

**To Identify the Receptive Vocabulary Skills of 3-4 years old Typically  
Developing Bangla Speaking Children**

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**To Identify the Receptive Vocabulary Skills of 3-4 years old Typically  
Developing Bangla Speaking Children**

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**In partial fulfillment of the requirements for the degree of  
B. SC. in Speech and Language Therapy**

**February, 2015**

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## **DECLARATION**

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I declare that the work presented here is my own. All sources used in the study have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent of my supervisor.

**Signature:**

**Date:**

**Masuma Surayea**

Bachelor of Science in Speech & Language Therapy (B. SC. in SLT)

Session: 2010-2011

BHPI, CRP, Savar, Dhaka – 1343

DEDICATION

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*Honorable Parents*.....

*And*

.....*Beloved*

*Brother*

## Acknowledgement

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## **Executive Summary**

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All typically developing children are able to acquire language. Most normal children follow the same pattern in language achievement. During the preschool years, the child acquires many self-help skills, including dressing and feeding. Vocabulary development begins in infancy. Vocabulary knowledge is a good predictor of later learning skill. As different countries have different language so vocabulary development may be different according to culture, social, geographical aspects. Receptive vocabularies are help to communicate with others and help to develop later language skills. In Bangladesh there are no receptive vocabulary checklists and it is difficult to know that what types of words are develop in early ages, which words are understood most frequently and what are the difference between Bangla speaking children with other languages.

The main objective of the study was to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

Considering the aim and objectives of the project the investigator decided to use the quantitative research model and cross-sectional type of descriptive survey design. it is the most suitable research method for the project because of its flexibility in assessing children in naturalistic settings using elicitation procedure. Fifty participants were selected by using convenience sampling who are typically developed children of 3-4 years old. The investigator used the PPVT-III as her research tool which is a widely acceptable both as a clinical tool and as a research measurement. The investigator used the modified and translated score sheet (set 1-6) of PPVT-III and picture manual to collect data. The investigator conducted face to face interview with the children to complete the score sheet through verbal communication. Investigator conducted a pilot study in Mirpur before starting the main data collection.

The result shows that the translated version of PPVT-III is useful for Bangladeshi context. By using it the investigator found the receptive vocabulary of the 3-4 years old typically developing Bangla speaking children.

### **Key Words**

**Receptive Language, Development, Typically Developed.**

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## **List of Abbreviation**

SLT: Speech & Language Therapy

PPVT: Peabody Picture Vocabulary Test

TRV: Total Receptive Vocabulary

ASHA: American Speech and Hearing Association

## 1.1 Introduction

Human being express and share knowledge, ideas, thought, and feelings with another people in everyday aspects by using language (Capone, n.d.). Language is the source of human life and power. Language is a complex system and it develops quickly and provides the base for later language and literacy learning (Dickinson & McCabe, 2001 and McCartney, 2002; as cited in Adkins, 2012). A language is a code whereby ideas about the world are represented through a conventional system of arbitrary signals for communication. All typically developing children are able to acquire language. Most normal children follow the same pattern in language achievement (Bloom & Lahey, 1978). Language is the main tool of communication and it is also the primary way of establishing and sustaining social relations (Magwa & Mustasa, 2007). Children become communicators within the family and the community context (Evangelou, Sylva and Kyriacou, 2009). All over the world, children begin to acquire language as representations of sounds they hear (Hoff, 2005 as cited in Evangelou, Sylva and Kyriacou, 2009).

According to Hao (2008), early vocabulary development is an essential milestone in children's language development and also a dependable predictor of children's later language skills. So it is necessary to know about vocabulary development for better language development.

During the preschool years, the child acquires many self-help skills, including dressing and feeding. Increased memory enables him or her to solve problems with less dependence on physical input, to understand temporal concepts, and to recall the past. Language skills develop rapidly during the preschool (Owens, 2001).

People within Bangladesh are also deprived from therapy services, which are essential for the treatment and rehabilitation process. Treatment and rehabilitation for people with a disability in Bangladesh is grossly inadequate due to shortage of health services (Momin, 1995). From statistics of 2001, there were 0.2 physicians per thousand people (Rural Poverty Portal, 2007).

Speech and language therapy is an established profession in many countries of the world but still very new in Bangladesh. There is no culturally appropriate assessment tool for assessing

receptive language development in Bangladesh. Generally Speech and language Therapists works with patients with communication difficulties and help them to communicate effectively.

Speech and Language therapists (SLT) assess and treat children and adults with communication disorders (Shipley & McAfee, 2004). According to the current literature on language development, intervention options and language impairment, it can be stated that the result of language assessment is a very vital source of information regarding the intervention of children with language impairment (Streng et.al., cited in Anam, 1996). At first the SLTs have to assess both the children and adults to get relevant information as much as possible so that an accurate diagnosis and appropriate recommendations can be made (Shipley, 2004).

The PPVT-III is one of the populated standardized assessment tool for language and it was originally developed in 1959 (Dunn & Dunn, 1959), and a revised version including two alternative forms was developed in 1981 (Peabody Picture Vocabulary Test—Revised [PPVT–R] Forms L [PPVT–Rl] and M[PPVT–Rm]; Dunn & Dunn, 1981). A third version (Peabody Picture Vocabulary Test—3 [PPVT–3]), also with two alternative forms, was developed in 1997 (PPVT–3 Forms A [PPVT–3a] and B [PPVT–3b]; Dunn & Dunn, 1997). A fourth version (Peabody Picture Vocabulary Test—4 [PPVT–4]; Dunn & Dunn, 2007)) with two alternative forms was developed in 2007 (PPVT–4 Forms A [PPVT–4a] and B [PPVT–4b]) (Hoffman, Templi& Rice, 2012). There is no culturally appropriate assessment tool for assessing receptive language development in Bangladesh but it has a great necessity in the country and that is why the investigator selects the tool to translate it to use as a data collection tool.

Bangladesh has one of the highest population densities in the world with more than 156 million people (Indexmundy, 2008). The number of people with disabilities is also high in Bangladesh. Among them hearing & speech disabilities 28%, visual 31%, leprosy & goiters 8%, physical 28%, mental 5% and around 50% of this total are children (Bangladesh Protibandhi Kallayan Somiti, 2007). It is found in (Momin, 2003) that according to the estimation of WHO there are approximately 10% of the total population in developing countries suffering with disability across all cultures and languages.

Gaskill described (2007) in her article that there may be up to 20% of people with disabilities in developing countries like Bangladesh, and at least half of them have communication

difficulties. Childhood disabilities are more common in developing countries (Pruthvish, 2006). Law, Boyle, Harris, Harkness & Nye Reviewed many Studies about language impairment and found a wide range of estimates (from 0.6% to 32.2%) for the prevalence of language impairment in preschool children (as cited in Luinge, Post, Wit & Goorhuis, 2006). This study aims to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

## **1.2 Background and Literature Review**

Language is the media of communication. It is a tool for social use or a socially shared code for representing concepts with others. Language learning and its use are determined by biological, cognitive, psychological and environmental factors (Owens, 2001). The process of developing language starts at very early stage in human life. When a child is born s/he learns and develops new skills stage by stage and none of this development comes overnight (Capone, n.d.). Within the family and community context children become well communicators (Evangelou, Sylva and Kyriacou, 2009).

Vocabulary is commonly assessed with standardized, norm-referenced tests. It is important to know whether these measures portray children's vocabulary knowledge as it is manifested in daily life (Ukrainetz & Bomquist, 2002).

Children attached meaning to the sounds which they hear and these included into their Vocabulary (Baquedano-Lopez, 2003 as cited in Evangelou, Sylva and Kyriacou, 2009). According to Hoff (2006), North American and Asian cultures showed different result in language acquisition. North American middle class and educated mothers talk more with children about objects including nouns where the Asian mothers use more verbs and fewer nouns during conversation (Hoff, 2006). According to Hoff & Elledge (2005), there are structural differences between English and Asian languages and cultural difference has also impact on children's' early language development.

According to (Choi & Gopnik, 1996; Tardif, 1996; Tardif, Gelman, & Xu, 1999 as cited in Hoff, 2006), the early vocabularies of English speaking children are more dominated by nouns. Italian and Argentine children produced significantly more words for people (e.g., aunt, grandmother) (Hoff, 2006).

According to Hoffman, Templin, & Rice (2012) PPVT is well suited to the identification of children's vocabulary acquisition and for identification of children with language impairments. Thomas-tate, Washington, Craig & Packard (2006), had conducted a study with African American typically developing preschoolers and kindergartners where they found

that PPVT-3 is unbiased and appropriate for using as a data collection tool. The PPVT-3 measures receptive single-word vocabulary. The examiner stated a word and the child pointed to one of four pictures that best represented the test word. The words illustrate nouns, verbs, or adjectives. The normative sample for this test was representative of the United States, stratified for geographic region, economic level, race and ethnicity, with approximately 100 participants at each age level. (Ukrainetz & Bomquist, 2002 ).

### **1.3 Rationale for the Study**

So far the investigator's knowledge goes, there is no study has been conducted on receptive vocabulary development of 3-4 years old typically developing Bangla speaking children. Sometimes it becomes hard to find out the actual language development of Bangla speaking children due to the lack of studies. Some vocabularies of Bangla language are not similar with English language or some English vocabularies may have developed rapidly than Bangla. It is very necessary to know about receptive vocabulary development for both the typically developed children and the children with language delays and disorders. Many researchers developed vocabulary norms in a variety of languages but still there are no receptive vocabulary norms in our country.

The investigator translated the PPVT-3 (receptive language assessment tool) to make a culturally suitable assessment tool which will be used to provide normative data about typically developing Bangladeshi children. The result of this study will act as a baseline against which to measure children with language impairment. Clinical SLTs and SLT students will then be able to assess whether a Bangla speaking child's receptive language development is in the normal, delayed or disorder level, and provide early intervention when necessary.

So by the above information the investigator finds that receptive language development of 3-4 years old children will be very helpful for SLTs, and that is why the investigator will translate the tool PPVT-III in order to assess typically developed Bangladeshi children and to find out the receptive vocabulary development. The result of the investigation can then be used in clinical therapy settings with language impaired children.

### **1.4 Operational Definition**

#### **Receptive Vocabulary**

Receptive vocabulary refers to words that a person can comprehend and respond to, even if the person cannot produce those words. According to Daniel Liden (2007) "An individual's

receptive vocabulary includes all of the words that one recognizes and understands upon hearing or reading them”.

## **Development**

‘Development is a continual process beginning with conception and ending with death. Although physical changes may be the most obvious, we also change socially, intellectually and personally. Yet despite change, we remain in some respects the same, which gives our lives a measure of continuity’ (Wilfrid & Zanden, 1993).

## **Typically Developed**

According to Owens (2001), children attain certain skills or abilities at predictable ages. Although there is some individual variation, most children without disabilities reach such milestones as walking and talking at about the same age. Normal development follows a predictable pattern (Owens, 2001). Children following the predictable pattern during development are the typically developing children.

### **1.5 General Objective**

Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

### **1.6 Specific Objectives**

- ⦿ To identify the receptive vocabulary development of typically developing Bangla speaking children from 3-4 years old.
- ⦿ To identify the applicability of PPVT-III for typically Bangla speaking children from 3-4 years old.



### **2.1 Design of the study**

Considering the aim and objectives of the project the investigator decided to use the quantitative research model and cross-sectional type of descriptive survey design. The investigator felt that it is the most suitable research method for the project because of its flexibility in assessing children in naturalistic settings using elicitation procedure.

Quantitative research is used because data is collected from a number of participants (Hicks, 2000). A descriptive survey design was chosen for this study as it was the best means to get as much as information as possible. Hoffman, Templin & Rice (2010) used quantitative research design during their study to find out the receptive language development among African and American children.

The survey is the method of collecting information from a sample of the target population, usually by personal interviews (face to face), postal or other self-completion questionnaire methods (Bowling 1998; Bailey 1997). The survey design is usually cheaper and quicker than experimental designs and confounding variables can be controlled for during data analysis (Hicks, 1999). Descriptive statistics are used in conjunction with a survey method (Hicks, 1999).

In order to collect data about the stages of speech sound development in Bangla speaking children, it was decided to use a cross-sectional design rather than a longitudinal design. According to Benett-Kaster, T. (1998), cross-sectional and longitudinal data provide similar types of information. This kind of design provides information about differences in development among different age groups, rather than changes with age in the same person (Papalia, Olds, Feldman, 2004 and Papalia & Olds, 1992).

In Bangladesh there are no developmental receptive language pattern exists for this age range of population that can be used to assess when it would be needed. For this reason investigator chose to work on this population.

### **2.2 Study Place**

This study was conducted in home environment at Mirpur (Rupnagar Abashik) of Dhaka of Bangladesh. There are many advantages of using a natural environment. From natural environment investigator gets an idea that is actually which language a child uses in his/her

everyday life (Harris, 1990, as cited in Anam, 1996). This is because home environment is the most familiar place for children and it was also helpful for the investigator to collect the actual information. Investigator was able to build up relationship with the children easily. Ukrainetz and Blomquist (n.d.) continued their study in the childcare centers with the present of their parents in individual session.

### **2.3 Study Population**

The population can be defined as all those people who possess the characteristics in which the researcher is interested (Hicks, 2000). The target population of this study includes all typically developing 3-4 years old Bangla speaking children. Ukrainetz and Blomquist (n.d.) completed their study with 28 normally developing preschool children.

### **2.4 Sample size**

It is very difficult to establishing the best size of sample since this decision depends very largely on the research which is being undertaken (Hicks, 1999). The total number of participants was 50. This study project was in course curriculum, and there were verities of limitations, for example short time. So that investigator completed this study with 50 participants. Ukrainetz and Blomquist (n.d.) completed their study with 28 final participants.

### **2.5 Sampling procedure**

The participants were selected by using convenience sampling. By using convenience sampling researchers can get more participants simply (Bailey, 1997).

Bowling (1998) stated that by using convenience sampling the subjects were chosen according to the researchers benefit. A convenience sample is a group of individuals who are available for study (Hicks, 2000). Convenience sampling involves the enrollment of available subjects as they enter the study until the desired sample size reached. In convenience sampling the investigator establishes inclusion and exclusion criteria and those individuals who fit with selected factors. In this study the investigator selected 50 children of typically developing and who are 3-4 years old. So it can be said that the investigator used convenience sampling to conduct this study. Ukrainetz and Blomquist (n.d.) completed their study by using convenience sampling procedure by 45 minutes individual session.

### **2.6 Sample Characteristics**

### **2.6.1 Inclusion Criteria**

For the children to be suitable for inclusion in the study, they had to fulfill all of the following criteria:

- i. Children should be between the age of 3-4 years
- ii. Children brought up from a Bangla speaking home.
- iii. First language should be Bangla.
- iv. All family members spoke only Bangla to the children.
- v. Both boys and girls were included
- vi. Parents indicate no concern regarding children's physical, psychological, cognitive and language development.
- vii. Children from both small and extended families will be included

### **2.6.2 Exclusion Criteria:**

- i. Visual and hearing impairments
- ii. Developmental disabilities
- iii. Family history of language impairments and developmental disabilities

### **2.6.3 Rationale for Inclusion and Exclusion criteria**

According to Owens (2001), receptive language makes rapid progress from 2-4 years of age that is why the investigator selected the age range to find out the receptive vocabulary development of this age range. If the participants had any difficulty in the process of their overall development the aim of the project would not be achieved (Wells, cited in Anam, 1996). So that the investigator included vi and vii number of inclusion criteria. From evidence it was found that inadequate communication skills are linked to hearing deficits (Schonweiler, Ptok, & Radu, Shriberg, Friel-Patti, Flipsen & Brown, cited in Erikson, Westerlund & Berglund, 2002) and that is why the investigator selected the inclusion criteria and those exclusion criteria.

### **2.7 Data Collection Tool**

The investigator used the PPVT-III as her research tool which is a widely acceptable both as a clinical tool and as a research measurement. The original edition was developed by Dunn in 1959. The PPVT-III edited in 1997 by Dunn and it is an individually administered, untimed, norm-referenced, wide-range test. It has 17 sets of 12 items each and each item consists of four black and white illustrations arranged on a page called a Picture Plate. The item sets are arranged in order of increasing difficulty. The Peabody Picture Vocabulary Test –III serves as

an assessment tool of receptive language, listening comprehension and it requires little or no oral response. The investigator used the translated and modified score sheet and picture manual of PPVT-3 to interview the children of 3-4 years old. The investigator used consent form. The checklist, picture manual and consent form presented in annexure. The investigator also used pen, pencil during data collection.

## **2.8 Data Collection Procedure**

The investigator used the translated score sheet (Form-B, set 1-6) of PPVT-III (Dunn & Dunn, 1997) and picture manual to collect data. The investigator conducted face to face interview with the children to complete the score sheet through verbal communication. Before interview the investigator made good rapport with the children and the parents and explained the parents about the aim and objectives of the study. The examiner stated a word and the child pointed to one of four pictures that best represented the test word. The words were picturable nouns, verbs, or adjectives. The investigator took the written consent from the parents (mother/father). Informed consent is an official statement developed by the researcher that informs study participants of the purpose and scope of study (Depoy & Gitlin, 1998). After that the investigator administered to each child individually in a room that was free from distractions. It was administered according to published guidelines by the investigator in the home environment. Each subjects' responses were scored according to the established scoring criteria.

## **2.9 Pilot Study**

Investigator conducted a pilot study in Mirpur before starting the main data collection. The pilot study is helpful for the investigator to be ready for any unexpected happenings during the main study (Anam, 1996). From the pilot study investigator knew how much time is needed to complete the assessment in each age group and if investigator would face any unexpected situation he/she would be aware during final data collection (Anam, 1996).

A pilot study is necessary to conduct before starting data collection because it helps the investigator to improve their data plans (Momin, 2003). The pilot study was conducted to check the appropriateness of the pictures of the PPVT-3 for our culture. The investigator chose 6 children from 2 age groups where each group consist 3 children and 1 male child and they were not included in main study after conducting the pilot study investigator needed to consider some points based on Bangladeshi cultural aspects. Investigator found that five pictures of the tool were not well known to the children and they were not culturally

appropriate. That is why the investigator changed those pictures and included culturally adapted pictures. The investigator engaged the children in free play activities to make rapport build up with them and then the investigator collected through data collection tool by picture naming and after the data collection the investigator gave reinforcement (chocolate, chips).

### **2.10 Data Analysis**

Data was analyzed by descriptive statistical techniques. It is good to give ‘the percentages and means for all the criteria to understand subjects and variables’ (Bailey, 1997). According to Bailey (1997), there are many ways to show descriptive data, such as table, pie chart, and graph. In this study data were presented in tables.

### **2.11 Ethical Consideration**

At first when the researcher submitted the proposal and it was approved then take permission from ethical board. Researcher took permission from head (Acting) of Speech & Language Therapy department, academic authorities of BHPI. Written inform consent in Bangla was given to all parents of the participants prior to the completion of the study and also received a written form from every participant’s parents including signature. Participant’s parents were also informed verbally about the study purpose and their role in the study .The investigator did not mention the name or identity in the documents. The investigator did ensure confidentiality of all information obtained. The study participants were voluntary. All participants had rights to withdraw their participation from the study. Researcher was taken proper permission where it’s necessary. The investigator did not hamper the activity of parents and children during data collection.

### 3.1 Result

The main objective of this study was to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children. Data was analyzed by descriptive statistical technique. Demographic information of participants and the findings of the study are presented below-

#### 3.1.1 Demographic information of the participants (3-3.6 years old) :

Participant's Id	Age	Gender	Participant's Id	Age	Gender
1	3.4	B	14	3.3	G
2	3.6	G	15	3.3	B
3	3.2	G	16	3.5	G
4	3.5	B	17	3.3	B
5	3.5	B	18	3.5	G
6	3.4	G	19	3.3	B
7	3.6	G	20	3.5	G
8	3.6	B	21	3.2	B
9	3.4	G	22	3.3	G
10	3.2	G	23	3.4	B
11	3.2	B	24	3.6	B
12	3.4	G	25	3.6	B
13	3.2	G			

Table-3.1: Demographic information of the participants (3-3.6 year old)

#### 3.1.2 Demographic information of the participants (3.7-4 years old) :

Participant's Id	Age	Gender	Participant's Id	Age	Gender
26	3.8	B	39	3.10	G
27	4	G	40	4	G

28	3.7	B	41	4	B
29	4	G	42	3.11	G
30	3.9	B	43	4	B
31	3.8	G	44	3.7	G
32	3.10	G	45	4	G
33	3.11	B	46	3.10	B
34	3.9	B	47	3.9	G
35	3.10	B	48	4	B
36	3.7	G	49	4	G
37	3.9	G	50	4	G
38	4	B			

Table-3.2: Demographic information of the participants (3.7-4 years old)

At the above the investigator showed the numeric number of the participants through the tables. In this study participant was 50 children and age range was 3-4 years old.

### 3.1.3 Performance in receptive vocabulary

Age group	Mean
Group 1 (3-3.6 years old)	3.404
Group 2 (3.7-4 years old)	3.7168

Table-3.3: Performance in receptive vocabulary

Table 3.3 showed the mean of total receptive vocabulary of both age groups. The performance of group 2 is higher than group 1 because according to Owens (2001) by increasing age the language acquisitions also increased.

### 3.1.4 Set /Task Analysis:

The investigator calculated the percentage of the responses for each individual set/task of the total participants (n=50). At first the investigator divided the children into two age groups 3-3.6 year old and 3.6-4 year old and then the investigator showed the percentage of correct responses through the bar charts which have given below.

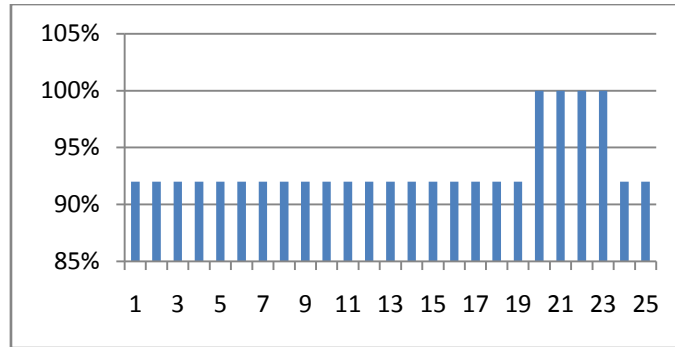


Figure-3.1: Percentage of correct responses by 3-3.6 year old children in set 1.

Figure-3.1 showed the 3-3.6 years old age groups percentage of correct responses in the set 1 where 4 participants' response were 100% and 21 participants' response were above 90%.

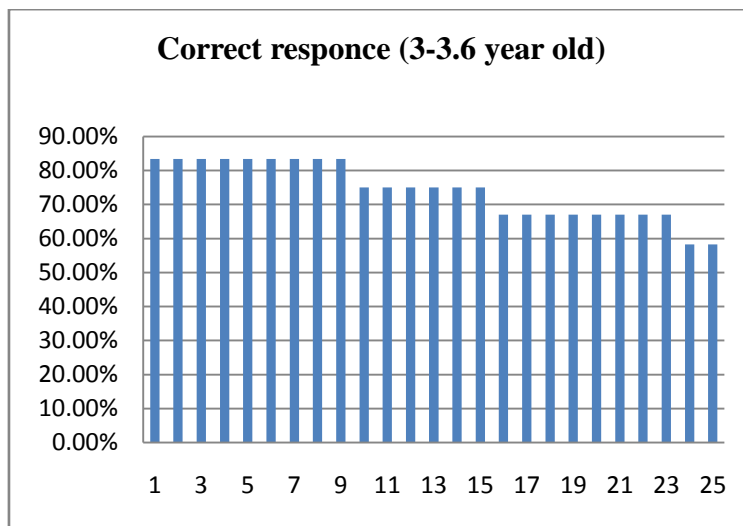


Figure-3.2: Percentage of correct responses by 3-3.6 year old children in set 2.

Figure-3.2 showed the 3-3.6 years old age groups percentage of correct responses in the set 2 where 9 participants' responses were above 80% and 6 participants' responses were above 70%, 8 participants' responses were above 65% and 2 participants' responses were 58% .

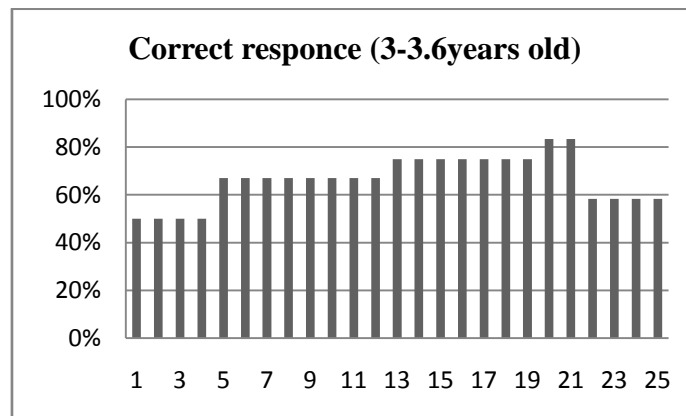


Figure-3.3: Percentage of correct responses by 3-3.6 year old children in set 3.



Figure-3.3 showed the 3-3.6 years old age groups percentage of correct responses in the set 3 where 2 participants' responses were 100% and 7 participants' responses were above 70%, 8 participants' responses were 50-60% .

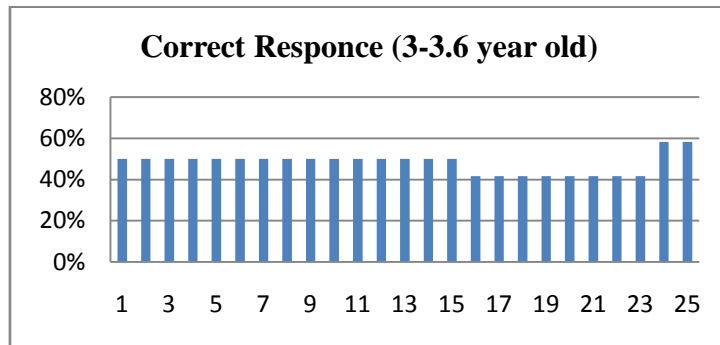


Figure-3.4: Percentage of correct responses by 3-3.6 year old children in set 4.

Figure-3.4 showed the 3-3.6 years old age groups percentage of correct responses in the set 4 where 2 participants' responses were 58% and 15 participants' responses were above 45%, 8 participants' responses were above 40%.

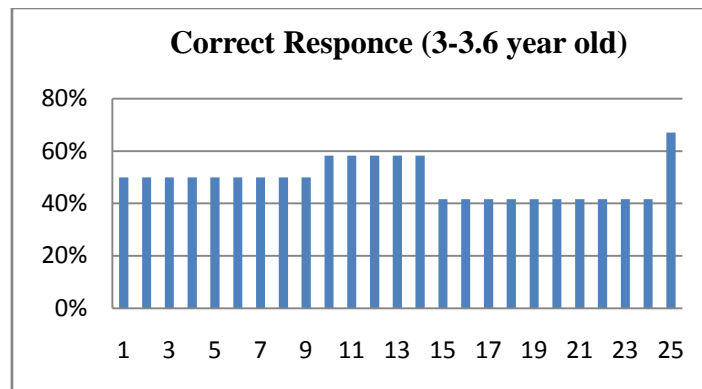


Figure-3.5: Percentage of correct responses by 3-3.6 year old children in set 5.

Figure-3.5 showed the 3-3.6 years old age groups percentage of correct responses in the set 5 where 1 participant response was 62% and 24 participants' responses were above 40%.

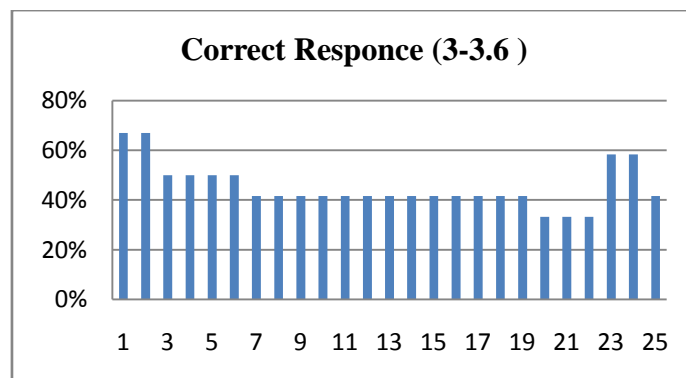


Figure-3.6: Percentage of correct responses by 3-3.6 year old children in set 6.

Figure-3.6 showed the 3-3.6 years old age groups percentage of correct responses in the set 6 where 4 participants' responses were more than 50% and 21 participants' responses were less than 50%.

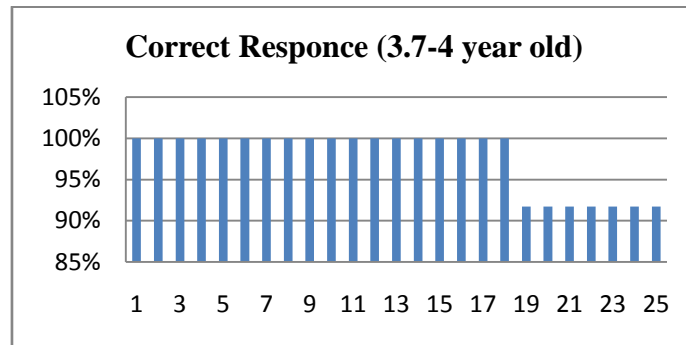


Figure-3.7: Percentage of correct responses by 3.7-4 years old children in set 1.

Figure-3.7 showed the 3.7-4 years old age groups percentage of correct responses in the set 1 where 18 participants' responses were 100% and 7 participant's responses were above 90%.

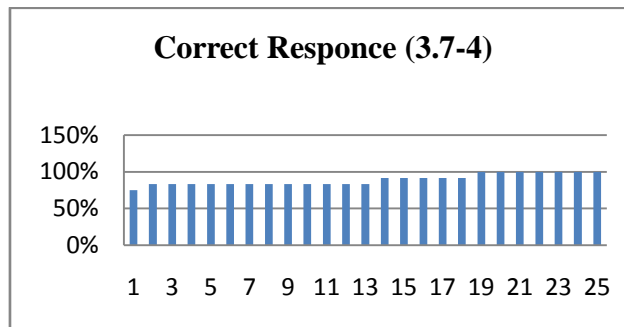


Figure-3.8: Percentage of correct responses by 3.7-4 years old children in set 2.

Figure-3.8 showed the 3.7-4 years old age groups percentage of correct responses in the set 2 where 7 participants' correct responses were 100% and 18 participant's correct responses were above 80%.

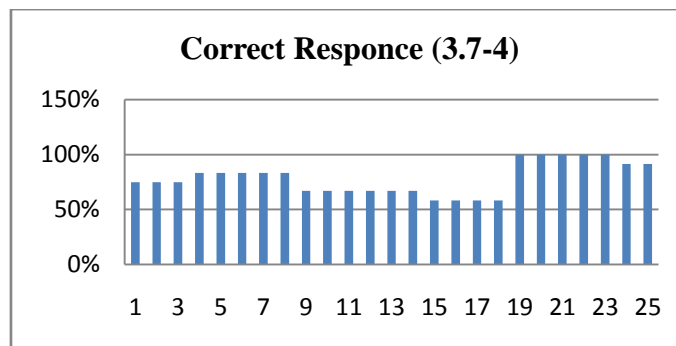


Figure-3.9: Percentage of correct responses by 3.7-4 years old children in set 3.

Figure-3.9 showed the 3.7-4 years old age groups percentage of correct responses in the set 3 where 5 participants' correct responses were 100% and 20 participant's correct responses were above 50%.

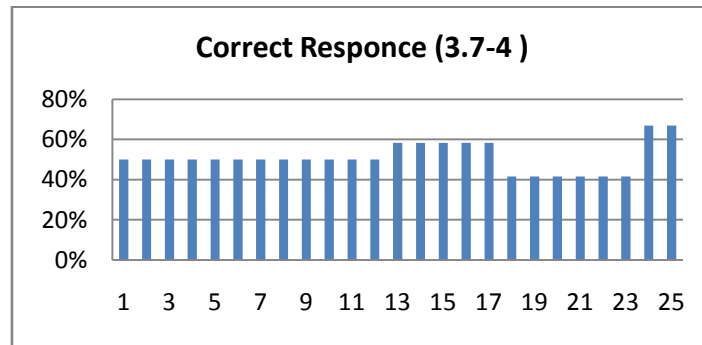


Figure-3.10: Percentage of correct responses by 3.7-4 years old children in set 4.

Figure-3.10 showed the 3.7-4 years old age groups percentage of correct responses in the set 4 where 2 participants' correct responses were 65% and 22 participants' correct responses were above 40%.

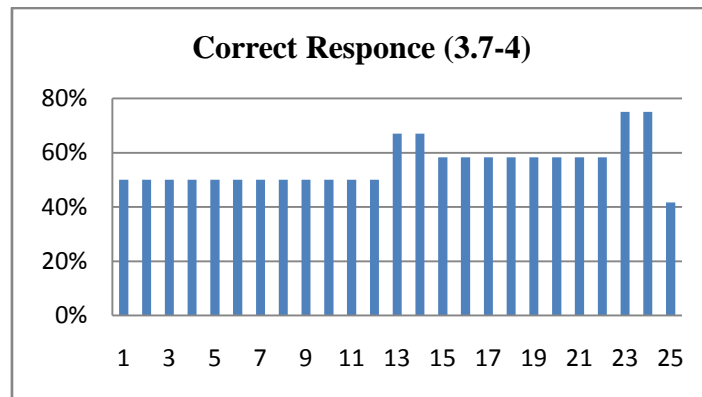


Figure-3.10: Percentage of correct responses by 3.7-4 years old children in set 5.

Figure-3.10 showed the 3.7-4 years old age group's percentage of correct responses in the set 5 where 4 participants' responses were above 60% and 21 participants' responses were above 40%.

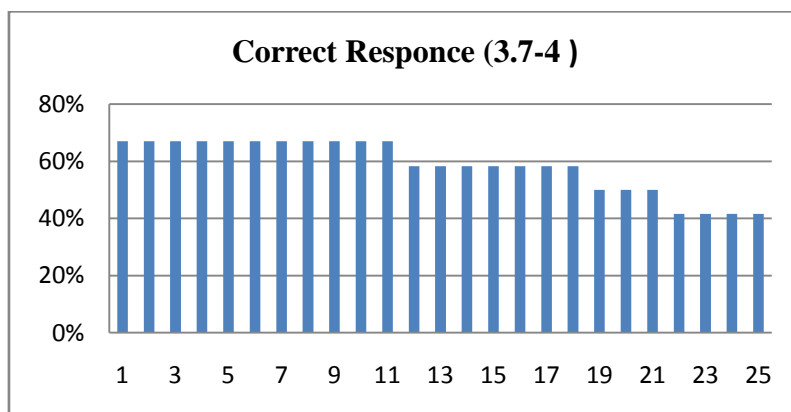


Figure-3.11: Percentage of correct responses by 3.7-4 years old children in set 6.

Figure-3.11 showed the 3.7-4 years old age group's percentage of correct responses in the set 6 where 11 participants' correct responses were 65% and 14 participants' correct responses were above 40%.

In this study the investigator included 50 participants. The investigator determined to divide the children in two age groups which were 3-3.6 years old and 3.7-4 years old. Within the particular age group 25 children were 3-3.6 years old and 25 were 3.7-4 years old. Investigator aimed to find out the development of receptive vocabulary of 3-4 years old children.

50 Children participated in this study. Age range was (3-4) years and age range was divided into 2 sub groups. Each age group has equal number of participants 25. 3-3.6 years old age group has 4 participants were 3.2 years old, 6 participants were 3.3 years old, 5 participants were 3.4 years old, 5 participants were 3.5 years old and 5 participants were 3.6 years old. 3.7- 4 years old age group has 3 participants were 3.7 years old, 2 participants were 3.8 years old, 4 participants were 3.9 years old, 3 participants were 3.10 years old, 2 participants were 3.11 years old, 10 participants were 4 years old.

The total participant of group 1 (3-3.6 year old) was 25 and group 2 (3.7-4 year old) was 25. The investigator used 72 vocabularies including noun, verb etc. out of 204 vocabularies. During the test the highest score of group 1 was 51 and the highest score of group 2 was 58. According to Owens (2001), the performance of language acquisition increased by the age and the investigator also found that the mean of receptive vocabularies of the children increased by the age. The mean of group 1 was 3.404 and the mean of group 2 was 3.7168. So the receptive vocabulary skill of group 2 is higher than group 1. According to Dunn (1997), the mean score of receptive vocabulary of 3-4 years old English speaking children is 3.974 so it can be seen that there is no significant difference between the receptive vocabulary of English speaking children and Bangla speaking children.

The investigator calculated the percentage of the responses for each individual set/task of the total participants (n=50). The investigator also counted the responds of the each age group children. There were total 17 sets in the tool PPVT-III but due to time shortage the investigator studied on 6 sets where there were 72 receptive vocabularies.

Figure-3.1 showed the 3-3.6 years old age groups percentage of correct responses in the set 1 where 4 participants' response were 100% and 21 participants' response were above 90%. As almost 80% participants got above 90% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.2 showed the 3-3.6 years old age groups percentage of correct responses in the set 2 where 9 participants' responses were above 80% and 6 participants' responses were above 70%, 8 participants' responses were above 65% and 2 participants' responses were 58% . As almost 40% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context because Ukrainetz and Blomquist (n.d.) in their study found 45% participants responded correctly towards the sets of PPVT.

Figure-3.3 showed the 3-3.6 years old age groups percentage of correct responses in the set 3 where 2 participants' responses were 100% and 7 participants' responses were above 70%, 8 participants' responses were 50-60% . As the age range was 3-3.6 years old that is why due to the increasing difficulty the score decreased. But as 100% children responses for the set that is why this set was appropriate for Bangladeshi context. Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so it is applicable.

Figure-3.4 showed the 3-3.6 years old age groups percentage of correct responses in the set 4 where 2 participants' responses were 58% and 15 participants' responses were above 45%, 8 participants' responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 4 is applicable.

Figure-3.5 showed the 3-3.6 years old age groups percentage of correct responses in the set 5 where 1 participant response was 62% and 24 participants' responses were above 40%. But as Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable for the Bangladeshi context.

Figure-3.6 showed the 3-3.6 years old age groups percentage of correct responses in the set 6 where 4 participants' responses were more than 50% and 21 participants' responses were less than 50%. But as Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable for the Bangladeshi context.

Figure-3.7 showed the 3.7-4 years old age groups percentage of correct responses in the set 1 where 18 participants' responses were 100% and 7 participant's responses were above 90%. As almost 72% participants got 100% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.8 showed the 3.7-4 years old age groups percentage of correct responses in the set 2 where 7 participants' correct responses were 100% and 18 participant's correct responses were above 80%. As almost 30% participants got 100% and 70% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.9 showed the 3.7-4 years old age groups percentage of correct responses in the set 3 where 5 participants' correct responses were 100% and 20 participant's correct responses were above 50%. As almost 20% participants got 100% and 80% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.10 showed the 3.7-4 years old age groups percentage of correct responses in the set 4 where 2 participants' correct responses were 65% and 22 participants' correct responses were above 40%. As the sets of the PPVT\_III arranged in order of increasing difficulty that is why the scores of the participants were getting poor. But As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not get less than 3 so set 4 is applicable.

Figure-3.11 showed the 3.7-4 years old age group's percentage of correct responses in the set 5 where 4 participants' responses were above 60% and 21 participants' responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable.

Figure-3.12 showed the 3.7-4 years old age group's percentage of correct responses in the set 6 where 11 participants' correct responses were 65% and 14 participants' correct responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 4 is applicable.

The PPVT-III consists 17 sets and every set has a starting age that means each set is a start point for an individual age. The investigator used 6 sets where there were 72 vocabularies. By the study the investigator found that the Bangla speaking children of 3-4 year old have almost similar receptive vocabulary of the English children. According to Dunn and Dunn (1997) the mean of English speaking children of 3-3.6 year old children were 40.6 and by the study the investigator found the mean of 3-3.6 year old Bangla speaking children were 44.84. According to Dunn and Dunn (1997), the mean of English speaking children of 3.6-4 year old children were 55.5 and by the study the investigator found the mean of 3.6-4 year old Bangla speaking children were 52.6. So it can be seen the mean scores are approximate close that is why the investigator found that the tool PPVT-III may can use for the Bangla speaking children and it also can be said that the Receptive vocabulary development of the English and the Bangla speaking children are approximate close.

Finally all the findings from this study suggested that the receptive vocabulary skill of 3-4 years old Bangla speaking children can be identified by using PPVT-III and the receptive vocabulary is almost close to the English speaking children.



**Limitations:**

There were some limitations during conducting the study. These are:

1. In this study sample was taken more from middle class family. But socio economic status can verify the results. So if the sample were from all social classes the result could give a broad understanding of vocabulary acquisition.
2. The tool has 17 sets but due to time consuming the investigator could not modify all sets.
3. Due to time consuming the investigator selected 3-4 year old age group children.
4. The number of participants in this study was not representative.
5. Lack of available literature was another limitation of this study.

**Recommendation:**

Research on some aspects such as speech, language, etc. of Bangla language is still needed. If anyone wants to conduct study in future regarding receptive vocabulary development of Bangla language they can follow the below mentioned recommendation:

1. In same study can be conducted on 4-91 year old population because the tool can be used for children and adult both.
2. Further study should be conducted on the modification of expressive vocabulary tool.
3. Further study should be conducted on receptive vocabulary development of lower and higher class children.
4. Further study should be conducted on receptive vocabulary development of children of working and non-working mother.
5. This study should be conducted with the rest sets (set 7-set 17) in Bangladeshi context.
6. The same study can be conducted including larger sample size than present time for generalization of result.

**Implications:**

As there were no findings on receptive vocabulary assessment tool of Bangla speaking children of 3-4 year old in Bangladesh, the findings of this study can be used in the following purposes:

1. Speech and language Therapists can use it as an assessment tool of receptive vocabulary in school and clinical setting.
2. The SLT students can use the findings for their study purpose to get a concept about receptive language development.
3. The findings will separates normal developing child from child with developmental delay/disorder.
4. Parents will have a clear idea about receptive vocabulary development; it will help them to early identification of language delay/disorder so that they can take steps as early as possible.
5. This study has a great implication on Bangla language there is no established data about receptive vocabulary.
6. This study will help to understand the difference between Bangla language and others language.

**Conclusion**

In Bangladesh still there is no assessment tool is available based on research (Anam 1996). The present study attempted to know about the receptive vocabulary development and to check the applicability of the language tool PPVT-III. Such information is important for children with language disorder. Norms are helpful for estimating approximately how well a child's receptive vocabulary is developing and it can be checked through the tool. Speech and Language Therapy is a new profession in Bangladesh. No research was done before in Bangladesh about receptive vocabulary development. So it is necessary to provide some evidence about language area and also about the assessment tool. At the end of the study the result is that the modified tool of PPVT-III can be used the Speech and Language Therapists as an assessment tool of receptive vocabulary the receptive vocabulary of Bangla speaking children and English speaking children has no significant change.

- Adkins, T. (2012). Mother-child conversations at 36 months and at pre-kindergarten: Relations to children's school readiness. *Journal of Early Childhood Literacy*. 2012 12: 68 Retrieved from <https://steinhardt.nyu.edu/scmsAdmin/uploads/007/07.pdf>
- Anam, N. (1996). *The Generation of a Tool for Screening The Early Grammatical Development of Bangla-Speaking Children and the Potential Use of This Instrument in Classes of Hearing-Impaired Children. PhD Thesis*. The University of Birmingham, Supervised BY Brain Fraser.
- Baily, D. M. (1997). *Research for the health professionals*, (2<sup>nd</sup>) Philadelphia:F.A. Davis company.
- Bangladesh Protibandhi Kallayan Somiti, 2007
- Bennett- Kaster, T. (1986). *Cohesion and Prediction in Child Narrative. Journal of Child Language*, 10,135-149.
- Bowling, A. (1997). *Research methods in health: Investigating health and health services*, Buckingham:Open University.
- Capone, C.N. (n.d.). *Language assessment and Intervention: A Developmental Approach*. Retrieved from [http://samples.jbpub.com/9780763747237/47238\\_CH01\\_Shulman.pdf](http://samples.jbpub.com/9780763747237/47238_CH01_Shulman.pdf).
- Depoy, K. & Gitlin, L. (1998). *Introduction to research: Understanding and Applying Multiple Strategies*. London: Mosby.
- Dunn, L. M. & Dunn, D. M. (2007). *Peabody Picture Vocabulary Test, Fourth Edition (Forms A and B)*. JSLHR. Retrieved from <http://jslhr.pubs.asha.org/article.aspx?articleid=1781223>- 76 KB.
- Enderby, P.(1983). *Frenchay Dysarthria Assessment*. San Diego; College- Hill Press.
- Ericsson, M., Westerlund, M. & Berglund, E. (2002). A screening version of the Sweden communicative development inventories designed for use with 18-month old children. *Journal of Speech, Language and Hearing Research*, Retrieved from Pro Quest Social Science Journal.
- Evangelou, G. M., Sylva, T., & Kyriacou, M. (2009). *The Early Years: Foundations for life, health and learning*. Retrieved from <https://www.gov.uk/government/uploads/system/180919/DFE-00177-2011.pdf>.

- Gaskill, C., (2007). *Development of Speech and Language Therapy in Bangladesh*. Retrieved from [www.commtherapyint.com/news\\_letters\\_downloads/newsletter\\_oct\\_2007.pdf](http://www.commtherapyint.com/news_letters_downloads/newsletter_oct_2007.pdf).
- Hao, Y. (2008). *A Fluid Knowledge Representation for Understanding and Generating Creative Metaphors*. Retrieved from <http://www.aclweb.org/anthology/C08-1119>.
- Health & Science 2008, *Show Positive Attitude Towards People With Disabilities*, Health & Science 2008, retrieved from [www.groundreport.com/Health\\_and\\_Science/Show-Positive-Attitude-Towards-People-With-Disabil/2862025](http://www.groundreport.com/Health_and_Science/Show-Positive-Attitude-Towards-People-With-Disabil/2862025).
- Hicks, C. M. (1998). *Practical research method for physiotherapists*. London: Churchill Livingstone.
- Hicks, C. M. (1999). *Research Method for Clinical Therapists* London: Churchill Livingstone.
- Hicks, C. M. (2000). *Research Method for Clinical Therapists* London: Churchill Livingstone.
- Impact Foundation Bangladesh, 2002
- Indexmundy (2008). *Bangladesh Demography Profile 2010.*, retrieved from [www.indexmundi.com/bangladesh/demographics\\_profile](http://www.indexmundi.com/bangladesh/demographics_profile).
- Kertesz, A. B. (2007). *Western Aphasia Battery-Revised, San Antonia, TX: Pearson*
- Kresheck, J. D., & Nicolosi, L.(1973).A Comparison of Black and White Children's Scores on the Peabody Picture Vocabulary Test. *LSHSS*.Retrived from <http://lshss.pubs.asha.org/article.aspx?articleid=1748938>- 72 KB
- Liden, D. (2015). What Is Receptive Vocabulary? Retrived from <http://www.wisegeek.com/what-is-receptive-vocabulary.htm>
- Luinge, Post, Wit & Goorhuis, (2006). *The Ordering of Milestones in Language Development for Children from 1 to 6 Years of Age*. Retrieved from <http://luinge2006a.pdf>
- Momin, AKM 2003, *DISABILITY*, CRP, Dhaka
- Owens, R. E. (2001). *Language Development* (5<sup>th</sup> ed.). United States of America: A Pearson Education Company
- Pae, H., Greenberg, D. & Morris, R., D. (2012). *Construct Validity and Measurement Invariance of the Peabody Picture Vocabulary Test-III Form A in the Performance of*

- Struggling Adult Readers: Rasch Modeling*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles>.
- Papalia, D. E., Olds, S. W., Feldman, R. P. (2004). *Human Development*. McGraw-Hill.
- Proactive assessment, (2003). Retrieved from [http://www.health.govt.nz/system/files/documents/publications/assessment\\_processes\\_for\\_older\\_people.pdf](http://www.health.govt.nz/system/files/documents/publications/assessment_processes_for_older_people.pdf).
- Qi, C. H., Kaiser, P., Stephanie, E., Milan, Z. Y., & Hancock, T. B. (2003). The Performance of Low-Income, African American Children on the Preschool Language Scale—3. *JSLHR*. Retrieved from <http://jslhr.pubs.asha.org/article.aspx?articleid=1781223>- 76 KB.
- Rural Poverty Portal (2007). Retrieved from <http://www.ruralpovertyportal.org/en/topic>
- Shipley, K. G., & McAfee, J. G. (2004). *Assessment in Speech-Language Pathology*.
- Sternberg, R. (2006). *Cognitive Psychology* (4<sup>th</sup> ed.). Thomson Wasdsworth.
- Thomas-Tate, S., Washington, J., Craig, H. K. & Packard, M. (2006). Performance of low income, African American Preschool and Kindergarten Students on the Peabody Picture Vocabulary Test-revised. *LSHSS* .Retrieved from <http://lshss.pubs.asha.org/article.aspx?articleid=1762901> -90 KB.
- Timothy J. & Meline. (1981). Socioeconomic Status and Variability on the PPVT. *LSHSS*. Retrieved from <http://lshss.pubs.asha.org/article.aspx?articleid=1775711>- 71 KB
- Ukrainetz, T. A., Blomquist, & Carol, (2002). The criterion validity of four vocabulary tests compared with a language sample. *Child Language Teaching*. Retrieved from <http://lshss.pubs.asha.org>.
- Washington, J. A. & Craig, H. K. (1999). Performance of At-risk, African American Preschoolers on the Peabody Picture Vocabulary Test-3. *LSHSS* .Retrieved from <http://lshss.pubs.asha.org/article.aspx?articleid=1780218>-75 KB.
- Wilfrid, J., & Zanden, V. (1993). *Human Development*. McGraw Hill Companies.
- Williams, A., Marks, C., & Bialer, (1976). Validity of the Peabody Picture Vocabulary Test as a Measure of Hearing Vocabulary in Mentally Retarded and Normal Children. *Journal of Speech, Language, and Hearing Research*, June 1977, Vol. 20, 205-211. doi:10.1044/jshr.2002.205. Retrieved from <http://www.sed.sagepub.com/content/12/4/393>/New York: McGraw-Hill.

## Annexure - 1

### পরীক্ষণ ক

পরীক্ষক বলবে, “আমার কাছে তোমাকে দেখানোর মত কিছু ছবি আছে।/ আমি চাই তুমি আমার সাথে কিছু ছবি দেখা।” একটু বড়দের ক্ষেত্রে বলবে, “আমি জানতে চাই তুমি কোন ছবির নাম জান।”

পরীক্ষণ ক দেখিয়ে পরীক্ষক বলবে, “এই পৃষ্ঠার সব ছবিগুলো দেখো।” এরপর ঐ পৃষ্ঠার সব ছবিগুলো এক এক করে আগুল দিয়ে দেখাতে হবে এবং বলতে হবে, “আমি যে নাম বলব তুমি সেই ছবিটার উপর আগুল রাখবে। এখন একবার চেষ্টা করি। বলের উপর আগুল রাখা।”

যদি শিশুটি সাহায্য ছাড়াই সঠিকভাবে পারে তাহলে পরীক্ষক বলবে, “ভাল! এবার অন্যটা চেষ্টা করি কুকুরের উপর আগুল রাখো।” যদি সে সাহায্য ছাড়াই কুকুরের ছবিতে আগুল রাখতে পারে তাহলে পরীক্ষক বলবে, “ভালো!” তারপর পরীক্ষণ খ তে যেতে হবে।

যদি শিশুটি ভুল করে তাহলে বলের উপর আগুল রেখে পরীক্ষক বুঝিয়ে বলবে, “তুমি চেষ্টা কোড়েচে, কিন্তু এটা বল। এখন আবার চেষ্টা করো। বলের উপর তোমার আগুল রাখো।” শিশুটি যতক্ষণ সঠিকভাবে উত্তর দিতে না পারবে পরীক্ষক ততক্ষণ সাহায্য করে যাবে। সঠিক উত্তরটি দিতে পারলে পরীক্ষক বলবে, “ভাল! এবার অন্যটা চেষ্টা করি। কুকুরের উপর তোমার আগুল রাখো।”

যদি প্রয়োজন হয়, তাহলে পরীক্ষক শিশুটি বল শেখানোর মত করে সাহায্য করবে। যতক্ষণ পর্যন্ত শিশুটি সাহায্য ছাড়া সঠিক উত্তর দিতে পাড়বে না, ততক্ষণ পর্যন্ত পরীক্ষক প্রশিক্ষণ চালিয়ে যাবে কলা (৩) এবং চামচ (১) শব্দগুলোর সাথে পরীক্ষণ খ তে যাওয়ার আগে।

### নোট

পরীক্ষককে অনেক কৌশল অবলম্বন করতে হবে শিশুদেরকে সঠিক উত্তর শেখানোর জন্য। অনেক শিশুদের বেশি সাহায্যের প্রয়োজন হয়। যেমন-সঠিক ছবিটির উপর আগুল রাখিয়ে দিতে হতে পারে পরীক্ষককে যখন তিনি বলবে, “বলের উপর তোমার আগুল রাখা।” এরপর পরীক্ষক নিজের আগুল ছবিটির উপর রেখে শিশুটিকে তার মত করতে বলতে পারে। যেসব শিশুদের অত্যন্ত জটিল সেরেব্রাল পালসি এছাড়াও অন্যরা যারা আগুল দিয়ে দেখতে পারে না, তাদের ক্ষেত্রে চেষ্টা করতে হবে যেনো হ্যাঁ/না বোঝানোর কোন চীৎ/ইশারার মাধ্যমে সঠিক উত্তর বোঝাতে পারে।

কয়েকবার প্রশিক্ষণের পরেও যদি কোন শিশু সঠিক উত্তর দেখাতে না পারে তাহলে পরীক্ষক তার প্রশিক্ষণ বন্ধ কোরে দিবে এবং প্রাপ্ত নাস্বারের তালিকার এর সামনে বর্ণনা করে লিখে দেবে কেন শিশুটির সাথে PPVT-III পরীক্ষাটি করা যাবে না।

### পরীক্ষণ খ

পরীক্ষক বলবে, “এই পৃষ্ঠার সব ছবিগুল দেখা।” এরপর পরীক্ষণ খ এর প্রতিটি ছবি আগুল দিয়ে দেখাবে এবং বলবে, “কাঁদছে- ছবিটির উপর আগুল রাখা।”



যদি সাহায্য ছাড়াই সঠিক উত্তর দেখাতে পারে তাহলে পরীক্ষক বলবে, “ভাল! এবার অন্যটা চেষ্টা করি। ঘূমাচ্ছে- ছবিটি দেখাও।” যদি শিশুটি সঠিক উত্তর দেখাতে পারে তাহলে প্রশিক্ষন ব্যবহার বন্ধ করতে হবে। এরপর পরীক্ষক পরীক্ষার আইটেমের সাথে পরিচিত করাবে এবং **প্রাপ্ত** নাম্বার অনুসারে শুরুর আইটেম থেকে পরীক্ষা করা শুরু করতে হবে।

যদি শিশুটি ভুল করে তাহলে পরীক্ষক সঠিক উত্তর “কাঁদছে” এর উপর আঙ্গুল রেখে বুঝিয়ে দিবে এবং বলবে, “তুমি চেষ্টা করেছ কিন্তু এই ছবিটি “কাঁদছে” এর । এখন আবার চেষ্টা করি।” “কাঁদছে ছবিটি দেখাও।” যতক্ষণ পর্যন্ত সঠিক উত্তর দেখানোর জন্য শিশুটির সাহায্যের প্রয়োজন হয়, পরীক্ষক ততক্ষণ সাহায্য করবে এবং তারপর বলবে, “ভাল! এবার অন্যটা চেষ্টা করি। ঘূমানো- ছবিটি দেখাও।” যদি প্রয়োজন হয় পরীক্ষক প্রশিক্ষন চালু রাখবে হামাগুটি(৩) এবং হাঁটা (২) শব্দগুলোর ক্ষেত্রে যতক্ষণ পর্যন্ত শিশুটি সাহায্য ছাড়াই সঠিক উত্তর দেখাতে না পারবে। তারপর শুরুর আইটেম এর সাথে পরীক্ষক পরিচিত করাবে।

### নোট

প্রশিক্ষন আইটেম ক এর মত পরীক্ষককে কৌশল অবলম্বন করতে হবে শিশুটিকে সঠিক উত্তর শেখানোর জন্য। যদি শিশুটি কয়েকবার প্রশিক্ষন করানোর পরেও সঠিক উত্তর দেখাতে না পারে তাহলে পরীক্ষক পরীক্ষা বন্ধ করবে এবং **প্রাপ্ত নাম্বারের তালিকার** উপর পরীক্ষক বর্ণনা করে বুঝিয়ে লিখবে, কেন শিশুটির সাথে PPVT-III করা যাবে না।

### কিভাবে পরীক্ষার আইটেম পরিচিত করানো হয়?

পরীক্ষক বলবে, “ভাল! এখন আমি আরও কিছু ছবি দেখাতে যাচ্ছি। প্রতিবার আমি জিজ্ঞাসা করবো এবং তুমি সঠিক ছবিটি দেখাবে। যখন আমরা পরেরগুলো দেখাবো, তুমি হয়তোবা নিশ্চিত না হতে পারো যে কোনটি দেখাবো, কিন্তু আমি চাই তুমি সব ছবিগুলো ভালভাবে দেখ এবং সেতাই পছন্দ কর যেটা সঠিক মনে হয়।” দেখাও ...

আইটেম	শব্দ	সঠিক উত্তর	উত্তর	ভুল
<u>সেট-১</u>				
১।	বিড়াল	২	-----	৫
২।	বাচ্চা	৩	-----	৫
৩।	বিমান	১	-----	৫
৪।	দৌড়ানো	১	-----	৫
৫।	টাকা	৩	-----	৫
৬।	দোলনা	৪	-----	৫
৭।	ঝাড়ু	২	-----	৫
৮।	খাওয়া	৪	-----	৫
৯।	চিঠি	৩	-----	৫
১০।	গোল	৪	-----	৫
১১।	মই	২	-----	৫
১২।	মোমবাতি	১	-----	৫
<u>সেট -২</u>				
১৩।	গলা	৩	-----	৫
১৪।	ছুড়ে মারা	৪	-----	৫
১৫।	ক্যাম্পার	২	-----	৫
১৬।	গাছ	১	-----	৫
১৭।	কৌটা	৪	-----	৫

আইটেম	শব্দ	সঠিক উত্তর	উত্তর	ভুল
১৮।	হাঙ্গর	৩	-----	৩
১৯।	ঢালা	২	-----	৩
২০।	বাঁশি	১	-----	৩
২১।	বেলচা	৪	-----	৩
২২।	কৃষক	৩	-----	৩
২৩।	দরজা	২ -----		৩
২৪।	সাঁতারকাটা	১ -----		৩
<u>সেট -৩</u>				
২৫।	ভাঙ্গা	২ -----		৩
২৬।	ছাডানো	৪ -----		৩
২৭।	বোতল	৪ -----		৩
২৮।	কাপড় পড়া	১ -----		৩
২৯।	পয়সা	২ -----		৩
৩০।	উকি মারা	৩ -----		৩
৩১।	ক্যামেরা	৩ -----		৩
৩২।	ছাগল	৪ -----		৩
৩৩।	অ্যাম্বুলেন্স	১ -----		৩
৩৪।	টানা	১ -----		৩
৩৫।	টেবিল	৩ -----		৩
৩৬।	হাই তোলা	২ -----		৩

আইটেম	শব্দ	সঠিক উত্তর	উত্তর	ভুল
<u>সেট -৪</u>				
৩৭।	তালা	৪ -----		সত্য
৩৮।	পাণ্ডা	১ -----		সত্য
৩৯।	ত্রিভুজ	৪ -----		সত্য
৪০।	ফল	১ -----		সত্য
৪১।	ঝগড়া করা	১ -----		সত্য
৪২।	পূর্ণ	২ -----		সত্য
৪৩।	দাঁতের ডাক্তার	৩ -----		সত্য
৪৪।	সময়	৩ -----		সত্য
৪৫।	শুঁয়ো পোকা	৩ -----		সত্য
৪৬।	কম্পিউটার	৪ -----		সত্য
৪৭।	গাছের ডাল	২ -----		সত্য
৪৮।	শিকল	২ -----		সত্য
<u>সেট -৫</u>				
৪৯।	আনন্দ করা	১ -----		সত্য
৫০।	মাকড়শার জাল	৩ -----		সত্য
৫১।	ধীরে ধীরে দৌড়ানো	৪ -----		সত্য
৫২।	সবচেয়ে বড়	৩ -----		সত্য
৫৩।	ইউনিফরম	৪ -----		সত্য
৫৪।	কঙ্কি	২ -----		সত্য

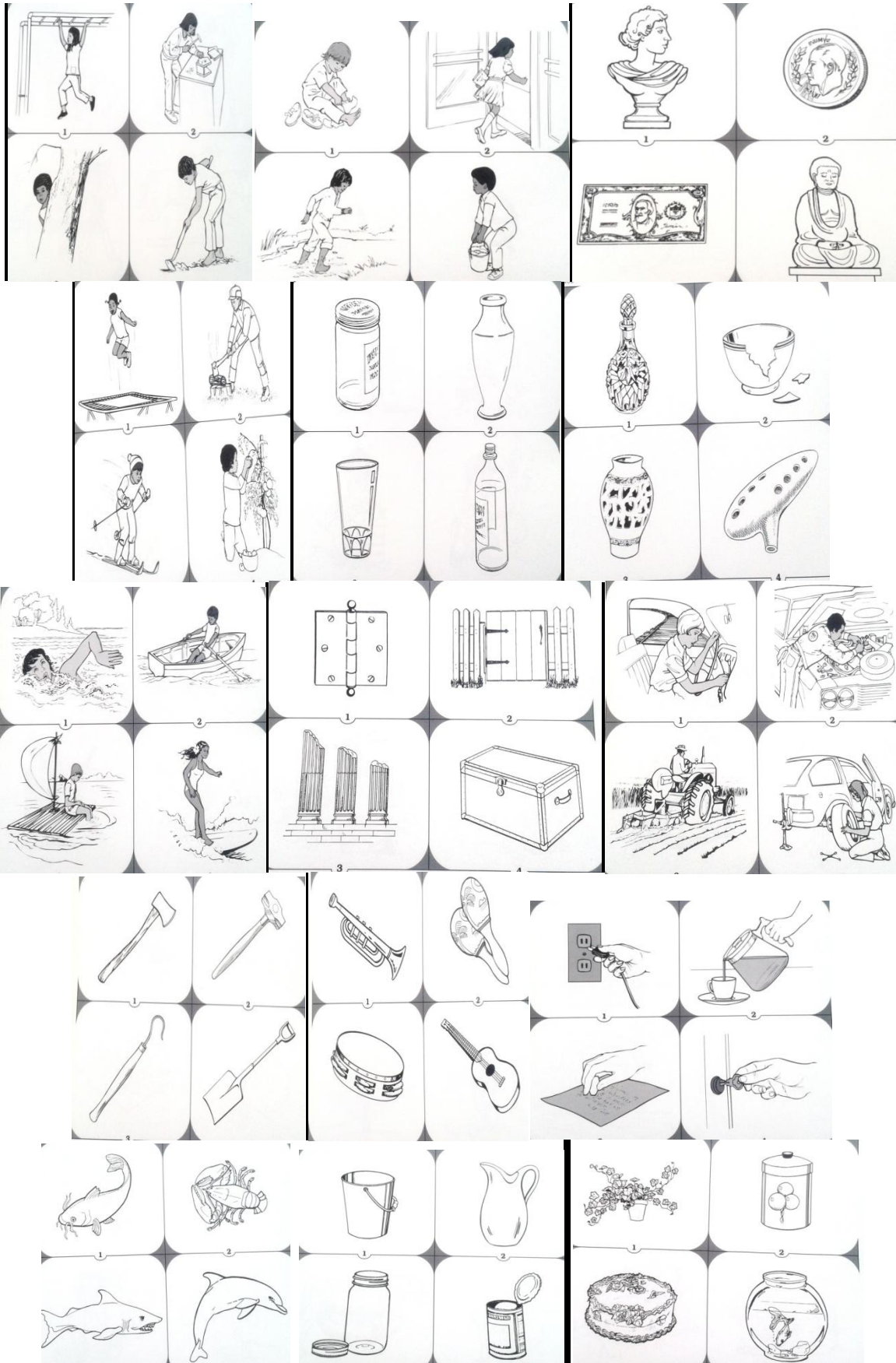
আইটেম	শব্দ	সঠিক উত্তর	উত্তর	ভুল
৫৫।	ভাগা ভাগি করা	২ -----		সত্য
৫৬।	দূরবীন	২ -----		সত্য
৫৭।	মূর্তি	৪ -----		সত্য
৫৮।	আসা	৩ -----		সত্য
৫৯।	গয়না	১ -----		সত্য
৬০।	ভয় পাচ্ছে	১ -----		সত্য
<u>সেট -৬</u>				
৬১।	তরল	৪ -----		সত্য
৬২।	ময়ূর	৩ -----		সত্য
৬৩।	ছোট ছিদ্র	৩ -----		সত্য
৬৪।	ব্রেন	২ -----		সত্য
৬৫।	মৌচাক	১ -----		সত্য
৬৬।	শিকড়	১ -----		সত্য
৬৭।	ভেসে থাকা	২ -----		সত্য
৬৮।	কচ্ছপ	১ -----		সত্য
৬৯।	রঙ করা	৪ -----		সত্য
৭০।	অমসৃণ	৪ -----		সত্য
৭১।	জোরে টানা	২ -----		সত্য
৭২।	ঘূর্ণিঝড়	৩ -----		সত্য

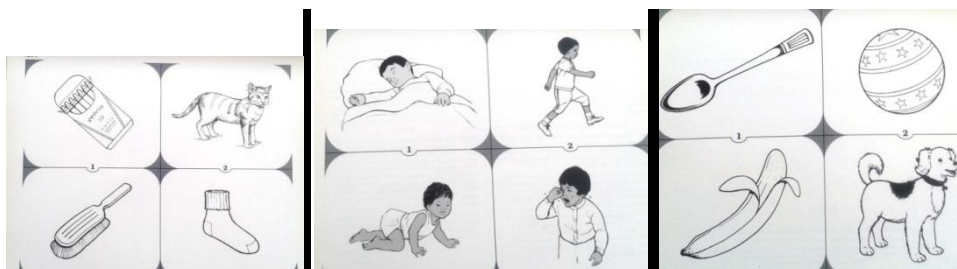
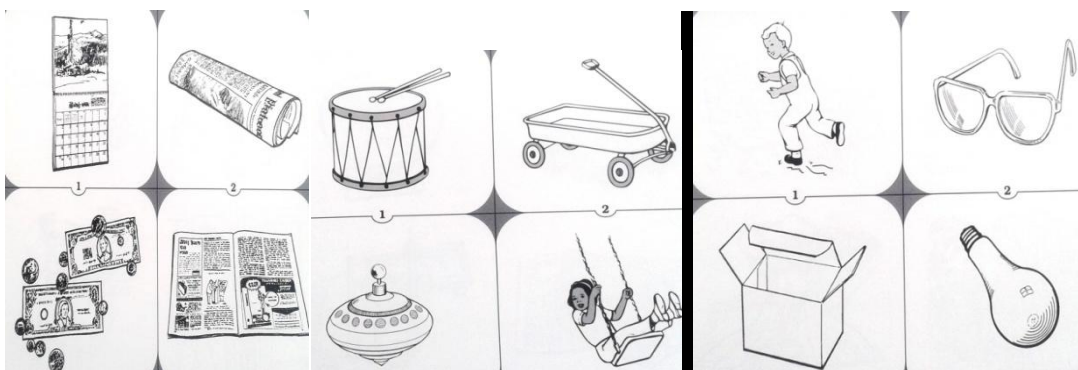
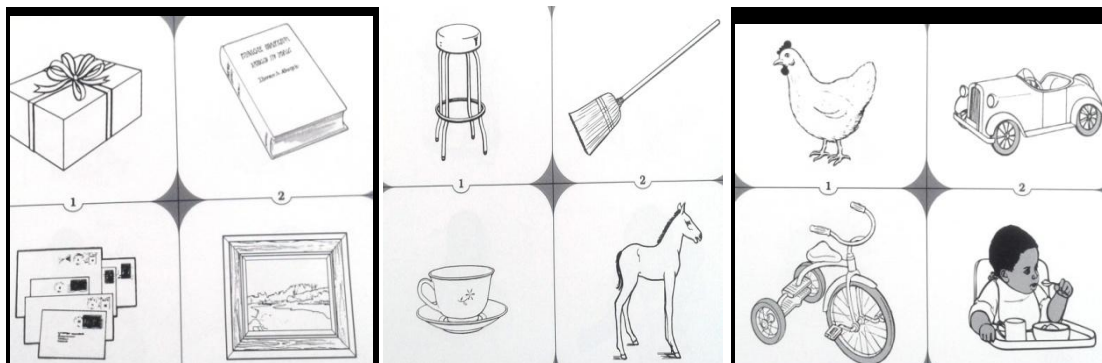












## Annexure -3

### Permission Letter

Date: 14/09/2014

To

Head (Acting)

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Chapain,

Savar, Dhaka

**Subject: Prayer for seeking permission to conduct the research.**

Sir,

With due respect I state that I am a 4<sup>th</sup> year student of B. Sc. in Speech and Language Therapy of BHPI, the academic Institute of CRP. I am sincerely seeking permission to conduct the research project as the partial fulfillment of the requirements for the degree of B. Sc. in Speech and Language Therapy. The title of my research is 'Suitability of Peabody Picture Vocabulary Test 3 (PPVT3) for 3-4 years old typically developing children in Bangladesh'. The main objective of study is the translation and modification of the tool in the context of Bangladesh and application to typically Bangla speaking children from 3-4years old to check the suitability of the tool.

Now I am seeking your kindness to approve me to start the research project and I would like to assure that anything of my research project will not harmful for the participants.

So, I therefore pray and hope that your honor would be kind enough to grant me the permission of conduction the study as a part of my course.

Your Obediently,

-----

Masuma Surayea

4<sup>th</sup> year student of B. Sc. in Speech and Language Therapy Department,

Bangladesh Health Professions Institute (BHPI),

CRP, Savar, Dhaka

Course Coordinator	Comments and Signature
Md. Jahangir Alam Head (Acting) Department of Speech and Language Therapy BHPI, CRP, Chapain, Savar, Dhaka-1343	Permitted to conduct the study <i>Jahangir</i> 14/09/14

## Annexure -4

### Permission Letter from BHPI for Data Collection

#### Permission Letter

Date: 14/09/2014

To

Head (Acting)

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Chapain,

Savar, Dhaka

**Subject: Prayer for seeking permission to conduct the Data Collection.**

Sir,

With due respect I state that I am a 4<sup>th</sup> year student of B. Sc. in Speech and Language Therapy of BHPI, the academic Institute of CRP. I am sincerely seeking permission to conduct the data collection of the research project as the partial fulfillment of the requirements for the degree of B. Sc. in Speech and Language Therapy. The title of my research is 'Suitability of Peabody Picture Vocabulary Test 3 (PPVT3) for 3-4 years old typically developing children in Bangladesh'. The main objective of study is the translation and modification of the tool in the context of Bangladesh and application to typically Bangla speaking children from 3-4years old to check the suitability of the tool.

Now I am seeking your kindness to approve me to start the data collection for research project and I would like to assure that anything of my research project will not harmful for the participants.

So, I therefore pray and hope that your honor would be kind enough to grant me the permission of conduction the data collection and will help me to conduct a successful study as a part of my course.


Your Obediently,

-----  
Masuma Surayea

4<sup>th</sup> year student of B. Sc. in Speech and Language Therapy Department,

Bangladesh Health Professions Institute (BHPI),

CRP, Savar, Dhaka

Course Coordinator	Comments and Signature
Md. Jahangir Alam Head (Acting) Department of Speech and Language Therapy BHPI, CRP, Chapain, Savar, Dhaka-1343	Proceed for your data collection.  14/09/14