

ENGLISH LANGUAGE LEARNERS

DEFINITION OF LANGUAGE IMPAIRMENT IN LIMITED ENGLISH PROFICIENT STUDENTS

P.L. 105-17 (Individuals with Disabilities Education Act) states that students who speak English, as a second language, must be assessed in both the primary language and English. Students must show difficulties in BOTH ENGLISH AND THE PRIMARY LANGUAGE in order to be looked upon as having a language impairment.

It is illegal for a limited English proficient student to be diagnosed as language impaired on the basis of English testing only.

A language impairment is defined as a student's underlying inability to learn and process any language adequately. This impairment will be manifested in both English and the primary language, as the student's language-learning ability is inadequate for the learning of *any* language. If problems are seen only in English and not in the primary language, the student cannot be qualified as language impaired. A language impairment exists (with LEP) when a student tries to learn two language codes with an underlying language learning system that is inadequate for even one.

Key Terminology

It is important to understand how educators and educational statutes use certain terms:

Acculturation – The process by which members of a cultural group integrate their values with those of the dominant culture as they adapt to a new cultural environment.

BICS (Basic Interpersonal Communication Skills) - One of two terms coined by Cummins to distinguish between two global kinds of linguistic abilities. BICS refers to the “everyday” or practical language skills that generally develop first and more naturally than “CALP” skills. Depending on many factors (e.g., age, social setting, etc.), these skills can develop in as little as 1-2 years. See *CALP*.

Bilingual Education - A term describing educational programs that explicitly include the student’s native language in instruction. The approach of choice for schools where many ELL students share the same language, and where qualified bilingual teachers are available.

www.nabe.org www.ncbe.gwu.edu

CALP (Cognitive Academic Language Proficiency) - A term used by Jim Cummins to describe the scholastic, formal use of language that is typically found in academic texts and settings, as opposed to the more informal, interpersonal kind of language used in everyday settings. This proficiency develops along with schooling, and can take a non-English speaker 3 to 7 years or more to refine. See *BICS*.

Culturally and Linguistically Diverse (CLD) Students – Students who speak a language other than English and have been identified as an English Language Learner (ELL) or limited English proficient (LEP). Recent definitions include native English-speaking students who use a dialect other than Standard English.

Culture – a shared, learned, symbolic system of values, beliefs, and attitudes that shapes and influences perception and behavior—an abstract “mental blueprint” or “mental code.”

Retrieved from www2.eou.edu/%7Ekdahl/cultdef.html

Discrete Language Skills – An additional term coined by Cummins to describe skills acquired as a result of direct instruction as well as formal and informal practice. These skills may be in the areas of phonological conventions, literacy, and grammatical conventions. These skills can be learned at a relatively early stage of English acquisition. This learning can occur concurrently with development of basic vocabulary and conversational proficiency. See *BICS* and *CALP*.

Sequential Bilingualism – Occurs when a person is exposed to a second, non-native language between the ages of one and three.

English for Speakers of Other Languages (ESOL) - Currently accepted term for English-language programs that teach language skills to speakers from non-English language backgrounds. The approach of choice for schools where bilingual teachers are not available, and where ELL students represent many languages. Replaces the term “English as a Second Language” or ESL.

L1 - L2 - These abbreviations refer to one’s first, or “native,” and second, or nonprimary languages, respectively. For ELL students, L2 often means English.

English Language Learners (ELL) - Refers to speakers of other languages in the process of learning English. This abbreviation may be used to indicate **LEP** students.

Interpreter – An individual who facilitates communication between speakers who do not speak the same language; conveys information verbally from one language to another; is fluent and literate in both languages and cultures.

Limited English Proficient (LEP) - The term ‘limited English proficient’, when used with respect to an individual, means an individual —

- (A) Who is aged 3 through 21;
- (B) Who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)(i) Who was not born in the United States or whose native language is a language other than English;
- (ii)(I) who is a Native American or Alaska Native, or a native resident of the outlying areas; and
- (II) Who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
- (iii) Who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) Whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 - (i) The ability to meet the State's proficient level of achievement on State assessments described in section 1111(b) (3);
 - (ii) The ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) The opportunity to participate fully in society.

<http://dese.mo.gov/divimprove/fedprog/discretionarygrants/bilingual-esol/BiIDEF.htm>

OELA - Office of English Language Acquisition, Language Enhancement, and Academic Achievement for Limited English Proficient Students. An office of the U.S. Department of Education, primarily responsible for the administration of Title III programs.

Sequential bilingualism – Occurs when a person is exposed to a second, non-native language after the age of three.

Simultaneous bilingualism – Occurs when a child is first exposed to more than one language between birth and twelve months of age. Both languages must be used, practiced, stimulated, and maintained. Language development should parallel that of monolingual language development with the exception of vocabulary.

TESOL (Teaching English to Speakers of Other Languages) - The international professional organization for educators involved with ESOL. Also refers to the discipline of teaching English to non-native speakers.

www.tesol.edu

Translator – An individual who renders one written language into another.

WIDA – (World-Class Instructional Design and Assessment Consortium) is a consortium of states dedicated to the design and implementation of high standards and equitable educational opportunities for English language learners.

Acquiring English as a Second Language

What's "Normal," What's Not

by Celeste Roseberry-McKibbin and Alejandro Brice

By the 2030s, say demographers, English language learners (ELLs) will account for approximately 40% of the entire school-aged population in the United States. In some areas, that projection is already exceeded-in California, for instance, 60%-70% of schoolchildren speak a language other than English as their primary language.

For the period 1995-2005, the Asian population is projected to be the fastest growing group in all U.S. regions (Campbell, 1996), with the greatest gains expected in the West. The Hispanic population will be the second-fastest growing group.

These facts bear importantly on how children learn-and how speech-language pathologists (SLPs) perform their jobs.

In one common scenario, a child is referred for speech-language testing because she is struggling academically. In her teacher's view, she is not learning English with the expected speed and her academic skills are lagging behind those of her monolingual English-speaking classmates. Does the student have a language-learning disability or is she merely manifesting the normal process of acquiring a second language?

Normal Phenomena

It is imperative that SLPs understand the normal processes and phenomena of second-language acquisition to avoid making "false positive" identifications.

ELL children may manifest interference or transfer from their first language (L1) to English (L2). This means that a child may make an English error due to the direct influence of an L1 structure. For example, in Spanish, "esta casa es mas grande" means "this house is bigger." However, a literal translation would be "this house is more bigger." A Spanish-speaking child who said "this house is more bigger" would be manifesting transfer from Spanish to English. This is a normal phenomenon--a sign of a language difference, not a language disorder.

Children may also manifest a common second-language acquisition phenomenon called the *silent period*. When children are first exposed to a second language, frequently they focus on listening and comprehension. These children are often very quiet, speaking little as they focus on understanding the new language-much, in fact, as adults do when traveling in foreign countries. The

younger the child, the longer the silent period tends to last. Older children may remain in the silent period for a few weeks or a few months, whereas preschoolers may be relatively silent for a year or more.

Many children who are ELLs also engage in a behavior known as *codeswitching*. This involves changing languages over phrases or sentences. For example, a Spanish speaker might say, "Me gustaria manejar-I'll take the car!" ("I'd like to drive-I'll take the car"). Or, a Filipino speaker might say, "With my teacher, I have utang ng loob [debt of gratitude] because she has been so good to me." Again, this is a normal phenomenon engaged in by many fluent bilingual speakers worldwide.

Some children who are ELLs undergo the phenomenon of *language loss*. As they learn English, they lose skills and fluency in L1 if their L1 is not reinforced and maintained. This is called *subtractive bilingualism*, and it can be cognitively and linguistically very detrimental to children's learning and to their family lives (especially if the parents speak only the L1 and no English). Ideally, children should experience *additive bilingualism*, where they learn English while their first language and culture are maintained and reinforced.

Benefits of Bilingualism

Many research studies cite the cognitive-linguistic benefits of being a fluent bilingual speaker. Experts have found that children who are fluent bilinguals actually outperform monolingual speakers on tests of metalinguistic skill.

In addition, as our world shrinks and business becomes increasingly international, children who are fluent bilingual speakers are potentially a tremendously valuable resource for the U.S. economy. Most Americans are currently monolingual speakers of English, and are finding more and more that it would be highly advantageous to their professional lives if they spoke a second language.

How Should Students Learn?

Many children who are ELLs are put into English-speaking classrooms where they understand nothing of what they are hearing. In this "sink or swim" situation, many flounder. Imagine traveling to Beijing and taking a social studies course taught only in Mandarin. Learning would be most difficult; yet we expect our ELLs to automatically decode English and succeed academically in an analogous situation.

This idea of "the more English the better" is fallacious and can actually slow down children's learning considerably. Thomas and Collier (1998) state that the

average native English speaker gains about ten months of academic growth in one ten-month academic year. ELL students must outgain the native speaker by making 1.5 year' s progress in English for six successive school years. Thus, in order to have skills that are commensurate with those of native English speakers, ELLs must make nine years progress in six years. It is no wonder that many ELLs flounder-not because they have language-learning disabilities, but because they are put into such difficult learning situations in our schools.

Under ideal conditions, ELLs would be taught in their first language 90% of the time and in English 10% of the time in kindergarten and first grade. Gradually, as they learned more English, they would be taught in the primary language 50% of the time and in English 50% of the time by sixth grade. Studies have shown that children who are taught in this manner outperform ELLs who are taught mostly in English from very early in their schooling. Children in this ideal bilingual learning situation do so well because they understand what they are hearing and are thus able to build their underlying conceptual-linguistic foundation.

Social and Academic Language

There are different timelines for learning social and academic language. Under ideal conditions, it takes the average second-language learner two years to acquire Basic Interpersonal Communication Skills (BICS). BICS involves the context-embedded, everyday language that occurs between conversational partners. On the other hand, Cognitive Academic Language Proficiency (CALP), or the context-reduced language of academics, takes five to seven years under ideal conditions to develop to a level commensurate with that of native speakers.

Many ELL students are thus in a catch-22 situation. They may develop conversational English that appears fluent and adequate for everyday communication. However, they still struggle with CALP and have difficulty in areas such as reading, writing, spelling, science, social studies, and other subject areas where there is little context to support the language being heard or read. This "BICS-CALP gap" leads professionals to falsely assume that the children have language-learning disabilities.

School language proficiency tests are often used to assess children' s level of proficiency in English. After children have been tested, they are given a label such as "Limited English Speaker" or "Fully Proficient English Speaker." The problem of which many SLPs are unaware is that these tests only assess English BICS; CALP is not assessed. The child may be labeled as fully English proficient on the basis of his or her ability to answer a question such as "what are your favorite foods?" or respond to a request to "tell me about your family."

SLPs and others who work with these children in the schools see the label of "fully English proficient" and assume that it is acceptable to give English standardized tests to these children-after all, they are fully proficient in English! In reality, however, the children are still striving to develop CALP and thus the use of standardized tests in English is biased against them. When these standardized tests are administered, the ELLs often score very low and are labeled as having language-learning disabilities. They are then inappropriately placed into special education.

SLPs will make fewer errors in labeling ELLs if we are aware of the normal phenomena and processes that accompany learning a second language. Ideally, we will support children's first languages and cultures, and encourage them to become fully proficient bilingual speakers. Not only will they perform better in school, but they will have a much greater chance of growing up to become successful citizens who are invaluable assets to our society and our economy.

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LANGUAGE ACQUISITION CHART

Official Name	STAGE 1: Preproduction	Stage 2: Early Production
Other Names	Newcomer Emergent Speaker Silent Period Stage	Emergent/Beginner One-Two Word Social Language Stage
Definition	- Students not ready to actively produce language - Listening and responding to non-verbal ways to show understanding 0-500 receptive word vocabulary - Adjusting to U.S. culture	- Students can attend to hands on demonstrations with more understanding - May initiate conversation by pointing or using single words - Very limited comprehension/vocabulary - Up to 1000 receptive word vocabulary - Adjusting to U.S. culture
Student Behaviors	- Depends heavily on context - Has minimal receptive vocabulary - Comprehends key words only - Indicates comprehension physically (points, draws, gestures, etc.) - May not produce speech - ABLE TO: observe, locate, label, match, show, classify, categorize	- Depends heavily on context - Produces words in isolation - Verbalizes key words - Responds with one/two word answer or short phrases - Indicates comprehension physically - Mispronunciation/grammar errors - ABEL TO: name, recall, draw, list, record, point out, underline, organize
Teaching Strategies	- Use manipulative, visuals, relia, props, games - Create climate of acceptance/respect that supports acculturation - Use cooperative learning groups - Require physical response to check comprehension - Display print to support oral language - Model activities for students' - Use hands-on activities - Use bilingual students as peer helpers - Adjust rate of speech to enhance comprehension - Ask yes/no questions - Ask students to show/point/draw - Teach content area vocabulary/terminology	Continue Stage 1 Strategies PLUS: - Simplify language/not content - Lessons designed to motivate students to talk - Ask Students questions that require one/two word responses: who? What? Which one? How Many? - Lessons expand vocabulary
Relative time line for each language acquisition stage	0-6 months in U.S. School	6 months – 1 year in U.S. School

Please not student's progress at independent rates depending on previous schooling, acculturation, and motivation. Students with no previous schooling will take longer to progress through these stages. Please remember most English Language Learners have extensive language ability in their first language.

LANGUAGE ACQUISITION CHART

Stage III	Stage IV	Stage V
Social Language Stage	Academic Language Stage	Academic Fluent Language Stage
Low Intermediate	High Intermediate Fluency	Advanced Fluency
- Students begin speaking in short phrases and simple sentences - Many mistakes in grammar, word order, word usage. - Limited comprehension and vocabulary - Up to 7,000 receptive/active word vocabulary	- Students can communicate thoughts more completely, can participate in everyday conversations without highly contextualized support - Up to 12,000 receptive. Active work vocabulary	- Students have advanced skill in cognitive/academic language. - Beyond 12,000 receptive/active word in vocabulary
- Depends heavily on context - Produces whole sentences - Makes some pronunciation and basic grammatical errors, but is understood - Demonstrates comprehension by responding orally and in written form (charts, graphs, diagrams) - Hears smaller elements of speech - Functions on a social level - Uses limited vocabulary - Initiates conversation & questions - Show good comprehension (given rich text) - ABLE TO: tell, describe, restate, compare, question, map, dramatize	- Depends on context - Engage in a produce connected narrative (discourse) - Shows good comprehension - Uses expanded vocabulary - Makes complex grammatical errors - Functions somewhat on an academic level - ABLE TO: imagine, create, appraise, contrast, predict, express, report, estimate, evaluate, explain	- Functions on an academic level with age/grade peers - Maintains two-way conversations - Uses more complex grammatical structures - Demonstrates comprehension in decontextualized situations - Uses enriched vocabulary - ABLE TO: relate, infer, hypothesize, outline, revise, suppose, verify, rewrite, assess, justify, critique, summarize illustrate, judge, demonstrate
Continue Stages I & II PLUS - List and review instructions step by step - Build on students prior knowledge - Incorporate more reading and writing	Continue Stage I-III PLUS - Have students brainstorm, list, web, use graphic organizers - Ask questions soliciting opinions judgement, explanation (more why and how questions) - Introduce figurative	Continue Stages I-IV PLUS - Incorporate note taking skills - Study skills - Test taking skills - Demonstrate how to verify answer (oral and written) - Expand figurative language (idioms)

LANGUAGE ACQUISITION CHART

Engage students in production language such as describing, retelling, comparing, contrasting, summarizing, graphs, charts, diagrams, creating rebuses	- language - Develop more academic language (oral and written	
1-3 years in us school	3-5 Years in US School	3-5 Years in US School

Please note student's progress at independent rates depending on previous schooling, acculturation, and motivation. Students with no previous schooling will take longer to progress through these stages. Please remember most English Language Learners have extensive language ability in their first language.

Considerations in Learning a Second Language:

1. Language is acquired as a developmental process and cannot be taught or hastened. Second language acquisition is similar, although not identical to first language acquisition.
2. Basic Interpersonal Communication Skills (BICS) take approximately two to three years (in an ideal situation) to develop to a level commensurate with that of native speakers of the language. The development of BICS is universal across all native speakers and is not related to academic achievement.
3. Students acquire Cognitive Academic Language Proficiency (CALP) between **five and nine years** in the host country. CALP is defined as the language proficiency needed to function in decontextualized, academic settings related to literacy skills. The development of CALP is continuous throughout the school years, following the general curve of cognitive development.
4. First language strategies used by second language learners include: over generalization of rules, use of telegraphic speech, simplification, imitation, avoidance, and use of formulas or routines.
5. Language problem behaviors frequently demonstrated by second language learners include: speaking infrequently, using single words or phrases, comments that are inappropriate to the situation, poor comprehension, poor vocabulary, refusing to answer questions, difficulty sequencing, inability to retell stories, confusing similar sounding words, and poor syntax/grammar.
6. There are many reasons other than the presence of an educational disability for a student to score poorly on a language assessment procedure including:
 - a) **Use of inappropriate instruments**
 - b) **Inappropriate adaptations**
 - c) **Poor testing conditions**
 - d) **Problems with the interpreter**
 - e) **Lack of “test-wiseness”**
 - f) **Lack of rapport with tester**
 - g) **Differences in cultural rules for interaction**

Speech Sounds Not Spoken in Other Languages:

It is common to find vowel distortions and differences in stress in the stages of second language acquisition. Many languages do not differentiate as many vowel sounds as English. It is common to find differences in the sounds of [th, v, r] since these sounds are often not present in many other languages. Learning to pronounce all the phonemes in English is a second language acquisition skill. It is possible to find inconsistencies in the learning of these phonemes, as they may be word dependent. Exceptions to the process of acquiring phonemes through the normal second language acquisition process include motor problems (i.e. cerebral palsy); structure problems (i.e. cleft palate); and sensory problems (i.e. hearing loss). Students with these problems are often eligible for special education services because the problems are not the result of second language acquisition.

Some general characteristics of slow learners, unmotivated, culturally different, linguistically different, and learning disabled students.

COGNITIVE

Slow Learner	Unmotivated	Culturally Different	Linguistically Different	Learning Disabled
Achievement commensurate with potential Student deficient in academic areas: equal across all areas	Achievement usually below potential A particular interest may be evident	Achievement should be commensurate with cognitive ability, motivation, quality, and quantity of instruction	Achievement in primary language commensurate with measured cognitive ability & length of school experience Generally scores better on non-verbal tests	Achievement often far below potential in some areas Usually has very uneven learning profile

LANGUAGE

Slow Learner	Unmotivated	Culturally Different	Linguistically Different	Learning Disabled
Similar to that of student with LD, but to a lesser degree Takes longer to learn a concept but will usually retain it once learned	Usually adequate Fails to apply skills consistently	Receptive and expressive language similar to all other pupils May exhibit some sub-group dialectal differences	Primary language is appropriate for age level English skills in acquisition stage	Auditory processing usually at low skill Vocabulary and word- finding skills usually delayed Difficulty transferring skills from classroom to everyday use

PRODUCTIVITY

Slow Learner	Unmotivated	Culturally Different	Linguistically Different	Learning Disabled
May focus on only one concept May need assistance with words & directions May require graphic explanation May have just begun a task when time is called May be unable to switch from task to task	May understand directions, be able to read some words, yet rarely completes task Often appears disinterested	Verbal and written directions are generally understood Productivity, as with all other students, depends on motivation and other factors	Verbal and written directions may not be understood due to insufficient English development	Verbal directions may be too complex May be unable to read written directions Often unable to switch from task to task

PROGRESS

Slow Learner	Unmotivated	Culturally Different	Linguistically Different	Learning Disabled
Progress slow	Standardized achievement tests indicate good progress (underachiever)	As with all other students, progress is dependent upon quality and quantity of instruction	Progress in primary language contingent upon adequacy of language of instruction Academic progress in English dependent upon quality and quantity of English instruction	May show remarkable progress in some areas when tasks are analyzed, taught sequentially, include greater teacher-pupil interaction Skills may jump 1 – 2 years in one year

PEER INTERACTION

Slow Learner	Unmotivated	Culturally Different	Linguistically Different	Learning Disabled
Will often be a follower in a peer group	May be rejected due to antisocial tendencies or accepted as a leader in certain group situations	May interact more with students from same cultural group	May experience social isolation due to limited English skills May tend to interact more with those of same cultural group	May have frequent fights or arguments Others may complain of student's clumsiness May play with younger children May have limited social skills

SECOND LANGUAGE ACQUISITION AND BILINGUAL DEVELOPMENT CONSIDERATIONS

I. INTRODUCTION

Statistics indicate that there are rapidly growing numbers of Limited English Proficient (LEP) children in our schools. It is projected that by the year 2005, approximately 70% of California school children will come from backgrounds now labeled “ethnic minorities”. According to Berliner and Biddle (1995), language-minority students will account for approximately 40% of the school-aged population by the 2030s. There is a great need to serve these children in a sensitive and appropriate manner.

Many times an LEP child is referred by classroom teachers or school specialists for a “language disorder” because the child is not doing well academically and/or is not appearing to learn English with the expected speed. The child may not have a disorder at all but may merely be demonstrating normal second language learning characteristics. It is important to know about these characteristics so that a “false positive” identification of a language disorder will not be made.

II. NORMAL PROCESSES OF SECOND LANGUAGE ACQUISITION

- Interference (Transfer)

Interference or transfer refers to a process in which a communicative behavior from the first language is carried over into the second language. Transfer can occur in all areas: syntax, morphology, phonology, pragmatics, and semantics. Examples:

German: “Ich habe hunger” means I’m hungry.” A literal translation into English would be “I have hunger.” A German child would be manifesting interference if s/he said “Let’s go to lunch—I have hunger.”

Spanish: “Esta casa es mas grande” means “This house is bigger.” But a more literal translation would be, in English, “This house is more bigger.” A Spanish-speaking child who pointed to a picture and said “This house is more bigger” would be showing interference, in English, from Spanish structure.

Interference occurs more when children are attempting to use complex rather than simple L2 structures. Thus, an LEP child is more likely to demonstrate interference when using English in a formal setting such as a classroom or a testing situation than when using English on the playground. When LEP children make errors in English, then we need to ask whether these errors are a result of interference from L1—and not mistakenly think that the errors are a sign of a language disorder.

- Fossilization

Fossilized items are those L2 errors that remain firmly entrenched despite good L2 proficiency. For example, a Cuban Spanish speaker (known by the author), whose English is excellent, habitually says “The news are that....” Fossilized items can be idiosyncratic to a child or to a whole linguistic community. Errors of fossilization are not signs of a language disorder, fossilization is a normal phenomenon found in many fluent bilinguals.

- **Interlanguage**

Interlanguage is the period in second language development when the learner starts to use language productively until he attains competence that is similar to that of the native speaker. It is described as a dynamic system balancing L1 transfer processes with the target language developmental processes that gradually moves closer to the target language system (Paradis, 2007). The learner tests hypotheses about how language works and forms a personal set of rules for using language. The individual's production changes over time as language is experienced in different contexts. Inconsistent errors reflect the progress that the student is making in learning a new language and should not be viewed as evidence of an abnormality.

- **Silent period**

Some children, when learning L2, go through a period of listening-comprehension and little-to no production. This "silent period" has been documented by many SLA researchers and practitioners. If an LEP child is suspected of having an "expressive language problem," perhaps that child is going through the silent period. Although there are no firm numbers on exactly how long this silent period lasts, an estimate for normal children is 3 to 6 months (Paradis, 2007). During this time, the child is focusing on comprehension of the L2 and not yet on production.

According to Tabors (1997, p. 83), "younger children may also spend a lengthier period in the nonverbal period as well...there seems to be an inverse relationship between the age of the child and the length of time spent in the nonverbal period. For Panos, who came to the U.S. from Greece when he was 2 years old, this period lasted for almost 1 ½ years. For Ervin-Tripp's (1974) children, who were 5 and 6 ½ years old, the period lasted for only a matter of weeks. Again, it can be assumed that it may take younger children longer than older children to formulate a strategy for breaking out of the nonverbal period."

- **Code switching and code mixing**

Code switching is defined as the changing of languages over phrases or sentences. For example, a Spanish speaker might say "Me gustaria manejar, I'll take the car! (Meaning "I'd like to drive. I'll take the car!") Code mixing occurs when languages are changed within the same sentence. For example, a German child might say "I want some Schwarzwaldkirschtorte, bitte." (I want some black forest cherry cake, please.) Code switching and code mixing are generally normal phenomena and should not be regarded as "confusion" or signs of a language disorder. In fact, code switching and code mixing are increasingly being regarded as signs of linguistic sophistication.

- **Language Loss**

This is the phenomenon of "use it or lose it!" Language loss occurs when L1 skills and proficiency diminish with lack of use. L2 becomes predominant. If an LEP child is assessed in L1 and English and found to be low in both languages the reason could be because language loss has occurred in L1 and simultaneously, English is still being learned. Generally, in our experience, children who have been in all-English classrooms longer have experienced more language loss in L1 than younger (e.g. kindergarten) children.

III. SECOND LANGUAGE ACQUISITION VARIABLES

A. Affective variables

1. *Motivation.* Instrumental motivation is motivation to learn L2 for a very specific reason such as a job promotion (for adults) or passing a class. A child might be instrumentally motivated to learn English for use in the classroom only and then speak only L1 with friends and family. Integrative motivation occurs when the child wants to really assimilate fully with the culture and language. Generally, integratively motivated L2 learners learn L2 more completely than do instrumentally motivated learners. When an LEP child is not making “adequate” language progress in English, we can find out if the child is truly motivated to learn it.

Motivation impacts a student's success in acquiring L2. When attempting to determine a student's level of motivation, the following questions can be asked:

- Is the student becoming acculturated into the English language environment?
- How much enclosure exists between the student's culture and the American culture?
- Is there congruence between the student's cultural group and the dominant group?
- What are the attitudes of the CLD student group and the dominant group toward one another?
- How long does the CLD student's family intend to stay in the United States?
- Does the student feel that learning a second language will threaten his or her identity?
- Have the student and her family experienced trauma in the home country?

2. *Personality.* Generally, extroverted children will more quickly learn conversational L2 than will introvert children. In our experience, this is also true of adults. Thus, an introverted LEP child may show slower progress in spoken English acquisition than an extroverted child.

3. *Self esteem.* Many SLA researchers document the fact that if LEP children Experience low self esteem, their L2 learning can be inhibited. In particular, this affects LEP children whose L1 and culture are rejected.

4. *Assertiveness.* Being assertive can be helpful in facilitating second language learning, as assertive learners avail themselves of increased opportunities for second language practice. If a student is nonassertive there may be fewer opportunities to practice English skills with native speakers.

B. Sociocultural variables

1. *Cultural styles.* LEP children can come from diverse cultural backgrounds with sociolinguistic rules that differ from those of American English. For example, in some cultures it is a sign of disrespect for a child to look an adult in the eye or to volunteer in class. A child with these characteristics could mistakenly be thought of as having a “pragmatic” or “verbal expression” problem when, in reality, the behaviors are culturally driven.

2. *Socioeconomic status.* If an LEP child comes from a home environment wherein the socioeconomic status is different than the school's the child may feel uncomfortable and/or rejected in the school setting. This could adversely affect the child's academic progress and English acquisition.

IV. COGNITIVE-LINGUISTIC SLA FACTORS

A. Second language learning styles and strategies

1. Avoidance. A child may avoid communicating in the L2 for fear of being laughed at by others. This certainly would negatively affect the child's L2 development and academic progress.

2. Use of routines and formulas. Some LEP children may use routines and formulas fairly soon after being introduced to the L2. These formulas may be phrases like "How are you?" etc.

3. Practice opportunities. (High vs. low input generators) Much of an LEP child's L2 progress in English verbal skills will depend on how many opportunities the child has to practice English. Many LEP children may speak English only in the classroom, and L1 in every situation outside of class. The limited L2 practice opportunities in this case generally tend to slow down progress in L2 acquisition. An LEP child who is a

"high input generator" will avail him/herself of many practice opportunities; a "low input generator" will not seek out as many practice opportunities and therefore may not progress as fast in acquisition of English conversational skills.

4. Modeling. When an LEP child's speech and language seem to be "disordered," it is important to know what kind of home and peer models the child spends time with. Children speak like their models do.

B. Common underlying proficiency (CUP) vs. separate underlying proficiency (SUP) theories

According to Cummins (1992), Baker (1996), and Tabors (1997), language proficiency can be viewed in several ways. SUP theory says that L1 and L2 proficiencies are entirely separate, and that increasing proficiency in one language will not help to increase proficiency in the other language. **This is incorrect and inaccurate.** According to CUP, the theory supported by research, there is a "common underlying proficiency" wherein building up one language positively affects the development of the other. Blowing into the "L1 balloon" or the "L2 balloon" inflates the CUP.

***Implications:** If we are asked to assess an LEP child for a language disorder, we have to ask whether or not the child's exposure to both L1 and L2 have been adequate to build up CUP. If not, the child may simply need additional language exposure and learning, not special education. Another implication is that we do not ask parents to speak English in the home if their English is "broken" and not fluent. Parents should speak to children in L1 if that is the language the parents are most comfortable with. It is especially recommended that parents of preschoolers speak the primary language in the home in order to maintain the primary language skills (Tabors, 1997).

C. Cognitive-academic language proficiency (CALP) vs. basic interpersonal communication skills (BICS)

In optimal language learning situations, BICS, or basic interpersonal communication skills (conversational skills) have been shown, in LEP children to take approximately

2 years to develop to a level commensurate with that of monolingual L1 speakers. CALP, on the other hand, takes approximately 5 – 9 years to develop to a level commensurate with that of monolingual L1 speakers. CALP involves language proficiency necessary to perform more difficult academic tasks such as reading, test-taking, etc. Thus, if we see LEP children with good BICS skills who are struggling academically, it is easy to suspect that these children have a language disorder or even a disability. *After all, these children appear fluent!* But good BICS do not automatically mean good CALP. CALP takes much longer to develop.

The average native English speaker generally gains 10 months of academic growth in the 10-month school year. Second language learners (ESL students) must out gain the native speaker by making one and one-half years' progress on academic tests in English for six successive school years. Thus, in order to be commensurate with native English speakers, ESL learners must make **9 years progress in 6 years!** (Thomas & Collier, 1998).

D. Additive vs. subtractive bilingualism—threshold hypothesis

If an LEP child experiences “additive bilingualism”—or high levels of proficiency in both L1 and L2—then there are positive cognitive effects. Conversely, if a child experiences “subtractive bilingualism” where L2 is learned at the expense of L1 and the child’s proficiency in both languages is low; there will be negative cognitive effects. Thus, we must look at an LEP child’s threshold in both L1 and L2. A child whose L1 and L2 proficiency are not adequate could appear to be language disordered when, in fact, the child is simply experiencing a low threshold of language proficiency in both languages.

E. Ideal Bilingual Education Situation

According to Thomas and Collier (1998), the ideal bilingual education situation is a two-way bilingual education situation involving:

- A minimum of 6 years of bilingual instruction
- Instruction in the primary language during 90% of the day and instruction in English 10% of the day for kindergarten and first grade
- Gradual increase of teaching in English until the instruction is 50% in English and 50% in the primary language by 6th grade
- Focus on the core academic curriculum
- An additive bilingual environment
- No translation of lessons into the second language (increases cognitive challenge)
- Clear curricular separation of the two languages of instruction
- Reinforcing concepts taught in one language through alternating the language instruction by:
 - Theme or subject area
 - Time of day
 - Day of week
 - By the week
- Teachers may also preview the lesson in one language, teach it in the other language, review it in the first language

An Overview of International Adoption

International Adoption Trends

According to the United States Department of State web site, (see **Appendix 10S**, for a listing of the top 20 countries for US International Adoptions). In fact, international adoptions make up roughly one third of the adoptions in the United States annually.

The children and their families may face problems above and beyond the usual challenges of adoption and child rearing in general. Many of the children arrive malnourished, with missed immunizations. They often have other medical conditions as well. Some also have developmental and emotional issues that can be difficult to treat.

Differences in place and time

The likelihood of problems of one kind or another depends largely on the child's country of origin and on changing historical and political conditions. A country might rule, for example, that foreigners can adopt only children with severe physical disabilities. A few months later, though, the law may change. Because of these variables, an adoption agency that specializes in international adoptions--or in the specific country being considered--can be a tremendous help to parents.

Issues that don't change

Some aspects of international adoption remain constant, however, regardless of where the child comes from. Because these children often look different from their adoptive parents, they may face insensitive comments or outright prejudice. For children old enough to speak who don't know English, the trauma of suddenly not being able to communicate adds to the stress of the adoption.

In addition, because the children's biological heritage links them to a different culture, their relationship to that culture becomes an issue for the parents to grapple with when the children are young and for the children themselves when they are older. For example, parents of a child from Chile might commit themselves to exposing their child (and themselves) to Chilean culture. Or parents of a child from Russia might join a Russian community organization or church.

Medical Issues in International Adoption

Children adopted from other parts of the world often have medical problems. Most of these get better with treatment; rarely are they life threatening. Physicians who have training in international adoption should evaluate these children, because some of their illnesses are unusual among U.S.-born children and may go unrecognized by the average pediatrician. Many doctors refer newly adopted children to specialized international adoption clinics. Here is a brief rundown of the key medical issues.

- **Immunizations:** Immunization records from overseas are often incomplete or inaccurate. Also, there is no guarantee that the vaccines given were not outdated or of poor quality. Many children need additional immunizations once they arrive in the United States.
- **Infections:** Common infections in internationally adopted children include intestinal parasites, hepatitis B and C, tuberculosis, and in some countries, HIV. The parasites are usually easy to treat once detected. Other infections may require longer-term treatment. All internationally adopted children need to be evaluated for potentially serious infectious diseases.

- **Nutrition:** Many of the children arrive in the United States with nutritional problems, including a general lack of adequate calories and protein, iron deficiency, and lead poisoning. Early, severe malnutrition can have long-term developmental effects and in some cases can contribute to learning and attention problems.

Malnutrition often slows down physical growth. Many internationally adopted children are smaller and appear younger than they really are. Often, no one knows the child's exact birth date, so doctors have to guess the child's age in order to gauge the degree of malnutrition. The good news is, even though nutrition is a problem for many internationally adopted children, most of them recover from any nutritional deficits very quickly after adoption.

- **Congenital problems:** In many countries, poverty and a lack of social support make it impossible for birth mothers to raise their children. The same forces also make it more likely that the mother will have had poor prenatal care and inadequate nutrition. She may also have been a victim of alcoholism and drug addiction. Diseases, including HIV and other sexually transmitted diseases, are additional dangers. Such illness in the mother can have long-term effects on the baby.
- **Variations in geography and time:** A child's medical issues often depend on his country of origin. For example, children from Russia are more likely to have alcohol-related problems, including fetal alcohol syndrome, than are children from China. Medical risks also change over time, as public health measures lower the risks for some diseases while war and natural disasters send others spiraling higher.

Most internationally adopted children arrive with treatable medical problems. Long-term ill effects, when present, often involve learning, behavioral, and emotional problems.

Developmental and Emotional Issues in International Adoption

Most internationally adopted children have led hard lives. Many have lived in institutions that barely met their physical and emotional needs, while those who have had loving foster parents have had to endure the pain of leaving them behind. Not surprisingly, parents often worry about the long-term effects of such traumatic early experiences.

The good news is that most internationally adopted children grow up to be emotionally healthy. They may feel disoriented or experience grief at first, but most make strong, loving connections with their new families. On the whole, they also do well developmentally. Early on, nearly all show signs of delayed growth and development by U.S. standards, but most catch up within two or three years. If learning or attention problems show up later, these typically respond to the usual educational and medical treatments.

Sadly, not *all* internationally adopted children do this well. Some have severe developmental and emotional problems. Therapy for these problems often takes many years and can be financially and emotionally draining. And it may not work completely.

Early relationships and age are critical

There are critical factors to consider in the quality of the child's early relationships and the child's age when adopted. Infants need loving human contact. Ideally, they learn to love and trust one person or a few adults who care for them consistently. This care does not have to be perfectly sensitive or perfectly consistent--it just has to be (as one child psychiatrist famously put it) "good enough."

Many children grow up in institutions where they receive far too little of this essential care often due to the ratio between children and staff. Sometimes, 30, 40, or even 60 children are under one person's care. In these circumstances, infants learn to comfort themselves. They use rocking, rubbing, and other repetitive behaviors as a substitute for human contact. Without the relationships that underlie language development, they don't learn to communicate. And they often have great difficulty forging trusting relationships. The emotional deprivation is not always this extreme. In yet other institutions, conditions are far worse. Children may suffer from cold and hunger as well as physical and sexual abuse. How long a child experiences institutional life is critically important. Children adopted before age six months usually recover emotionally, even if they have experienced severe deprivation. After that, the risk of emotional problems rises. After two or three years in an institution, the likelihood of long-term emotional problems is quite high.

Attachment and Reactive Attachment Disorder

For most parents, the concept of attachment problems brings to mind a child who does not want to be dropped off at day care or who bursts into tears when his mother leaves the room. This type of attachment is quite normal. In some instances, however, attachment problems are actually a diagnosable disorder.

A few years ago, reactive attachment disorder was almost unknown outside the world of psychology. Now there are several Internet sites devoted to the diagnosis. The purpose of this article is to describe attachment and to clarify what is meant by reactive attachment disorder.

Attachment

Attachment is a simple but powerful idea. When parents respond to their babies' needs, their children come to trust them. Over time, they build up a deep belief that their parents will be there to protect them. Later, when they leave their parents' side--to stay with a babysitter or to go off to school--they carry the idea of their protective parents around with them. Without having to think about it, they make use of this idea when they need to, like when they are feeling insecure or frustrated or worried. This secure base helps young children face the many challenges in their lives.

You can see children using their parents as a secure base in many different situations:

- They stick close to their parents when they're in a new or threatening place (for example, a busy airport).
- They go to their parents for comfort when they have a boo-boo or they feel sick.
- They're eager to show their parents when they've done something they are proud of. They care about getting their parents' approval.

But attachment also works behind the scenes. Because a child's first relationship is with her parents, it sets the stage, in many ways, for all the relationships that follow. Securely attached children tend to approach other people positively. And since they feel valued by their own parents, they naturally assume that other people have value as well.

Reactive Attachment Disorder (RAD)

According to the official diagnosis handbook of the American Psychiatric Association, the diagnosis refers to young children who have severely disturbed relationships with other people as a result of the terrible parenting they have received. Children with RAD either avoid forming personal relationships (the inhibited or unattached type) or they seem overly friendly to everyone,

without making any distinctions between their parents and strangers (the uninhibited or indiscriminate type).

RAD and international adoption

Not all children who are adopted out of foreign orphanages (so-called post-institutionalized children) are destined to have RAD. But the more emotionally and physically deprived they were, and the longer they were institutionalized, the greater their risk is.

Although RAD can be extremely difficult to treat, it is treatable. Developmental-behavioral pediatricians and other experts can help parents and teachers understand developmental and behavioral issues.

(Adapted from information from the American Academy of Pediatrics, American Psychiatric Association, and the US Department of State)

Other Resources for International Adoption Issues

International Adoption Articles Directory, <http://www.adoptionarticlesdirectory.com/>

Adoption Education Center, <http://www.adoptions.com/aecschooliss.cfm>

Center for Developmental and Cognitive Assessment and Remediation, (Dr. Grindis' Publications on International Adoption) <http://www.bgcenter.com/adoptionPublication.htm>

Check-Off List of Prereferral Considerations for the Assessment of Potential and Misdiagnosed Disabilities in Culturally and Linguistically Diverse Students
For additional checklist items see appendix 10T.

❑ Pre-referral Process Selection

Have you consulted an SSD Effective Practice Specialist for speech and language?

Has a pre-referral process been selected, amended or created for your school or district which is specifically designed for the unique needs of bilingual learners?

Has your team documented the steps you have taken and what the results of each step have been?

❑ Team Members

Have bilingual specialists played a central role in selecting members of the team?

Do team members start with an assumption that the problem is a disability or that it results from being a second-language learner?

Do team members possess sufficient knowledge of the second language acquisition process? If so, does this knowledge genuinely impact on the outcome of decisions or are the members who possess this information marginalized?

Do team members possess sufficient knowledge about qualitative forms of assessment such as performance assessments, which reveal the processes, thinking and competencies of unique individuals? If so, are these measures being used significantly by the team?

Do individual team members believe in cultural assimilation or in the co-existences of cultures which are valued equally?

Do team members demonstrate a personal interest in learning about the cultures of the students involved?

❑ Instruction and Classroom-Based Issues

Have classroom teachers noted what questionable behaviors are occurring? (See attachment A, from McKibbon, 1995).

Have classroom teachers modified their instruction and classrooms to meet the needs of culturally and linguistically diverse students? (See, for example, attachment B, from McKibbon, 1995).

Have the input and background information from previous teachers and schools been sought?

Has the classroom teacher tried to use a classroom paraprofessional to assist the student?

Has the classroom teacher experimented with assigning a peer to the student (preferably with a similar language background) for some or selected activities?

□ Standardized Testing and Assessment

Are the tests being given in the student's first language? If not, why not?

Is there an assumption that a mere translation of the test is sufficient to make it appropriate for the content that is being used?

If given in English, have any modifications been made because the test is being given in the student's second language?

Have the tests been examined for linguistic and cultural bias relative to the student?

Has the norming group been examined to see if it is appropriate for the student involved?

Attachment A

Note: The classroom teacher will use this form before a team meeting to learn if any of the behaviors have been observed. It will then be presented and discussed at the team meeting.

1. Difficulty in learning language at a normal rate, even with special assistance in both languages.
2. Deficits in vocabulary.
3. Short mean length of utterance.
4. Communication difficulties at home.
5. Communication difficulties when interacting with peers from a similar background.
6. Auditory processing problems (e.g., poor memory, poor comprehension).
7. Lack of organization, structure, and sequence in spoken and written language; difficulty conveying thoughts.
8. Slow academic achievement despite adequate academic English proficiency.
9. Family history of special education/learning difficulties.
10. Slower development than siblings (as per parent report).
11. Heavy reliance on gestures rather than speech to communicate.
12. Inordinate slowness in responding to questions.
13. General disorganization and confusion.
14. Difficulty paying attention.
15. The need for frequent repetition and prompts during instruction.
16. The need for a more structured program of instruction than peers.
17. Difficulties in using appropriate grammar and sentence structure.
18. Difficulties in the use of precise vocabulary. Uses words such as *stuff, things, you know, etc.*
19. Inappropriate social use of language (e.g., interrupts frequently, digresses from topic, is insensitive to the needs or communication goals of conversational partners, cannot stay on the topic of discussion, and cannot take turns in conversation).
20. Poor sequencing skills. Communication is disorganized, incoherent, and leaves listener confused.
21. Overall communication skills that are substantially poorer than those of peers.

Attachment B

The classroom teacher should attempt the following interventions that might benefit a bilingual, special needs learner and present the results at the team meeting.

**WORKING WITH LINGUISTICALLY AND CULTURALLY DIVERSE STUDENTS:
THE INTERVENTIONIST'S SELF-EVALUATION CHECKLIST**

Almost Always	Sometimes	Very Rarely	Never

Do I....

--	--	--	--

1. Use a multimodal approach to teaching material?
2. Review previous material?
3. Make input comprehensible by slowing down, pausing, and speaking clearly?
4. Rephrase and restate information?
5. Check frequently for comprehension?
6. Focus on teaching meaning rather than focusing on correct grammar?
7. Avoid putting students on the spot by demanding that they talk immediately?
8. Give extra time for processing information?
9. Attempt to reduce students' anxieties and give them extra attention when possible?
10. Encourage students' use and development of their primary language?
11. Encourage students to interject their own cultural experiences and backgrounds into learning situations?
12. Expose all my students to multicultural activities and materials on a regular basis?
13. Include parents and community members from different cultural backgrounds in my teaching?

10.10 p.3

Attachment B Comment Sheet

Student's Name: _____

Notes related to the use of the check off list:

Source: Rosebery-McKibbon, Celeste. Multicultural Students with Special Language Needs. Oceanside, CA. Academic Communication Associates. 1995. Reprinted with permission.

Strengths of recommended procedures:

Weaknesses of recommended procedures:

Considerations for Screening Students with Limited English Proficiency

When a student who has learned English as a second language is referred for a speech and/or language evaluation, additional activities are used to assist in determining that the speech and/or language concern is not primarily caused by second language influence. It is necessary to comply with eligibility requirements for diagnosis of language impairment while also safeguarding the student's right to an evaluation for a possible disability. To this end, the SLP will provide technical support to the building level team.

To assist in focusing on actual behavioral statements of difficulty, the Review of Existing Data team will want to employ the following process when obtaining the data:

- Explain to all potential data collectors or contributors to the R.E.D. the importance of observing and describing the difficulties manifested by the English Language Learner.
- Provide the data collectors with instructions to observe and record information. For example, "Over the next week or so, if Lydia does or says something that catches your ear, grabs your eye, or gets your attention *and you have the time*, write it down. Notice especially attempts to work on academic subjects, the student's reactions, and any attempts to problem solve.
- Give the data collectors time to collect the data.
- Determine whether the data are sufficient.
- Contextualize the English Language Learner's behaviors by asking follow-up questions if the data provided are not sufficient. Two types of questions enable contextualization: **experience questions** ("Can you tell me about an instance when you saw this behavior in Lydia?") and **example questions** ("Can you give me an example of what he actually does when he is doing 'x'?")
- If at all possible, verify the accuracy of the behavioral difficulties by triangulation.
- Compile this unique and individual inventory of difficulty for this English Language Learner.

Screening

1. Use special screening procedures for student with limited English proficiency. It is important to remember that few standardized instruments are normed on second language learners. Therefore, informal procedures are recommended. It is necessary to gather additional information before deciding if a student passes or fails a speech and/or language screening.

2. The SLP will assist the building level team in gathering more extensive background information for the data gathering packet, using an interpreter if necessary. At this point in the referral process, the responsibility for obtaining the interpreter in order to gather information remains with the student's local school. The building level team may include the classroom teacher, the ESL teacher, the SLP, and the counselor. The SLP will provide the team with information from the list of considerations in learning a second

language printed in the next section and go through this information with the building level team to determine how this information is relevant to the student being referred. The SLP will also assist the team in gathering the following information:

- a) Parent questionnaire to determine language dominance
- b) Developmental history regarding development of speech and language skills in the first language learned
- c) School history including previous instruction in native and second language
- d) Factors that may have been interferences to development of the native language, i.e., sensory, medical, emotional concerns
- e) Specific information provided by classroom teacher regarding speech, communication, language, and literacy skills that the student demonstrates in the classroom

3. Information regarding provision of ESL instruction will be gathered by the building level team. This information will include:

- a) History of ESL instruction
- b) Current amount and type of ESL instruction and ESL facilitation provided by classroom teacher
- c) History of progress in ESL program in acquisition of speech and language skills in English
- d) ESL assessment to determine current proficiency
- e) Information from ESL teacher regarding cultural values and practices

4. The SLP will review all the background information gathered by the building level team and the concerns that prompted the referral when planning to conduct observations in the classroom and unstructured settings. ***These observations will serve as one informal screening in place of a standardized screening instrument.*** For speech screenings, it may be necessary to conduct structured clinical tasks to try to elicit the suspected problem behaviors. For suspected speech articulation problems, you will need to check the phonology of the student's primary language. Some Standard English American phonemes are not present in all languages. There are several online sites that explain the speech sound production of many languages. In addition, you can consult with your effective practice specialist. Other resources for sound production comparison include, *Learner English*, Swann and *Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention (3rd Edition)*, by Celeste Roseberry-McKibbin.

As with native English speakers, it will be necessary to obtain a voice sample at different times of the day and to determine the duration of the suspected voice problem. For fluency, it will be necessary to obtain samples of speech with varying linguistic complexities and a detailed history of the presence of disfluencies.

5. The SLP will consider observational data and/or clinical tasks in reference to all background information before recommending an evaluation for speech and/or language. The SLP will consider if evidence is present to indicate speech/language

deficit(s) in the dominant language and if difficulties communicating in English are greater than what would be expected in learning a second language. ***The hallmark of evidence of a language disorder and not a second language acquisition problem is whether the child had difficulty acquiring his first language.***

6. When the data gathering information is completed, the referral review committee (joint review committee) will decide to accept or reject the student for evaluation. The referral review committee may recommend other interventions or that additional information be gathered. The SLP will assist as appropriate. If the team determines that an evaluation is warranted from the data that has been collected, the SLP will follow procedures to initiate the evaluation with the school psychologist.

Published Language Tests and Limitations

Most tests used in the field of special education are based on a structuralist model (discrete skill emphasis) of language. Most language proficiency tests used to determine whether a student is limited English proficient also reflect this orientation. Structuralists believe that you can divide language into its component parts (i.e. phonology, morphology, syntax, semantics, pragmatics), and then test the parts to determine the student's proficiency level.

Limitations of instruments which have a discrete point emphasis:

1. Fail to examine the child's competence in using language functionally for specific purposes. They do not correlate with conversational skills.
2. Because they require students to perform operations different from those required in natural speaking contexts, they may not correlate highly with performance during conversational speech.
3. They do not predict academic achievement.
4. They test dominance in a limited context, although current research suggests that dominance varies depending upon what is being assessed (i.e. child may be dominant in the vocabulary of one language and syntax of another).
5. The samples of behaviors used to determine the child's proficiency can be quite limited. Estimates of the extent to which the child uses each language in various settings are not necessarily valid predictors of the child's relative proficiency in using the two languages.
6. Norm-referenced tests of language proficiency are normed on samples of native speakers. Yet, two standards are needed:
 - a. How a child compares to peers from the same speech community for the purpose of distinguishing a difference from a disability; and
 - b. How a child compares with native speakers for the purpose of establishing instructional goals.

Discrete point versus functional competence

It is not as important to examine how much of each language the child knows as it is to evaluate the child's ability to operate effectively in each language in meaningful speaking contexts.

Because discrete point tests do not meet the above criteria, whenever dominance tests are administered, the results should be used in conjunction with data obtained from natural communications samples and other measures.

Nonbiased Assessment: Considerations in Standardized Testing

INTRODUCTION

Many professionals rely almost entirely on the use of standardized tests to evaluate CLD student's language abilities and plan intervention/service delivery. Reasons for reliance on standardized testing include legal considerations, time constraints, caseload constraints, and convenience.

Most current language tests assess mastery of specific linguistic forms. Emphasis is shifting to evaluation of language use and communicative competence in daily settings as well as knowledge of linguistic forms. This is especially important for students who are LEP. If professionals continue to use standardized tests with students who are LEP, they need to at least be aware of the tests' potential legal, psychometric, cultural, and linguistic limitations in terms of validity and reliability.

FORMAL TEST ASSUMPTIONS

The development of formal tests has grown out of a framework which is Western, literate, and middle class. These tests are often very biased against students who are LEP. These inherent assumptions are important to remember when working with students who are LEP.

- Follow the cooperative principle: perform to the best of their ability and try to provide relevant answers,
- Attempt to respond even when test tasks don't make sense,
- Understand test tasks (e.g. fill in the blank, point to the picture),
- Have been exposed to the information and experiences inherent in a test,
- Feel comfortable enough with the examiner in the testing setting to perform optimally.

These assumptions do not hold true for students who are LEP. Their cultures might indicate, for example, that one greets unfamiliar events with silence or that one should be silent in the presence of an adult. Many Native American children are expected to learn by listening and watching, not by verbalizing and are not encouraged to guess when they are unsure of an answer.

POTENTIALLY UNFAMILIAR ITEMS

- Certain household objects (e.g. blenders, microwave)
- Vehicles (e.g. subways, mass transit)
- Sports (especially those involving cold weather, football)
- Musical instruments
- Types of clothing (e.g. mittens, rain boots)
- Professions/occupations
- Historically related events and people (e.g. Thanksgiving, Abraham Lincoln)
- Foods (e.g. apple pie, yogurt)
- American nursery rhymes, fairy tales
- Geography (e.g. New York, Midwest)
- Games (e.g. tag, hopscotch, Monopoly)

ENGLISH TRANSLATIONS OF TESTS

1. Differences in structure and content across English and the primary language. Many words cannot be translated directly from one language to another. Example: Some Asian languages do not have pronouns.
2. Psychometric properties of tests, such as validity, reliability, sample sizes, and norming populations do not carry over to translated versions.
3. Translation assumes that the students who are LEP have the same life experiences and background as the norming population—they rarely do.

TESTS DEVELOPED IN PRIMARY LANGUAGES

Many professionals feel that a valid assessment of students who are LEP language skills can be obtained if they use a test specifically developed in the student's primary language. There are some problems with this thought:

- Many dialects in various languages exist. Some countries/cultures have over 100 different mutually unintelligible languages and dialects.
- There is little developmental data on languages other than English.
- There are differences in vocabularies and linguistic knowledge bases of students born in the US and those who immigrate here at a later age. Thus, a test normed on students born and raised in Mexico is not valid for Spanish-speaking students born and raised in the US.

WAYS TO ALTER TEST ADMINISTRATION

- Give instructions in both English and L1
- Rephrase confusing instructions
- Give extra examples, demonstrations, practice items
- Give the student extra time to respond
- Repeat items when necessary
- If students give a “wrong” answer, ask them to explain and write down their explanations. Score items correct if they are correct in the student's culture. Record all responses.
- Omit biased items which the student will probably miss
- Test beyond the ceiling
- Complete the assessment in several sessions
- Have a parent or another trusted adult administer test items under the professional's supervision

CONSIDERATIONS IN TEST INTERPRETATION

- Don't base diagnostic decisions solely on the basis of test scores. Use informal measures to supplement.
- Ascertain whether the student's errors are typical of other students with similar backgrounds when possible.
- Review results with family members and persons from the student's background to gain additional insight about their performance.
- Interpret the overall test scores in a team setting. Errors in interpretation are less likely in a group.
- Be sure to include cautions and disclaimers about any departures from standard testing procedures. Discuss how the student's background may have influenced testing results.

Assessment and Referral of Limited English Proficient Students

Interpreters can be obtained by calling the **International Institute at 314-773-9090** or the **International Language Center/Brunetti Language School at 314-647-8888**. The International Institute and the International Language Center will send invoices for payment to the appropriate Regional Secretary at SSD's Central Office. Please inform your speech-language effective practice specialist and your area coordinator if you require an interpreter.

The SSD Diagnostic EPS and SSD Speech-Language EPS should be consulted throughout this process.

1. **SLP assists the building level team** in gathering background data
 - a. Use an interpreter if necessary
 - b. Use interviews provided for ESL teacher, classroom teacher, parent, etc. in the appendices of this section of the SL Handbook of Operations
 - c. Developmental history gathered
 - d. School history gathered
 - e. History of ESL service

2. **SLP may informally screen** by analyzing the information obtained through the review of existing data.

If data suggests that the student has not acquired sufficient English to be proficient in academic work, the building level team should plan and implement interventions to assist the student's concerns in the classroom.

3. **Building Level Team review** - A decision for further assessment will be made through a review of data and determination by the building level team that there is a suspected disability in the student's native language.
4. **If a referral for assessment is deemed appropriate by the building level team**, best practice is for the evaluation/assessment to be conducted in the student's dominant language. If an interpreter is necessary, the building level team should make sure the interpreter is used on all testing (cognitive, social, speech, language, etc.). If you are unsure that an interpreter should be used, contact your Speech-Language EPS and Diagnostic EPS.
5. **A special education determination** is appropriate when there is clear evidence that the student experiences the disability in his native language.

Using Interpreters in the Evaluation Process

To maximize the effectiveness of the interpreter's services, follow a three-step briefing, interaction, and debriefing (BID) process.

Briefing – In this step the clinician and interpreter should review:

- expectations and roles
- the importance of maintaining confidentiality
- the student's background
- the purpose of the assessment, interview, or conference
- the assessment and/or interview procedures and materials
- assessment items/activities that are not culturally or linguistically appropriate or translatable
- the data to be collected
 - * response delays
 - * use of gestures
 - * false starts, repetitions
 - * confusion
 - * inattention, distractibility
 - * language and speech errors

Interaction – The clinician and interpreter should work as a team.

- All members should address the student and family directly.
- Speak in short units
- Limit or omit professional jargon
- Observe nonverbal behaviors
- Allow opportunities for client(s) to ask questions
- Record all relevant data

Debriefing – The clinician and interpreter should review the process.

- Review notes/data/observations and clarify ambiguities
- Make notes for future reference
- Make follow-up plans (if necessary)
- Review the importance of confidentiality.

When an interpreter is used to administer a standardized assessment instrument the results are not valid. Scores should not be reported. Use of informal assessments, such as narrative assessment, dynamic assessment, portfolio assessment, dictation, sentence cloze, and language sampling, are appropriate methods for determining the child's strengths and weaknesses. If deficits are found in the native language describe them in depth. Indicate patterns of deficits in the native language that correlate with deficits in English.

Reminders:

1. Being bilingual does not automatically qualify someone to serve as an interpreter. An interpreter must be bilingual and bicultural and have an understanding of the vocabulary and procedures in a specific educational discipline. The interpreter must be able to adapt to a variety of communication styles. The interpreter must demonstrate neutrality, confidentiality, and honesty.
2. The integrity of the assessment must be maintained by the clinician.
3. The final diagnosis must be made by the educational professionals, not the interpreter.

Resources:

Langdon, H. W. (2002, April 2). Language interpreters and translators: Bridging communication with clients and families. *The ASHA Leader*, 7(6), 14-15.

Langdon, H. W. & Cheng, L.-R. L. (2002). Collaborating with Interpreters and Translators: A Guide for Communication Disorders Professionals. Eau Claire, WI: Thinking Publications.

Roseberry-McKibbin, C. (2002). Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention (2nd ed.): Oceanside, CA: Academic Communication Associates.

Use of Interpreters in Assessment

(from Celeste Roseberry-McKibbin's presentation to SSD on 10/11/06)

The professional who is utilizing the services of an interpreter for assessment of culturally and Linguistically Diverse (CLD) students has ethical responsibilities to carry out.

The professional needs to be sure that she or he:

1. Recognizes the limitations of interpreted tests.
2. Only allows the interpreter to carry out activities for which s/he has been trained.
3. Involves others in training the interpreter when appropriate.
4. Makes sure that the permission for assessment form indicates that the services of an interpreter will be used during the assessment.
5. Makes clear in the assessment report that the services of an interpreter were used.
6. Gives the interpreter background information about the student who is to be tested.
7. Prepares the interpreter for each testing session and debriefs the interpreter afterwards.
8. Shows the interpreter how to use tests and makes sure the interpreter feels comfortable with the testing.
9. Allows the interpreter time, before the student arrives to organize test materials, read instructions, and clarify any areas of questions. Some interpreters come from cultures where it is not appropriate to admit that you haven't understood something. It is imperative that professionals make certain that the interpreter truly understands the assessment tasks.
10. Ensures that the interpreter does not protect the student by hiding the extent of the student's limitations/disabilities.
11. Shows the interpreter how to use tests.
12. supervises the interpreter during the testing session and watches for the following possible behaviors:
 - Recording the assessment data incorrectly
 - Prompting the student or giving clues
 - Using too many words
 - Giving directions that are too brief or too elaborated
 - Over- or under-using reinforcement
 - Expanding and elaborating on student responses instead of directly translating them

- Omitting something through misunderstanding or through actually missing part of what is said

13. Reminds the interpreter to write down all behaviors seen during testing, even if the behaviors seem extraneous to the immediate task. Student behaviors the interpreter can watch for: (Matsuda & O'Connor, 1993):

- Response delays (latencies)
- Use of gestures to replace words
- False starts, word repetitions
- Preservation
- Confusion
- Inattention, distractibility
- Language and articulation errors

14. Considers the interpreter's observations, but doesn't place the responsibility for the placement decision on the interpreter.

Assessment of ESL Students for Possible Speech/Language Impairments

ASSESSMENT PROTOCOL

To assess and treat individuals from culturally and linguistically diverse populations appropriately, speech language pathologists should be: (a) flexible in their assessment and intervention approaches; (b) familiar with the current and best practices literature; (c) sensitive to each student's needs, learning styles, and related concerns of the family; and (d) committed to the dual roles of clinician and advocate (Goldstein, 2000).

The goal of the language evaluation is to determine whether a communication disorder exists. In the case of the minority language student, **the goal is to differentiate between a language difference and a language disorder.**

The **protocol** for students that need a complete evaluation is as follows:

- Developmental case history
- Parent Questionnaire (should be completed during the referral process)
- Family history
- Observations
- Valid assessment

The information below was compiled from an article by Maria Adelaida Restrepo (University of Georgia, Athens) called *Guidelines for identifying primarily Spanish-speaking preschool children with language impairment*. It can be found at www.asha.ucf.edu.

Developmental case history: A developmental case history should be collected that addresses overall motor, medical, social, language, and cognitive skills. This component of the evaluation serves more as a screening because research has shown that past history is not a reliable source of information. Clinicians should ask about common risk factors for language problems such as medical problems, head injuries, seizures, developmental delays, and school problems.

Parent questionnaire: The parent questionnaire should include a report of current speech, language, and academic skills. In this component of the interview, clinicians need to inquire only about the multiple skills that are expected for the child's age and how these skills compare with those of the child's peers. (Restrepo, 1995, 1996) These questions should address the question, "Does the caregiver think that the child has a problem in comparison to children in his or her own community?" For example, for a 2-year-old child, the clinician may ask if the child has problems combining two or three word phrases, if the child can follow simple commands, or if the child is having difficulty learning the names of common objects, making requests, or expressing basic needs. For the early elementary school child, the clinician may ask if the child is having difficulty retelling events that happened at school, retrieving words, or following class assignments. It is important that clinicians discuss specific skills, such as grammatical forms; with parents and that the questions cover both receptive and expressive language. Because grammatical problems often characterize children with language

impairment, emphasis should be placed on this component and less focus should be placed on vocabulary, which is affected by experience and cultural background. In addition, questions should also address learning and language use skills expected for the child's age. Questioning of a specific area should begin with general questions and move into more specific skills that address the same area. This may be done by asking about the same general areas in different forms. This type of questioning allows clinicians to determine whether the information is accurate and reliable and whether the parent is reporting consistent problems in one specific component such as grammar, comprehension or word retrieval.

Family history: Up to 77% of children with language impairment have family history of speech, language, or academic problems (Tallal, Ross, & Curtiss, 1989). For this reason, the clinician needs to ask whether the parents, uncles, aunts, and grand parents have had a history of problems in speech, language or academics. Clinicians must consider that some families may have low literacy rates because of limited access to education and not due to language difficulties. However, often illiteracy will be due to difficulties that a family member had while learning to read, then not receiving or accessing remedial education, and consequently dropping out of school. Questions should address all aspects of language, including reading and writing, in all the different family members. Again, specific questions may be more useful in identifying a history of problems.

Observation: Observations of the child interacting in his peer group is important information in the referral and assessment of the child's language environment, use and language proficiency. The following is a list of behaviors observed by Mattes and Omark (1991) and Kayser (1995) of language-impaired bilingual children interacting in the classroom (Kayser, 1995).

1. Child rarely initiates verbal interactions with peers.
2. Child rarely initiates interactions in peer group activities.
3. Child rarely initiates or organizes play activities.
4. Child does not respond verbally when verbal interactions are initiated by peers
5. Child's communication has little or no effect on the actions of peers.
6. Child does not engage in conversations with peers.
7. Child generally uses gestures rather than speech to communicate with peers.
8. Facial expressions, eye contact, and other nonverbal aspects of the child's communication are perceived by peers as inappropriate.
9. Peers rarely initiate interactions with the child.

Language samples: Obtain a language sample in three different formats: story retell, parent/clinician interaction, and play with peers. Restrepo, Chasteen, & Bejarano (1996) found that a story retell format yielded the most grammatical errors in both children with normal language (NL) and language impairment (LI) when compared to an adult-child interview or a picture description task. In addition, Restrepo (1995) found that the number of errors per utterance in conjunction with a parent interview yielded discriminate accuracy above 90% between Spanish speaking (SS) children with NL and LI. Thus, a task that is most helpful in obtaining these differences between children is the story-

retelling task because it places more demands on the child's language than a free-play or conversation format. The clinician needs to do several analyses:

- a. Mean length of utterance in words for information regarding expected mean length of utterance by age.
- b. Number of grammatical errors per utterance. Code the sample for grammatical errors within the sentence. Grammatical or structural errors should include problems with pronouns, articles, verbs, prepositions, and nouns, as well as word order errors.

Resources:

Kayser, H., (1995) *Bilingual speech and language pathology: An Hispanic focus*. San Diego, CA: Singular Publishing.

Lahey, M. (1990). Who shall be called language disordered? Some reflections and one perspective. *Journal of Speech and Hearing Disorders*, 55, 612-620.

Restrepo, M.A., Chasteen, A.M., Bejarano, M. (1996). *Language Elicitation in Spanish-speaking children with NL and LI*. Manuscript in preparation.

Restrepo, M.A., Chasteen, A.M., Bustelo, W., & Matute, C. (1996). *Article use in Spanish speaking children with NL and LI*. Manuscript in preparation.

Restrepo, M.A. (1995). *Identifiers of Spanish-speaking children with language impairment who are learning English as a second language*. Unpublished doctoral dissertation, University of Arizona, Tucson.

Restrepo, M.A. (1996, June). *Identifiers of predominantly Spanish-speaking children with language impairment*. Poster presented at the Symposium for Research in Child Language Disorders, Madison, WI.

Tallal, P., Ross, R., & Curtiss, S. (1989). Familial aggregation in specific language impairment. *Journal of Speech and Hearing Disorders*, 54, 167-173.

Valid Assessment: There are variables that must be considered as part of the actual testing. The following are areas to consider determining if the assessment of the child is valid (Kayser, 1998):

1. The translation of tests: Directly translating a test does not necessarily equate to an appropriately adapted assessment instrument (Kayser, 1998). If a test is translated, it should be developed by a team of bilingual professionals.
2. Clinician language proficiency: The dialect may have an effect on the child's comprehension, especially if the child has a speech-language disorder. Also, the clinician's limited proficiency or lack of native use of the language may have potential effects on the child's performance.
3. Standardization and norms do not include the group to be tested.

EVALUATION MODIFICATIONS

In assessing communication disorders of individuals from culturally and linguistically diverse populations, SLPs may need to assess in ways that differ from the traditional assessment model. This section provides information that will aid in providing least biased assessment and assessment modifications.

Speech-language pathologists should (Goldstein, 2000):

- Assess skills in all languages.
- Adapt assessment tools to fit the client's language, dialect, and culture.
- Examine each item before administering the test to determine whether the student may have access to the information and if failure should be considered a disorder.
- Determine whether modification of specific test items can reduce bias.
- Observe code-switching and the influence of one language on another.
- Give the children credit if he or she self corrects, especially when demonstrating the correct answer is known.
- Repeat and/or reword instructions.
- Provide additional response time.
- Have the student explain his or her answer.
- Complete testing over several sessions.
- Do not score dialect differences as errors.
- Repeat stimuli.
- Give more detailed explanation of the task or extra examples.
- Accept culturally appropriate responses as correct.

INDICATORS OF SLI

Maria Adelaida Restrepo (1998) conducted a study at the University of Georgia. The purpose of the study was to identify a set of measures that would discriminate 31 predominantly Spanish-speaking children with normal language from 31 children with language impairment. The language-impaired children were identified as such by experienced, bilingual, ASHA certified, speech-language pathologists who were currently seeing the children on their caseloads. Children ranged in age from 5 to 7 years old and nonverbal cognitive measures indicated that they did not differ significantly intellectually. Measures of vocabulary, novel bound-morpheme learning skills and language form were randomly administered to all children. In addition, parents responded to questions about their perceptions of the children's speech and language skills and family history of speech and language problems. The following indicators of SLI were determined:

1. **Parental report of their child's speech and language problems:** Parents have been found to be quite accurate at assessing current language skills (Restrepo, 1998). The questions need to be specific and direct comparisons of their child's abilities to peers may lead the parents of more accurate determination.
2. **Family history:** Several researchers have documented the increased prevalence of positive family history for speech, language and academic

problems (Restrepo, 1998). Spanish speaking children with family histories positive for these problems are also likely to be at greater risk for language impairment than those without such histories.

3. **Language sample analysis:** Mean length of T-unit and number of errors per T-unit. T-units are defined as any clause and its subordinate clause (Kayser, 1995). Once a sentence is divided into t-units, the number of words per t-units is counted and then averaged. Gutierrez-Clellen and Hofstetter (Kayser, 1995) found that the mean length of T-unit increased with age in Spanish speaking children in the United States.

Spanish-speaking language impaired group:

- Used less complex sentences.
- Produced article errors. These errors occurred mainly in gender agreement and not number agreement.
- Produced more errors in the noun system than English-speaking language impaired students who produce more errors in the verb system.

MISDIAGNOSIS

The following is a list of potential sources of misdiagnosis taken from Langdon (1995) as cited in Goldstein, (2000). These sources are important to consider in determining a difference from a disorder.

- **Assuming** the student is or is not proficient in his or her native-dominant language.
- **Assuming** the student has attended school in his or her country of origin and has succeeded academically.
- **Expecting** the student with limited English proficiency to achieve academically at the same pace as peers who are native speakers of English.
- **Assuming** that if the student has some proficiency in English that he or she is able to succeed academically in English as well as other English-speaking peers.
- **Assuming** that performance will increase for academic tasks if directions are provided in the native language when, in fact, these tasks have been instructed in English.
- **Assuming** the student's vocabulary in L1 and L2 is parallel.
- **Assuming** the student has a language disorder when he or she mixes the two languages.
- **Collecting** a language sample in the native language by asking the student to retell a show seen in English unless those shows have been viewed in the primary language.
- **Lacking** enough data collected from the parent or family and other sources.
- **Using** results of discrete-point tests at face value **as the sole measure** of the student's performance.

REFERENCES & RESOURCES FOR THE SLP

Goldstein, B. (2000). Cultural and linguistic diversity resource guide for speech-language pathologists. San Diego, CA: Singular Publishing.

Kayser, H., (1998). *Assessment and intervention resource for Hispanic children*, San Diego, CA: Singular.

Kayser, H., (1995). *Bilingual speech-language pathology: an Hispanic focus*. San Diego, CA: Singular Publishing.

Restrepo, M.A., (1998). Identifiers of predominantly Spanish-speaking children with language impairment. *Journal of Speech, Language, and Hearing Research*, 41, 1398-1411.

WEB SITES

Center for Multicultural Resources:

<http://www.utexas.edu/coc/csd/multicultural/network/home.htm>

Providing Speech-Language Pathologists Materials and Research: Issues of Cultural and Linguistic Diversity (CLD): <http://www.asha.ucf.edu/>

<http://www.asha.ucf.edu/anderson2.html>

INFORMATION TO INCLUDE IN A DIAGNOSTIC REPORT

The following information should be included in paragraph format in your diagnostic report. It may be entered either at the end of the background summary or at the beginning of the diagnostic summary.

- 1) Student's dominant language**
- 2) Student's level of English proficiency**
- 3) Non-verbal assessment was used to measure cognition ____yes ____no**
- 4) The assessment was conducted in _____ (language)**
 - a) _____ Bilingual assessor conducted all or part of the assessment**
 - b) _____ Interpreter was used. (Specify language or mode of communication)**

Discuss other pertinent findings, including how test procedures or test selections were adapted/modified to address the student's language need.

Discuss whether test modifications were deemed necessary.

Sample paragraphs:

Review of interview and referral information indicates that (name's) dominant language is (language) and that his level of proficiency in English is poor. As a result of this determination, non-verbal assessments were used to measure cognition and a (language) interpreter was used throughout testing. (Name) responded readily to the testing situation, was able to use the interpreter successfully, and no other test modifications were deemed necessary.

Review of interview and referral information indicates that (Name's) dominant language is (language) and that his level of proficiency in English is only slightly below average. As a result of this determination, (Name) was assessed in English with the assistance of a (language) interpreter to address any English comprehension issues. No other test modifications were deemed necessary.

R.E.

Date of Birth:

Classroom Teacher:

School/District:

SUMMARY OF INTERVIEW INFORMATION

The following information was obtained through:

- An interview with ____'s parents with ____'s father interpreting for ____'s mother
- Information shared by ____'s classroom teacher, the building Care Team, ELL teacher, ELL IS, Speech and Language EPS, ____ IS
- Classroom observations with ____

General Family History

____'s family immigrated from (Country) to the United States approximately 7 years ago. ____ was born in (Country). After immigration to the U.S., the family moved to their current residency.

____ is the first of 2 children residing in the home. Her sibling is a male 8 years of age. Her mother and father reside in the family home also.

Academic Background

____ was first enrolled in school at ____ School in ____, MO. The primary language of instruction has been English, as ____ did not attend school in her native country. She has received ELL services throughout her school experience. In Kindergarten through first grade, ____ received ELL services every day for 3 hours at the ____ Center. Then from 2002-2003, ____ went to the ____ Center for ELL 3 hours every Friday. After the 2002-2003 school year, ____ received and continues to receive ELL services 45 minutes bi-weekly on Tuesdays and Thursdays. ____ does not read or write fluently in her native language, but has been taught a little at home. Per her teacher, ____ demonstrates stronger skills in math and science than in reading and writing. Attendance at school has not been an area of concern.

At the present time, ____'s teacher reports that she is struggling with all academic areas mostly due to processing information and her below grade level performance in writing and reading. Her teacher reports that ____ processes slower in class than her other students and that she must provide "think time" for ____ to relay answers or information related to higher level thinking processes in the classroom. ____ does not enjoy reading or writing in class. She is often pulled to the back of the room to complete writing tasks so her teacher can scaffold the process for her. When listening to oral reading, ____ has trouble with comprehension in her classroom, but in ELL it is reported that she does better when the reading material is presented at her level. ____ is not distractible or off-task in the classroom. She is a "pleaser" and wants to answer questions posed by the teacher correctly. She acts very embarrassed and shy during classroom reading and writing tasks when she has to participate out loud. ____ realizes these tasks are harder for her and is reluctant to participate or volunteer because she may be afraid of being embarrassed by relaying an incorrect answer in front of her classmates. ____ attempts to follow oral directions, but when directions are long and/or complicated with many steps she needs to have them broken down and the teacher often will check for understanding of the direction. This benefits ____ greatly. ____ uses peer cues for most classroom activities. She

is always checking to make sure she has listened for and understood the teacher's verbal directions correctly.

Developmental and Health Background

According to her parents' reports, ____'s health and development seemed normal when compared to siblings and cousins. Vision and hearing have not been areas of concern, and there was no history of ear infections. Developmental milestones occurred within norms: ____ crawled between 7-11 months, walked between 9-16 months, first words uttered between 11-14 months, first complete sentence between 20-24 months, toilet trained between 2-3 years. There are no known speech abnormalities in the native language. ____'s health is good, and she has never been hospitalized nor is she currently taking any medications. ____'s parents did note that in kindergarten, ____ fell and cut open her forehead. The cut required stitches and may or may not have caused a concussion.

According to the parents' reports, health and development do not appear to be areas of concern.

Communication and Language Background

The languages spoken in the home are (list languages). The children speak (language) to one another, but the adults speak (language). The children do speak (language) to their parents at times, but also use (language) to communicate with them, especially their mother whom does not speak fluent English. ____'s father prefers to speak (language) but is fluent in English. ____'s family feels she prefers to speak English, and speaks English at school and with peers. The language spoken with most community members is (language) with adults and English with same-age peers. ____'s mother and father write and read in (language), although ____'s father can write and read English also, and there are written materials in (language) in the home. When compared to her siblings, ____'s communication skills in (language) appear to be normal. ____'s parents report that ____'s first words and use of simple sentences appeared to be normal when compared to other children in the household. ____'s parents feel that she understands general conversation, converses easily, sequences events, uses descriptive skills, and selects appropriate vocabulary when communicating in English or (language). It is indicated that ____ may be experiencing some (language) language loss as her parents indicate that she may say a (language) word that is intermixed with the English translation.

The parents report that ____ is able to follow verbal directions given in the native language, and that there are no speech errors noted. ____'s parents feel she is a fluent communicator in (language).

The MAC-Verbal proficiency assessment indicates that ____ is performing in the area of High Intermediate in speaking, listening, writing and Low Intermediate in writing.

School Social/Emotional Information

____ interacts well with peers. She appears happy and has friends. In her classroom, ____ is shy and very reluctant to participate in reading and writing activities. She is not defiant or insubordinate, but appears intimidated and scared that she may produce an incorrect answer or be embarrassed in front of her classmates. She does not attempt to actively participate during

reading and writing, but when she is called on by her teacher, she makes an attempt to produce a correct answer. As reported by her teacher, _____ is more eager to participate in science and math.

Informal Interview/Observation

An informal conversational sample was obtained on November 15, 2005. _____ easily followed conversational English in a group setting or one-on-one. She was able to initiate and maintain topics of conversation. She answered questions appropriately, used adequate vocabulary for conversation, and expressed her ideas using appropriate grammar and sentence structure. No significant concerns were noted with her oral language skills during this informal interview.

Summary and Recommendations

_____ has been enrolled in English speaking schools for 5 years and this year is her 6th year of enrollment in English speaking school. English has always been the language of instruction, and she has received ELL services consistently throughout her school experience. Developmental history is unremarkable according to her parents. There are no reported significant concerns with her conversational skills in the native language. Proficiency information is available and indicates that _____ is fluent in speaking, listening, and writing receiving a score of High Intermediate, and received a score of low intermediate for reading on the MAC-2.

It is felt that an evaluation of _____'s skills in the area of oral language is not warranted at this time based on the following information:

- She has attained proficiency in the areas of speaking, listening, and writing based on ELL assessment instruments
- Her fluency in both languages appears to be within normal limits at this time
- Her developmental history does not appear to be significant when her skills are compared to her siblings and cousins
- Her teachers indicate that her ability to communicate verbally in English is not an area of concern, and that she comprehends social English
- An informal conversational sample did not indicate significant concerns in the area of oral language

Current research indicates that a second language learner acquires Basic Interpersonal Communication Skills (BICS) in the first 1-3 years in the second language environment. Cognitive Academic Language Proficiency (CALP) – or the language proficiency necessary for learning – can take anywhere from five to nine years to acquire. It appears that _____ has acquired BICS; and she is at the lower limits of the time expectancy within which to acquire CALP, so at this time the team will devise a building plan to make interventions and accommodations for _____'s reading and writing if needed. She may be re-considered for referral if needed after she is given more time to acquire CALP.

Respectfully Submitted,

_____, M.S., CCC-SLP
 _____ School

STUDENT RECORD**Parent Information****Student:****Date:****Date of Birth:****Classroom Teacher:****Consultant:**

All information in an existing student's record or a new record should be evaluated with the following questions in mind:

- *Is the information in the records current?*
- *Is the information in the records reliable?*
- *Have the records been translated correctly?*
- *How familiar with the student's culture and language was the person(s) who completed the report?*
- *Are there consistent patterns across the available information?*
- *Are there discrepancies in the information?*
- *If there are no records has every attempt been made to contact the previous school or has a parent interview been conducted?*

General Family History

Has the family recently immigrated to the United States?

If yes, was the immigration voluntary or does the family have refugee status?

Did the student experience unusual trauma or stress during immigration?

Did the family spend any time in relocation/refugee camps?

If yes, how long?

What is the family's length of residency in the U.S.?

What is the student's place of birth?

If born in the U.S., how many generations have lived in this country?

Is this the only location the family has lived in the U.S. or has the family moved frequently?

With what frequency does the family travel to their country of origin?

Who are the family members?

What are their roles and duties within the family?

What is the hierarchy of authority in the family?

Which family members work and what are their occupation(s)?

What educational levels have been attained by family members?

How long has the student been exposed to an English speaking environment?

How well has the student adjusted to the mainstream culture?

Developmental and Health Background

What is the student's gestational, birth, and neonatal history?

What is the student's health and developmental history?

When did the student first crawl?

First walk?

Toilet trained?

Has the student had previous and current vision and hearing screenings?

Has the student had any problems with vision or hearing?

Is there a record of repeated illness and/or excessive absences?

If yes, have these absences been health related or due to other factors?

Have any prenatal abnormalities or developmental delays been noted by the parents?

Are speech abnormalities noted in both English and the other language(s) used by the student?

Is the student currently on medication/prescription drugs?

Are there any known congenital or genetic abnormalities?

Were any milestones not reached within the recommended guidelines as appropriate to the student's culture?

Has the student had any medically related conditions or hospitalizations?

Has the student's health and development differed from his/her siblings?

Does the family have a traditional / homeopathic approach to health care?

What medicinal uses are made of food or categories of food?

Communication / Language Background

What language(s) and dialects are used in the home?

What is the student's native language proficiency in the following areas?

Comprehension:

Speaking:

Reading:

Writing:

What is the student's proficiency in English?

Oral language:

Reading:

Writing:

What is the language preference of the student?

Has the student received any instruction in his/her home language?

Has the language of instruction been consistent?

Is proficiency information complete?

Is proficiency information current?

What language(s) are spoken in the student's community/social environment (i.e., stores, church, family, visitors, shopping, etc.)?

What language(s) do the parents or other adults in the home use to communicate with each other?

What language(s) does the child use with parents?

Siblings?

Other family members?

What family members read and write in the primary language?

What is the language of media in the home?

How does the student's language use compare to his/her siblings?

What language(s) does the student use during play and family activities?

What language(s) does the student use with his/her playmates?

Have the parents attempted to minimize the use of the first language with the student?

If yes, did they determine to do so or were they advised to do so?

Why?

By whom?

When?

If the child has received, or is receiving child care, what is the language(s) used by the childcare provider?

When did the child say his/her first words?

Use two to three word sentences?

Use five to seven word sentences?

Does your child understand general conversation in the first language?

Is your child able to converse easily in the first language with parents?

With peers?

With other adults?

Is your child able to describe an even or item such that you understand the intent and can form a mental picture of it?

Is your child able to sequence an event in appropriate order?

Does your child use vocabulary appropriately?

Does he/she have difficulty finding the right word to use?

Does your child initiate, maintain and end conversations without difficulty?

Does your child understand and follow your directions?

One step?

Two step?

Three step?

Do you consider your child a fluent communicator in your first language?

What if any, speech errors does your child have in your first language?

Academic Background

What are the student's previous experiences with schooling?

What is the highest grade attained?

Have there been significant gaps in the student's school attendance?

Have there been multiple school changes?

What is the student's current attendance record?

Did the student attend school in his/her native country?

If yes, what was the highest grade level attained?

Was schooling consistent?

What has been the student's response to previous instruction?

How well has the student performed in various instructional situations?

Has the student received English as a Second Language instruction, bilingual instruction, or both?

If yes, for how long?

Was there a change in the primary language of instruction?

If yes, how did this affect achievement?

Has the student been referred to special education services?

If yes, was the student placed in special education?

Was the placement consistent with district procedures for second language learners?

Were the assessments administered in the student's primary language?

Has the student received any other specialized instruction (i.e., Title I, migrant education, etc.)?

Has the student been retained?

What reasons were given for retention?

What are the family's expectations for their child's education and for the future?

What methods for teaching and learning are used at home (e.g. modeling and imitation, didactic stories and proverbs, direct verbal instruction)?

Do the parents have different educational and occupational goals for boys and girls?

Do the parents or other family members assist the student with homework?

What is the education history of the parent(s)?

Is the student able to read and understand material printed in their first language?

Is the student able to write sentences—paragraphs—letters, etc. in the first language?

Does the child understand either reading or math more easily?

Is he/she able to complete either more effectively in the first language?

School Social / Emotional Information

How well has the student adjusted to the school culture?

Has the student had any suspensions and/or expulsions?

What were the reasons?

In what grade(s)

Does the student appear happy in the school environment?

Work and Play

What is the family's current socioeconomic status?

What was their socioeconomic status in their country of origin?

What are the parent's occupations?

Does the student work outside the home?

Does the family view the student's income as essential to the well being of the family?

If yes, is the student's job interfering with his/her attendance/academic performance?

Is the family willing to have the student rearrange his/her work schedule?

What is the family's perception of future economic and occupational growth and security?

What recreational activities does the family enjoy?

Time and Space

Are calendars and/or clocks present in the home?

Is there a particular space in the home (or elsewhere) in which the student has privacy for doing homework or studying?

Assessment and Referral of Limited English Proficient Students**PARENT OF LEP STUDENT INTERVIEW**

1. What language is primarily spoken in your home?
2. Is (native language) used by your child in the social environment, religious activities, with family visitors, shopping, etc.?
3. When did your child say first words? Use two- to three-word sentences? Use five- to-seven word sentences?
4. Does your child converse easily in (native language, then English) with parents? With peers? With other adults?
5. Is your child able to converse easily in the first language with parents? With peers? With other adults?
6. Is your child able to describe an event or item such that you understand the intent and can form a mental picture of it?
7. Is your child able to sequence an even in appropriate order?
8. Does your child use vocabulary appropriately? Does he/she have difficulty finding the right word to use?
9. Does your child initiate, maintain, and end conversations without difficulty?
10. Does your child understand and follow directions when given in (native language, then English)? One step? Two step? Three step?
11. Is your child able to read and understand material printed in (native language)?
12. Is your child able to write (in native language, then English) sentences? Paragraphs? Letters?
13. Does your child understand either reading or math more easily? Is he/she able to complete either more effectively in (native language)?
14. Do you consider your child to be a fluent communicator in (native language)?
15. What if any, speech errors does your child have in (native language)?
16. When did your child first crawl? First walk? When was he/she toilet trained?
17. Describe your child's educational history in (native country)?

FAMILY LANGUAGE USE QUESTIONNAIRE

Child's Name: _____ Date of Birth: ____/____/____ Age: ____ yrs. ____ mos.

Questions	Other Language Specify:	English	About equal	Mixed Code	Neither
Which language does your child seem to understand?					
Which language did your child first learn to speak?					
Which language does your child speak to:					
Father					
Mother					
Siblings					
Grandfather					
Grandmother					
Caretaker					
Friends/Playmates					
Other:					
Other:					
Which language does your child speak when playing by him/herself?					
Which language does your child prefer when watching television?					
Which language does your child prefer when listening to music?					
Which language does each of the following people speak to your child?					
Father					
Mother					
Siblings					
Grandfather					
Grandmother					
Caretaker					
Friends/Playmates					
Other:					
Other:					

Assessment and Referral of Limited English Proficient Students
LEP STUDENT INTERVIEW

1. What language is primarily spoken in your home?
2. Do you use (native language) in the social environment, religious activities, with family visitors, shopping, etc.?
3. Do you understand general conversation in English?
4. Are you able to converse easily in (native language, then English) with parents?
With peers? With other adults?
5. Do you have difficulty finding the right word to use in English? In (native language)?
6. Do you understand and follow directions when given in (native language, then English)? One step? Two step? Three step?
7. Are you able to read and understand material printed in (native language)?
8. Are you able to write (in native language, then English) sentences? Paragraphs?
Letters?
9. Do you understand either reading or math more easily? Are you able to complete either more effectively in (native language)?
10. Do you consider the student to be a fluent communicator in (native language)?
11. Do you understand conversations in English, but have difficulty understanding classroom lectures, text books, or teacher's verbal explanations?

Assessment and Referral of Limited English Proficient Students
CLASSROOM TEACHER OF LIMITED ENGLISH PROFICIENT STUDENT INTERVIEW

1. Does the student understand general conversational English?
2. Is the student able to converse easily in English with the teacher? With peers? With
other adults?
3. Is the student able to describe an event or item such that you understand the intent and
can form a mental picture of it?
4. Is the student able to sequence an event in appropriate order?
5. Does the student use vocabulary appropriately? Does he/she have difficulty finding
the right word to use?
6. Does the student initiate, maintain, and end conversations without difficulty?
7. Does the student understand and follow your directions? One step? Two step?
Three Step?
8. Is the student able to read and understand printed English material?
9. Is the student able to write (in English) sentences? Paragraphs? Letters?
10. Does the student understand either reading or math more easily? Is he/she able to
complete either more effectively in English?
11. Do you consider the student to be a fluent communicator in English?

Assessment and Referral of Limited English Proficient Students
ESL TEACHER OF LEP STUDENT INTERVIEW

1. Does the student understand general conversational English?
2. Is the student able to converse easily in English with the teacher? With peers? With other adults?
3. Is the student able to describe an event or item such that you understand the intent and can form a mental picture of it?
4. Is the student able to sequence an event in appropriate order?
5. Does the student use vocabulary appropriately? Does he/she have difficulty finding the right word to use?
6. Does the student initiate, maintain, and end conversations without difficulty?
7. Does the student understand and follow your directions? One step? Two step? Three Step?
8. Is the student able to read and understand printed English material?
9. Is the student able to write (in English) sentences? Paragraphs? Letters?
10. Does the student understand either reading or math more easily? Is he/she able to complete either more effectively in English?
11. Do you consider the student to be a fluent communicator in English?

Assessment and Referral of Limited English Proficient Students
INTERPRETER OF LEP STUDENT INTERVIEW

1. Does the student understand general conversation in the native language?
2. Is student able to converse easily in the native language with you?
3. Is the student able to describe an event or item such that you understand the intent and can form a mental picture of it?
4. Is the student able to sequence an even in appropriate order?
5. Does the student use vocabulary appropriately? Does he/she have difficulty finding the right word to use?
6. Does this student initiate, maintain, and end conversations without difficulty?
7. Does this student understand and follow directions when given in (native language, then English)? One step? Two step? Three step?
8. Do you consider this student to be a fluent communicator in (native language)?
9. Does this student have any obvious speech errors in (native language)?
10. Did this student need repetitions or rephrasing to understand the questions on the standardized instruments?
11. Were this student's responses on standardized testing completed using appropriate grammar?
12. Did the student's responses on standardized instruments make immediate sense or did they require adult reinterpretation?

MONITORING STUDENT PROGRESS OBSERVATION CHECKLIST

Student Name:

Date(s):

Site(s) of Observation:

Observer:

Classroom / School Behavior

Does the student quietly listen to directions?

Does the student follow oral directions accurately?

Written directions?

Does the student appear attentive during discussions?

Does the student begin assignments promptly?

Does the student stay focused and on task?

Does the student ask for help when needed?

In an appropriate manner?

Does the student follow classroom rules?

How does the student interact with his or her peers?

The teacher?

Where does the student choose to sit?

In the front?

In areas away from the main activity, such as in the corner or back of the room?

Does the student participate in group activities?

Does the student frequently choose to play alone?

Does the student follow the rules of the playground?

Does the student get along with others?

Does the student have any obvious physical difficulties, motor problems, coordination difficulties, or the need for any special medical equipment?

General Classroom Observation

Is the purpose of the class / lesson clear to the student?

Has the teacher done anything to relate current instruction to previous teaching?

How is s/he making the connection to prior knowledge?

What is the teacher doing to get and keep the student's attention?

What is the teacher doing to motivate the student?

How effective is the teacher as a model or explainer?

Does the teacher use ESL/bilingual methodologies?

Student's Language Use and Communication

What language(s) does the child use when interacting with other students?

Is s/he proficient in that language?

What language(s) does the teacher use when interacting with the student?

Is s/he proficient in that language?

What methods does the child use to relate to other students?

To the teacher?

What is the student's response time (in seconds)?

What are the discrepancies in different functions of language?

What are the strengths of the student?

What are the weaknesses of the student?

Is the student tolerant of frustration and failure?

How anxious is the student?

Why?

Do you suspect that language and culture are a factor in this anxiety?

What is the teacher doing to actively involve the student?

What type of feedback/coaching is the teacher providing?

What independent practice is provided for the student?

Is content area instruction comprehensible to the student (i.e., is bilingual instruction in his/her home language)?

Are ESL techniques and/or sheltered instruction used?

What opportunities are provided for generalization and transfer of knowledge and skills from the native language?

Is learning solitary or cooperative?

How does the teacher assess learning?

What types of informal assessments are used?

Is the assessments(s) multi-modal or paper/pencil?

Is the classroom environment culturally comfortable for the student?

Has the program's effectiveness for second language acquisition been evaluated?

If yes, what were the results?

CLINICAL JUDGMENT CHECKLIST

Whenever you, the assessor, are in the process of considering the educational needs and diagnosis of a Culturally and Linguistically Different Exceptional Student (CLDE), please be sure to include the following issues in your summary:

Name: _____ Date of Birth: _____

School: _____ Date of Report: _____

Language Dominance: _____ Test: _____ Test: _____

Date: _____ Date: _____

Score for L1: _____ Score for L2: _____

Country of Origin: _____ Years in U.S.: _____

Total years of formal instruction: _____ Number of schools attended: _____

Attendance: _____ Transience Patterns: _____

1. What information do you have about this student's culture?

Is the information significant?

2. What impact does the student's culture have upon the classroom teacher?

Is the information significant?

3. What information do you have about the student's command of social English (BICS) and academic English (CALPs)?

What impact does this have on his / her academic achievement?

Is the information significant?

4. What information do you have from the CST/SST about this student?

Is the information significant?

5. If you used standardized measures, did you check to ensure that they are technically adequate?

6. What standardized assessment information do you have?

Test	Score	Significance
------	-------	--------------

What do these scores tell you about instructional needs?

7. Did you modify any of the standardized measures that you used?

What effect does this have on the information that you gained?

Is the information significant?

How will you report this information?

8. What informal assessment information do you have?

Measure	Score	Significance
---------	-------	--------------

What do these scores tell you about instructional needs?

9. Are there any discrepancies in your assessment data?

Is the information significant?

10. How does your informal assessment information cross-validate with your formal assessment information?

<u>Informal Data</u>	<u>Formal Data</u>
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11. Did you use an interpreter / translator for any of your assessment?

<u>Measure</u>	<u>Information Gained</u>	<u>Significance</u>
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12. What information did you gain from your interpreter / translator about the student?

Is the information significant?

13. Describe the educational environment in which you find this student:

Instructional Presentation:

Classroom Environment:

Teacher Expectations:

Cognitive Emphasis:

Motivational Strategies:

Relevant Practice:

Academic Engaged Time:

Informal Feedback:

Adaptive Instruction:

Progress Evaluation:

14. What is the learning (or teaching) style of the:

Student? _____ Teacher?

Field:

Tolerance:

Tempo:

Categorization:

Persistence:

Anxiety:

Locus of control:

15. Summarize the overall educational needs of this student:

References and Resources for the SLP on the topic of English Language Learners (ELL)

Flaitz, J. (2003). Understanding your international students: An educational, cultural, and linguistic guide. Ann Arbor: The University of Michigan Press.

Flaitz, J. (2006). Understanding your refugee and immigrant students: An educational, cultural, and linguistic guide. Ann Arbor: The University of Michigan Press.

Goldstein, B. (2000). Cultural and linguistic diversity resource guide for speech-language pathologists. San Diego, CA: Singular Publishing.

Hamayan, E, Marler, B., Sanchez-Lopez, Cristina, and Damico, J (2007). Special Education Considerations for English Language Learners: Delivering A Continuum of Services, Philadelphia, PA, Caslon Publishing.

Harry, B. (1992). Cultural diversity, families, and the special education system. New York: Teachers College Press.
(Available in SSD's Family and Community Resource Center)

Kayser, H. (1998). Assessment and intervention resource for Hispanic children. San Diego, CA: Singular Publishing.

Kayser, H. (1995). Bilingual speech-language pathology: An Hispanic focus. San Diego, CA: Singular Publishing.

Lynch, E.W. & Hanson, M.J. (1992). Developing cross-cultural competence: A guide for working with young children and their families. Baltimore: Brookes.
(Available in SSD's Family and Community Resource Center)

McLeod, S. (2007). The international guide to speech acquisition. New York: Thomson Delmar Learning.

Restrepo, M.A. (1998). Identifiers of Predominantly Spanish-Speaking Children with Language Impairment. *Journal of Speech, Language, and Hearing Research*, 41, 1398-1411.

Roseberry-McKibbin, C. (2002). Multicultural students with special language needs: Practical strategies for assessment and intervention (2nd ed.). Oceanside, CA: Academic Communication Associates.

Swan, M. and Smith, B. (2001). Learner English: A Teacher's Guide to Interference and Other Problems – Second Edition. Cambridge: Cambridge University Press.

Web Sites:

ASHA's Multicultural Affairs and Resources

<http://www.asha.org/about/leadership-projects/multicultural/>

Clinical Decision Making with Linguistically Diverse Learners: A National Web-Based Training Program <http://www.clinicaldecision.umn.edu/components/index.html>

Crosscultural Developmental Education Services <http://crosscultured.com/>

Missouri Department of Elementary and Secondary Education <http://dese.mo.gov/>

This site has an amazing number of links to educational and ESL websites. www.lifeinswmo.com/

What American Accent Do You Have?

(www.gotoquiz.com/what_american_accent_do_you_have)

Clinical Decision Making with Linguistically Diverse Learners

(<http://www.slhs.umn.edu/grad/bimepcdmldl.html>) - a free, self-study curriculum for SLPs

Interesting Things for ESL Students (www.manythings.org)

Aardvark's English-Forum.Com (www.englishforum.com/00/) contains tons of materials, including Interactive English Language exercises for vocabulary, grammar, idioms. (www.englishforum.com/00/interactive)

ESL Resource Center (www.eslus.com/eslcenter.htm)

Speech Accent Archive (<http://accent.gmu.edu>) examines the accented speech of speakers from many different language backgrounds reading the same sample paragraph.

Boggles World (bogglesworldesl.com/)

Paul Brian's Common Errors in English (www.wsu.edu/~brians/errors/index.html) has a helpful list with explanation for second language learners and higher-functioning language activities.

Daniel Kies Modern English Grammar - a hypertext book

(<http://papyr.com/hypertextbooks/grammar/>)

ESL Handouts - free English grammar and vocabulary worksheets and printable handouts, for English language and English as a Second Language (ESL) teachers and instructors to use in the classroom or other teaching environment. (www.usingenglish.com/handouts/)

Activities for ESL Students (a4esl.org/) has over 1,000 activities, contributed by many teachers

Self study quizzes for ESL students (www.aitech.ac.jp/~iteslj/quizzes/) - Grammar Quizzes, Homonyms, Idioms, Phrasal Verbs & Slang, Scrambled Words, Vocabulary Quiz Quizzes, Holidays, Trivia and Misc.

Interactive English Language Exercises (www.englishforum.com/)

Lots of ESL (language) activities (<http://www.eflclub.com/index.html>)

Comenius English Language Center (www.comenius.com) provides free online activities.

Grammar quizzes and exercises (www.geocities.com/Athens/Delphi/1979/grammar.html) from Taiwan Teacher.

The English Zone (www.english-zone.com/) has worksheets for grammar, verbs, idioms, vocabulary, spelling, conversation, study skills, reading, and writing. Can subscribe for a fee but also has several free items.

Interesting Things for ESL Students (www.aitech.ac.jp/~itesls/) contains word games, puzzles, quizzes, slang, and proverbs. Be sure to check the flashcards (www.manythings.org/fc/) as well as Wordmeister (www.manythings.org/wm/) for stroke survivors.

LinguaCenter Grammar Safari (www.iei.uiuc.edu/web/pages/student_grammarsafari.html).

The English Professor (www.theenglishprofessor.com/) is a commercial site, but has free Listening Activities (www.theenglishprofessor.com/alpha.htm) and Grammar Exercises (www.theenglishprofessor.com/fs6.htm).

Dave's ESL Cafe (www.eslcafe.com) has a collection of language materials. Dave Sperling's ESL Web Guide (www.eslcafe.com/search/) has over 3000 listings, many to appropriate potential language materials.

Ohio University's ESL Resources (www.ohiou.edu/esl/english/index.html) organizes links for working on Grammar, Reading, Writing, Listening, Speaking, and Vocabulary.

1-language.com (www.1-language.com) is comprehensive ESL Site including forums, real-time chat, grammar, writing, interactive quizzes and games, flashcards, phonics, streaming audio materials, world news, TOEIC modules, help lines, multi-lingual content, and much more.

English Pronunciation/Listening includes interactive lesson plans and worksheets introducing several sounds second language learners have problems with in English. (<http://international.ouc.bc.ca/pronunciation/>)

Breaking News English - Ready-to-use EFL/ESL Lesson Plans & Podcast (www.breakingnewsenglish.com/)
Helpful sites to work on pronunciation and accent reduction

Merriam-Webster Online Dictionary - audio files of how to pronounce words (<http://www.m-w.com/>)

Randall's ESL Cyber Listening Lab (<http://www.esl-lab.com/>)

Daily ESL: Readings and Discussion for English Students (<http://www.dailyesl.com/>)

Train your accent (<http://www.trainyouraccent.com/>)

EZ Slang (<http://www.ezslang.com/>)

Pronunciation Patterns
(http://www.PronunciationPatterns.com/professional_version_scr_shots.htm?gclid=CJTc_4f4xocCFTrAJAod5wpsJg)

English Listening Activities (<http://www.ello.org/>) be sure to check Listening Games (<http://www.ello.org/02LGText/00-ListeningGamesIndex.htm>)

ESL Gold - audio files, vocabulary lists (<http://www.eslgold.com>)

Learn a Song podcasts - Learn to sing folk songs, campfire songs and group-singing songs that native English speakers sing. (www.manythings.org/songs/)

Pronunciation Strategies exercises in English pronunciation (<http://individual.utoronto.ca/English/SGSPronunciation.htm>)

Story-telling Analysis

Purpose

Story-telling is an informal assessment strategy used to assess students' narrative skills or ability to recount events that follow each other in time. Narrative skills are related to development of literacy skills.

Skills Assessed

1. Ability to interpret the action in a picture;
2. Ability to recognize or understand the temporal and causal relationships that underlie the interactions of people, objects, and event when they see them pictured (i.e., knowledge of content schema).
3. The student's ability to generate content schema knowledge and to organize it in a coherent way (i.e., knowledge of story grammar structure).
4. Ability to logically reason from present to future situations.
5. Ability to structure stories so they are understood by listeners/readers without their having to question the author.
6. Ability to organize and maintain discourse without support.

Eliciting Narratives

Stimuli with limited structure such as poster pictures or story starters provide students with a theme or suggested content for the story and are used to assess story structure knowledge, ability to retrieve details of the theme, and ability to organize these details into a story.

Highly structured stimuli such as wordless picture books or films provide students with the content and structure of the story and are used primarily to assess whether students recognize the content schema and their content knowledge.

Selecting Pictures

1. Pictures used should depict a central topic or theme and sufficient activity to elicit a temporal sequence, causal relationships, characters' emotional responses to events, characters' plans and attempts to deal with events, and consequences of these.
2. Pictures should be age-appropriate.
3. The content of pictures should be familiar to the student and culturally relevant.

Instructions to the student:

1. Tell me a story about this picture. Tell me the very best story you can tell me.
2. Tell me the story that happened in this book. Make it the best story you can.

USE OF NARRATIVES AND STORY RETELLING IN ASSESSMENT

Many authors recommend evaluating student's ability to construct narratives and retell stories as an excellent way to evaluate language skills and abilities. Professionals must use caution; however, by taking into account the fact that different cultures have different rules for narrative construction and story telling (Guitierrez-Clellen & Quinn, 1993). When professionals take these cultural differences into account and do not mistake them for signs of a disability, then the following general guidelines can be used.

When a student is being evaluated, the professional can either have the student construct a story (from pictures, from personal experience) or retell a story. Mattes & Omark (1991) recommend that if story retelling is used, interventionists tell a student a story (approximately 100 – 150 words for 5 to 8 year olds) that is culturally appropriate and within the student's realm of experience. Then, the professional can ask the student to "tell me the story I just told you."

Whether a student constructs an original story or retells a story that s/he heard from the evaluator, the following characteristics and phenomena can be evaluated: (Day & Shapson, 1987; Mattes & Omark, 1991)

- Does the student organize the story in such a way that it can be easily understood?
- Is the information in the story comprehensible to you as a listener?
- Does the student give elaborated comments, opinions, explanations that are relevant to the story? Does the student give minimal or even irrelevant comments?
- Does the student include all the major details of the story?
- If questioned, can the student remember other more specific details in the story?

Story telling can be used alone or in the context of a spontaneous language sample.

INFORMAL NARRATIVE ASSESSMENT QUESTIONS

Story 1 (Adapted from Cheng, 1991, p. 187)

The children liked their teacher. She was such a good teacher. Each child wanted to give her a present. Joe brought her some cheese. Sue chose some apples. Charlie gave the teacher an egg. Why did Charlie choose an egg? All the children laughed at Charlie. The teacher wouldn't like such a present. The teacher sat down in her chair. The teacher watched the egg. The teacher and the children saw the egg move. Suddenly, the egg hatched a chicken. The teacher saw the baby chick. The teacher loved Charlie's present!

1. Who wanted to give the teacher the present? (each child)

2. Who brought the egg? _____(Charlie)
3. Who laughed at Charlie? _____(all the children)
4. Who saw the egg move? _____(the teacher and the children)
5. What did the teacher see? _____(the baby chick)
6. Did the teacher like Charlie's present? _____(yes)

Story 2

One Monday morning the children were playing at recess. There were about 200 children on the playground. They had 15 minutes for recess. Steve and John both wanted to play with the large red ball. They started fighting over who would get to have the ball. They began chasing each other around the playground, running faster and faster. Suddenly, John fell down. He hurt his knee and started to cry because it hurt a lot. Steve felt very bad and went to tell the playground teacher. The playground teacher came and helped John go up to the front office where the nurse cleaned John's knee and gave him a bandage. Steve told John he was very sorry. Steve and John agreed that next time they would share instead of fighting.

1. When were the kids playing at recess? _____(Monday morning)
2. How many children were on the playground? _____(200)

3. How long did the children have for recess? _____(15 minutes)
4. What were the names of the boys in the story? _____(Steve, John)
5. What did they both want to play with?
_____(The large red ball)
6. What did they do? _____(Chase each other around the playground)
7. What happened to John? _____(Fell down, hurt his knee, started to cry)
8. What did Steve do? _____(Went to tell the playground teacher)
9. What did the playground teacher do? _____(Helped John go up to the front office)
10. What happened in the front office? _____(Nurse cleaned John's knee and gave him a bandage)
11. What happened next? _____(Steve said he was sorry)
12. What did the two boys agree on in the end?
_____(That they would share things)

Comments

The Cloze Procedure

The basic cloze test:

1. Invented by Wilson Taylor to determine the readability of passages in the reader's native language. It was soon applied to the measurement of reading comprehension in the first language and then to achievement in the second language reading.
2. Is constructed by deleting words from a text or segment or discourse.
3. In its basic form, it is a passage from which after every certain number (n) of words (where n usually varies from 5 – 10), a word is deleted according to a fixed-ratio procedure and replaced with a blank (usually about 15 type spaces).
4. The standard length of the cloze test is 50 items, thus the passage length must be approximately 50 times n .
5. The passage to be selected may either be of particular relevance to the students being tested, or one of general interest.
6. Student's performance on the task should be timed. Most adult students (native or nonnative) can fill in 50 items in a 50-minute period. Younger students might need more time to complete it depending on the difficulty of the text.
7. Scoring can be done using the exact word method, where only the restoration of the exact word that was deleted is accepted as correct, or the contextually appropriate method, where a restoration is counted correct if it makes sense given the surrounding text.

Applications of the cloze task:

1. To assess global comprehension skills. The assumption here is that successful performance on cloze depends on the interrelation of sentences in the passage.
2. To assess the readability of second language texts. It has been suggested that scores at .53 or above (by the exact scoring method) can be equated with an independent level of reading; a score between .44 and .53 falls within the instructional range; and below .44 in the frustration range in levels of reading difficulty.
3. As a diagnostic tool by looking at differential problems by word class. However, the *systematic deletion of purposefully selected items* such as prepositions, articles, nouns, verbs, etc., serves to reduce this test to a measure of discrete-point skills, the properties of which are less determinate.

Theory behind the cloze procedure

1. The ability to fill in cloze items is not just a matter of perceiving local redundancy (linguistic cues in the immediate environment), but rather involves an awareness of the flow of discourse across sentences and paragraphs.
2. Closure of blanks left in text is possible because of the redundancy of discourse and the internalized expectations system that speakers of a language possess.
3. Three types of knowledge are called for in order to complete a cloze passage correctly:
 - a. **Linguistic knowledge;** (the ability to select semantically appropriate lexical item and use it in a grammatically acceptable way);
 - b. **Textual knowledge;** (perception of the cohesive relationship between the item and the rest of the sentence, paragraph, or text as a whole); and
 - c. **Knowledge of the world;** (extra linguistic context).

Because the cloze procedure assesses linguistic, textual, and sometimes world knowledge, it can be termed a measure of general reading comprehension.

Functional Language Ability

Conversational Styles	L1	L2
○ Starts conversations ○ Listens appropriately ○ Turn-taking is appropriate ○ Knows when to interrupt or change topics ○ Knows how to end a conversation ○ Stays on topic ○ Responses are appropriate ○ Production is characterized by linguistic nonfluencies ○ Constantly needs repetition ○ Uses nonspecific vocabulary		
Communication Functions	L1	L2
○ Labels spontaneously ○ Describes things or acts spontaneously ○ Describes things or acts upon request ○ Gives information spontaneously or upon request ○ Asks for things, information ○ Sequences information correctly ○ Evaluates action ○ Predicts or infers ○ Agrees ○ Apologizes ○ Protests/argues ○ Tries to convince the listener ○ Shows humor ○ Understands idiomatic expressions		

PROFILE OF LANGUAGE DOMINANCE AND PROFICIENCY

Name: _____ Grade: _____ Age: _____
 School: _____ Teacher: _____ Room: _____
 Length of Residency in the US: _____ Country of Origin: _____
 Program Placement: General Ed.: _____ Bilingual Ed. _____ ESL: _____ Migrant Ed. _____ Other: _____
 If appropriate, percent of English instruction: _____ Native language instruction: _____ ESL: _____
 Grades in bilingual education (circle those which apply): preK K 1 2 3 4 5 6 7 8 9 10 11 12
 Grades in ESL program (circle those which apply): preK K 1 2 3 4 5 6 7 8 9 10 11 12

A. Language Use

1. Home Language Survey

Date: _____

- a) _____ First language learned by student
- b) _____ Language most frequently used by student at home
- c) _____ Language most frequently used by parents with student
- d) _____ Language most frequently used by adults with each other at home
- e) _____ Language most frequently used by student with siblings

Based on the above, indicate primary home language: English _____ Other language _____ Both _____

2. Observation of Relative Language Use (to be completed by a bilingual observer):

Observer: _____ Date(s) of observation(s): _____

Check the language(s) the student used with monolingual and bilingual individuals in each of the following contexts. If the student's language is characterized by code switching, place a "C" beside the check.

Contexts	Only English * M B	Mostly English M B	Equal Use M B	Mostly Other M B	Only Other M B
1. Informal with peers (playground, cafeteria, bus, etc.)					
2. Informal with adults (hallways, play areas, cafeteria, off-campus)					
3. Formal with peers (classroom, lab, library, etc.)					
4. Formal with adults (classroom, lab, library, etc.)					
Number of checks in each column					
Number of checks involving code switching					

*M= with monolingual speakers

B=with bilingual individuals

Based on the above, the most frequently used language is: English _____ Other language _____ Both _____

Comments:

Dictation Tasks

Purpose

Dictation tasks are used to assess whether students understand the language of the classroom. They provide a view of their ability to follow spoken discourse of varying degrees of difficulty and concerning different subject / content.

Selecting dictation passages

Materials used should represent natural discourse (e.g., a lecture, a conversation, a paragraph of prose). They should represent the types of language the student is expected to understand and use in the classroom.

Instructions given to students

The purpose of this dictation exercise is to test your ability to write down orally presented material. First, listen as I read the selection at a conversational speed. Just listen and try to understand as much as you can. The second time, I will read the passage with pauses so you can write down what you hear. The third time, I will read the passage while you check what you have written down. You should write exactly what you hear. Do not worry about spelling or punctuation.

Reading the passage

1. Read the passage the first time at a natural, conversational rate of speech.
2. Read it the second time with pre-established pauses inserted at natural points.
3. Read the passage a third time, with or without pauses.

The difficulty of the task is influenced by such factors as:

- Conceptual difficulty of the word sequences themselves
- The overall speed of presentation
- The length of sequences of material that are presented between pauses
- The number of times the text is presented
- The dialect and enunciation of the speaker

Scoring the product

1. A holistic rating scale (e.g., Bacheller, 1980) may be used to judge how much of the passage the student seems to have understood (e.g., did not capture any of the message; captured some of it, but the message is distorted; captured most of the message; captured the message in its entirety).
2. The passage may also be scored by counting errors and classifying them by type (e.g., deletions, insertions, distortions of form or sequence). Error patterns and structures which the student has difficulty with can then be analyzed.

Bacheller, F. (1980). Communication effectiveness as predicted by judgments of the severity of learner errors in dictation (pp. 66-71). In J. W. Oller, Jr., & K. Perkins (Eds.). Research in language testing. Rowley, MA: Newbury House Publishers.

Oller, J. W., Jr. (1979). Language tests at school. London: Longman Group Limited.

A Scale of Communicative Effectiveness

Instructions: You will be given a dictation passage. The passage will be read once at Normal speed. Just listen. The second time, the passage will be read with pauses between the word groups. You are to write down what you hear. The passage will be read a third time at normal speech. Check over your work during this third reading. Punctuation will be given during the slow reading. A period is the same as a full stop ("."). Spelling and punctuation will not be graded.

Dictation Rating	Language 1	Language 2
Was not able to capture any of the message	1	1
Message is somewhat distorted	2	2
Most of the message is captured	3	3
Product is exactly as dictated	4	4

Comprehension Rating	Language 1	Language 2
Overall meaning of the message is missed	1	1
Meaning is somewhat distorted	2	2
Most of the message is understood	3	3
All of the message is understood	4	4

Acculturation and Culture Shock

A significant factor that impacts students' educational achievement is culture. Culture has been defined as "a shared, learned, symbolic system of values, beliefs, and attitudes that shapes and influences perception and behavior—an abstract 'mental blueprint' or 'mental code.'" (E. Dahl, 2007) When a person is exposed to more than one culture a process of acculturation occurs. Acculturation is the process of adaptation to changes in our social, cultural, and linguistic environments. Acculturation has been shown to be a significant factor in a child's education. In fact, a study by Collier (1989) found that "Groups of children with different levels of cultural adaptation and culture change characteristics were referred to special education programs at different rates." Thus, it is important for educators to understand that students may experience culture shock, which is "the common name given to a set of psychological conditions that accompany the process of acculturation. These are normal, typical, temporary side effects of the acculturation process and not manifestations of innate, chronic psychological states. The conditions often reoccur in a cyclical manner and...may recycle in intensity."

Stages of Culture Shock

- Fascination – the newcomer or beginner finds the new environment or situation interesting and exciting
- Disenchantment – the newcomer encounters problems with being accepted and with participating in the new environment
- Mental Isolation – newcomers experience a kind of "homesickness." They miss their "home" culture and feel more like an outsider in the new one.
- Adjustment/Recovery – The newcomer experiences more positive experiences with the new culture and feels more comfortable communicating in the new language or dialect.

Types of Adaptive Responses to the Acculturative Experience

- Assimilation – when the home or heritage culture and language are completely replaced by the second or new language and culture
- Integration – when the home culture and language are blended with the new culture and language
- Rejection – when a person intentionally, and by deliberate choice and action, chooses to adhere to only one pattern of behavior and language. The person may reject either their home culture or the new culture.
- Deculturation – the loss of connection to the traditional, home or heritage culture and language while not making the transition to the new culture or language.

Bilingual Phenomena

Cross-linguistic influence – When two languages come into contact, one language may influence the other one or both languages might affect each other.

Interdependence – A common underlying proficiency (CUP) forms the basis for the transfer of linguistic, cognitive, and/or academic skills.

Threshold Hypothesis – A minimum level of proficiency is required in one language in order to achieve the positive cognitive growth associated with the addition of another language.

Interlanguage – A transitional language system is developed which consists of rules unique to the individual in an approximation of the second learned language (L2) as well as rules from the first learned language (L1) and the second learned language (L2).

Arrest – The level of proficiency in a language does not change.

Attrition (Language Loss) – A reduction in proficiency occurs in linguistic competence and performance.

Avoidance – A specific element of a language is not used.

Language Alternation – A change is made from one language to another.

Language Non-Use (Silent Period) – A language is not used for communication purposes.

Overgeneralization – A language rule is applied in an unrestricted fashion.

Hesitation – A temporal variation may occur as an isolated phenomenon or may be associated with other phenomena.

Transfer – A phonological, morphological, syntactic, semantic, or pragmatic characteristic of one language is used in another language.

Fossilization – An inaccurate rule stabilizes to the point of continual usage.

Backslide – Although consistent use of a fossilized form has been demonstrated, the bilingual begins to use the correct form, only to eventually return to the fossilized one.

U-shape – After having attained a certain level of proficiency, the bilingual regresses only to eventually return to the previous level of proficiency.

Information from Bilingual Phenomena: Determining a Communication Difference vs a Communication Disorder from Region 4 Education Service Center, Houston, TX

U.S. International Adoptions: Top 20 Countries of Origin, 2008

The following table details the number of children who were adopted into the United States from around the world in the fiscal year of 2008. Those dates range from Oct. 1, 2007, until Sept. 30, 2008. The top 20 countries of origin are listed, along with the number of children adopted from each of those countries. The number one country of origin for 2008 was Guatemala (in 2007, it was China).

Fiscal Year 2008		
Rank	Country of origin	Number ¹
1.	Guatemala	4,123
2.	China	3,909
3.	Russia	1,861
4.	Ethiopia	1,725
5.	South Korea	1,065
6.	Vietnam	751
7.	Ukraine	457
8.	Kazakhstan	380
9.	India	307
10.	Colombia	306
11.	Haiti	302
12.	Philippines	291
13.	Taiwan	267
14.	Liberia	249
15.	Nigeria	148
16.	Mexico	103
17.	Ghana	101
18.	Kyrgyzstan	78
19.	Poland	77
20.	Thailand	59

1. Figures based on number of immigrant visas issued to orphans.

Source: U.S. State Department. Web: www.travel.state.gov/family/adoption/stats/stats_451.html .

Checklist for Determining if Sufficient Initial Data Are Available

Have the following data been collected and are these data available for review by the student team?	YES	NO	Comments
1. Has the student's school record been checked?			
2. Have the student's medical records been obtained?			
3. Have any prior assessment findings been obtained?			
4. Are there samples of the behaviors targeted as problems?			
5. Have consultations been held with the teacher about the management of the student in the classroom?			
6. Is someone at the school familiar with the cultural background of the student and the family?			
7. Is there information about the student's country of origin?			
8. Is there information about the student's religious background?			
9. Is a cultural/linguistic informant available if needed?			
10. Is there information about the student's cultural background?			
11. Has the degree of language dominance been appropriately determined?			
12. Has placement in bilingual education or ESL been considered or tried?			
13. Have other remedial instruction measures been tried?			

Typical Academic Difficulties Encountered by English Language Learners to be completed with possible explanations

<i>Observable Behavior</i>	<i>Possible ELL – LLD Explanations</i>	<i>Possible ELL + LLD Explanations</i>
1. Omits words or adds words to a sentence. Forgets names of things that he or she knows; has to describe them.		
2. Is easily distracted.		
3. Has trouble following directions.		
4. Can do rote arithmetic problems but on paper but has difficulty with math word problems.		
5. Avoids writing.		

6. Does not transfer learning from one lesson to another. Has to relearn each concept from scratch.		
7. Very literal: misses inferences, subtleties, nuances, and innuendoes.		
8. Often understands concepts but cannot express this understanding in written symbolic form with paper and pencil or on multiple-choice tests.		
9. Learns from watching, not listening.		
10. Cannot categorize, classify, or summarize.		
11. Cannot provide an oral narrative of a story just heard read aloud.		
12. Low frustration tolerance. Gives up easily or explodes.		

Adapted from Hamayan, Marler, Sanchez-Lopez, Damico, 2007.

Amplified List of Difficulties Typically Experienced by ELLs

1. Omits words or adds words to a sentence. Forgets names of things that he or she knows; has to describe them.
2. Is easily distracted.
3. Has trouble following directions.
4. Can do rote arithmetic problems on paper but has difficulty with math word problems.
5. Avoids writing.
6. Does not transfer learning from one lesson to another. Has to relearn each concept from scratch.
7. Very literal: misses inferences, subtleties, nuances, and innuendoes.
8. Often understands concepts but cannot express this understanding in written symbolic form with paper and pencil or on multiple choice tests.
9. Learns from watching, not listening.
10. Cannot categorize, classify, or summarize.
11. Cannot provide an oral narrative of a story just read to him/her.
12. Low frustration tolerance. Gives up easily or explodes.
13. Cannot commit multiplication tables to memory.
14. Doesn't grasp cause-and-effect relationships.
15. Doesn't see patterns easily.
16. Poorly organized; desk a mess.
17. Doesn't hear fine differences in words; writes *pin* for *pen*.
18. Understands concepts but can't represent them in written symbolic form.
19. Freezes when asked to perform on demand.
20. Confuses b/d and p/q; confuses order of letters in words.
21. Doesn't hear sequence of sounds in words; writes isolated parts of words; *amil* for animal.
22. Has trouble seeing verbal or visual similarities and differences.
23. Has handwriting difficulty; writes very slowly.
24. Reads without expression.

Adapted from Special Education Considerations for English Language Learners, Hamayan, Caslon, Philadelphia, 2007.