

Phase 4 of the Growing Participant Approach 500 Hours of Deep Life Sharing

Adapted from the guide by Greg Thomson, September 2007;
abridged and modified for Arabic by Brenda C., 2014.

In this phase, the GP is learning more and more about how local people live and act and what they think and feel, as well as learning much more of the target language.

Goals of Phase 4:

- In 500 hours of language sessions,
- to learn to understand the culture around him more deeply and more widely,
- to add about 2500-3000 more words to his iceberg of familiar words and phrases,
- to become more fluent in speaking, and
- (optionally) to begin to learn to read and write.

As with any phase, if the GP is not sure that he is ready for phase 4, he can try doing phase 4 activities. If he finds them too difficult, he can do phase 3 activities for awhile and then try again.

Life Story Interviews and Walk of Life Interviews

The GP will lead this phase. He should have detailed instructions in English or another language. In a Life Story Interview or Walk of Life Interview, the GP interviews various people from different places and who have different jobs. He begins by asking a question similar to one of the following:

1. Tell me the story of your life. (This may include the stories of other people in his life also, such as his parents or other relatives.) This is a Life Story Interview.

A Walk of Life interview focuses on a person's daily life and work. (The person might be a student, a housewife, a taxi driver, or anyone the GP wants to interview.) The GP asks questions like these:

2. Tell me about a typical (normal, usual) day in your life, or a typical day at your job. Or, "What do you do on a typical day from morning until evening?" (The GP may also ask about a typical day in a different season or a different time of year, or during a holiday, for example.)
3. Tell me everything you did on a specific day (for example, last Tuesday).
4. Tell me about all the places in (a certain place, such as your village, your home, your factory) and what happens in each place. For example, "Take me on a visit through your workplace telling me about the details of your work in each location."
5. Show me a job you normally do and tell me about each step in that job. (Or explain all the steps in some task you normally do.)
6. Tell me about some interesting experiences you have had in your work (or other area of life).

The GP follows these steps:

1. The GP asks the person about his life, using one of the questions above (usually #1) and records the person's story. He wants the person telling the story to

talk about whatever is most important to that person. The person can talk about whatever he wants to.

2. Usually, the GP listens to the recording by himself at home, noticing parts he doesn't understand and writing down further questions he wants to ask.

3. The GP massages the story with the person he interviewed. (See Phase 3 for how to massage a recording.) New words are discussed in the target dialect and added to the GP's word log. A vocabulary recording is made with each new word, followed by a sentence using the word or a discussion of the meaning, followed by the word again.

4. The GP attempts to expand the story by asking more questions related to whatever the person talked about. He might ask questions that add another story, such as "What happened after you graduated from high school?" Or questions that ask for an explanation, such as "What kind of chores did you do when you lived in the village?" The GP also looks for "lists of life"—areas of culture that he needs to understand better. If the person he interviews mentions divorce, for example, the GP might ask him more about why people get divorced, and the GP may also ask other friends about reasons for divorce in this culture, and make a list of possible reasons. (This is an example of a cultural domain. See below.)

5. This expansion is recorded and massaged. If the GP has two recorders, he may play one recording, ask questions and hear the answers, while recording with the second recorder, so the two recordings will be combined. If he only has one recorder, he will need to use different tapes or files.

6. The GP listens to the expanded recording and thinks of more questions to ask, then records again, etc. In the end, the GP hopes to have a very long recording discussing many aspects of the person's life and culture.

7. In the next session, the GP tries to tell some of the previous day's story to the Nurturer or summarize it. Of course, he will speak at his own level, and not memorize the Nurturer's words! He needs to do this daily to grow in speaking.

The GPs should spend most of their 500 hours in phase 4 doing Deep Life Sharing, as above. However, they may also work a few hours a week on reading and writing, including listening to and massaging familiar stories from phase 3 read in Modern Standard Arabic (see below).

Lists of Life

From Life Stories and Walk of Life Interviews, the GPs may notice areas of the culture they want to expand on. These are lists relevant to some area of host life. They are always based on something mentioned in an interview or an expansion of an interview.

The GP should start the list with the interviewee, then add to it by asking other friends.

Examples of Lists of Life the GP might choose to ask about, if the host friend mentioned something about them in an interview:

A high school is a kind of educational institution (or school).	List types of educational institutions (or schools) among the host people.
Medicine (or being a doctor) is a kind of job.	List kinds of jobs among host people.

A kitchen is a part of a house.	List parts of (or places in) a local house.
Cairo is a place in Egypt.	List places in Egypt.
A child's death is a result of envy.	List other results of envy.
Laziness is a cause of failure.	List other possible causes for failure
A wedding is a reason for giving a party.	List other possible reasons for giving a party (or a certain type of gathering).
A mosque is a place for praying.	List other places for praying. Or list other things people might do in a mosque, such as worship and religious study.
Goats are used for milk.	List other uses of goats.
A bus is a way to travel.	List other ways to travel.
Signing the contract is a step in the marriage process.	List other steps in the marriage process.
Loyalty is a characteristic of a good friend.	List other characteristics of a good friend.

Detailed Observation

The third major activity of phase 4 is Detailed Observation. Detailed instructions are in the manual in English, for the GP. A summary and example are given below. The Nurturer can help the GP by: suggesting places or events the GP can observe, asking him about the details mentioned (place and time, people who were there, etc.), negotiating meanings to help the GP describe everything he saw, helping the GP understand and evaluate what he observed, and summarizing and explaining the scene at the end while the GP records.

Directions for the GP:

- Choose a social situation that you can observe in careful detail.
- Imagine you have never seen a situation like this before; what would you notice?
- Take detailed notes either during or immediately after the situation.
- Try to describe to your host friend everything you observed (negotiate meaning!) and ask for his/her interpretations and labels (Is it good or bad to dress like that? Is it polite to say that? What is that called?)
- Record your host friend's summary of the scene and commentary on it. Add new words to the word log and make a vocabulary recording.

For anything important to you, check for other friends' interpretations.

•Examples of social situations: a bus ride; a transaction at a vegetable stand; lunch at a neighbor's house; people at a specific place, a mother or father walking with a child, what is happening in a schoolyard, a traffic accident, a fight, a visit following a death or a birth, etc.

Examples of areas to describe in the detailed observation:

- Place and time: Where and when?
- Actors: Who?

- Activities: What are they doing?
- Details, as noticed:
 - Clothing
 - Actions
 - Language used, including repeated phrases
 - Body Language
 - Repeated sequences of events
 - Eye contact
 - Setting

Supplementary Phase 4 Activities

Problems the GP may encounter, and Suggestions:

- New vocabulary for each week is too low
- The GP has difficulty combining words (grammar)
- The GP doesn't get enough practice in talking.

Adding more vocabulary

Goal: average of about 8 new words per hour

On the average, for every hour of language sessions in Phase 4 the GP should have strong encounters with about eight new words. If that does not happen in a week of language sessions, on the fifth day the GP should do other activities such as:

Hole-Finding: The GP tries to talk about something that is difficult for him, looking for areas where he needs to learn more words. He might watch a *cartoon or a silent movie* and try to describe everything that happens. Or he might choose a *busy picture* and try to describe everything happening in the picture. Or he might walk around the area and focus on conversations, noticing things he wants to be able to talk to but finds it difficult. (For example, people, sights, what is said, thoughts.) Then the GP tries to talk about these areas in conversations, repeatedly, using the words and phrases he picks up in various ways at various times, and noticing them in people's speech.

Phase 2 and 3 activities: The GP might use a new *wordless picture book*, (see the phase 2 manual) on a more advanced level (for example, Why?, Anno's Journey, Full Moon Soup, Full Moon Afloat, Noah's Ark, Rain, or Free Fall) and try to describe everything happening in it. Or he might do a phase 3 activity, such as a *local story or a religious story*, script of life, or a wordless movie such as Mr. Bean.

Fusha: The GP may choose to start learning to understand some words in fusha in phase 3C and phase 4, before focusing on reading in phase 5. This is explained below. The fusha words are always explained with 9ammiyya words the GP knows. They are added to the word log and used in vocabulary recordings, as usual.

Lexicarry: The GP and Nurturer might discuss the Lexicarry strips in detail, with different possibilities. (For example, in the strip where two people run into each other, what might the person who fell say if he is angry? How could the other person

respond?)

Discussions: The GP and Nurturer might discuss anything the GP has observed. For example, the GP may notice that at a certain time of day, many people leave their homes. He may ask the Nurturer where people go at that time, and he make a list of places, including the Nurturer's ideas and other friend's suggestions.

They might discuss times when the GP or Nurturer offended someone or was offended by someone, and how to avoid offending others as well as how to apologize. Or the GP might observe a fight in the street, or a car accident, or any incident he wants to ask the Nurturer to explain more about.

For any of the above, at the end of the discussion, the Nurturer should summarize what was talked about and the new vocabulary (saying the word or phrase—explanation—word or phrase) on recordings for the GP to listen to repeatedly at home. New words should be added to the word log.

If the GP is having difficulty putting words together correctly

To identify areas the GP needs to work on, do a "record for feedback." Some GPs may wish to do a 5 minute record for feedback once a week; others may prefer once a month or so.

Record for Feedback (Phases 3-6)

Recording for Feedback is an activity during which the Growing Participant records himself in order to detect 'holes' in his ability to communicate in a native-like way, so that he and the Nurturer can plan activities to help the GP progress.

Steps in Record for Feedback

Step 1. While recording, the GP talks freely; for example, telling of an interesting incident in his life, telling of a time a problem arose for him in this new country, etc. (See suggestions below. Choose something that is challenging to the GP, but not very difficult.) It will be easier to notice progress if he chooses three stories or topics, and tells the same story once every three months, cycling through the three repeatedly.

The GP may do one of these, while recording:

- Describe a busy picture
- Tell a wordless book story
- Retell a familiar story
- Tell a story from his childhood (not skipping any parts that he would tell in his own language!)
- Explain both positions on a controversial issue
- Summarize the news from television and discuss the implications
- Explain to people exactly what he does professionally
- Describe a sequence of actions in great detail (i.e. how to make tea, what you do when you get up in the morning)
- Watch a wordless movie or cartoon (i.e. Tom and Jerry, Mr. Bean, Charlie Chaplin) with the Nurturer and try to describe everything that happens.

Step 2. The recording is then played, pausing after every sentence.

<i>I said</i>	<i>Host Speaker said</i>	<i>Insight?</i>

Step 3. While the recording is paused, the Nurturer should ask himself, “Is that something that I or another host person might have said, or is it clearly different from how we would talk?” If the answer is that a host person might have said the same thing, then go on to the next sentence. If the answer is, "no, no host person would talk like that," then the Nurturer tells how he might have expressed the idea. The GP might record this whole discussion (or the Nurturer might write the phrases in a table like the following).

Step 4. Divide a piece of paper into three columns. Wherever the nurturer makes a suggestion, write in the first column what it was that the GP said, and in the second column what the nurturer's corrected version was. In the third column there may be a summary of the type of problem. If the discussion was recorded, only the list of problems found needs to be written down.

Example:

What the GP said	How a host person might have said it	Optional statement of the nature of the problem
He is Fatima.	She is Fatima.	“He” refers to males, “she” refers to females.
My friend were there.	My friend was there.	he was, she was, they were, we were, you were
huwa raah	huwa raaH	Pronouncing H as h
etc.	etc.	(This column might be left empty.)

The GP should not ask the nurturer to explain grammatical points. If the Nurturer wants to offer an explanation, it should be brief and to the point, not a lecture at the board on everything related to the topic.

Step 5. Afterwards, the GP should notice gaps in his understanding (did he misunderstand cultural information?), gaps in vocabulary and expressions (does he need to focus on this topic and hear and notice related words and phrases?), gaps in ability to express an idea (does he need a grammar-focused learning activity, or to role-play the situation?), difficulties in pronunciation (does he need a listening discrimination activity focused on certain sounds?), or other issues. He should write down ideas, and plan his next language sessions to address these 'holes'. The Nurturer may help the GP to identify these areas and find ways to focus on them.

Step 6. The GP focuses on each area of difficulty by practicing in his own speech and listening to how other people speak, or he may do activities focused on

those areas of weakness such as input and output flooding, listening discrimination activities, etc. He may focus on using the words and phrases in as many ways possible, and listening for them in people's conversations.

Step 7. The GP should save this chart and recording in his learning portfolio, for assessment and planning later.

For grammar issues, use input and output flooding activities as described below, or Structured Input activities as described in the Phase 3 manual, Appendix 5. Or use *Action English Pictures* as explained in the instructions for it. Focus only on areas of grammar the GP is trying to use or recognize but finds difficult.

Grammar Through Input and Output Floods

“Grammar” is the glue that connects words together into coherent thoughts. It mainly involves word order (think of the difference between “Maryam saw Jameel” and “Jameel saw Maryam” or between “the son of the mother” and “the mother of the son”), word groupings (“happy horse riders” can mean happy riders of horses, or riders of happy horses, depending on how you group the words), small words with special functions (*the, a, can, is, will, if, that, when, to etc.*) or variations in the form of words (*run* versus *ran*, *writes* versus *writing*, *man* versus *men*, *cat* versus *cats*). Sometimes the GP may know all the words he needs for a particular idea he wants to express, but he does not know how to put them together. To some extent, this may be a matter requiring patience.

Our ability to use native-like grammar develops gradually, and develops in a particular order. The GP may not be able to use a particular item of grammar before he is ready for it. How does he know that he is ready? He may be ready for some particular aspect of grammar when he starts noticing it often and trying to use it in his own speech.

For example, he may notice that he is trying to say sentences that convey ideas like “the man who is working,” “the girl who is playing,” “the cat who is running,” etc., and he has some idea of how people do this in the target dialect, but he is not sure how to put those sentences together himself. Or perhaps it is sentences like, “He likes to run,” or, “Someone helps him to learn.” A “Record for Feedback” activity might also help him identify these areas.

To focus on forms like these, use input flooding and output flooding. These are powerful ways to become familiar with how such types of ideas are expressed. They can also start giving the GP confidence in expressing such ideas himself.

✓ Input Flooding

Use a busy picture: a picture in which many people are doing many different things. You can find busy pictures in books such as *William Wanders Off*. Or use a set of pictures in an album, a picture dictionary, or pictures in magazines or books.

For example, the GP may be having difficulties with phrases like, “the man who is flying,” “the man who is wearing a red suit,” “the man who is sweeping the street,” “the woman who is carrying a cane and running,” “the baby who is holding a blanket,” etc. (These phrases describe people in the first picture of *William Wanders Off*.)

The GP gives the Nurturer a few examples of the kind of sentence he is trying to say. Then the nurturer points at individuals in the pictures, while the GP records, and says, “Here is a man who is... This is the woman who is...”, etc., using that sentence pattern many times for one picture. Or he could ask the GP “Where is the man who is wearing the red suit?” “Where is the woman who is running?” etc. The GP records and points. (The questions help the GP to pay attention.)

In this way, the GP will hear the type of sentence he wants to learn many times, in a “flood” of meaningful sentences about things the GP can understand (because he sees the pictures). It is interesting, because the GP does not know exactly what the Nurturer will say. But the Nurturer must only use the grammatical feature requested.

The GP massages this recording if necessary, and listens repeatedly at home. He will hear the same sentence type or phrase many times.

You can use this for many other areas of grammar, such as (from the “Busy Room” picture below):

possessives—his hat, her cup of tea, their dog, or, the hat of the boy, the fur of the dog, the chair of the woman;

emotions—the women are happy, the man is angry, the dog is hungry;

verb tenses, past and present—he picked up the ladder, he carries it now, she put the kettle on the stove, it boils now, or

future—the man will hit the bee with the newspaper, the boy will shoot the gun;

verb forms such as the present progressive/ism ilfaa9il (the boy is walking and carrying the cake; the women are talking; the bee is flying) or

the past participle/ilmaf9uul bihi (the cup is put on the table, the cake is baked, the pictures are hung on the wall);

if-then statements—If he steps on the toy truck, then he will fall; If the boy were not wearing his shirt, he would be cold;

other sentence types such as—

He likes to shoot arrows, He likes to eat cake, She likes to talk; or,

He wants to warn the boy, She wants to drink tea, The woman wants to sew a scarf, The women want to talk, The men want to fix the roof;

the dual—Two women are talking, Two boys are shooting, Two men are carrying a ladder;

colors—the blue hat, the black and white ball (you can color this picture or use a colored picture from a book);

numbers—five blocks, three pictures, twelve people, two animals; and you can do. (*Anno’s Counting Book* is also good for practicing the forms of numbers.)

many other grammar structures.

Work on just one grammar structure in a session!

And of course this whole activity should be done in the Nurturer’s dialect, not in fusha!

Example of an Input Flooding Activity—Using a Busy Picture

- 1. Choose a type of sentence that the GP often wants to produce as part of his own talking.**
- 2. The GP shows the Nurturer a few examples of how that form of sentence might be used to talk about people or things in the busy picture.**
- 3. The GP listens and records while the Nurturer makes many, many statements about people and things in the picture, using the same basic type of sentence or phrase.**
- 4. Massage the recording as necessary.**
- 5. The GP listens to the recording several times before the next session.**

✓ Output Flooding

After doing Input Flooding, the GP listens to the recording repeatedly at home. In the next language session, it is the GP's turn to use that pattern. He turns to a new busy picture, and tries to describe everyone in the picture using the target sentence type. "Here is a man who...", etc. The Nurturer helps as needed.

It is very important that you only focus on aspects of the grammar that the GP is trying to use in speech. If the Nurturer tries to teach the GP something the GP does not yet need to use, the activity will not help the GP; he will forget it before he needs to use it.

Example of an Output Flooding Activity—Using a Busy Picture

- 1. Use a new busy picture.**
- 2. The GP attempts to make many, many statements about people or things in the picture, using the target type of sentence. The Nurturer helps him.**
- 3. Do this only with sentence types or types of phrases that the GP is already struggling to use in his own speech.**

✓ Scripts of Life for Input and Output Flooding

Choose a script of life that the GP already knows well. Use it to work on a grammar form he needs to focus on. For example, the GP might use a script of life about washing hands to focus on the future tense. First the Nurturer will use the grammar construction in saying the script of life, while the GP records and the Nurturer does all the actions he describes: "In a while, I will wash my hands. First I will walk to the bathroom door. Then I will reach out my hand..." (He should do each action after saying that he is going to do it.) Or more complex patterns can be used: "After I walk to the door, I will reach out my hand. After I reach out my hand, I will take hold of the doorknob..." Then the GP should listen to the recording several times at home, and then try to do it in the next language session. (For example, he says "I will walk to the door." Then he walks to the door. "I will reach out my hand." Then he reaches out his hand.) *Action English Pictures*, *Lexicarry*, or other story strips can also be used in this way. See the instructions for *Action English Pictures*.

Example of an Input Flooding Activity—Using a Script of Life

1. Choose a type of sentence that the GP often wants to produce as part of his own speech.
2. Take a Script of Life (or a page from *Action English Pictures* or *Lexicarry*) that is already familiar to the GP from previous sessions, and from listening to the recording.
3. The nurturer retells it in a way that emphasises the sentence type, and acts it out. Record.
4. The GP listens at home.
5. The GP attempts to tell the Script of Life using that sentence type and acting it out.



Sample Busy Picture

More Talking

If the GP is not getting enough practice in talking, he may try the following:

- Going out and mixing more with local people outside of language classes
- Detailed Observation Activity, as described above
- Retell the life story of the friend he is interviewing to that friend
- Retell incidents from the friend's life to other people he meets, ONLY if these stories are not confidential and the friend gives him permission.
- Tell his own life story to other people.
- Tell a longer story to a few other people, a piece at a time.
- Join a local group such as a class, a group of people who regularly sit at a shop, etc.

Reading, Writing, and Fusha

In Phase 4, the GP might choose to start learning to **read and write**. (See Appendix 1.) He could spend about a week learning the alphabet and how to connect the letters, then use an occasional MSA activity, as described below, maybe an hour or two per week, during the rest of phase 4.

Beginning to Understand Fusha (phases 3C through 6)

- Choose a familiar story that you have in writing, probably in a children's book. Make sure both the GP and the Nurturer know the story well.
- The Nurturer tells the story in the target dialect while the GP records.
- Massage the recording together until the GP understands all the vocabulary. Write new words in the Word Log, and discuss them together. The GP listens to the recording repeatedly at home.
- The Nurturer reads the story in MSA while the GP records. (Or if you have a commercial recording of the story in MSA, use that.)
- Massage the recording until the GP understands all the vocabulary. The Nurturer explain new words and phrases from MSA in the target dialect, using words the GP already understands and negotiating meaning. Write new words in the Word Log. Strengthen the words by discussing them together. Make a vocabulary recording (new word—discussion of new word—new word).
- The GP listens repeatedly to the story in dialect and in MSA.
- Share recordings with other GPs and Nurturers.
- (Note that while we should not waste too much time in class reading aloud, the GP will probably need to spend some time on this with Arabic. Since the vowel points are normally not written, the GP will need help in the early stages of reading to get used to reading and knowing what vowels to use. But, you should only spend a very small part of each session on this; maybe 10 minutes.)
- [Note: IN PHASE 5 AND ABOVE, the GP may read the story aloud. The Nurturer helps him with pronunciation, and explains in the target dialect anything the GP doesn't understand. The GP can also try to read the story aloud at home, then ask the Nurturer for help doing this in the next session if necessary.]

Important Note: In phase 4, GPs should not spend a lot of time on reading and writing. They might spend about 20 hours total to get started, and then an hour or two a week after that to keep going. In the reading and writing time, they are mainly focusing on how to write each letter, how to connect the letters, learning the vowel points, and trying to pronounce simple words that are written. In Phase 5, they will have plenty of practice in reading.

Appendix 1: Reading and Writing

If reading is important in the local culture, the GP will need to learn to read and write. But, just as local people learned language for about six years before going to school and starting to read, the GP needs to know a lot of vocabulary before starting to read.

Reading and writing in Arabic are in a different dialect than the dialects used for everyday speech, and the GP's goal is to communicate with people in a primarily oral culture, so he needs to focus on getting a good foundation in understanding and speaking first in the target dialect (getting many words in his iceberg). Then he will be able to focus on reading and writing, which are quite different skills than understanding and speaking. We find that by phase 4 he has enough of a foundation to begin learning to read in Arabic, though he may wait until phase 5 if he wants to.

Learning reading and writing in the GPA:

At the end of phase 1, the letters of the alphabet are introduced with the Dirty Dozen. (See phase 1 graphics resource packet.) These may be reviewed in later phases.

During phase 2, GPs learn to recognize a few important words seen on signs on the street, and their names, using the Dirty Dozen. (See phase 2 guide.)

At the end of phase 3 (3C) or during phase 4 or phase 5, the Nurturer reads stories to the GP in MSA and explains them in dialect; these are stories the GP is already familiar with in dialect. (See details below.) This is an introduction to the vocabulary of MSA, which is used in written materials and in radio and television broadcasts.

In phase 4 (or the beginning of phase 5), the GP briefly learns the basic skills of reading and writing by using a textbook, or the Nurturer may show him how to recognize, write, and connect the letters. All new words are explained in dialect, not translated into English.

In phase 5 the GP practices reading books and other sources written for nationals, beginning with children's books. He learns to write the types of things he will need for his work and life in the country.

Keep the Focus on Listening, not Reading

When the Nurturer is reading to the GP and being recorded, the GP should not look at the written material. The GP still needs to focus on learning to listen and understand, which is much more difficult than learning to read. At some points, probably in Phase 5, the GP may need to read aloud and have the Nurturer correct him, but do not spend a lot of time on this. Comprehension is still more important.

Appendix 2: Other Useful Techniques

Massaging a Recording (Phases 2-5)

- Get a recording the GP can mostly (at least 95%) understand.
- Listen to it together very carefully.
- The GP should stop the recorder whenever he doesn't understand something-- words, phrases, cultural meaning.
- The Nurturer should explain those parts in Arabic, writing new words in the Word Log.
- The Nurturer and GP continue listening to the recording, stopping and explaining as necessary, until the GP understands all of the recording.

- Strengthen new words by discussing them.
- Make a vocabulary recording if desired.
- The GP should listen to the recording repeatedly after he understands all of it; the new words will rise in his iceberg.

Shared Stories (from Phase 3):

- First, the GP reviews the story in his language and the Nurturer reviews the story in Arabic. The story must be familiar to both the GP and the Nurturer.
- The Nurturer tells the story, without pictures, in the target dialect. Record it.
- Listen to the recording together, stopping and discussing whatever the GP doesn't understand (massage the recording). Add new words to the word log.
- At the end, the Nurturer should use the word log to help the GP focus on the new words. He may use Dirty Dozen or TPR or questions with easy responses.
- Then the GP should record while the Nurturer says each new word, uses it in a sentence that shows the meaning, and says the word again.
- The GP listens to the recording repeatedly at home.

Sources of shared stories:

- Folk tales, world stories, or religious stories
- Arab folk tales or stories the GP reads in translation beforehand
- Action cartoons
- Silent movies like "Mr. Bean" or Charlie Chaplin
- Things you've done together
- Familiar sequences of events (scripts of life)
- Plots of popular books or movies
- Read stories together (to practice reading), then Nurturer retells in dialect.

Scripts of Life (from phase 3)

- Write the steps in detail.
- Add more details.
- Record all the steps.
- Massage the recording.
- Act out the steps.
- Write the new words in the word log.
- Discuss the new words to strengthen them.
- Record the new words in sentences.
- See the phase 3 manual for possible scripts and more details.

Wordless Picture Book Stories (from Phase 2)

- For each page of the book, discuss the following: Things, Actions, Words or thoughts, Feelings, Motivations, What might have happened before or what may happen next, Creative ideas, Cultural insights
- Discuss it all in Arabic--Negotiate meaning (may do a little in English for five minutes at the end of each session).
- Combine the ideas of the Nurturer and the GPs.
- At the end, the Nurturer records all you've talked about in smooth Arabic (GP listens to recordings repeatedly on his own.)
- New words are added to the Word Log.
- Discuss the new words. The Nurturer uses the words in sentences while the GP records.

At the end of the book, record the Nurturer telling the complete story three times in the past tense: 1)Using the pictures, in detail; 2) Using the pictures, more quickly; 3)Without the book.