence and severity then ends by proposing solutions to these problems, by suggesting that risk and protective factors that characterize the patient and his environment be integrated into the diagnosis, within the more general framework of evidence-based practice (EBP).

It is therefore important to make a distinction between disorders linked to a known pathology and disorders whose etiology is not proven. According to DSM-IV (2005), Language delay can be acquired or developmental.

"In acquired form, alteration in expressive language occurs after a period of normal development, as a consequence of a neurological disease or a general medical condition (eg, encephalitis (inflammatory brain disease), head trauma , irradiation). In the developmental form, the alteration of expressive language is not linked to a postnatal neurological lesion of known origin. Children with this form often start to speak late and approach the different stages of expressive language more slowly than normal "p. 68.

Understanding is better than expression: the child responds appropriately to everyday situations; but careful examination generally shows that understanding is lower than that of children of the same age. The importance of achieving understanding is a prognostic clue.

The problem of delay or difference (delay or disorder) in language development is at the heart of theoretical debates in French-speaking countries, this dichotomy is not retained in Anglo-Saxon countries. This is illustrated when the French-speaking speech therapy clinic classically distinguishes oral speech delay from dysphasia, while in the Anglo-Saxon classification, speech delay and dysphasia are not distinguished but are both defined as "specific" disorders. oral language development.

Concerning the communicative developments, the process will only be acquired around 6 years even if the exchanges become more verbal towards the 4th year. As far as cognitive development is concerned, language delay manifests itself outside of any global mental retardation, hearing disorder, serious personality disorder and intellectual disability. It is a specific language disorder (TSDL) called "mild", since it fills between the ages of 3 and 5 years without leaving any aftereffects. It has no particular impact on the acquisition of written language. The explanatory framework for this disorder is "a simple delay in maturation." (Delahaie, 2009).

The same is true for speech delay, which is similar: it is a pure phonological form in which programming, i.e. the choice of phonemes entering into the constitution of a word, as well as their correct sequencing is disturbed. For example, the word / gato / could be pronounced / tato /; on the other hand, in the same child, the phoneme / g / of the word "station" can be produced correctly. "Articulation disorders and speech delay are often associated with speech delay" (Allemann, et al., 2007, pp 42-45).

At the scientific level, our work focuses on the Cognitive and Communicative Performances of children from 3 to 5 years old with Language Delay. Impact of therapeutic management. Know their means of expression, their social, psychomotor and intellectual skills as well as how they interact outside the family. These are the aims of our research. These children need to be better equipped for better language acquisition through a good knowledge of their performance. Our research will first address language delay, then highlight these performances and finally its impact on these children. Aware that previous work preceded ours, this one clarifies the communicative and intellectual aspect as the fact of knowing if they can interact with their peers and even adults.

Knowing that it can have consequences on the interactive behavior of the child with those around him. We studied the cognitive and communicative performance of children with language delay in order to determine its characteristics. Our work is focused on one objective is to observe the child, with language delay, in an environment other than his family during his interactions with his peers and especially with the adult in particular the specialized educator in order to see how the child interacts.

The goal is to verify the real impact of the language delay on the cognitive and communicative capacities of the child in non-family interactions and then observe the effects of the care. The objectives of this research formulated above made it possible to arrive at the formulation of a general hypothesis. The 3 to 5 year old child with language delay is able to integrate and interact socially.

Our focus has been on how children with this functional disorder interact with others in addition to their family environment. We want to know how they behave with those around them. How do you communicate with those around you and their environment? Does therapeutic management always bear fruit? In summary, does a 3-5 year old child with a functional disorder have the same cognitive and communicative performance as the normal child?

This is the problem of this work to which we will try to provide clear answers. In addition to scientific interest, these questions represent an interest for psycholinguistics, since the optic is to allow the child who has a functional oral language disorder to acquire the necessary language skills in order to express himself better.

METHODOLOGY

Search Frame

As a research framework, our choice was made on a specialized center because, we can observe the repercussions of the delay on the interactive behavior of the child with his environment as well as the impact of the rehabilitative care on the performances. cognitive and communicative skills of children with language delay. It is in this context that the Sainte Magdeleine clinic, a center

specializing in the re-education of small children and children with language dysfunction or deficit, caught our attention. The rest of our work will consist in highlighting our observation in the program for the Rehabilitation of Language Awakening and Communication through Play.

Presentation of the sample

In terms of methodology, we have chosen as a research framework, a center specializing in the re-education of small children and children with language dysfunction or deficit. To observe the repercussions of the delay on the interactive behavior of the child with his environment as well as the impact of the rehabilitative care on the cognitive and communicative performances of the children with the language delay. Our sample consists of five children including three boys and two girls. They are respectively between 3 years and 5 years old then there is one of 34 months.

All have a diagnosis of language delay. Our research framework is made up of human resources and material resources (documentaries and didactics). Our five samples were subjected to several approach techniques during the therapeutic management program.

METHOD

Human resources

In terms of personnel, the rehabilitation center is not lacking. In addition to the supervisory staff, there are interns who are mostly involved in their research. As far as our compartment is concerned, the Rehabilitation program for the Awakening of Language and Communication through Play, is made up of several specialized educators (ES) who are specialized instructors. Also note the presence of the psychologist in the program.

Material resources

Documentary material

The documentary material consists of an attendance list which makes it possible to check the child's regularity. Then there is the activity program which is done after observing the child's difficulties two to three days. The activity program is adapted according to the case. Finally we have the daily report card with the name, age, profile of the child as well as his activities and the monthly balance sheet. The assessment is the synthesis of the various reports and makes it possible to closely follow the child's progress by his psychologist or other specialist.

Teaching materials

The teaching material consists of books without text or picture books. This format promotes imagination, the exchange of ideas, the description of images, debate ... The framework is like a kindergarten class with toys for small children to promote communication. There are chairs and tables with plasticine, white sheets, colored pencils and felt-tip pens for fine motor skills. There is also the carpet. There are also drawing sheets for scribbling.

Technique

Our five samples under the initials of A, C, H, M and N were subjected to the following management program activities:

Psychomotor approach

It consists of: Global motor skills and Fine motor skills.

Speech approach

This approach takes the child to express themselves and use words or speak.

Empowerment approach

This approach highlights the child's independent skills, such as dressing alone or putting on shoes on his own without any outside help.

Psycho-social approach

It highlights the child's psychological development through its interaction in a social environment.

OPERATIONAL FRAMEWORK

The normal oral language acquisition process is hampered by barriers known as language impairment. Generally contracted very early either postnatal or from early childhood, the most affected are children around 3 years old. Unlike western countries where these disorders are better known and better prevented, Côte d'Ivoire is in its first steps in terms of policy to combat these scourges because language disorders are still little known and neglected.

Children with this functional disorder want to communicate. If some express themselves more or less intelligibly verbally, others need to be stimulated. Language delay, to the extent that it can be temporary, is not always a pathological case. This leads us to speculate that these children can respond to society's interactions and gradually integrate into them despite their delay. Despite their small language performances, their communicative performances do not totally diverge from the norm.

Insofar as their cognitive and communicative performances are influenced by language delay, we deduce that this functional disorder is an independent variable whose dependent variable, these performances mentioned above.

In Ivorian soil, there are centers specializing in the re-education of children in terms of communication and psychomotricity. School therefore seems to be the ideal place to observe children with speech difficulties. However, we are interested in the strategies implemented to awaken the cognitive and communicative performances of children with language delay. The rehabilitation center is an ideal setting to observe these small children (from 3 years old) during their interactions with their peers as well as the adult, especially the specialized educator during the sessions.

ASSUMPTIONS

The objectives of this research, formulated rather, made it possible to arrive at the formulation of a general hypothesis and structured operational hypotheses. The 3 to 5 year old child with language delay is able to integrate and interact socially.

We have as hyper-operational operation:

- Delayed speech influences speech in children 3 to 5 years of age. The child expresses himself less verbally.
- The child with language delay is able to develop the same cognitive performance as the norm.
- Linguistic delay is an obstacle to the social integration of the child.
- The management of the rehabilitation of this functional language disorder is always effective.

RESULTS

Following our study, the results obtained during the four observations made over several weeks (6) as part of the research, can be presented. These results, note that they are individual, have been analyzed and will be evaluated according to a specific questionnaire that we developed and which is called: QUESTIONNAIRE FOR EVALUATION OF COGNITIVE AND COMMUNICATIVE PERFORMANCE (QEPCC), for children from 3 to 5 years. This questionnaire of 20 questions that we developed was adapted according to our need for study. The facts observed in the five samples (A, C, H, M and N) will be interpreted in the next tables attributed to each of them. The notation will be as follows:

- Answer YES when the behavior is generally present or regular
- NO response when the behavior is absent, irregular or not very explicit when you "don't know how to answer".
- 1 point per answer YES
- Total score out of 20.

To follow :

- Scores (10 for children 38 months is "acceptable"), 12, 14, 16, 18 and 20: Classification "satisfactory", no specific action. Can communicate gradually even outside the family.
- Scores 6, 8 (10 for children 39 to 42 months): Classification "to watch", monitoring and control to be considered in 3 years 6 months. Requires outside assistance (solicitation) to communicate with others.
- Scores 0, 2 or 4 (or even 10 for children aged 51 to 60 months): Classification "at risk", incentive to consult. (Very) difficult or even non-existent communication. Understand only by relatives (family).

"No" answers will be taken into account in the analysis of the results. This "evaluation system", in addition to allowing the verification of hypotheses, notably operational, also makes it possible to evaluate the cognitive and communicative performances of these children, which are the subject of our study.

PRÉSENTATION DES RÉSULTATS

It is important to note that the sample of children is represented by the initials of their first names (A, C, H, M and N). We interpreted by category, according to our evaluation criteria, the results obtained individually by the latter by collecting them in a summary, giving the following results:

Performances Cognitives

Cognitive performances A C H M N					
Q2. The child designates when asked (Execution capacity)	yes	yes	Yes	yes	yes
Q5. Knows their first name, age, gender (Notions of identity)	no	no	No	yes	yes
Q6. The child understands simple orders not accompanied by gestures.	yes	yes	Yes	yes	yes
Q10. Knows at least 5 colors. (Knowledge)	yes	yes	Yes	yes	yes
Q11. Has a sense of temporality (yesterday, tomorrow, morning, evening ...). (Understanding)	no	yes	Yes	no	no
Q12. Means: ear, hands, arms ... (Understanding - Ability to execute)	yes	yes	Yes	yes	yes
Q14. Dress and / or wear shoes alone. (Empowerment)	yes	yes	no	yes	yes
Q15. Easily retains nursery rhymes. (Memory)	yes	yes	yes	yes	yes
Q16. Knows the spatial concepts IN, NEXT, FRONT, BEHIND, BELOW. (Understanding-Knowledge)	no	no	no	yes	no
Q18. Is able to sustain his attention normally. (Behavior in awakening activities - Ability to stay focused)	yes	no	no	no	no

Total Yes: 35 / Total No: 15

The sample as well as the questions including these skills were grouped together in a single summary table for an overview and overall interpretation. As the results largely dominated by the YES demonstrate, the observation is that on the cognitive level, these children (our sample) are intelligent, understand more or less easily their interlocutors and are able to interact with society. We note that in terms of cognitive performance, children with language delay do not (really) diverge from the norm.

Communicative performance

Communicative Performances A C H M N					
Q1.Normal speech. (Word)	no	no	no	no	no
Q3. Communicates spontaneously with new people (adults). N	no	no	no	yes	no
Q4. The child spontaneously uses oral language in activities (games)	no	yes	yes	no	no
Q7. The child spontaneously expresses his feelings, his desires, his difficulties	no	no	no	no	no
Q8. The child constructs S + V + C type sentences and uses the "I" occasionally. (Expression)	no	no	no	no	no
Q9. The child articulates enough for the message to be understood.	no	no	yes	no	no
Q17. Communicates less with gestures.	no	no	no	no	no

Total Yes: 4 Total No: 31

It is clear that the small language performances of the sample of children, largely dominated by "NO". Language delay significantly (or even negatively) influences children's language development. We note that this functional language disorder does not really hamper the communicative will of these children because the language deficit does not necessarily prevent intelligible communication unlike the communicative deficit as explained by Sinclair (cited by Gerin, 2013) in these terms "... It is even possible to communicate satisfactorily despite a linguistic deficit, while the communicative deficit will lead to failure". These children use word-phrases or other strategies to make themselves understood the content of their difficulties in developing a fairly coherent speech.

Motor skills

Motricité	A	C	H	M	N
Q13. In body exercises and manual skill: average, good or excellent motor skills (Check NO if the motor skills are poor or insufficient).	yes	yes	yes	yes	yes

Total Yes: 05 / Total No: 00

We define motor skills as the motor faculty controlled by the brain, allowing muscle contraction and movement. According to our results, these children have nothing to report in terms of gross motor skills and fine motor skills.

Behavior

Behavior	A	C	H	M	N
Q18. Is able to sustain his attention normally. (Behavior in awakening activities - Ability to stay focused)	yes	no	no	no	no
Q19. Play pretend. (Behavior in the game)	yes	No	no	no	yes
Q20. No difficulty in behavior. (Check no if there are difficulties)	yes	No	yes	no	yes

Total Yes: 06 / Total No: 09

At the behavioral level, some children are subject to great agitation and instability or are easily distracted during activities, which shows that speech delay can be accompanied by Attention Deficit Disorder with or without Hyperactivity (ADHD) thus having less positive effects on interactions. However, ADHD is not diagnosed in all latecomers, which allowed us to note (in some samples) that the language delay is not objectively an obstacle to the attentional capacities of the child.

Ultimately, these summaries highlight the more or less negative influence of language delay, in particular on the child's communicative performance, specifically language skills, without however preventing the initiative to speak or communicate. Regarding other aspects such as cognitive performance, the sample fared well, thus demonstrating a cognition that does not really deviate from the norm. In addition, normal motor skills illustrate the fact that the delay is generally not followed by praxic disorders. Even if the delay can negatively affect the child's ability to normally maintain his attention, which is not the case for all, this does not transform these children into beings who are unsociable or incapable of interacting with the child.

RESULTS INTERPRETATION

We interpreted by category, according to our evaluation criteria, the results obtained individually by collecting them in a summary, giving the following results:

Cognitive performance

It is noted that in terms of cognitive performance, children with language delay do not (really) deviate from the norm.

Communicative performances

The finding was that this functional language disorder does not really hamper the communicative will of these children because the language deficit does not necessarily prevent intelligible communication unlike the communication deficit as explained by Sinclair (Gerin, 2013) in these "... It is even possible to communicate satisfactorily despite a linguistic deficit, while the

communication deficit will lead to failure". These children use word phrases or other strategies to make them understand the content of their difficulties in developing fairly coherent speech.

Motor skills

We define motor skills as the motor faculty controlled by the brain, allowing contraction and muscle movement. According to our results, these children have nothing to report in terms of gross motor skills and fine motor skills.

Behavior

In terms of behavior, some children are subject to great agitation and instability or are easily distracted during activities, which shows that speech delay can be accompanied by an attention deficit disorder with or without hyperactivity (ADHD). thus having less positive effects on interactions. However, ADHD is not diagnosed in all latecomers, which allowed us to note (in some samples) that language delay is not objectively an obstacle to the child's attention skills.

In the end, these summaries highlight the more or less negative influence of language delay, in particular on the child's communicative performance, in particular language skills, without however preventing the initiative to speak or communicate.

Regarding other aspects such as cognitive performance, the sample fared well, thus demonstrating a cognition that does not really deviate from the norm. In addition, normal motor skills illustrate the fact that the delay is generally not followed by praxic disorders. Even if the delay can have a negative impact on the child's ability to normally maintain his attention, which is not the case for all, this does not transform these children into beings who are unsociable or incapable of interacting with the child's environment.

DISCUSSIONS

Validation of objectives and hypotheses

These observations make it possible to highlight the individual cognitive and communicative performances of these children studied as well as the observation of the incidences of language delay in the interactions between the child and the environment including the adult. Ultimately, the objectives are achieved.

Our hypotheses affirm an influence of language delay on the child's interaction with his environment. As a reminder, according to our main hypothesis, "Children 3 to 5 years old, with language delay, are able to integrate and interact socially". To highlight it, several operational hypotheses have been put forward in order to confirm or refute this assertion.

Our first operational hypothesis including speech delay in the child's difficulty in speaking is confirmed. Our second operational hypothesis, including the ability of the child with this disorder, to develop the same cognitive performance as the normal child, is therefore confirmed.

Of the five (5) cases observed, three (3) of them including two (2) are "to watch" and one (1) "at risk". If others require outside assistance (solicitation) to communicate with others, then for some communication is (very) difficult so that the child is most often understood only by his relatives (family). This gives credibility and therefore confirms our third operational hypothesis introducing

language delay as an obstacle to the child's social integration. Rehabilitation can be time-consuming in some cases rather than being time-limited. This invalidates our fourth hypothesis stating that the rehabilitative management of this specific oral language disorder is always effective.

Validation of theories

Piaget is at the origin of genetic psychology and defines himself as an epistemologist. Piagetian theory allows us to understand the different phases of cognitive development, but turns out to be insufficient to explain the child's development, something that Vygotskian theory seems to complement.

Vygotsky's theory (The psychosocial approach):

According to the psychosocial approach, cognitive development strongly depends on the child's social relationships.

Lev Vygotsky (1896-1934) considers that it is not the level of development which determines learning capacities (as Piaget thinks), but that it is learning with adults which will determine development.

Vygotsky's theory is inspired by a historical-cultural current in which the social environment has a preponderant place. Social interactions are therefore, for him, essential to the development of the child's skills in all areas whether they are language, intellectual, praxic or even communicational.

Vygotsky believes that children are able to communicate with their environment. The latter allows him to access skills higher than his current level thanks to the interaction established in the proximal development zone.

Vygotsky, attaches great importance to the environment, and more particularly the social environment. According to his thesis, man is determined by two major sets of factors, biological and social. In other words, the individual therefore evolves according to his own characteristics and those of the environment. The social group to which the child belongs thus determines its evolution.

Francophone theory (the dichotomy of language disorders)

In French, the term "Specific Language Development Disorders" (TSDL) is used to include the maximum number of pathologies that meet the definition by exclusion. TSDL is defined as any delayed onset and any slowed development of language which cannot be related to a sensory deficit, with motor disorders of the speech organs, with a mental deficiency, with psychopathological disorders, with socio deficiencies -affective, with obvious dysfunction or brain damage. TSDL affects 4 to 6% of children of an age group, 1% being carriers of severe forms. Among the TSDL we can easily distinguish language delay and dysphasia.

In the French-speaking concept, there are essentially four types of language disorders: Articulatory disorder, Speech delay, Language delay, Dysphasia.

The French thesis draws clear-cut distinctions between articular disorders on the one hand and phonological disorders on the other; as well as between supposedly transient disorders on the one

hand (speech delay and language delay) and lasting disorders (dysphasia) on the other. However, this classification is based on a dichotomous theory of language disorders.

Anglo-Saxon theory (the severity continuum)

Among Anglo-Saxons, the distinctions evoked rather do not exist or are much less marked. In these countries (Anglo-Saxon as well as North American), the field of specific disorders of oral language as a whole is labeled under the term "Specific Language Impairment" (SLI), without making the distinctions between dysphasia and delay (simple) of language as Francophone communities do. The "delay-difference" dichotomy is not retained as relevant, SLI being considered both as a delay and a deficit in the child's language, both of which are part of cognitive skills (Piérart, 2013).

According to Leclercq & Leroy, (2012), in the Anglo-Saxon classification, delay and dysphasia are not distinguished but are both defined as "specific" disorders of the development of oral language. By the term "specific" it is meant that they are seen in children who have no problems other than language difficulties. In this context, dysphasia and language delay are specific disorders of oral language (TSLO).

The Anglo-Saxon classification is based on the theory of severity continuum, on which extend generally TSSP (Specific Speech Sound Disorders) and TSLO, from mild and transient forms (the equivalent of delays of speech and language in the French conception) up to severe and persistent clinical pictures (TSLO + TSSP, corresponding to dysphasia, in a good number of cases) through intermediate forms of moderate intensity.

The Anglo-Saxon concept, also adopted in the international classifications of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the World Health Organization (WHO), "therefore invites us to consider delay and dysphasia on a continuum, highlighting their commonalities" (Schelstraete, & Colette, 2012).

Of the four theories in which we are interested to know: the genetic epistemology of Piaget, the historical-cultural of the psyche of Vygotsky, the dichotomy of language disorders of the French-speaking conception and the extent of the disorders on the severity of conception Anglophone, we have chosen two to pursue this study: the historical-cultural theory of the psyche and the severity continuum of the Anglophone classification which have contributed to better objectifying the work.

Vygotsky's conception attaches great importance to the social environment of the child from birth and highlights the importance of the interaction of the child with others, especially the adult.

The differences of point of view between French and English literature on language disorders, have contributed to a better understanding of language delay and dysphasia. However, we share the Anglo-Saxon conception, for our part because according to our observations, the delay in language may seem to "resist" the rehabilitation and therefore lengthen it, which invalidates the short-term treatment. Even after absorption it can have subsequent consequences and these lagging children are potential victims of written language disorders. Clearly, these theories made it possible to better objectify the work.

CONCLUSION

Speech delay requires special interest from the child's entourage, especially from their special educator. This research study was very instructive and made it possible to verify that the language deficit does not exclude satisfactory communication.

The objectives have been achieved and our hypotheses, both main and specific, have been verified. Delayed language, like dysphasia, does not systematically pose a serious threat to the child's integration and social interaction, especially when they are spotted, screened and taken care of early.

It would also be to study the behavior of children with language delay in interacting with their peers, especially in more spontaneous exchange situations such as in class or recess for example.

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