



Production: The top of the tongue, right behind the tip, is raised to **almost** contact the bumpy ridge behind the teeth and the sides of the tongue touch the upper back teeth.

Strategies for a "S" success

1. **Keep the snake in the zoo.** Your tongue is the snake and your teeth are the bars on the cage. Sometimes it is surprising, but kids pick up on this! Tell the child to rest the sides of their tongue on the upper back teeth and blow air *straight* out. Additionally, since their tongue needs to stay behind the teeth to avoid frontal or interdental lisping, let them know the snake needs to stay behind bars, so keep the cage closed!
2. **Shape the "s" from a "t."** Have the child repeat "t" several times. Then tell the child to hold the "t" for the last repetition (i.e., t...t...t... tsssssss). The "t" and "s" are made in the same place, but in a different manner. With a "t" you are stopping that air flow, but with an "s" you are letting it flow. When the child "holds" that "t," they are unwittingly making an "s" sound.
3. **Saying "sh" for "s?"** Sometimes when kids are starting to get the "s" concept (keeping the tongue behind the teeth, etc.), they will produce "sh" for "s." Use that "sh" to help them to continue shaping a "s" by having the child smile and push the tongue forward - just slightly. When they are making that "sh," that means they have pushed their tongue a little too far back!
4. **Use your senses!** Sometimes we need to feel where that tongue needs to be. Use some flavored gum or peanut butter (allergies observed, of course!) and place it just behind the top teeth on the hard ridge where the tongue approximately touches during "s" production. If the child is contacting it with their tongue during some "s" practice time, they are getting a better idea of where their tongue should be approximately.
5. **Self-monitoring** is an important step for speech practice. Record audio/video of the child for him or her to watch or listen to and decide whether their production was good or needed some work. See if the child can figure out what he or she could have done better. Take data with the child (+ for a great production or - if the sound needs more work!) and calculate percentages. 80-100% accuracy consistently is ideal before the child moves to the next step, (i.e., isolated sounds -> syllables or words-> phrases).

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Lisps

Lisps occur in speech when the speaker does not utilize the proper tongue placement for sound production. Three different lisps occur most commonly. Lisps may be developmental - which means that the child may grow out of it - or deviant - which means it is not a typically developing error.

Frontal lisps occur when the teeth are not together, leading to the tongue protruding to near the cutting edge of the teeth, but not actually between the teeth.

Interdental lisps occur when the tongue tip is protruded between the upper and lower teeth - this may affect other similar sounds like (sh, ch, -dge, and j). These also usually occur when the teeth are not placed together. This can be considered developmental until about 4-5 years of age.

Lateral lisps occur when the tongue tip is touching the bumpy ridge behind the upper teeth, leading to the outgoing error to escape over the tongue sides in a lateral manner, rather than a more centralized air stream.

How do we teach the "s" sound?!

Speech-language pathologists (SLPs) use a variety of techniques to teach a good "s."

One way an SLP may teach a sound is by simply discussing where the articulators (the lips, tongue, teeth, etc.) are when the sound is made.

SLPs may also get in the mouth, literally (and with gloves), to help the student feel and place the articulators where they need to be.

Another method of instruction is where we manipulate another sound (like "sh") to make our target sound (like "s").

So we learned how to make an "s" ... Now what?

One of our first goals is to just make the sound all by itself, but our work does not stop there. We must be able to carryover that success into syllables, simple words, more complex words, phrases, sentences, readings, and conversation. Our techniques that we have learned now become cues that we can refer back to as we

Source/Inspiration

Secord, W.A. et al. (2007). *Eliciting Sounds: Techniques and Strategies for Clinicians, 2nd Edition*. Clifton Park, NY : Delmar, Cengage Learning.