



# **When Pre-Schoolers Are Not "On Target" In Their Development**

***A Guide for Parents, Early  
Childhood Educators and  
Child Care Providers***

## **INTRODUCTION**

The purpose of this booklet is to provide information on early identification of learning disabilities and appropriate intervention strategies to professionals who work with preschool children and families of preschool children.

Although early childhood special education services are being provided to some degree in all states, there is very little attempt to identify preschool children who have learning disabilities or who are at risk for having learning disabilities. There are some valid reasons for the reluctance to label very young children with a disability, particularly when that disability is difficult to document with certainty at such a young age. Those few children with learning disabilities who receive early childhood special education services generally exhibit severe language disorders.

Both scientific research data and clinical observation data back up the belief in the efficacy of early intervention for children with learning disabilities. Effective early intervention strategies will improve the child's chances of future school success, reduce the need for special education services in later years, and minimize the loss of self esteem brought on by a pattern of school failure. As recent research on the development of the brain has shown, the earlier years are the optimal years for learning. Research findings presented at the May, 1997 LDA and NICHD Symposium on Learning Disabilities indicate that all but 4 to 5% of children with learning disabilities which result in reading difficulties can learn to read when intervention strategies start at age four or five.

With the publication of this booklet, the LDA Early Childhood Committee hopes to achieve the following goals:

- Increase public awareness and advance the understanding of the needs of preschool children who may have learning disabilities.
- Advance the competence of child care workers, preschool workers and health care professionals to recognize children with learning disabilities or at risk for learning disabilities.
- Support families, as well as child care and preschool workers, in using appropriate interventions for children with learning disabilities or at risk for learning disabilities.
- Identify resources for families of young children with learning disabilities and the professionals who work with them.

Because this booklet will be used by parents as well as early childhood professionals and physicians, we have tried as much as possible to avoid the use of medical terms or educational jargon. However, for accuracy and precision, the inclusion of some technical terminology is necessary.

## **What Is A Developmental Behavior?**

Developmental is defined as the "process of growth and differentiation" (Dorland's Illustrated Medical Dictionary 1974, p. 431). Development means "to become larger, fuller, better; to grow or evolve especially by natural processes" (Webster's New World Dictionary 1976, p. 386).

In the context of these definitions, *developmental behavior* is observable behavior (i.e. thinking, speaking, listening, reasoning, interactions, relationships, body language, adaptability, large and small motor activities) that can be expected to occur at a specific point in time in the aging process. For example: the average age for a child to begin walking is between 11 and 13 months (8 to 18 months is within the "normal" age range); the average age for a child to begin speaking in sentences is between 23 and 28 months (18 to 36 months is within the normal age range). A developmental behavior is a behavior which, under normal environmental conditions, is not learned or "taught"; in essence, a developmental behavior is a predictable occurrence.

A *developmental delay* indicates a rate of growth and differentiation (development) in one or more developmental behaviors which is in the 3rd percentile or less for the child's chronological age. "Delay" does not imply that an acceleration in development or "catch-up" will occur; rather, continued growth should occur at the same rate of development. The term "developmental delay" is most frequently used to refer to a general or overall delay in development. Children may also exhibit a delay in one or several of the areas of development while other areas are age appropriate or even accelerated.

A *developmental disability* is a disorder of growth and differentiation or variation which occurs naturally as part of the life cycle processes. Learning disabilities might be labeled "developmental disabilities/delays". They are frequently called a "delay" or "disorder" in a specific area of development (i.e. speech/language delay or disorder). Often learning disabilities are identified because other areas of development are progressing at an average or above average rate. The delayed area(s) may not be at the 3rd percentile, but significantly below other areas of development.

*Emotional and social development* are behaviors used to respond and adapt to the environment which are appropriate for the age of the child. Abnormal emotional and/or social behavior may indicate a genetic or developmental disorder of either emotions, communication (verbal or non-verbal skills), or both.

## **Questions About Age Appropriate Development? Ask!**

Early childhood educators and child care workers have a significant role in observing the development of the children they serve. That role includes alerting parents to conditions and signs that, taken within the total context of the child and his family, may foreshadow problems in learning and adjustment. Observations made in the natural setting of a child's preschool or day care center can provide important baseline information that is useful in assessing the child's individual development and in documenting the child's response to interventions. Systematic observations reported from the day-to-day life in an early childhood facility can enrich the understanding of the child's educational needs.

After ruling out physical problems, such as hearing or visual impairments, what are some signs that might suggest a learning disability or the risk of learning disability?

### **I. Signs of Uneven Development**

Professionals who work with young children can observe the child in informal self-directed play to assess characteristic play patterns. Does the child choose similar activities day after day? Does she avoid participation in the variety of resources offered? Do these preferences suggest patterns of avoidance of any specific types of activities?

### **II. Signs of Lagging Motor Development**

Does the child, for example, avoid activities that involve climbing and balancing? Does he confine play to quiet, sedentary activities? What is the quality of movement that he demonstrates - is it well coordinated, or is it characterized by clumsiness, falls and collisions? Is movement purposeful and controlled or is it frantic and seemingly purposeless? Consider what opportunities he has for learning and practicing fine motor tasks involved in dressing, tying, buttoning, opening milk cartons, using spoons and forks, using art materials, assembling puzzles, or building block structures.

### **III. Evidence of Delays in Communication**

How effectively does the child communicate with other children, with adults (with neither)? Does he respond appropriately to directions and questions; enjoy listening to stories? Does he look at others to know what to do; fail to follow directions; wander during story time? What is the quality of spoken language he uses? Does he use pantomime and gestures when other children of the same age are using language? Is his vocabulary limited in comparison to others of the same age? Does he avoid receptive (listening) and expressive (speaking) language?

#### **IV. Evidence of Problems with Memory and Attention**

Observation of the ease with which the child adapts to the overall structure of the program is helpful in describing her cognitive functioning. Does she remember the specifics of the activities within the program? After some familiarity with the program, does she anticipate the daily routine and participate with expectations of success? Does she listen and respond to instructions given to the group as a whole? Does she retain and act upon individual instructions? Is she learning to plan her time or does an adult need to help her get started? Does she float from one activity to another with only superficial connection to the task at hand?

#### **V. Delays in Socialization**

It is important that children of all ages have contact with other children in a variety of social settings, (preschool, day care, religious and play group programs provide opportunities for social development). Normal development begins when a child, engaged in self-centered play, observes and copies the play behavior or patterns of others. Later, when he is alone and engaging in self-centered play, he is able to replicate the patterns which he had previously rehearsed. Eventually he will participate with other children and engage in cooperative activities.

To assess a child's social development, parents, teachers, care givers and pediatricians should observe and ask questions about significant behaviors in a variety of settings.

- How does he relate to other children and adults?
- Is he learning to understand the different rules and expectations in varying situations, such as nursery or preschool and grandmother's house?
- How does he attend to and focus on activities, such as listening to a story or playing with a toy?
- Does he follow simple directions?
- How long does he engage in a single activity?
- Is he able to tell the difference between minor and catastrophic events?
- How does he react to being touched and cuddled?
- Does he use appropriate words?
- How does he learn the rules of games - by observation, asking questions, or engaging in the activity? Is he able to resolve conflicts and differences with companions during play?
- Is he shy and does he choose to stand alone, not engaging in activities?
- Is he secure enough to investigate new activities and new people, or does he avoid risk and engage only with the familiar (people, toys and activities)?

## **What Does This Mean?**

The presence of significant delays in specific areas of development, when other skills are age appropriate and within the average or above average level of development, could indicate that your child has a learning disability.

A specific learning disability is a chronic condition of neurological origin which selectively interferes with the development, integration, and/or demonstration of verbal and/or non-verbal abilities. Specific learning disabilities exist as a distinct handicapping condition and vary in manifestations and in degree of severity. Throughout life, the condition can affect self esteem, education, vocation, socialization, and/or daily living activities.

Discussions of risk factors for learning disabilities need to be prefaced with some cautions. Seldom is there a direct cause-and-effect relationship between any specific factor and later outcomes: some children whose early history appears pessimistic may demonstrate good outcomes, while negative outcomes may occur in some children whose early development appeared unremarkable. Predictions need to take into account at least three interacting factors:

- The physical/developmental condition of the child from the earliest days of his life
- The nurturing and opportunities available to the child, and
- The child's ability for adapting and compensating

Warning signs are just that ...warnings: they don't necessarily mean there are problems. If a child's pattern of development is uneven, confusing, unpredictable, erratic and/or inconsistent, discuss your concerns with a pediatrician, family physician, or early childhood specialist. Early intervention with a child who is behind in language, social, cognitive, fine motor or gross motor development can make a world of difference.

## **Characteristics Of Uneven Of Development**

Does this describe your child? Read these case vignettes:

Billy, age three and one-half: Billy did not begin to talk until age three. He can now speak in phrases, but often gets frustrated when he cannot say what he wants to say. His parents complain that when he cannot say what he wants to say, or they do not understand, he will have a tantrum. In school, he might hit other children. His teacher complains that he does not seem to pay attention to what she is saying. During circle time he seems not to pay attention to her but looks at the other children. When he sings a song, he often seems to wait for the other children to respond to the words of the song and then do what they did. *If this describes your child, it might be a receptive or expressive language delay.*

*Watching others to know how to follow directions is often a symptom of comprehension or memory problems. If this is what your child does, you may want to talk to a speech-language pathologist.*

Alice, age four: Alice did not learn to walk by herself until age 18 months. Although four, Alice will not dress herself. She refuses to button or zip even though she has been taught to do this. She does not like to color or draw and gets upset when she cannot cut paper with the scissors. At nursery school, her teachers say that she does not like to do arts and craft activities, although she loves singing and story time. She knows the alphabet and excels at recognizing rhyming sounds. On the playground she is teased because she runs slowly and with her arms held out. Her father complained that when he tosses her a ball, she holds her arms out rather than reaching for the ball. When she goes out to play with other children she prefers to stand and watch rather than join in. *If this describes your child, it might indicate delays in motor development; problems with large and small muscle coordination; or visual-spatial-motor integration. If this is what your child does, you may want to have him evaluated.*

Mark, age four: Mark seems to play by himself at nursery school. While all of the other boys are running around, making up fantasy stories, Mark sits in the corner with the blocks and cars. When other children try to play with him, he lets them use the toys, but continues to play by himself. He seems to have difficulty learning letters and numbers and still cannot sing the alphabet song. At home he does not play with his older six-year-old sister, but prefers to play by himself, indicating a delay in psycho-social development. One possible explanation would be a delay in specific cognitive tasks. *If this describes your child does, you may want to consult a learning disabilities specialist or child psychologist for an evaluation.*

## **Medical Diagnoses/Conditions**

### **High Risk Factors:**

- pregnancy trauma, such as infection, lack of pre-natal care, prematurity, drugs, alcohol, smoking, some prescription medicines, bulimia or anorexia.
- viral, bacterial, and genetic injuries
- abnormal development
- any condition, such as infection or injury, that involves the brain
- family history of learning disabilities

### **Developmental Signs That Might Suggest a Learning Disability in a Pre-School Child:**

- language delay (late in talking)
- developmental language disorder
- difficulty pronouncing the sounds in words (phonological disorder) • motor delay
- motor clumsiness (developmental coordination disorders)
  
- problems with socialization

### **Medical Diagnoses/Conditions That Might Suggest a Learning Disability in a Pre-School Child:**

- attention deficit hyperactivity disorder
- specific genetic syndromes, such as Turner, Fragile X, Prader-Willi\*
- seizure disorders, such as convulsions, epilepsy\*
- neurosurgical disorders, such as shunted hydrocephalus\*
- leukemia survivor, after high dose CNS radiation
- failure to thrive
- neuromuscular disorder, such as muscular dystrophy\*
- central nervous system infection, such as encephalitis or meningitis
- brain tumor
- traumatic brain injury (TBI)
- recurrent/chronic otitis media
- strabismus
  
- tactile defensiveness
- cerebral palsy\*
- lead poisoning (plumbism)
- tourette syndrome\*
- neurofibromtosis\*
- childhood history of pica (eating non-food items)

\* While these disorders are not considered to be learning disabilities, the incidence of learning disabilities is higher in these populations. Also, it is important to recognize that learning disabilities can be present in children who have other disabilities as well.

## **For Example:**

- Children born without a functioning thyroid system may be at risk for learning disabilities. Babies who are screened at birth for congenital hypothyroid syndrome receive a prompt and lifelong program of thyroid hormone therapy which prevents serious retardation. However, long term follow up studies reveal that, though IQ's may be in the normal range, there are usually indications of deficits similar to learning disabilities. Research is underway on relationships between the most desirable levels of maternal thyroid during pregnancy and satisfactory fetal development.
- Low birth weight babies are at risk for learning disabilities. According to some studies, children whose birth weight was less than 2 lbs. (800 grams) lagged behind their classmates academically and displayed other subtle behavioral characteristics which undermined their efforts at school. Poor motor skills and immaturity of the nervous system existed in many of the pre-school age children.

Health care providers should be aware of the warning signs for learning disabilities and have a familiarity with the process of assessing and diagnosing learning disabilities. A number of behaviors and physical/developmental indicators exist that should cause care providers to suspect the possibility of learning disabilities. A family history of learning disabilities or a developmental history that reveals a pattern of physical and/or cognitive traits associated with learning disabilities should raise a question about the need for an assessment.

When addressing a child's developmental history, the physician should be sensitive to a history of early risk factors for learning disabilities; but it should be understood that many of the conditions commonly believed to increase the risk of learning disabilities by no means dictate its presence. For example, although perinatal risk factors such as low birth weight, cord around the neck, and jaundice may be associated with an increased incidence of learning disabilities in some cases, most children with these risk factors do not have learning disabilities; and, most children with learning disabilities do not have a history of such risk factors. Since learning disabilities are increasingly considered to be of genetic origin, a family history of learning disabilities would be considered a much more serious risk factor.

An informal suspicion of possible learning disabilities could be based on the inconsistency of early developmental milestones. A parent may notice that their preschooler is much better in certain skill areas than others. Speech and language delay, for example, is probably the most accurate single early warning sign predictive of language learning disabilities (spoken language, reading, written language). Fine and gross motor delays and physical clumsiness are probably the second most common group of characteristics indicative of future learning disabilities (fine motor problems being more highly associated with later learning disabilities, such as dysgraphia, a handwriting disorder). Again, the predictive strength of these associations is far from perfect: many children with learning disabilities will not have demonstrated any such delays, while many other children with such delays will not go on to have any learning disabilities. However, parents, physicians, and educators need to be aware that the development of these children should be monitored and, if necessary, interventions should begin as early as possible. Assessment and intervention is possible well before the child might be diagnosed as needing special education services.

### **Identification/Assessment Of Preschool Children**

To understand that learning disabilities can be diagnosed in preschool children, one must be aware that learning disabilities are not only academic disabilities. In fact, learning takes place at an amazing rate in preschoolers and experienced professionals can identify learning disabilities and at risk factors for learning disabilities by assessing and evaluating the child's uneven development on developmental scales.

### **What Types of Problems Can Be Diagnosed in Young Children?**

Recognizing processing deficits in pre-school children is important and challenging. Understanding the hierarchy of developmental skills and the wide variation in normally developing children is a necessary first step. However, the measurement of specific processing skills is not enough. A child's medical condition, his background experiences, environment and cultural history must also be considered. A complete analysis of the whole child contributes the most accurate information for diagnostic purposes.

Processes that should be evaluated are lower level skills, such as attention to tasks and perception. These contribute to a child's readiness to learn. Perception of stimuli, including visual and auditory analysis and synthesis, need to be measured. Another important area to be assessed is a child's memory for a variety of stimuli and early symbol recognition. Conceptualization skills, including verbal and nonverbal reasoning, should be observed and evaluated. Oral language is one of the most rapid areas of development in young children. It is very important to identify and begin interventions for learning disabilities in spoken language because a child's ability to communicate, learning to learn from language, and other areas of learning are dependent upon a solid language base. Other areas that can be assessed are play, representation, categorization, symbol formation, problem solving and social interaction. Attention to identified strengths can assist in planning intervention strategies and understanding of the learning strategies that a child is already using can be a valuable resource in the assessment process.

### **What Are Some Assessment Techniques?**

Preschoolers can be evaluated by using developmental scales, speech/language assessment, play assessment, observations, interviews with caretakers and teachers, and dynamic assessment which evaluates the child's ability to learn a specific task with teacher guidance. Another technique is authentic assessment, such as a portfolio collection of the child's work and play samples. Other useful techniques include criterion-referenced assessment, which evaluates the child's mastery of specific skills, and standardized screening/diagnostic instruments. The use of a variety of these assessment techniques can assist in determining if the child displays uneven patterns of development.

### **Who Should Do the Evaluation?**

It is extremely important to choose professionals who have expertise in assessing young children. Seek out someone who routinely works with young children and who has experience doing preschool evaluations.

## **Interventions**

Parents have an outstanding opportunity to observe their child's social, language, thinking, and motor skills. If a child appears to be lagging behind his peer group in any of these areas, there are a number of things you can do and ways that you can help.

### **Social/Emotional Development**

Children learn to be comfortable around other people through experience. You can encourage a child's social and emotional development by giving her opportunities to interact with people of all ages in a variety of circumstances. Learning begins at home. Children must feel comfortable at home and need a sense of belonging. Allow the child to spend plenty of time exploring her home environments. With this foundation, the child should move into the wider world. Get-togethers of all types, such as family gatherings, religious services, birthday parties, and picnics will teach appropriate social behaviors. Consider enrolling a child in preschool programs or special classes, if additional help and experience is needed.

### **Physical/Motor**

Coordination is a learned skill. With practice children should overcome clumsy behavior. Enhance motor skills with simple recreational activities like playing catch or bouncing a ball. Expand a child's experience with a variety of activities, such as running, jumping, rolling, climbing, swinging, etc., and later, swimming, karate and gymnastics. Consider having him learn to play a musical instrument. Let him participate in activities inside and outside the home. A child will benefit from being included in activities such as baking a cake, hiking in the woods, playing cards, or going on a bike ride. Again, if professional help is needed, consider physical or occupational therapy.

### **Language**

By age three, a child should be using words to communicate her needs and wishes. She will need your help to find the right words. Read to her, and talk about the story and the pictures. Choose age-appropriate books. Children should enjoy this activity! They should listen. Children need to know they are being heard when they talk. If your child cries, encourage him to stop crying and use words to tell you what he needs. Let him know you understand what he has said and whether or not you agree. In addition, children should comprehend what they have heard in conversation and in children's books. They should be able to discriminate between similar sounds and similar sounding words. A child should be able to follow simple instructions, such as picking up her toys or putting her dirty dishes in the sink. Also, notice how he responds to environmental sounds. For example, a child should recognize a fire engine siren as a fire engine siren. A

child who continues to interpret such a sound as scary or mysterious may need help with language skills. Children who need additional help with hearing, listening, understanding and speaking may benefit from language therapy.

### **Intellectual/Cognitive**

Children are naturally curious. They want to learn. The world should be their classroom. For instance, early concepts and language for weight, measurement, direction, pricing and manners are all lessons to be learned whenever a preschooler goes to the grocery store. It is equally important that you share a child's interests. Singing songs, reading books, and playing games together will give you and the child opportunities to teach one another.



### **Communicating With Parents**

Professionals who work with young children (whether they be child care workers, therapists, physicians, pre-school teachers, nurses, or psychologists) want to do good things for children and their families. To do so, it is critical that professionals and family members establish a trusting relationship with open communication. Frequently parents are frustrated because they don't understand the terms and language used by professionals and because they don't know what questions to ask regarding their child's development. Frequently professionals are frustrated because parents don't share important information and because they don't follow through with the professional's recommendations. A few suggestions for professionals which might help with communication are:

#### **Some Basic Rules**

- *Make every effort to compliment parents* on their efforts to care for their child. Most parents have a degree of self doubt as to whether they are doing the right thing, particularly when the child is exhibiting some developmental difficulties. Help the parents to recognize their own strengths and expertise.

- *Respect the parents' opinions and ideas, and ask them for information about the child and the family.*
- *Respect the parents' priorities and values. Don't be judgmental. Do accept the family within its cultural and ethnic context.*
- *Encourage parents to try reasonable interventions as long as there is not a chance of doing harm to the child, and the interventions are programmed for success.*
- *Do not take professional objectivity to the point of appearing to be cold and aloof. Show the parents by the way you interact with the child, talking with him and smiling, that you actually like their child.*
- *Most parents want reassurance that things will somehow, someday work out for their child. Be realistic and honest, without killing hope for the future. Without crystal balls which show us the future, it is better to err on the side of optimism. Ask the parents what their goals and dreams are for the child. Feel comfortable about referring the parents to other resources and supports.*
- *Professionals should support and encourage parents creating an atmosphere of trust in which parents feel respected, heard, and supported as equal members of the team which is working with their child. Use layman's terms and explain any technical terms you use. Trust in the parents' instincts and their understanding of the child.*

### **Talking to Parents About Concerns**

- *Make parents comfortable* - make sure that the atmosphere is calm, quiet and unhurried. Do not catch the parent at the end of day when he or she may be in a hurry. Plan a conference time, if possible.
- *Be prepared* - know important information about the child. Read over any notes or other information you may have. Be professional. Have objective information.
- *Think developmentally* - talk about the child now, and what the next steps are.
- *Be sensitive and objective, yet honest* - you are not helping anyone if you withhold necessary information.
- *Ask leading questions* - "How does he react in this situation at home?" "How does she compare with your other children?" etc.
- *Use "I" statements* - they are less threatening and intimidating - "I have a concern in this area," "I need some help with this," "I would like to have additional information."
- *Use reflective listening* - "You're feeling unsure about this," "You sound relieved."
- *Know what to do next* - explore referral sources. Know where to go to get help.

## Questions to Ask to Aid Parent Observations

### Motor Skills:

- How does the child grasp objects? Is the grasp firm or weak?
- Has the child established eye, foot, hand dominance?

### Cognitive Skills:

- Does the child explore the environment? If so, how?
- How does the child problem-solve?
- How does the child transition between activities?
- What tasks maintain the child's attention?
- How long is the child's attention span for various activities?
- Are there things which create distractions?

### Language Skills:

- Can the child follow directions?
- What interactions occur between parent and child and between child and peers?

### Social Skills:

- Does the child establish eye contact?
- At what level of play does the child operate (solitary, onlooker, parallel, associative, creative, etc.)?

### Psychological Development:

- What is the child's reaction to physical contact?
- How does the child express emotions such as fear, anger, frustration, sadness?
- What is the child's frustration level? What does he do when frustrated?



## **Communicating With Professionals**

Many parents feel intimidated when talking with professionals. There is much in our society that encourages us to look with awe at professionals and to accept what they say without question. But you don't have to be intimidated. After all, it's your child and you know him better than anyone else. Your observations and hunches about your child are important. Following are some ways of avoiding that intimidated feeling and being successful in your communications with professionals who work with your child:

### **Suggestions for a Productive Meeting**

- Remind yourself ahead of time that you are important.
- Prepare for meetings - identify in advance the concerns you have.
- Make a list of the questions you wish to ask.
- While the professional is talking with you, listen intently and ask probing questions.
- When you don't understand something, ask for clarification immediately. The professional may not even realize he has used technical language or jargon.
- Take notes.
- As the discussion comes to an end, it is helpful to summarize the main points.

### **Asking Questions, Clarifying Information, and Sharing Information**

The purpose of asking questions is to increase your understanding, gain more information, making certain that your understanding is what was actually meant, and to check out the professional's expectations, concerns and perceptions. Some lead-in statements are good for asking questions:

Describe for me.....  
Tell me more about.....  
Give me an example of.....  
Can you tell me about.....

It is also important that you fully understand what was said by the professionals and that your understanding is what was meant. Paraphrasing is a useful technique to use for this purpose, as well as to help you process the information you have received. The following are good lead-in statements for paraphrasing:

What I think you mean is.....  
I understand you to say.....  
What you are saying means to me  
that.....  
Do you mean.....  
Now, as I understand it.....  
Let me make sure I'm understanding you.....

I hear you saying.....

Your concern seems to  
be.....

Are you saying that.....

These lead-in statements can be used for sharing  
information:

Let me tell you about.....

Let me share with you.....

### **Specific Questions Parents Might Want to Ask the Professional**

- Are my child's problems due to some medical causes?
- What kinds of tests did you do?
- Can you explain the results?
- Can it be treated?
- What should I expect this therapy/intervention to accomplish?
- What changes can I expect to see in my child's behavior? Development?
- How will I know my child is making progress?
- What are the potential risks for my child? For other family members?
- Does my child need medication?
- If my child needs medication, what is it? What is it for? What are some of the side effects?
- Does my child need special equipment, such as glasses?
- Does my child have a speech and/or language problem? If so, please explain it to me.
- Should my child receive speech and language therapy?
- How can I help with my child's speech and language at home?
- What changes and progress should I look for?
- Is there anything special they should know at my child's pre-school?
- Can I watch for any special behaviors at home that will help me understand my child better?