

Oral Language Atypicalities in Children: A Linguistic and Educational Perspective

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Submission: 30.10.2025; Acceptance: 15.12.2025; Publication: 15.02.2026

Abstract: The article includes the investigation of oral language atypicalities in children based on exclusively linguistic and educative perspective. It explains the phonological, morphosyntactic, lexical and discourse-level characteristics that are used to describe atypical verbal productions in younger learners, and examinations how the atypicalities are reflected here within the school environment. The article identifies the true structural deviations, and it also identifies the mere variation that could be related to the family or the speech-language therapy, and it presents the concrete pedagogical strategies to be considered by the teachers and the speech-language therapists. An educational and informative approach is preferred throughout without any form of resorting to psychopathological diagnostic categories.

Keywords : oral language, child, language atypicalities, linguistic analysis, educational situation.

1. Introduction

Oral language is at the center of both cognitive and social development of children. Speech is the main means by which knowledge is created, relationships are managed, and school is negotiated well before a child has been introduced to what is on paper. However, not every child acquires oral language in a similar path. Others have speech and language use patterns that are not age-expected in nature -patterns that are to an ever-growing extent being increasingly being termed in the research literature as oral language atypicalities.

This is where the term atypicality is used, in lieu of pathology or disorder. Whereas the latter terms presuppose clinical constructs and take medical diagnosis to mean, atypicality denotes descriptively language behaviors, which differ in some way, be it in form, frequency, or function, than those of most like-aged peers. The aim of this linguistic educational approach is not the labeling or diagnosis, but to describe, comprehend and act upon these variations in ways that support the development of children in educational contexts.

The current article has three objectives which relate to each other. Firstly, it presents a systematic linguistic account of oral language abnormalities, placed in order of the larger syntactic units: phonology, morphosyntax, the lexicon and discourse. Second, it puts these

atypicalities in the school setting, looking at how the body and voice of the child becomes legible- at times vulnerable- in a situation where something must be spoken. Third, it differentiates between linguistic atypicalities and sociolinguistic variation; and it realizes that some non-standard linguistic features are a result of a family background or dialect or bi- or multilingual experience, and not because a developmental difficulty exists. Lastly, the article does render these linguistic observations into actual pedagogical approaches to be employed by teachers and speech-language therapists.

The article, methodologically, builds on results of linguistics, educational linguistics, and speech-language pathology, without, however, advocating support of one of these psychopathological models in particular. The evidence base would cover the work on the first language acquisition, the research on classroom discourse and the literature on narrative development. The examples of the oral productions of children cited throughout the article are either an adaption of the published corpora or are constructed to reflect a specific pattern of this or that linguistic phenomenon; all the identifying information is either absent or is anonymized.

2. Linguistic Dimensions of Oral Language Atypicalities

To discuss orally, in a rigorous manner, language atypicalities, is at the very least to speak linguistically. The human language system is structured across a number of levels - phonological, morphosyntactic, lexical and discourse - and deviations can occur at one or more of these levels simultaneously. By knowing what is not typical at each level, the educator and clinician can describe what they see but ultimately they can develop more specific responses.

2.1 Phonological Atypicalities

Phonology deals with the sound system of any language: the system of phonemes, the rules of their combination, the prosodic patterns (stress, rhythm, intonation) that make the sound system of any language sound musical. In normal children, phonological system expands rapidly during the early years in most languages, with most of the phoneme contrasts under normal childhood development being established by the time one reaches the age of seven in most languages. Aphoneological atypicalities could be in the form of simplification processes that persisted beyond the age at which they were anticipated to have settled.

Some of the phonological patterns most frequently recorded include consonant cluster reduction (e.g.: producing /pei/ on behalf of /play/), syllable deletion (e.g.: /nana/ instead of /banana/), final consonant deletion (e.g.: /ka/ in place of /cat/), and consonant substitutions where a phoneme is replaced by a sound simpler to produce phonetically (e.g., /w/ instead of /r/ or /t/). Such processes are perfectly normal at some stage of development; what makes them abnormal is the fact that they have resisted correction and modeling, they are still around despite some developmental stages and their frequency is extremely high.

The atypicalities of prosodic features, i.e., the inabilities to regulate stress, rhythm, or intonation, are less frequently addressed in the education community but no less important. A child who produces syllables with a monotonic tone, or whose utterances, though still comprehensible, are devoid of a normal stress variation, or whose rhythm patterns precisely

damage the flow of communication may be wrongly understood by peers and teachers, not because words are incomprehensible but because the suprasegmental framework ordinarily in support of meaning has been removed or disrupted.

2.2 Morphosyntactic Atypicalities

Morphosyntax regulate the way in which words are formed and how they are organized to form the grammatically correct form. Morphological atypicalities entail inflectional difficulties the suffixes and prefixes indicating inflexions in tense, number, gender and grammatical relations. Syntactic atypicalities are about the structure of sentences, their length, complexity, and well-formedness of the utterances that a child delivers.

Morphologically, the most common atypicalities are the omission or incorrect use of tense markers (e.g., 'Yesterday he go to the park'), the failure to mark subject-verb agreement (e.g., 'She don't know'), and difficulties with the gender and number concord in languages where they represent grammatical necessity. These errors do not occur haphazardly, but tend to happen to those morphemes that are grammatically complex and those whose frequencies are low.

At the syntactic level, children with oral language atypicalities may produce utterances which are shorter than expected at their age relying heavily on simple, canonical, sentence structures (SubjectVerbObject) and avoiding embedded clauses, relative clauses, or passives. The capacity to store and manipulate complex syntactic structures in working memory would seem to be involved in many of these problems, revealing what would otherwise seem an interface between language and cognition which does not require a psychopathological explanation.

2.3 Lexical Atypicalities

Another place where atypicalities often become evident is the lexicon - the mental store of words and their meaning. Children with limited vocabulary base may use a smaller number of general-purpose words with high frequency (thing, do, go, nice) to cover semantic space that children with a more developed vocabulary can negotiate more specifically with more specific words. This lexical impoverishment is often combined with the word-retrieval difficulties: the child knows a word, but is unable to access it fluently, producing pauses, circumlocutions or substitutions (e.g., scissors are referred to as the thing you use to cut... you know... the sharp one).

Importantly, the amount and quality of the oral language input that a child gets strongly influences the breadth of his/her vocabulary. Children with early language environments that are rich, in that conversation is frequent, books are shared, and various vocabulary is modeled, approach school with more lexicons than those whose early language environments were less enriching. It is interacting with the child that observed lexical atypicalities are not necessarily inherent to the child; in part they are due to inequalities in exposure and opportunity a difference with significant educational implications.

2.4 Discourse and Narrative Atypicalities

At a higher level than the sentence level, oral language atypicalities often become evident at a higher level than the sentence level, in the discourse level: the way connected speech is organized into meaningful, purposeful, units. The most tested genre of discourse in education is narrative; a variety of children are habitually requested to recount, tell a story, explain a

procedure, or describe experiences. Not only does that linguistic competence, but also narrative competence is needed to perform these tasks effectively: to select, to sequence, and to structure information in a way that fulfils the needs of a listener.

Children with a markedly atypical development of oral language tend to construct their narratives which are poorly organized: in both cases, they start without being oriented (setting up who, when, where), they omit the main problematic situation, and their termination is sudden and without resolution. They can also generate over-inclusive narratives that combine loosely related information in a non-hierarchic way that lacks hierarchical organization thus making a story coherent. Both of the patterns, under-structuring and over-inclusion, point towards the problems with the macro-level of the discourse and not only at the sentence level.

3. The Speaking Body in the Classroom

Oral language is not something that is in a disembodied abstract space. It does not exist independently; it is created by a body: through the coordinated action of respiratory, laryngeal and articulatory organs, and manifests itself through voice, posture, gaze and gesture. This is a bodily aspect of oral language that is always at the ready in the classroom, and it determines how children are viewed and assessed in terms of oral competence.

The school induces a certain order of oral performance. In call and response, children are called upon to respond aloud, to read out in front of their peers, to contribute to a discussion, to talk or recite during a circle time. Both of these actions are both a linguistic and a bodily experience. The child who has problems with oral language does not simply produce poor phonemes or unfinished sentences: she hesitates, turns her head, lowers her voice to a barely audible whisper, or resorts to gesture in order to fill in a vocabulary to which she cannot gain entry. These form of bodily actions do not exist separately as compared to the linguistic ones: they are part of the same communicative event.

Educational linguistic and multimodal communication studies demonstrated that gesture has got its major compensatory role in children with oral language conditions. Where words cannot or can no longer be relied upon, children enlist the hands, face, and body to support communicative intent. The child who points, imitates and physically shows as much as she can not say by words, is not failing at language she is using language through whatever channels are available. To understand this multimodal aspect will enable an educator to interpret competence where a strictly verbal evaluation might interpret only absence.

The time aspect of oral performance is also of great importance. Response latency The time the child needs to respond to a question before he or she starts speaking is often longer among children with oral language atypicalities. This latency could be a measure of word-retrieval challenge, processing load, or performance apprehension. By valuing speed and fluency in oral language, classrooms end up punishing children whose oral language processing time is slower than that of children with shorter processing times.

The significance of voice in itself is social. Even when the message of what she is struggling to communicate is significant, a child with a soft, monotone, or hard to modulate voice, may be perceived to be uncertain, disengaged, or in thinking. The sensitive teachers who

care about the prosodic and vocal aspect of children speech and who provide the most appropriate environment in which the hesitant or quiet voice of a child with oral language atypicalities is not automatically interpreted as being indicative of ignorance make a significant difference to the experience of children of whom pickiness or quietness of the voice is not automatically interpreted as indicating that ignorance.

4. Family Language, Linguistic Variation, and Educational Context

A single most far-reaching difference in the study of oral language atypicalities is that between developmental atypicality and sociolinguistic variation. The non-standard features of language are not all indicators of developmental difficulty; many are simple products of the linguistic setting in which the child has been growing up. What has been conflated is the confusion of these two categories, which will result in misidentification, inappropriate referral, and, in the worst cases, pathologization of linguistic diversity.

A variety of characteristics in the school-language productions of children who grow up in bilingual or multilingual households, or whose first language (home language) is not the language of instruction, typically become superficially manifested in atypical ways: phonological transfer across the home language and the language of instruction, morphosyntactic simplification in the dominant language, or code-switching or lexical-morphosyntactic hybrids. These characteristics are non-pathological, they are the foreseeable results of dealing with two or more systems of linguistic rules at the same time. Studies in the area of bilingualism have always demonstrated that the oral language profile of bilingual children should be evaluated in terms of the overall linguistic repertoire of the child and not just the level at which the child uses the school language.

Likewise, children speaking regional dialects, or vernacular varieties, or non-prestige registers of the school language may exhibit forms, in morphology, phonology, or syntax, which deviate away with respect to standard norms with never signals of underlying developmental impairment. When a child exhibits the use of double negatives or the constant use of aspect markers that are habitual, rather than aspects of grammatical competence in her variety rather than incompetence in language as a whole. The educational and clinical problem is to consider the difference between these systematically rule-governed features of sociolinguistic variation and the non-systematic, error-prone features that characterise true structural atypicality.

This difference has direct impacts on the educational practice. In the case of an atypical child, linguistic support needs organization; in the case of a child who speaks a different variety, linguistic validation and an enlarged register are required, rather than remediation. Confusion of the two does not only squander resources but also causes detrimental effects on motivation, identity and school involvement which are documented.

Educational linguists support what has since been called additive multilingualism and language-awareness pedagogy: approaches that do not aim to construct a non-standard variety of the language replacing the existing non-standard variation of the language. In this context,

school language is introduced as another register, a register which opens up access to academic and formal situations, instead of being a corrective response to an inadequate home language.

5. Educational and Pedagogical Implications

The linguistic and educational studies formulated in the previous sections has tangible application in classroom and in the cooperation of the teacher and the speech-language therapist. A series of evidence-based strategies, planned around the linguistic levels that were identified above, and based upon the principle that the support of the oral language should be built into the meaning-making, communicatively authentic, activities.

5.1 Oral language: supporting in the classroom.

At the phonological level, activities within the classroom that brings children to conscious awareness of phonological structure of language phonological awareness tasks, rhyme, alliteration, syllable-tapping games, etc support the acquisition of phonological representations, without involving a clinical environment. Such exercises can be used among early readers as well as any child whose phonological system is still in the process of consolidation. More importantly they are more effective when presented as part of meaningful linguistic context (songs, stories, word games) than as decontextualized drill.

The morphosyntactic level is where empirical evidence supports the technique of recasting exceptionally well. The teacher (or therapist) in response to a child uttering a morphosyntactically incomplete or erroneous utterance actually responds by providing a reasonable corrected and expanded version thereof without explicitly marking the correction as an error. E.g.: when a child tells the teacher that he/she went to the park yesterday, the teacher will say that he/she went to a park yesterday. Were you doing anything there, Miss? This method is a model of the target structure in a communicatively natural context, and supports implicit learning, and retains the communicative confidence of the child.

Expanses - where the adult repeats what the child has said, and then adds more morphosyntactically and semantically. When a child says 'Dog. Big dog. One of the expansions is eating'. itself: Yes, the big dog is eating his food, isn't he! Expanses offer scaffolded input to the zone of proximal development of a child who may not be able to reflect on input explicitly in that way, yet.

Rich, repeated and linked to meaningful experience, vocabulary teaching is most effective at the lexical level. Teachers who encode novel vocabulary within narrative, description and discussion, as well as teachers who repeat the same words in various contexts and across time, are facilitating deeper vocabulary encoding. Especially effective with children whose lexical development is slow are semantic mapping, word families and the explicit teaching of morphological relationships (connect, connection, disconnect, reconnect).

5.2 Supporting Narrative Competence

With the aim of addressing the centrality of narrative in academic language demands, building discourse competence of children becomes a priority. Planned narrative tasks - sequencing picture stories, retelling familiar stories, changing endings to unfinished stories require - provide repeated, supported practice in the organizational schemas academic language

requires. The abstract organization of discourse held in working memory and at the same time managing phonological and morphosyntactic loads all diminish the processing demands on children who struggle to hold discourse organization in working memory and at the same time manage phonological and morphosyntactic loads.

The turn-taking patterns in classroom discussion should also be mentioned. Whole-class discussion (open-ended) will be disadvantageous to those children who require processing time or who are unsure about the conventions of academic oral participation. In small-group discussion, think-pair-share format, and structured partner talk provide children with opportunities to practice oral language in low-stakes settings, before speaking before a more extensive audience. All learners should be involved in these structures, but they are especially critical in children with oral language atypicalities.

5.3 Teacher-Therapist Collaboration

Possibly, the most effective lever of supporting children with oral language atypicalities in the classroom is efficient cooperation between speech-language therapists and classroom teachers. With such collaboration in place, it enables linguistic goals found in clinical evaluation to be integrated into school-day classroom practices and it allows clinical on-call to be rooted in the actual communicative needs of the school day.

Close working together would need a common metalanguage: a list of common concepts and terms that would enable the teachers and the therapists to talk about the oral language of the child with regard to detail, to express a goal in common, and to monitor progress effectively. It is through such simple shared structures as an agreed set of target structures (three-element sentences, evidence of marking past tense, evidence of marking future tense) tracked in both clinical and classroom contexts that collaboration is possible even in the time constraints of real schools.

Joint professional development, which involves teachers and therapists collaboratively learning about the experience of the development of oral language and its educational consequences. That development need not be extensive: purposeful, task-oriented sessions which are based on personal observations by teachers and therapists of children can often be more effective than generic training.

6. Conclusion

The paper has given arguments as to why an educationally based and linguistically based approach should be taken to oral language atypicalities in children. It has also suggested on a background in which language difficulties in children are often framed in clinical and psychopathological terms that a descriptive linguistic analysis, which is sensitive to phonology, morphosyntax, the lexicon, and discourse, can offer a much more specific and actionable educationally account of what one observes in speech of children whose oral language is not developing in accordance with age expectations.

There are three substantive points which are worthy of being remembered in conclusion. To begin with, atypicalities in oral language are multi-level phenomena, a child may develop difficulties with one language level, but without similar difficulties at another,

and an effective educational response must be sensitive to this difference. Second, school climate reveals and shapes the experience of oral language atypicalities: the school requires oral performance, the school is rhythmic in its interactions, and the school practices evaluation, and oral language atypicalities get experienced and grow over time. Third, the controversy about the difference between developmental atypicality and sociolinguistic variation is not simply an academic matter; it is ethically and practically open to consequence, and educators who are not able to make the distinction risk mistaking children and applying inappropriate responses.

There are a number of recommendations regarding future studies based on this discussion. Not just longitudinal studies of the oral language profile during the early school years, but a most complete evidential base in educational practice. A cross-linguistic and cross-cultural comparison would be helpful in differentiating between the universal patterns that are found across all oral languages, and those patterns that are either the province of one language or another, or are culture-specific. Studies of teacher-therapist collaboration, which are conditions necessary to make it effective and sustainable, would help answer one of the most enduring riddles in the field.

Finally, a language and pedagogy approach to oral language atypicalities is not just a question of analyzing choice. It is a promise to identify children simply with the language, in all its variation, difficulty and richness, with the disarming honesty and candidness, with the acuity and sensitivity with which it is capable, onto itself. and to to react to it with the sharpness and attentiveness, with the sobriety and heartedness, with which such a language is able.

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Review of Futures Markets (RFM)

ISSN: 1933-7116

Volume 34 Issue 1 (2026)

Website: <https://fra.st>

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