WHITEPAPER · 2026

A daily, adaptive pathway for early speech development.

How LOGO+ works, what it is built on, the market it addresses, and where it is honest about being early.

Stage Planned MVP · founder-funded **Ask** $300K pre-seed

First market Ukraine → English-speaking + CEE

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01 Summary

About **1 in 10** children aged 3–6 has difficulty with speech, language or communication. Families are told to practise at home — but not what to practise, when, or what to do once something works. Progress stalls between specialist visits.

LOGO+ closes that gap with a **pathway, not a library**: one personalized activity a day, a read of how it went, and an adapted activity for tomorrow. Parents always know the next right step and can see progress they couldn't see before.

LOGO+ is built on a professional speech-language framework and is designed to support speech-language professionals, not replace them. It has no launched product yet; the initial build is founder-funded, and validation begins with Ukrainian families.

02 The problem

~1.6M

U.S. CHILDREN 3–6

with a reported speech or language disorder — CDC / NCHS, 2012 · 10.8%.

~40%

RECEIVED NO INTERVENTION

of affected U.S. children, in the past year — CDC / NCHS NHIS, 2012.

79%

OF SCHOOL-BASED SLPS

report more job openings than job seekers — ASHA, 2024 Schools Survey.

The specialist workforce cannot absorb demand, so families wait and practice stalls between visits. Care has increasingly moved into the days between appointments — but families have no system for those days.

At the same time, speech technology can now move from static libraries toward progression that adapts to each child. Three shifts make an adaptive home pathway possible now.

03 The product — the adaptive loop

One personalized activity a day. How it goes decides the next one.

01 **Child profile / baseline.** A short starting picture of where the child is.

02 **Today's activity.** One personalized activity, ready when the parent opens the app.

03 **Do it together.** Child-led play; the parent guides lightly — a few focused minutes, not a curriculum.

04 **Signals.** Completion, attempts, pace, parent-reported ease.

05 **Interpretation.** AI-supported read of what's working, what's too hard, what to reinforce next.

06 **Next activity.** Selected and adapted for tomorrow. The loop repeats: today → interaction → feedback → next.

What LOGO+ is

+ a daily plan
+ adaptive to the child
+ progress you can see
+ built on a clinical framework

What it isn't

+ a diagnosis or screening tool
+ a replacement for a therapist
+ a content library to manage
+ a screen-time filler

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The adaptive layer is a planned MVP capability.
Architecture is to be defined; capabilities are to be
validated.
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04 Why AI — personalization is the product

Every child's path differs, it shifts week to week, and the skill-and-activity space is large. Rules can start it; learning from real progression is what makes it better over time.

Signals in

- activity completion
- accuracy & attempts
- pace
- progress over time
- parent-reported ease

Interpreted

- where the child is on the pathway
- what's working
- what's too hard
- what to reinforce next

Next activity changes

- difficulty
- focus skill
- sequencing
- — adapted to that child

05 Built on a professional framework

The speech-language framework, the content and the safety guardrails are where the clinical expertise lives. Our Lead Speech & Language Expert, Inna Kuprikova, has 15+ years of practice and has designed 300+ of the activities.

LOGO+ supports speech-language professionals; it does not replace them. The Therapist-connected tier links home practice to a therapist's goals and shares progress back — a two-way home–professional loop that content apps don't have.

06 Business model

Recurring subscription. Blended monthly ARPU is a planning assumption of $19.50 (mix 70 / 20 / 10) — not observed customer behavior. Pricing is a hypothesis, to be validated.

DIRECT TO PARENT

Basic

$15/mo

The daily pathway and one adapted activity a day.

DIRECT TO PARENT

Personalized

$25/mo

Deeper personalization and a fuller progress view.

THERAPIST-CONNECTED

AI + Therapist

$40/mo

Home practice linked to a therapist's goals, with progress shared back.

07 Market

~1.6M

U.S. children 3–6 with a reported disorder

×

~$234/yr

blended planning ARPU ($19.50/mo)

≈

~$375M

need-based value — internal bottom-up model, not a published TAM

~50M children aged 3–6 worldwide experience speech, language or communication difficulties (LOGO+ estimate: UN WPP 2024 × ~10% prevalence proxy). This is an extrapolation, not a published worldwide figure.

Initial validation market: Ukrainian families — direct access to families and speech professionals, faster iteration, a real early-user base. A starting point, not the company's ceiling.

Long-term scale: English-speaking markets, with the U.S. as a primary expansion opportunity, alongside selected CEE language markets. No immediate U.S. launch.

Illustrative obtainable scenario: 10,000 paying families ≈ 0.6% of the U.S. need-based pool → ~$2.34M ARR.

08 Competition

Others provide content. LOGO+ guides progression.

	ONE SPECIFIC NEXT ACTIVITY	ADAPTS TO CHILD PROGRESS	THERAPIST-CONNECTED	CLOSED HOME–PROFESSIONAL LOOP
Speech Blubs / Pro	Partial	No	Yes	Partial
Otsimo Speech Therapy	Yes	Partial	No	No
Kokolingo	Yes	No	Partial	Partial
Articulation Station	Partial	No	Yes	Partial
LOGO+ — planned MVP	Yes	Yes	Yes	Yes

Competitor capabilities per publicly described product features. The LOGO+ row is a planned MVP, not shipped features.

09 Data & trust

Children’s data is treated as the most sensitive data we hold. LOGO+ collects only what the activity needs — results, age band, parent-reported ease — to choose the next activity.

No selling or renting data. No third-party advertising trackers. Parents can see, export and delete everything.

COPPA (US) and GDPR (EU) are design targets from the start, to be implemented and independently reviewed before launch to families.

10 Roadmap — 12 months

From pilot-ready to expansion-ready. Future milestones, not achievements; order is subject to pilot learnings; no committed U.S. launch date.

- **Months 0–3 · Pilot readiness.** Working MVP · full activity workflow · initial users.

- **Months 4–6 · Product iteration.** Engagement validation · adaptive product refinement.
- **Months 7–9 · Retention + WTP.** 8-week retention · pricing tests · adaptive refinement from pilot data.
- **Months 10–12 · GTM validation.** Measured CAC · repeatable channels · preparation for broader expansion.

USE OF FUNDS — $300K PRE-SEED

Product + AI
$135K · 45.0%

Leadership + Ops
$55K · 18.3%

GTM + Market Validation
$45K · 15.0%

Privacy + Infrastructure
$35K · 11.7%

Clinical + Validation
$30K · 10.0%

11 Team

Olga Kuno
CO-FOUNDER, PRODUCT

Lived the problem; leads product and partnerships.

Max Kuno
CO-FOUNDER, CEO

10+ years leading companies and startups; operating model and scale.

Inna Kuprikova
LEAD SPEECH & LANGUAGE EXPERT

15+ years in speech therapy; 300+ activities designed; owns the clinical framework.

Technical Co-Founder
ADAPTIVE ENGINE

Named to investors under NDA; identity public at pre-seed close.

12 Sources, definitions & limitations

TOPIC	SOURCE · YEAR · POPULATION	LIMITATION
Prevalence (~1 in 10)	CDC / NCHS NHIS — 10.8% of U.S. children ages 3–6 (2012; NCHS Data Brief 205, 2015; reaffirmed NIDCD, 2025). RCSLT (UK) — >10% of children with SLCN.	No 2020s U.S. survey isolates speech / language prevalence in this age band; ~1 in 10 is a convergent estimate. U.S. 2012 data parent-reported.
Intervention gap	CDC / NCHS NHIS, 2012 (Data Brief 205, Fig. 5) · U.S. children 3–6	Parent-reported; 2012 survey.
SLP workforce	ASHA, Schools Survey · 2024 · U.S. school-based SLPs	Self-reported by respondents.
Global child population	UN Population Division, World Population Prospects 2024 · world, ages 3–6	Model-based estimate.
Global DD context	WHO–UNICEF, Global Report on Children with Developmental Disabilities · 2023 (2019 data)	Broad umbrella — not speech / language specific.
DLD prevalence	Norbury et al., J. Child Psychol. Psychiatry (SCALES) · 2016 · children 4–5, England	Single-country cohort; narrower condition — contextual only.
Pricing / ARPU / mix	LOGO+ internal planning · 2026	Assumption, not validated; no customers.
Market model	LOGO+ bottom-up (population × ARPU) · 2026 · U.S. need-based pool	Internal model, not a published TAM.

Navy = external evidence. Amber = internal planning assumption.

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