

CHILD NOT MAKING EYE CONTACT AND NOT TALKING

CHILD NOT MAKING EYE CONTACT AND NOT TALKING CAN BE A CONCERNING SYMPTOM FOR MANY PARENTS, SPARKING QUESTIONS ABOUT THEIR CHILD'S DEVELOPMENT AND POTENTIAL UNDERLYING ISSUES. THIS ARTICLE DELVES INTO THE MULTIFACETED ASPECTS OF THIS BEHAVIOR, EXPLORING COMMON REASONS, DEVELOPMENTAL CONSIDERATIONS, AND CRUCIAL STEPS PARENTS CAN TAKE. WE WILL EXAMINE THE SIGNIFICANCE OF EYE CONTACT AND SPEECH IN A CHILD'S COMMUNICATION, DISCUSS POTENTIAL CAUSES RANGING FROM SHYNESS AND SENSORY PROCESSING DIFFERENCES TO DEVELOPMENTAL DELAYS AND NEURODEVELOPMENTAL CONDITIONS LIKE AUTISM SPECTRUM DISORDER. FURTHERMORE, WE WILL OUTLINE IMPORTANT OBSERVATION TECHNIQUES, THE ROLE OF EARLY INTERVENTION, AND HOW TO SEEK PROFESSIONAL GUIDANCE TO ENSURE A CHILD RECEIVES THE SUPPORT THEY NEED TO THRIVE.

- UNDERSTANDING EYE CONTACT AND SPEECH DEVELOPMENT
- COMMON REASONS FOR A CHILD NOT MAKING EYE CONTACT AND NOT TALKING
- DEVELOPMENTAL MILESTONES AND RED FLAGS
- WHEN TO SEEK PROFESSIONAL EVALUATION
- STRATEGIES AND SUPPORT FOR PARENTS

THE SIGNIFICANCE OF EYE CONTACT AND SPEECH IN CHILD DEVELOPMENT

EYE CONTACT IS A FUNDAMENTAL BUILDING BLOCK OF SOCIAL INTERACTION AND COMMUNICATION. IT ALLOWS CHILDREN TO GAUGE EMOTIONS, UNDERSTAND SOCIAL CUES, AND ESTABLISH A CONNECTION WITH OTHERS. WHEN A CHILD CONSISTENTLY AVOIDS EYE CONTACT, IT CAN SIGNAL A DISCONNECT IN THEIR ABILITY TO ENGAGE WITH THEIR ENVIRONMENT AND THE PEOPLE WITHIN IT. THIS SEEMINGLY SIMPLE ACT CARRIES PROFOUND IMPLICATIONS FOR A CHILD'S SOCIAL AND EMOTIONAL DEVELOPMENT, INFLUENCING THEIR CAPACITY TO FORM RELATIONSHIPS AND NAVIGATE SOCIAL SITUATIONS EFFECTIVELY.

SIMILARLY, THE DEVELOPMENT OF SPOKEN LANGUAGE IS A CORNERSTONE OF A CHILD'S ABILITY TO EXPRESS THEIR NEEDS, THOUGHTS, AND FEELINGS. A DELAY OR ABSENCE OF SPEECH CAN IMPEDE THEIR LEARNING, THEIR ABILITY TO CONNECT WITH PEERS, AND THEIR OVERALL SENSE OF AGENCY. UNDERSTANDING THE TYPICAL TRAJECTORY OF SPEECH DEVELOPMENT HELPS PARENTS IDENTIFY WHEN THEIR CHILD MIGHT BE FALLING BEHIND, PROMPTING A CLOSER LOOK AT POTENTIAL CONTRIBUTING FACTORS.

EXPLORING REASONS FOR A CHILD NOT MAKING EYE CONTACT AND NOT TALKING

SEVERAL FACTORS CAN CONTRIBUTE TO A CHILD'S DIFFICULTY WITH EYE CONTACT AND SPEECH. IT'S CRUCIAL TO APPROACH THIS WITH A BALANCED PERSPECTIVE, CONSIDERING A RANGE OF POSSIBILITIES BEFORE DRAWING CONCLUSIONS. OFTEN, THE REASONS ARE NUANCED AND CAN INVOLVE A COMBINATION OF INDIVIDUAL TEMPERAMENTS, ENVIRONMENTAL INFLUENCES, AND DEVELOPMENTAL CONSIDERATIONS.

SHYNESS AND TEMPERAMENT

FOR SOME CHILDREN, A LACK OF SUSTAINED EYE CONTACT AND LIMITED VERBALIZATION MAY SIMPLY STEM FROM A SHY OR INTROVERTED TEMPERAMENT. THESE CHILDREN MIGHT FEEL OVERWHELMED BY DIRECT ATTENTION OR PREFER TO OBSERVE THEIR SURROUNDINGS BEFORE ENGAGING. THEIR HESITATION TO SPEAK COULD BE DUE TO A NATURAL RESERVE OR A NEED TO PROCESS INFORMATION INTERNALLY BEFORE FORMULATING A RESPONSE. THIS IS PARTICULARLY COMMON IN UNFAMILIAR SOCIAL SETTINGS OR WITH NEW PEOPLE.

SENSORY PROCESSING DIFFERENCES

CHILDREN WITH SENSORY PROCESSING DIFFERENCES CAN FIND EYE CONTACT OVERWHELMING OR EVEN PAINFUL. THE INTENSITY OF VISUAL INPUT CAN BE TOO MUCH TO BEAR, LEADING THEM TO LOOK AWAY. SIMILARLY, AUDITORY SENSITIVITIES MIGHT MAKE IT DIFFICULT FOR THEM TO PROCESS SPOKEN LANGUAGE OR FEEL COMFORTABLE SPEAKING IN NOISY OR STIMULATING ENVIRONMENTS. THESE SENSORY CHALLENGES CAN SIGNIFICANTLY IMPACT THEIR ENGAGEMENT AND COMMUNICATION ATTEMPTS.

AUDITORY PROCESSING CHALLENGES

BEYOND GENERAL SENSORY ISSUES, SPECIFIC AUDITORY PROCESSING CHALLENGES CAN AFFECT A CHILD'S ABILITY TO UNDERSTAND SPOKEN LANGUAGE. IF A CHILD STRUGGLES TO DECIPHER SOUNDS, WORDS, OR THE NUANCES OF CONVERSATION, THEY MAY WITHDRAW FROM VERBAL INTERACTIONS AND AVOID SITUATIONS THAT REQUIRE THEM TO PROCESS COMPLEX AUDITORY INFORMATION. THIS CAN LEAD TO A PERCEIVED LACK OF ENGAGEMENT AND A RELUCTANCE TO SPEAK.

ANXIETY AND FEAR

ANXIETY, WHETHER GENERALIZED OR SITUATIONAL, CAN MANIFEST AS AVOIDANCE OF EYE CONTACT AND A RELUCTANCE TO SPEAK. A CHILD WHO FEELS ANXIOUS IN SOCIAL SETTINGS OR FEARS BEING JUDGED MIGHT RETREAT INTO THEMSELVES. THIS FEAR CAN PREVENT THEM FROM INITIATING CONVERSATIONS OR RESPONDING WHEN SPOKEN TO DIRECTLY, EVEN IF THEY HAVE THE LINGUISTIC CAPACITY. THE INTERNAL EMOTIONAL STATE PLAYS A SIGNIFICANT ROLE HERE.

DEVELOPMENTAL DELAYS

DEVELOPMENTAL DELAYS IN AREAS SUCH AS COGNITIVE, MOTOR, OR SOCIAL-EMOTIONAL DEVELOPMENT CAN ALSO PRESENT WITH A CHILD NOT MAKING EYE CONTACT AND NOT TALKING. THESE DELAYS CAN IMPACT A CHILD'S ABILITY TO UNDERSTAND SOCIAL CUES, THEIR MOTIVATION TO COMMUNICATE, OR THEIR PHYSICAL CAPACITY TO PRODUCE SPEECH SOUNDS. IT IS IMPORTANT TO CONSIDER THESE BROADER DEVELOPMENTAL TRAJECTORIES.

AUTISM SPECTRUM DISORDER (ASD) AND OTHER NEURODEVELOPMENTAL CONDITIONS

A NOTABLE SYMPTOM ASSOCIATED WITH AUTISM SPECTRUM DISORDER (ASD) IS A DIFFERENCE IN SOCIAL COMMUNICATION AND INTERACTION, WHICH OFTEN INCLUDES CHALLENGES WITH EYE CONTACT AND VERBAL COMMUNICATION. CHILDREN WITH ASD MAY HAVE DIFFICULTY UNDERSTANDING OR USING NON-VERBAL COMMUNICATION, INCLUDING EYE CONTACT, AND MAY EXPERIENCE DELAYED SPEECH DEVELOPMENT OR NON-VERBAL COMMUNICATION PATTERNS. IT IS IMPORTANT TO REMEMBER THAT NOT ALL CHILDREN WHO AVOID EYE CONTACT AND ARE NON-VERBAL HAVE ASD, BUT IT IS A SIGNIFICANT CONSIDERATION FOR PROFESSIONALS.

OTHER NEURODEVELOPMENTAL CONDITIONS, SUCH AS SPECIFIC LANGUAGE IMPAIRMENT OR GLOBAL DEVELOPMENTAL DELAY, CAN ALSO PRESENT WITH THESE SYMPTOMS. THESE CONDITIONS AFFECT VARIOUS ASPECTS OF A CHILD'S DEVELOPMENT, IMPACTING THEIR COMMUNICATION ABILITIES IN DIFFERENT WAYS. A COMPREHENSIVE ASSESSMENT IS KEY TO DIFFERENTIATING THESE CONDITIONS.

UNDERSTANDING DEVELOPMENTAL MILESTONES AND IDENTIFYING RED FLAGS

TRACKING A CHILD'S DEVELOPMENTAL MILESTONES IS CRUCIAL FOR IDENTIFYING POTENTIAL CONCERNS. WHILE EVERY CHILD DEVELOPS AT THEIR OWN PACE, THERE ARE GENERAL EXPECTATIONS FOR WHEN CERTAIN COMMUNICATION SKILLS EMERGE. DEVIATIONS FROM THESE TYPICAL TIMELINES CAN BE IMPORTANT INDICATORS.

TYPICAL MILESTONES FOR EYE CONTACT AND SPEECH

BY 6 MONTHS, MOST BABIES ARE MAKING EYE CONTACT AND BEGINNING TO BABBLE. BY 12 MONTHS, THEY TYPICALLY HAVE A FEW SIMPLE WORDS AND CAN RESPOND TO THEIR NAME. AROUND 18-24 MONTHS, A CHILD USUALLY STARTS PUTTING TWO WORDS TOGETHER AND ACTIVELY ENGAGES IN SIMPLE CONVERSATIONS. CONSISTENT EYE CONTACT BECOMES MORE PREVALENT AS THEY LEARN TO INTERACT SOCIALLY. THESE ARE BROAD GUIDELINES, AND INDIVIDUAL VARIATION IS NORMAL.

KEY RED FLAGS TO OBSERVE

PARENTS SHOULD BE AWARE OF SEVERAL RED FLAGS THAT MIGHT SUGGEST A NEED FOR FURTHER INVESTIGATION. THESE INCLUDE A LACK OF RESPONSE TO THEIR NAME BY 12 MONTHS, NO BABBLING BY 9 MONTHS, AND NO SINGLE WORDS BY 16 MONTHS. A SIGNIFICANT LACK OF EYE CONTACT THROUGHOUT THE FIRST YEAR, ESPECIALLY IF IT SEEMS UNUSUAL FOR THE CHILD'S TEMPERAMENT, IS ALSO A CONCERN. FURTHERMORE, IF A CHILD DOES NOT ATTEMPT TO SHARE THEIR EXPERIENCES OR ENGAGE IN BACK-AND-FORTH INTERACTION BY 9-12 MONTHS, IT WARRANTS ATTENTION.

- ABSENCE OF SOCIAL SMILING BY 6 MONTHS.
- NOT BABBLING BY 12 MONTHS.
- NOT USING GESTURES LIKE POINTING OR WAVING BY 12 MONTHS.
- NO SINGLE WORDS BY 16 MONTHS.
- NOT PUTTING TWO WORDS TOGETHER BY 24 MONTHS.
- SIGNIFICANT AVOIDANCE OF EYE CONTACT BEYOND WHAT IS TYPICAL FOR THEIR AGE AND TEMPERAMENT.
- LACK OF INTEREST IN SOCIAL INTERACTION.

WHEN TO SEEK PROFESSIONAL EVALUATION FOR A CHILD NOT MAKING EYE CONTACT AND NOT TALKING

DECIDING WHEN TO SEEK PROFESSIONAL HELP CAN BE CHALLENGING FOR PARENTS. HOWEVER, IF YOU HAVE PERSISTENT CONCERNS ABOUT YOUR CHILD'S COMMUNICATION DEVELOPMENT, PARTICULARLY IF THEY ARE EXHIBITING MULTIPLE RED FLAGS, IT IS ADVISABLE TO CONSULT WITH A QUALIFIED PROFESSIONAL. EARLY INTERVENTION IS KEY TO ENSURING THE BEST POSSIBLE OUTCOMES FOR CHILDREN FACING DEVELOPMENTAL CHALLENGES.

CONSULTING WITH PEDIATRICIANS AND SPECIALISTS

THE FIRST STEP IS OFTEN TO DISCUSS YOUR CONCERNS WITH YOUR CHILD'S PEDIATRICIAN. THEY CAN CONDUCT AN INITIAL ASSESSMENT, REVIEW DEVELOPMENTAL MILESTONES, AND RULE OUT ANY IMMEDIATE MEDICAL ISSUES. BASED ON THEIR FINDINGS, THEY MAY REFER YOU TO SPECIALISTS SUCH AS:

- SPEECH-LANGUAGE PATHOLOGISTS (SLPs)
- DEVELOPMENTAL PEDIATRICIANS
- CHILD PSYCHOLOGISTS
- AUDIOLOGISTS

THESE PROFESSIONALS HAVE THE EXPERTISE TO CONDUCT COMPREHENSIVE EVALUATIONS, IDENTIFY SPECIFIC AREAS OF DIFFICULTY, AND DEVELOP TAILORED INTERVENTION PLANS. THEY WILL OBSERVE THE CHILD'S BEHAVIOR, INTERACT WITH THEM, AND MAY ADMINISTER STANDARDIZED TESTS TO GATHER INFORMATION.

THE IMPORTANCE OF EARLY INTERVENTION

EARLY INTERVENTION SERVICES CAN SIGNIFICANTLY IMPACT A CHILD'S DEVELOPMENT, ESPECIALLY FOR THOSE WITH COMMUNICATION DELAYS OR DEVELOPMENTAL DISORDERS. THESE SERVICES PROVIDE TARGETED SUPPORT AND THERAPIES DURING A CRITICAL PERIOD OF BRAIN DEVELOPMENT, MAXIMIZING A CHILD'S POTENTIAL FOR PROGRESS. THE SOONER A DIAGNOSIS IS MADE AND INTERVENTION BEGINS, THE GREATER THE CHANCES OF IMPROVING COMMUNICATION SKILLS, SOCIAL INTERACTION, AND OVERALL QUALITY OF LIFE.

STRATEGIES AND SUPPORT FOR PARENTS OF A CHILD NOT MAKING EYE CONTACT AND NOT TALKING

NAVIGATING THE JOURNEY OF SUPPORTING A CHILD WITH COMMUNICATION CHALLENGES CAN BE DEMANDING. HOWEVER, PARENTS CAN IMPLEMENT VARIOUS STRATEGIES AT HOME AND SEEK EXTERNAL SUPPORT TO FOSTER THEIR CHILD'S DEVELOPMENT. PATIENCE, CONSISTENCY, AND A POSITIVE APPROACH ARE ESSENTIAL.

CREATING A SUPPORTIVE HOME ENVIRONMENT

A NURTURING AND PREDICTABLE HOME ENVIRONMENT CAN GREATLY BENEFIT A CHILD STRUGGLING WITH COMMUNICATION. PARENTS CAN FOCUS ON:

- **ENCOURAGING INTERACTION:** ENGAGE IN PLAY THAT INVOLVES TURN-TAKING AND SHARED ATTENTION.
- **MODELING LANGUAGE:** SPEAK CLEARLY AND USE SIMPLE, REPETITIVE PHRASES.
- **PATIENCE AND POSITIVE REINFORCEMENT:** CELEBRATE SMALL SUCCESSES AND AVOID PRESSURE.
- **REDUCING OVERSTIMULATION:** CREATE CALM SPACES WHERE THE CHILD CAN FEEL COMFORTABLE.
- **FOLLOWING THE CHILD'S LEAD:** OBSERVE WHAT INTERESTS THEM AND BUILD UPON IT.

WORKING WITH PROFESSIONALS AND THERAPIES

COLLABORATION WITH THERAPISTS IS CRUCIAL. PARENTS SHOULD ACTIVELY PARTICIPATE IN THERAPY SESSIONS, LEARN TECHNIQUES TO USE AT HOME, AND COMMUNICATE OPENLY WITH THE THERAPY TEAM. THERAPIES SUCH AS SPEECH THERAPY, OCCUPATIONAL THERAPY (FOR SENSORY INTEGRATION), AND APPLIED BEHAVIOR ANALYSIS (ABA) CAN BE HIGHLY BENEFICIAL, DEPENDING ON THE CHILD'S SPECIFIC NEEDS.

FINDING SUPPORT GROUPS FOR PARENTS CAN ALSO PROVIDE A VALUABLE NETWORK FOR SHARING EXPERIENCES, GAINING INSIGHTS, AND RECEIVING EMOTIONAL ENCOURAGEMENT. CONNECTING WITH OTHER FAMILIES WHO UNDERSTAND THESE CHALLENGES CAN BE IMMENSELY HELPFUL.

FOCUSING ON STRENGTHS AND BUILDING CONFIDENCE

IT'S VITAL TO RECOGNIZE AND BUILD UPON A CHILD'S STRENGTHS. FOCUSING SOLELY ON DEFICITS CAN BE DETRIMENTAL TO THEIR SELF-ESTEEM. BY IDENTIFYING WHAT A CHILD ENJOYS AND EXCELS AT, PARENTS CAN CREATE OPPORTUNITIES FOR THEM TO

EXPERIENCE SUCCESS, WHICH IN TURN BOOSTS THEIR CONFIDENCE AND WILLINGNESS TO ENGAGE. THIS POSITIVE REINFORCEMENT CAN SPILL OVER INTO OTHER AREAS OF DEVELOPMENT, INCLUDING COMMUNICATION.

FAQ

Q: WHAT ARE THE FIRST SIGNS A PARENT SHOULD LOOK FOR IF THEIR CHILD IS NOT MAKING EYE CONTACT AND NOT TALKING?

A: PARENTS SHOULD OBSERVE FOR A LACK OF RESPONSE TO THEIR NAME BY 12 MONTHS, NO BABBLING BY 9 MONTHS, LIMITED USE OF GESTURES LIKE POINTING OR WAVING BY 12 MONTHS, AND THE ABSENCE OF SINGLE WORDS BY 16 MONTHS. PERSISTENT AVOIDANCE OF EYE CONTACT, BEYOND TYPICAL SHYNESS, IS ALSO A KEY INDICATOR TO MONITOR CLOSELY.

Q: IS IT NORMAL FOR A TODDLER TO GO THROUGH A QUIET PHASE WHERE THEY DON'T MAKE MUCH EYE CONTACT OR TALK MUCH?

A: WHILE SOME TODDLERS MAY BE NATURALLY MORE RESERVED OR GO THROUGH BRIEF PERIODS OF BEING QUIETER, A CONSISTENT AND PROLONGED LACK OF EYE CONTACT AND SPEECH DEVELOPMENT THAT DOESN'T ALIGN WITH TYPICAL MILESTONES WARRANTS ATTENTION. IF THE BEHAVIOR PERSISTS OR IS ACCOMPANIED BY OTHER DEVELOPMENTAL CONCERNS, IT'S ADVISABLE TO SEEK PROFESSIONAL ADVICE.

Q: CAN SCREEN TIME CONTRIBUTE TO A CHILD NOT MAKING EYE CONTACT AND NOT TALKING?

A: EXCESSIVE SCREEN TIME, ESPECIALLY IN VERY YOUNG CHILDREN, CAN POTENTIALLY IMPACT THE DEVELOPMENT OF SOCIAL COMMUNICATION SKILLS. THE PASSIVE NATURE OF SCREEN CONSUMPTION MAY REDUCE OPPORTUNITIES FOR INTERACTIVE, BACK-AND-FORTH COMMUNICATION, WHICH IS CRUCIAL FOR LEARNING EYE CONTACT AND SPEECH. LIMITING SCREEN TIME AND PRIORITIZING INTERACTIVE PLAY IS GENERALLY RECOMMENDED FOR HEALTHY DEVELOPMENT.

Q: WHAT IS THE DIFFERENCE BETWEEN A CHILD BEING SHY AND A CHILD HAVING A DEVELOPMENTAL DELAY REGARDING EYE CONTACT AND SPEECH?

A: SHYNESS IS TYPICALLY A TEMPERAMENTAL TRAIT THAT MAY BE SITUATIONAL OR RELATED TO UNFAMILIAR ENVIRONMENTS. A CHILD WHO IS SHY MIGHT STILL ENGAGE IN EYE CONTACT AND SPEAK WHEN COMFORTABLE. A DEVELOPMENTAL DELAY OR CONDITION LIKE ASD OFTEN INVOLVES A MORE CONSISTENT AND PERVASIVE DIFFICULTY WITH SOCIAL COMMUNICATION, INCLUDING A FUNDAMENTAL DIFFERENCE IN THE ABILITY OR INCLINATION TO MAKE EYE CONTACT AND INITIATE OR SUSTAIN VERBAL INTERACTIONS.

Q: HOW CAN A SPEECH-LANGUAGE PATHOLOGIST HELP A CHILD WHO IS NOT MAKING EYE CONTACT AND NOT TALKING?

A: A SPEECH-LANGUAGE PATHOLOGIST (SLP) CAN ASSESS A CHILD'S RECEPTIVE AND EXPRESSIVE LANGUAGE SKILLS, ORAL MOTOR ABILITIES, AND SOCIAL COMMUNICATION STRATEGIES. THEY CAN DIAGNOSE SPECIFIC LANGUAGE IMPAIRMENTS, DEVELOP INDIVIDUALIZED THERAPY PLANS TO IMPROVE SPEECH SOUND PRODUCTION, VOCABULARY, SENTENCE STRUCTURE, AND THE USE OF NON-VERBAL COMMUNICATION, INCLUDING EYE CONTACT, TO FOSTER MORE EFFECTIVE INTERACTION.

Q: ARE THERE ANY GENETIC FACTORS THAT CAN CAUSE A CHILD NOT TO MAKE EYE

CONTACT AND NOT TALK?

A: YES, GENETIC FACTORS CAN PLAY A ROLE IN CERTAIN DEVELOPMENTAL CONDITIONS, INCLUDING THOSE THAT AFFECT SOCIAL COMMUNICATION AND SPEECH. FOR INSTANCE, GENETIC PREDISPOSITIONS ARE KNOWN TO BE ASSOCIATED WITH AUTISM SPECTRUM DISORDER AND OTHER NEURODEVELOPMENTAL DISORDERS THAT CAN MANIFEST AS DIFFICULTIES WITH EYE CONTACT AND VERBAL COMMUNICATION.

Q: WHAT ROLE DOES SENSORY PROCESSING PLAY IN A CHILD AVOIDING EYE CONTACT AND BEING NON-VERBAL?

A: SENSORY PROCESSING DIFFERENCES CAN SIGNIFICANTLY IMPACT EYE CONTACT AND SPEECH. SOME CHILDREN MAY FIND THE INTENSITY OF DIRECT EYE CONTACT OVERWHELMING OR AVERSIVE. SIMILARLY, AUDITORY SENSITIVITIES CAN MAKE IT DIFFICULT FOR THEM TO PROCESS SPOKEN LANGUAGE OR FEEL COMFORTABLE PRODUCING SOUNDS. OCCUPATIONAL THERAPISTS OFTEN WORK WITH CHILDREN ON SENSORY INTEGRATION STRATEGIES TO HELP THEM MANAGE THESE SENSITIVITIES.

Q: CAN EARLY INTERVENTION SERVICES EFFECTIVELY ADDRESS A CHILD NOT MAKING EYE CONTACT AND NOT TALKING?

A: ABSOLUTELY. EARLY INTERVENTION IS HIGHLY EFFECTIVE FOR CHILDREN EXPERIENCING DELAYS OR DIFFICULTIES IN COMMUNICATION AND SOCIAL INTERACTION. PROVIDING TARGETED THERAPIES AND SUPPORT DURING CRITICAL DEVELOPMENTAL PERIODS CAN SIGNIFICANTLY IMPROVE A CHILD'S ABILITY TO MAKE EYE CONTACT, DEVELOP SPEECH, AND ENGAGE SOCIALLY, LEADING TO BETTER LONG-TERM OUTCOMES.

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