Iowa Speech-Language Pathologist

English Language Learner Guidelines Manual

Iowa Department of Education
Speech-Language Services

Bureau of Children, Family and Community Services
Grimes State Office Building
Des Moines, Iowa 50319-0146

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### State Board of Education

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ACKNOWLEDGMENTS

In 1999 members of the Iowa Speech-Language Leadership Association identified the need to develop guidelines for determining entitlement of speech-language services for students who are learning English as a second language. Each area education agency supervisor/lead recommended speech-language pathologists from the schools to participate in a statewide committee. The committee was responsible for developing guidelines for speech-language pathologists to use in the assessment and intervention of English language learners with communication disorders. In addition, the committee developed outcomes, competencies, professional staff development skills, and results accountability measures for providing special education services.

This manual was developed as an introduction to the process of determining appropriate special education services for school-aged English language learners. The manual has been a work in progress and will be reviewed annually and updated as new information becomes available. Many thanks are extended to the dedicated committee members for contributing additional time and effort in compiling this information to benefit the students of Iowa. Their dedication to improving speech-language services and student achievement for all learners has been outstanding.

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SECTION I
INTRODUCTION

The number of English language learners has steadily increased in Iowa schools the past twelve years. This section addresses the following:

- Enrollment of English Language Learners
- Definition of Terms
- Purpose of Manual

What has changed about Iowa that makes it important for speech-language pathologists to have guidelines for providing speech-language services to English language learners?

Enrollment of English Language Learners

The number of students whose primary language is a language other than English has increased in Iowa schools the past twelve years. In 1985-1986, 3,150 English language learners (.59 percent of the total enrollment) were enrolled in Iowa schools. In 2000-2001 the number of English language learners increased to 11,436 students (8.6 percent of the total enrollment) (Sosa, 2001). In addition, students throughout Iowa schools speak more than 40 different languages. Both the number and variety of languages spoken in Iowa contributes to the cultural enrichment and diversity of our state. However, challenges in educating children whose primary language is a language other than English are inevitable. No matter what the challenges are, the federal and state laws are clear. Each school will provide an education for all students.

Definition of Terms

In federal and state laws, various terms are used to identify those students in need of educational programs or services. The following definitions are provided to increase the educator's appropriate use and level of understanding of terminology.

Limited English Proficient (LEP) student

A student's background is in a language other than English, and the student's proficiency in English is such that the probability of the student's academic success in an English-only classroom is below that of an academically successful peer with an English language background [Iowa Code § 280.4(1) (2011)].

English as a Second Language (ESL)

A structured language-acquisition program designed to teach English to students whose native language is other than English, until the student demonstrates a functional ability to speak, read, write and listen to English language at the age-appropriate and grade-appropriate level [Iowa Administrative Code rule 281—60.2 (2011)].
A program of techniques, methodology, and special curriculum designed to teach ELL students English language skills, which may include listening, speaking, reading, writing, study skills, content vocabulary, and cultural orientation. ESL instruction is usually in English with little use of native language (Office for Civil Rights, U.S. Department of Education, 1999, November).

English Language Learner (ELL)

ELL is often the preferred term to be used rather than limited English proficient. This term describes the accomplishments rather than the deficits of students (Sosa, 2001).

**Purpose of Manual**

The purpose of this manual is to enhance the educational process for all learners to be successful in Iowa schools. Specifically, the manual will provide a brief overview of guidelines to follow in considering special education services for English language learners with communication disorders. It is important that speech-language pathologists as specialists assessing communication skills address the unique needs of English language learners. There is both underidentification and overidentification of minority speakers receiving speech-language services.

The following sections provide information to the reader regarding legal responsibilities, background information, the problem-solving process, and additional resources to review. This manual is a beginning rather than an end to answering questions experienced by speech-language pathologists working with English language learners. It is recommended that the manual be reviewed and additional references be read for a more in-depth understanding. Most importantly, specialists and educators should understand that all children should be educated in our state, and some children will need different services than others. It is the speech-language pathologist's role to provide support to children in need of special education services as described and funded by the Individuals with Disabilities Education Act (IDEA) [20 U.S.C. §§ 1400 et seq. (2005)].

It is important that educators assess the skills of English language learners to provide appropriate educational programs including special education services. Often a student who lacks English language skills may be referred for special education services simply because of differences in language. However, The Iowa Department of Education (2000, p. 4) stated that the "Lack of English proficiency does not in itself qualify a student for Special Education services."
SECTION I
INTRODUCTION

References


Iowa Administrative Code rule 281—60.2 (2011).


General education teachers as well as special education teachers have legal responsibilities in educating English language learners. This section addresses the following:
- Federal Requirements
- State Requirements
- Special Education Rules
- Role of the Speech-Language Pathologist

Why does a speech-language pathologist share a responsibility for providing services to English language learners?

All educators share a responsibility for the education of all students in Iowa school districts. Federal and state laws, acts and court decisions document these legal responsibilities to include educating culturally and linguistically diverse learners. The United States Department of Education uses the term Limited English Proficient (LEP) to describe learners whose first language is a language other than English. Their English language skills are not sufficient to support their academic success in classrooms with instruction provided in English (Sosa, 2001, p. 8).

**Federal Requirements**

The following four federal citations state the legal obligation of school districts to provide for the education of English language learners (Iowa Department of Education, 2000, pp. 1-2). First, the Civil Rights Act of 1964 (Title VI) states that no child (person) may be excluded from a federally-funded program:

No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal financial assistance from the Department of Education [34 C.F.R. § 100.1 (2010); see also 42 U.S.C. § 2000d (2005)].

Second, a Memorandum from the Department of Health, Education and Welfare (May 25, 1970) interprets the Civil Rights Act of 1964. This Memorandum describes the responsibility of school districts to provide an equal educational opportunity to students whose English language proficiency is limited:

Where inability to speak and understand the English language excludes national origin minority group children from effective participation in the educational program offered by a school district, the district must take affirmative steps to rectify the language deficiency in order to open its instructional program to these students.
Third, section 3102 of the Elementary and Secondary Education Act of 2002, (The No Child Left Behind Act), upholds the mandate to teach limited language proficiency. No Child Left Behind mandates that English language learner students be assessed annually in language acquisition and participate in general education assessments. The purpose of the mandate is as follows:

...assist all limited English proficient children, including immigrant children and youth, to achieve at high levels in the core academic subjects so that those children can meet the same challenging state academic content and student academic achievement standards as all children are expected to meet, consistent with section 1111(b)(1) [20 U.S.C. § 6812 (2005)].

Federal law clearly indicates the legal responsibilities of all educators to share in the education of all students. Student achievement is expected for all children in the United States.

**State Requirements**

Iowa law includes educational requirements for all learners. The preamble to Iowa’s general accreditation standards clearly states:

The goal for the early childhood through twelfth grade educational system in Iowa is to improve the learning, achievement, and performance of all students so they become successful members of a community and workforce. It is expected that each school and school district shall continue to improve its educational system so that more students will increase their learning, achievement, and performance [Iowa Administrative Code chapter 281—12, preamble (2011)].

In addition, Iowa has educational requirements for English language learners as described in Iowa Code Chapter 280:

When a student is limited English proficient, both public and nonpublic schools shall provide special instruction, which shall include, but need not be limited to, either instruction in English as a second language or transitional bilingual instruction until the student is fully English proficient or demonstrates a functional ability to speak, read, write, and understand the English language [Iowa Code § 280.4(1) (2011)].

**Special Education Rules**

Federal law mandates special education services for all children from birth to 21 (Lozano-Rodriquez & Castellano, 1999). This mandate began with the Education for All Handicapped Children Act of 1975 (Pub. L. 94-142) and continued with the Individuals with Disabilities Education Act of 1990 (IDEA, P.L. 101-476). Although the law was re-authorized in 2004, the requirements remain the same.

The following Iowa Administrative Rules of Special Education describe federal and state requirements for providing special education services for English language learners in the areas of assessment, learning disability, the written report, interpreters, and special factors regarding the Individualized Educational Program (IEP). It should be noted that educators in special education have an important responsibility to English language learners. Educators
must provide special education services based on need and disability and not on English language differences.

**Definition of “native language.”**

“Native language,” when used with respect to an individual who is limited English proficient, means the following:

a. The language normally used by that individual or, in the case of a child, the language normally used by the parents of the child; or

b. The language normally used by the child in the home or learning environment; this language shall be considered “native language” in all direct contact with a child, including evaluation of the child.

For an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual, such as sign language, Braille, or oral communication [Iowa Administrative Code rule 281—41.29 (2011)].

**Rules of assessment.**

Each public agency must ensure that:

a. Assessments and other evaluation materials used to assess a child under this chapter:
   
   (1) Are selected and administered so as not to be discriminatory on a racial or cultural basis;
   
   (2) Are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer…

   [Iowa Administrative Code rule 281—41.304(3) (2011)].

**Special Rule for Eligibility Determination.**

A child must not be determined to be a child with a disability under this chapter:

a. If the determinant factor for that determination is:

   ***

   (3) Limited English proficiency…

   [Iowa Administrative Code rule 281—41.306(2) (2011)].

**Rule for specific learning disability.**

The group determines that its findings [of a specific learning disability] are not primarily the result of:

(1) A visual, hearing, or motor disability;
(2) Intellectual disability;
(3) Emotional disturbance;
(4) Cultural factors;
(5) Environmental or economic disadvantage; or
(6) Limited English proficiency

[Iowa Administrative Code rule 281—41.309(1) (2011) (emphasis added)].

**Rule for the written report—specific learning disability.**
For a child suspected of having a specific learning disability, the documentation of the determination that the child is an eligible individual… must contain a statement of:

***

f. The determination of the group concerning the effects of a visual, hearing, or motor disability; intellectual disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child’s achievement level….

Each group member must certify in writing whether the report reflects the member’s conclusion. If it does not reflect the member’s conclusion, the group member must submit a separate statement presenting the member’s conclusions [Iowa Administrative Code rule 281—41.311 (2011)].

**Rule for interpreters for parents.**

The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English [Iowa Administrative Code rule 281—41.322(5)].

**Rules for special factors in developing an Individualized Educational Program.**

b. Consideration of special factors. The IEP team must:

***

(2) In the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the child’s IEP;

***

(4) Consider the communication needs of the child and, in the case of a child who is deaf or hard of hearing, consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode; and communication mode….

[Iowa Administrative Code rule 281—41.324(1) (2011)].

**Rule for prior written notice in native language.**

Notice in understandable language.

a. The [prior written] notice required under [the administrative rules of special education] must be written in language understandable to the general public, and must be provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

b. If the native language or other mode of communication of the parent is not a written language, the public agency must take steps to ensure the following:

(1) The notice is translated orally or by other means to the parent in the parent’s native language or other mode of communication;

(2) The parent understands the content of the notice; and

(3) There is written evidence that the requirements in [items] and (2) have been met

[Iowa Administrative Code rule 281—41.503(3) (2011)].
What is the role of the speech-language pathologist?

When English language learners struggle academically, general education teachers often suspect the children have special education needs. There is a problem of both over and under representation of learners who are linguistically diverse in special education (Jitendra & Rohena-Diaz, 1996). Often, the first specialist approached for evaluation of English language learners is the school speech-language pathologist (Roseberry-McKibbin, 1994). Speech-language pathologists need to be familiar with state regulations and guidelines in carrying out assessment and interventions for English language learners (American Speech-Language-Hearing Association, 1998). It is of utmost importance that speech-language pathologists know their limitations in language proficiency and knowledge of diverse cultures that may restrict their competence to serve minority language populations (American Speech-Language-Hearing Association, 1985). Depending on the child’s English language proficiency, competencies of the speech-language pathologist may vary. There are three groups of speakers the speech-language pathologist should be aware of when considering speech-language services: bilingual English proficient, limited English proficient, and limited in both English and the minority language (American Speech-Language-Hearing Association, 1985).

Bilingual English proficient individuals have greater fluency or control of English than the minority language or they may be fluent in English and their first language. According to the American Speech-Language Hearing Association (American Speech-Language-Hearing Association, 1985), it is not essential that the speech-language pathologist be proficient in the minority language to provide speech-language services in English for those learners with a communication disorder. However, the speech-language pathologist must have competencies in the minority language to understand the dialectal differences between the native language and English to appropriately assess and determine the learner's language proficiency.

Limited English proficient individuals are proficient in their native language but not in English (American Speech-Language-Hearing Association, 1985). The speech-language pathologist needs to be competent in the individual's native language to conduct assessments and remediation services. Specifically, ASHA (American Speech-Language-Hearing Association, 1985) recommends the speech-language pathologist have the following competencies:

LANGUAGE PROFICIENCY: Native or near native fluency in both the minority language and the English language.

NORMATIVE PROCESSES: Ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals; and how those processes are manifested in oral and written language.

ASSESSMENT: Ability to administer and interpret formal and informal assessment procedures to distinguish between communication difference and communication disorders.

INTERVENTION: Ability to apply intervention strategies for treatment of communicative disorders in the minority language.

8
CULTURAL SENSITIVITY: Ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to minority language speaking community. (pp. 30-31)

Individuals who have limited communication competence in both English and the minority language are communication handicapped. Therefore, their speech and language should be assessed in both languages to determine language dominance. The same competencies listed for limited English proficient individuals are recommended for assessment for this group of individuals (American Speech-Language-Hearing Association, 1985).

The most appropriate language for intervention should be determined from the assessment. ASHA (American Speech-Language-Hearing Association, 1985) recommends the following:

If the appropriate language for intervention is the minority language, then the competencies recommended for serving limited English proficient speakers should be met to provide therapy. If the most appropriate language for intervention is English, proficiency in the minority language may not be necessary to provide therapy. (p. 31)

It is recognized that few speech-language pathologists in Iowa are proficient in second languages to match the number and variety of native languages of learners in the schools. ASHA (American Speech-Language-Hearing Association, 1985) provides five strategies to address the provision of appropriate speech-language services when an individual cannot meet the competencies previously reviewed.

1. School districts can hire bilingual speech-language pathologists on an as needed basis to evaluate and provide services to English language learner students. Iowa area education agencies may collaborate efforts by sharing contracted bilingual specialists for evaluation and intervention services through creative management such as using the Iowa Communications Network.

2. A clinical cooperative with a group of school districts may be established to hire an itinerant bilingual speech-language pathologist to specifically provide services for minority language individuals.

3. An exchange of resources may be provided between professional work settings and university programs that have bilingual speech-language pathology majors. Students could be recruited upon graduation to serve minority language individuals.

4. Bilingual graduate practicum students under direct supervision could assist staff in the schools in assessment and intervention of minority language individuals.

5. An interdisciplinary team approach could be used with a bilingual professional such as a psychologist or special education teacher providing non-biased assessment and intervention procedures.

Obviously, the strategies suggested by ASHA would take collaboration and organization of efforts between the schools and area education agencies throughout the state.

As concluded by ASHA (American Speech-Language-Hearing Association, 1985), it is the speech-language pathologist’s professional responsibility to assess their own minority
language proficiency, clinical knowledge base of skills for evaluating language dominance, and cultural sensitivity in meeting competencies to provide appropriate services for English language learners. If competencies are not sufficient, professionals can upgrade their level of skills by attending continuing education programs or enrolling in independent study opportunities. However, it will realistically take more than a few additional courses in a second language to be able to provide appropriate speech-language services in another language.
SECTION II
LEGAL RESPONSIBILITIES IN EDUCATING ENGLISH LANGUAGE LEARNERS

References


Iowa Department of Education. (2000). *Educating Iowa's English language learners.* Des Moines, IA: Bureau of Special Education.


The normal acquisition of a second language must be understood if one is to differentiate between a communication disorder and a communication difference. This section addresses the following:
- Stages of Second Language Acquisition
- Normal Processes of Second Language Acquisition
- Levels of Language Proficiency
- Definition of a Communication Disorder and a Communication Difference
- Resources for Characteristics of Other Languages

How is a second language acquired?

Second language acquisition has been described by many researchers using a variety of stages. Overall, researchers agree there is a consistent developmental sequence for children’s acquisition of a second language (Brown, 1987; Cary, 1997; Krashen & Terrell, 1983; Law & Eckes, 1995; Terrill, 1983). Law and Eckes (1995, p. 103) describe six theoretical stages of language acquisition. This model describes the theoretical stages of language development, characteristics of the stage, and behaviors the second language learner exhibit, (see Table 1). As shown by the model, second language acquisition is a gradual process. It is important for educators and specialists to understand a learner's communication behavior may be a reflection of the second language acquisition stage rather than a communication disorder.
<table>
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<tr>
<th>Theoretical Stages</th>
<th>Characteristics</th>
<th>Behavior</th>
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| 1. Silence         | * Understands little or no English. Student "quietly takes it all in."
                    | * For some this stage may last a few minutes, others a few months |
|                    | * Does not speak or understand English |
| 2. Nonverbal       | * Uses no English except for a word or two
                    | * Student will not respond verbally but will respond physically to instructions or requests
                    | * Understands only slow simple speech; requires repetitions
                    | * Progresses to one word response in English or a response in own language |
| indications of     | * Understands simple sentences but only uses isolated words or expressions |
| understanding      |                |          |
| 3. Chunking        | * Understands simplified speech with repetitions and rephrasing
                    | * Produces some common English words and phrases
                    | * Uses unanalyzed chunks of language that perform an important social function: "It's my turn," "What's your name?" "Can I play?"
                    | * Understands more than can produce |
|                    | * Speaks English with difficulty
                    | * Converses in English with help
                    | * Understands at least parts of the lesson
                    | * Follow simple directions |
| 4. Interlanguage   | * Understands adult speech but requires repetition and rephrasing
                    | * Speech may be hesitant because of rephrasing and groping for words
                    | * Uses some complex structures
                    | * Overgeneralizes rules of grammar
                    | * Has difficulty with choice of verb tense, verb tense consistency, and subject/verb agreement
                    | * Vocabulary is adequate to carry on basic conversation; some word usage difficulties
                    | "Interim grammar" one part one language, one part another. "They in school and home's live." "My friend likes the books to read."
<pre><code>                | * Understands, speaks, reads, and writes English with some degree of hesitancy |
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<tr>
<th>Theoretical Stages</th>
<th>Characteristics</th>
<th>Behavior</th>
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| 5. Gaining control of English | ● Understands most adult speech except some advanced structures  
● Speech may be nonnative evenness. An accent may be present.  
● Demonstrates a fairly high degree of proficiency  
● Controls most basic grammatical structures with occasional error in syntax. Some errors in a young learner may be seen as developmental.  
● Vocabulary is varied | Understands and speaks English well but needs assistance in reading and writing in English to achieve at level appropriate for his or her grade level |
| 6. Fluent Speaker | ● Understands everything expected of a native speaker of the same age  
● Speech is effortless and native-like; however an accent may be present  
● Expresses ideas creatively having mastered a broad range of syntactic features  
● Vocabulary is as accurate as native speaker of the same age  
● Use different varieties of language depending upon the situation (code switching) | Achieves at appropriate level |


What terms are commonly used when discussing the language abilities of a child who speaks a second language?

Three terms are used frequently: primary language, dominant language and language proficiency (Roseberry-McKibbin, 2002). Goldstein (2000) and Roseberry-McKibbin (2002) define these terms as follows:

Primary language: This is the language an individual learns first. It is used frequently during the early stages of language acquisition. It is also referred to as one’s home language, first language, or L1.

Dominant language: This is the language an individual speaks the most fluently.

Language proficiency: This refers to the level of skill an individual has in the use of a specific language.
What are the normal processes of acquiring a second language?

The processes of normal acquisition of a second language frequently result in differences that can impede communication. These differences need to be recognized by educators as normal behavior for learners who are not yet proficient in English. Some of the most commonly observed processes are the following (Roseberry-McKibbin, 2002):

Silent period: When learning a second language, some children go through a silent period in which there is much listening and little output. During this period, it is believed that children are learning the rules of the language. The silent period can last from three to six months, although estimates vary. One might believe that the learner has an expressive language delay, when actually the child is focusing on learning the language.

Code-switching: This is defined as alternating or switching between two languages at the word, phrase or sentence level. During the early stages of second language learning, the learner may substitute structures, forms or lexical items from the first language for forms in the second language that have not yet been learned. This behavior is used by fluent bilingual speakers throughout the world and does not necessarily indicate a problem.

Language loss: A learner may lose proficiency in his/her native language as opportunities to hear and use that language decrease. Many English language learners hear and speak only English when they come to school. Bilingual education may be nonexistent, especially for less common languages. A learner may appear to have a communication disorder but may only be experiencing loss of language, i.e., the learner's first language skills appear delayed.

What are the levels of language proficiency?

Two levels of language proficiency have been described by researchers (Cummins, 1984; Collier, 1992): Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP).

**Basic Interpersonal Communication Skills (BICS)**

This kind of communication is typical of that found in the everyday world in informal settings and is supported by situational cues, gestures, and facial expressions. These skills are cognitively undemanding, context-embedded forms of communication (Roseberry-McKibbin, 2002). Children use BICS at home and on the playground. In the classroom, students who have achieved this level of language proficiency would be able to follow classroom directions, participate in sharing time, recognize basic sight words and write their name and the ABCs (Bernhard & Loera, 1992). BICS take approximately two years to develop to a level commensurate with that of native speakers of the language (Cummins, 1992).
Cognitive Academic Language Proficiency (CALP)

This kind of communication is found typically in an academic setting and is strongly related to literacy and academic achievement. These skills are cognitively demanding, context-reduced forms of communication (Roseberry-McKibbin, 2002). Students who have achieved this level of proficiency would be able to distinguish main ideas from supportive details, express a reason for an opinion, read for comprehension, and write a short paragraph (Bernhard & Loera, 1992). According to Cummins (1992), CALP takes between five and seven years to develop to a native-like proficiency.

What is the difference between a communication disorder and a communication difference?

The American Speech-Language-Hearing Association (1993) defines a communication disorder and a communication difference as follows:

A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech.

A communication difference/dialect is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language (pp. 40-41).

Mattes and Omark (1991) define a disorder as being present "when speaking behavior is defective to such an extent that it interferes with one's ability to convey messages clearly and effectively during interaction with community members who speak the same language dialect" (p. 2). Therefore the primary goal of assessment is to determine if reported concerns reflect the student’s limited experience with English or if the student displays a true communication disorder.

What resources are available about the characteristics of other languages?

The following references may be helpful in learning about the characteristics of other languages. This list should not be considered complete.


SECTION III
SECOND LANGUAGE ACQUISITION

References


SECTION IV
RESPONSE TO INTERVENTION

There are special considerations when assessing the communication skills of an English language learner and providing intervention. This section addresses the following:
- Sources of Referrals
- Indicators of a Language-Learning Disability
- Information Gathering
- General Education Strategies
- Intervention Plan
- Assessment
- Eligibility for Special Education Services
- Individualized Education Program (IEP) Development

What are the sources of referrals?

English language learners can be referred to speech-language services by various individuals in the home or educational setting. These referrals may come from the parent, general education teacher, or English as a second language (ESL) teacher. Referrals also occur for documented physical or health risk factors.

**Parental Concern**
Parents may have concerns regarding their child's overall speech and language development. For example, they may report that their child is not progressing at the same rate as their other children. Parents may report that their child is not talking or using sentences. Also, they may report that other family or friends cannot understand their child's speech.

**General Education Teacher**
The general education teacher may note differences in the student's acquisition of academic and social skills. For example, the child may not be learning academic skills at the same rate as their peers of similar language and cultural backgrounds. Areas of concern are similar to those of monolingual students who are experiencing difficulty learning, e.g., reading comprehension, reading fluency, math and problem solving.

It should be noted that a teacher who refers every English Language Learner in the classroom to the SLP is probably making referrals that are inappropriate. Similarly, a teacher who is hesitant to refer an English Language Learner may be overlooking a true disability (Mattes & Omark, 1991). The SLP can provide information to the general education teacher regarding how to distinguish between a language difference and a language disability.

To ensure that appropriate referrals are made, the SLP must provide personnel with information regarding communication disorders and bilingualism. Teachers given specific
guidelines about how to distinguish a communicative difference from a communicative disorder will be better equipped to make appropriate referrals (Mattes & Omark, 1991).

**English as a Second Language (ESL) Teacher**

ESL programs vary by district. Typically enrollment in English as a Second Language (ESL) programs is based on the student’s performance on a language proficiency test and the Home Language Survey. The two most commonly used proficiency tests are the Language Assessment Scales (LAS) and the IDEA Proficiency Test (IPT). The Home Language Survey is completed by parents or guardians. It is available in a number of languages (Iowa Department of Education, 2000).

There are no state requirements with regard to the program model, instructional approach, length, or frequency of ESL instruction (Iowa Department of Education, 2000). Teachers may use one of the available commercial curricula or focus on increasing language skills through the use of the district’s general education curriculum.

ESL teachers may note similar concerns as the general education teacher regarding a child’s rate of learning and progress in the general education curriculum. However, the ESL teacher has specialized knowledge of second language acquisition and a greater number of ESL students with whom to compare student progress. The ESL teacher may note a slower rate and pattern of acquiring English, slower progress in the curriculum, and lower achievement on standardized tests as compared to other ESL students. A referral from an ESL teacher would provide support for the child’s academic difficulty in the general education classroom.

**Documented Risk Factors and Physical Concerns**

If the child who speaks a second language has documented health, developmental, or educational risk factors, the child may be referred more quickly. These factors may include, but are not limited to illness, injuries, prenatal problems, hearing and vision problems, diagnosed medical conditions, or reports of learning problems in previous schools. (Minnesota Department of Children, Families & Learning, 2002)

**What are the possible indicators of a language-learning disability?**

Culturally and linguistically diverse students may demonstrate problems in both the primary language and English in the following areas (Roseberry-McKibbin, 2002):

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 English proficiency
9. Family history of special education/learning problems
10. Slower development than siblings (per parent report)
11. 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. Need for frequent repetition and prompts during instruction
16. Need for a program of instruction that is more structured than that used with most students
17. Difficulties affecting grammar and sentence structure
18. Difficulties in the use of precise vocabulary and overuse of 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 topic of discussion, 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 (pp. 221-222)

**How do I begin the process of gathering information?**

The information gathering process with English language Learners students is similar to those procedures used for a monolingual student. The speech language pathologist's goal in the prereferral process is to help the team determine (Kayser, 1998) "the child's language environment (home and school), language use (home and school), and bilingual proficiency" (p. 56). Information from multiple sources should be compiled to get an overall view of the student's current level of functioning of communication skills for academic as well as social success. This would involve gathering information from the parents, general education teacher, the ESL teacher, and existing school records.

Parents should be involved from the very beginning of the information gathering process. Interviewing the family or parents provides an informal process to gather important data. Family information should be gathered during a face-to-face conversation. An interview can be done in school, at home, or in another location. If parents are reluctant to welcome school personnel to their home and prefer not to come to school, a meeting could be held in a neutral location familiar to the family. The parents need to understand the questions that are asked and educational needs of their child. Therefore, the person who is gathering information should be proficient in the family's native language or work with an experienced interpreter (Minnesota Department of Children, Families & Learning, 2002). Information on how to work with an interpreter can be found in Appendix A.

There are many authors (Collier, 2000; Goldstein, 2000; Kayser, 1998; Mattes & Omark, 1991; Roseberry-McKibbin, 2002) who have developed parent interview forms and checklists. A sample parent interview form can be found in Appendix B. This sample interview form provides an organized format to gather parent information regarding the individual's general growth and development as well as speech and language development. It should be noted that every question does not need to be asked. If any questions "cause the
family or parents to feel extremely uncomfortable or to answer in a defensive or protective manner, consider rephrasing those items, or do not administer them" (Minnesota Department of Children, Families & Learning, 2002, p. 99).

The types of information that should be gathered include the following: educational history and the language of instruction; family and cultural background; development and health history; first and second language development and current skills; and current academic functioning (Minnesota Department of Children, Families & Learning, 2002).

**Educational History and the Language of Instruction**

Information should be gathered regarding the child's educational background from the following sources: school records, interview with family members and anecdotal information from previous teachers (Minnesota Department of Children, Families & Learning, 2002). The kinds of information needed include length of attendance and gaps in attendance, length of school day and year, grades completed, language of instruction, nature of instruction (e.g., ESL programming or bilingual programming), academic performance, and special services. The team may need assistance from a translator if school records are in a language other than English.

The educational history may provide clues that indicate that the student had difficulty in school before coming to the United States. Clues to look for include the following (Minnesota Department of Children, Families & Learning, 2002):
- Student was retained one year or more.
- Student was sent to a special school or special class.
- Student was asked to stop attending school because he or she couldn't learn.
- Student attended school but was not expected to do the same work as classmates. (p. 83)

**Family and Cultural Background**

Parents provide crucial information regarding the student's development and progress over time. They provide "information about child rearing and socialization practices and about norms and expectations for behavior, which can help address the question of whether behaviors can be attributed to linguistic or cultural differences, or suggest the presence of a learning disability" (Ortiz, 1997, p. 325). Parents can also be a source of information about whether a student has been in a refugee camp or forced to leave the home because of war, mobility, and acculturation. In addition, parents can share information about the student’s strengths, talents, and interests (Minnesota Department of Children, Families & Learning, 2002). Parent observations can be compared to teacher observations to see whether the student is consistently exhibiting difficulties across settings or whether difficulties are only observed at the school.

**Developmental and Health History**

As with monolingual students, it is important to gather information about the English Language Learner student's developmental and health history to determine what effect, if any, they have had on a child's current status. The kinds of information include health during pregnancy and delivery, history of diseases, prolonged illnesses, and hospitalizations, developmental milestones such as the age of first meaningful word and walking, and the status
of hearing and vision. It should be noted that different cultures use different words to describe health problems (Minnesota Department of Children, Families & Learning, 2002).

First and Second Language Development and Language Proficiency

Parents provide crucial information about the student’s native language development and possibly their language development in English. General education and ESL teachers can add information regarding the student’s use of English within the classroom setting. In addition, the staff can observe the student's preferred language when interacting with native language peers and whether the student's communication in the native language is understood by peers (Minnesota Department of Children, Families, & Learning, 2002). The teachers may provide examples of classroom work, anecdotal information regarding the student’s typical communication competence in the classroom, and the results of standardized proficiency tests, such as LAS and IPT.

Current Academic Functioning

The general education teacher will need to provide a description of the problem and the circumstances under which difficulties are observed. The teacher should also explain any intervention modifications or accommodations that have been used in the classroom and what affect they have had on the student’s performance. The criteria which teachers apply when grading students should be examined and discussed; e.g., are students graded on the content of the writing or the form in which answers are expressed. If the student is in a bilingual program, the teacher can provide valuable information on progress in both languages.

The ESL teacher would also provide a description of how the student's difficulties manifest themselves in a different setting. The ESL teacher can describe the ESL program that is offered at the school; i.e., curriculum, time, and frequency. The teacher can provide a description of the English Language Learners progress over time as well as a comparison to other children of similar language and cultural backgrounds.

What informal strategies can be recommended to the general education teacher?

Once information has been gathered from a variety of sources regarding the individual's communication skills and educational progress, then suggestions should be provided for the general education teacher, if necessary. These suggestions include an array of strategies that would help the individual be a successful communicator and increase academic success. Strategies will vary depending upon the age of the child, language proficiency, and language of instruction. Refer to Appendix C for a list of strategies.

How do I develop a documented intervention plan within the general education environment?

If suggestions to enhance an individual's learning in the classroom are not successful, an intervention plan may need to be developed. The purpose of an intervention plan is to provide a formal method to collect data and assess an individual's progress with specific instruction. Procedures and forms for developing intervention plans vary greatly throughout Iowa area education agencies and school districts. However, for the purpose of this manual, an intervention plan is a written form that has a specified goal, instructional procedures, collection
of data, evaluation of results, and implementation timeline. When writing an intervention plan consider the following variables:

1. The language of instruction for the intervention plan and the language in which the individual will respond

2. An acceptable rate of progress taking into consideration that the rate of acquisition varies for second language learners in areas such as vocabulary and grammatical skills

3. The linguistic and phonological system of the first language

4. The alphabetic system and the student’s literacy skills in the first language

In some instances, it may be important to have a duplicate corresponding intervention plan that parents and the classroom teacher would implement. For example, the parents would teach the target vocabulary at home in the child's native language and the classroom teacher may implement the same intervention plan in English. This would allow for comparison of instruction and learning in the child’s first and second languages. Progress monitoring data would show the rate of progress for instruction in both languages and support the continued needs of instruction and optimal learning for the child.

Upon completing the intervention plan analyzing the data, it may be determined that a student needs a full and individual evaluation. More information may need to be gathered to determine the needs of the English language learner.

**How do I assess an English language learner's speech and language skills? Is it different from a monolingual child?**

The SLP needs to determine how the problem is impacting the domains of instruction, curriculum, environment, and the learner. In this process, it is important to review the information collected (R), interview those in the child's environment (I), observe the child in various educational settings (O), and test the child (T). The R.I.O.T. procedures for assessing English language Learners are described in four tables in Appendix D (Heartland Area Education Agency 11, 1999).

At this point in the process the team may have already completed reviewing, interviewing, and observing. This information needs to be analyzed and a plan for testing developed. Below are considerations for the SLP for assessment in the areas of articulation, voice, fluency and language.

**Articulation**

When a student is referred for articulation concerns, the SLP would begin by administering a traditional articulation test in English. Typically the assessment would include administration of a single word, sentence, and short conversational or story-retelling sample. The norms for traditional articulation tests are based on standard American English; therefore, the results cannot be used alone to determine a deficiency of speech sounds for other languages (Mattes & Omark, 1991).
The student’s articulation in the native language must then be assessed. There are a few formal measures in existence, especially for Spanish (see Appendix E). Generally, the SLP must rely on a native speaker of the language to make a qualitative judgment regarding the clarity or correctness of the student’s speech sounds. Additionally, a contrastive analysis of the phonemes of the child’s native language and English should be obtained. Contrastive analyses of many other languages and English may be found in the following resources: Learner English – A Teacher’s Guide to Interference and Other Problems (Swan & Smith, 2001), Multicultural Students With Special Language Needs (Roseberry-McKibbin, 2002), Cultural and Linguistic Diversity Resource Guide for Speech-Language Pathologists (Goldstein, 2000), and Assessment and Intervention Resource for Hispanic Children (Kayser, 1998). If the child exhibits errors on sounds that are not present in the native language, then a disorder does not exist. The SLP can provide some guided practice and instruction to the ESL teacher for facilitating sound production skills with the student.

**Voice**

When assessing an English Language Learner’s voice, the SLP would use similar procedures to those used for a monolingual student. The SLP should observe the student's vocal use across various environments to observe vocal use. Additionally, assessment data should include examining pitch, volume, nasality, and quality in both English and the native language. A disorder is present only if "the quality, pitch, and/or intensity of the voice results in a reduction of speech intelligibility or is aesthetically unpleasant to members of the child's culture" (Mattes & Omark, 1991, p. 8). Therefore, the SLP must have input from a representative familiar with the student's language and cultural background.

**Fluency**

Students acquiring a second language may be dysfluent in the new language for a period of time. This may be similar to the normal dysfluency many young children experience as they are learning their first language, which subsides as they gain competency and comfort in the oral performance of language generation. Jankelowitz and Bortz (1996) found that linguistic difficulties in language formulation induced more stuttering in the language with which the person is less familiar.

For this to be a true area of need the student must be exhibiting dysfluencies in his native language as well as in English. The clinician will require the input of someone competent in the language and culture of the student to determine if stuttering is indeed occurring in both languages.

**Language**

A student cannot be judged as language delayed if difficulties are due to typical language interference. If a student is referred due to language concerns, the SLP would again follow the same process as with monolingual students. However, results must be examined in light of the student's native language and its possible impact on the use of English. If an English Language Learner is truly language delayed, then the student will experience difficulty in both English and the native language (American Speech-Language-Hearing Association, 1985; Mattes & Omark, 1991; Roseberry-McKibbin, 2003).
Prior to using any standardized language assessment, it is recommended that a current (within the past six months) assessment of the child's receptive and expressive language proficiency in each language be assessed by a variety of methods. General guidelines for the assessment of English Language Learners would include using equivalent instruments and procedures in both languages to assess each language so that effective comparisons could be made. If assessment is only in English, then the level of proficiency in English should have been previously established. Adapting standardized assessment may be useful, but unless norms are provided for English Language Learners, the norms will be invalid. Regardless of the standardized assessments used, Ortiz and Garcia (1990) recommend that informal procedures such as spontaneous conversational speech sample, storytelling, story-retelling, cloze tests, and parent interviews also be part of the assessment process.

**Spontaneous Conversation Samples.**

As with a monolingual student with speech and language concerns, the SLP with assistance from a qualified interpreter where necessary should gather a number of spontaneous conversation samples of the English Language Learner interactions with bilingual peers, monolingual peers, teachers, parents, and adults. The samples should encompass both structured and unstructured conversational activities, e.g., interaction during classroom lectures, conversations during recess or lunch, and conversations during school projects.

These samples would provide information about many areas for the English Language Learners. The SLP can transcribe the samples with the help of a qualified interpreter and then answer questions about how the child uses language for a variety of purposes:

1. Does the child code switch appropriately?
2. Does the child attempt to repair communication breakdowns?
3. Which language does the child use most frequently?
4. Are there any grammatical structures that the child is not yet using appropriately?
5. Does the student have adequate vocabulary to make his ideas understood?
6. What communicative intents are exhibited by the student?

Additionally, the SLP may examine the function of the student's utterances using an available taxonomy such as the Bilingual Oral Language Development (Mattes & Omark, 1991). Once the student's samples are transcribed, the function of each utterance is categorized by its function and then the effect on the listener can be examined.

**Story Retelling or Dictation Tasks.**

The English Language Learners may be given story retelling or dictation tasks to examine the student's narrative skills and ability to organize information. The procedures used for the English Language Learner would be the same as those for the monolingual student. Best practice suggests that the student should be asked to retell stories in the native language and in English (American Speech-Language-Hearing Association, 1985). However, care must be taken to choose materials that are culturally relevant and within the student's life experiences (Mattes & Omark, 1991). Having the student retell stories from his or her own cultural background would provide information on the student's use of accounting, recounting, and event-casting functions of language. Many multicultural stories are now available commercially. Additionally, some stories containing commonly occurring themes may be
used. It is important to examine both the content and form of the student's sample (Roseberry-McKibbin, 2002).

**Cloze Tests.**

A cloze test may be administered to examine the student's background knowledge and knowledge of the vocabulary and grammatical structures (Artiles & Ortiz, 2002). Cloze tests may be administered in both English and the native language and in written or oral forms (Mattes & Omark, 1991; Cheng, 1991). The English close passage should be administered at the child's language age while the native language test should be at the child's chronological age (Cheng, 1991). The material should be culturally and age appropriate or has already been presented in the classroom.

When developing a cloze test, choose a story or passage that contains between 250 to 350 words. Delete every fifth, sixth, or seventh word until at least 50 words have been omitted. Do not remove the first word in a sentence or a proper noun. Delete the next word in the sentence (Cheng, 1991; Mattes & Omark, 1991).

The following procedures may be used when administering the cloze test (Cheng, 1991; Mattes & Omark, 1991).

1. Present several examples of what is expected by reading sentences with a word deleted. For example, "The _______ is barking loudly." Ask the student to supply the word. Signal the spot where the word is missing by marking the deletion with a pause.
2. Read the entire passage to the student without any words deleted.
3. Ask the student general questions about the story to make sure the student comprehends it. If the student has trouble answering the questions, reread the story.
4. Read the story again, but leave out deleted words. When reading, read to the first deleted word, mark the omission with a pause, click of the tongue, or other predetermined sound, and continue to the end of the sentence. Read the sentence again, but stop at the omission and wait for the student's response. If the student does not give the missing word, go back to the beginning of the sentence and read forward to the next missing word.
5. Continue in this manner until the end of the story.

The results may be examined in two ways. Students may be given credit for either exact words or approximate words. In the exact word method the student's response must be identical to the original passage. In the approximate word method the student is given credit for any word that does not change the author's intended meaning. The SLP should carefully examine all the errors. The error analysis will provide information about the student's overall communicative effectiveness. The following questions may be helpful when determining error patterns (Mattes & Omark, 1991).

1. Did the student's word fit grammatically within the sentence?
2. Did the word alter the meaning of the author's passage?
3. Does the response not make any sense?
**Interviews**

At this time the SLP should examine the results of testing in light of the information gained from the parent, teacher, and student interviews.

**How does the team determine if a student is eligible for special education services?**

A student should be determined to have a speech and language disorder only if the student has a communication problem in both English and the primary language. It is not a disability if problems are observed only in the English language. Roseberry-McKibbin (2002) states that “A language disorder is a disability that affects the child’s ability to learn in any language. Exposure to two languages is not the cause of the disability” (p. 221). According to Mattes & Omark (1991), "A language disorder is present when speaking behavior is defective to such an extent that it interferes with one's ability to convey messages clearly and effectively during interactions with community members who speak the same language and dialect” (p. 7).

The team members must determine and provide data to support that the student's problems are not the lack of academic support, limited English proficiency, cultural differences, or other student characteristics (Artiles & Ortiz, 2002). Roninson (2003) states that the signs of typical language differences include the following:

1. Foreign accent
2. Code switching/mixing, i.e., alternating between two languages
3. Interference, i.e., borrowing from the first language
4. Atypical prosody
5. Fossilization, i.e., persistent errors in the second language
6. Semantically and grammatically atypical utterances

The following questions may help the team rule out factors other than the presence of a disability as the source of difficulties (Artiles & Ortiz, 2002):

- In addition to the general education teacher, have others (e.g., the ESL teacher, remedial program personnel, and parents) noted similar difficulties?
- Does the problem exist across contexts (e.g., in general education and ESL classes, at school, and at home)?
- Are the problems evident in the student's first language?
- Is the student’s progress in acquiring English significantly different from that of peers who started at about the same level of English language proficiency and have had comparable instruction?
- Is there evidence that difficulties (e.g., lack of eye contact) can be explained by cross-cultural differences?
- Are there other variables (e.g., inconsistent school attendance) that could explain the difficulties?
- Is there evidence of extreme test anxiety (as can occur when the child being tested has been in the country for only a short time)?
- Can problematic behaviors be explained by procedural mistakes in the assessment process?
- Can problematic behaviors be explained by bias in operation before, during, or after the assessment?
• Does data show that the student did not respond well to general education interventions?
• Are the assessment results consistent with the concerns of the student’s teachers and parents? (pp. 80-82)

Artiles and Ortiz (2002) conclude that "If the student's problems cannot be explained by factors such as those above, then the team is in a better position to conclude that the student has a disability" (p. 82).

How do I develop an Individualized Education Program (IEP)? Are the goals for an English language learner different from the goals for a monolingual child?

Following the completion of the speech-language assessment, the SLP will begin developing the IEP. Writing goals for English Language Learners would be the same as with a monolingual student. However, the language of instruction and response should be documented clearly on the IEP.

Skill-building services may be warranted if a difficulty is identified in a learner's native language as well as English. If the learner is not proficient in English, these services should be provided in the native language. If the SLP does not speak the learner's native language, then a trained assistant or aide should be supervised who can communicate fluently with the learner.

Articulation

Articulation therapy is only appropriate when the target sounds are present in the student’s native language as well as English and the student is not producing them clearly in either language. Otherwise, the target is accent reduction and not deviant articulation. Even if the child has limited English, the SLP who speaks only English could work on this area in conjunction with the parents. For example, the SLP could work on traditional therapy techniques with the child, using many visuals and auditory feedback to compensate for language barriers. They could begin a picture inventory of words containing the sound divided by initial, medial, and final positions. Meanwhile, the parents could work on the native language at home and contribute to another picture inventory. The native language pictures could also be divided in the same manner and then glued to a different color background. This visual difference would provide the child with a cue to code switch when saying the words. The SLP may get a glimpse of native language articulation by having the child say the target words and listening for the identified phoneme. The use of poetry or songs in therapy could assist with learning prosody and inflection (Kayser, 1998).

Goals in integrated, co-teaching, and consultative service delivery would be the same for monolingual speakers. It is important to discuss with the teacher what are acceptable differences in articulation and what is a target of therapy. Also, remember to factor in the child's typical behavior patterns when planning a monitoring system. A child who does not normally volunteer information in class would be better monitored through oral reading activities in the classroom.

If the student needs accent instruction to learn the correct pronunciation of English words, instruction can be provided by the ESL or classroom teacher. The SLP may provide assistance to the teacher, such as picture materials, help with placement, cueing strategies, and
ideas for practice. The American Speech-Language-Hearing Association suggests that the SLP consult with educators about utilizing the features of the nonstandard dialect to facilitate the learning of reading and writing in standard English (American Speech-Language-Hearing Association, 1983). However, the student should not be entitled for services unless a true articulation delay is present.

**Voice**

To receive speech services, the SLP must determine that what is deviant in English is deviant in the native language or culture. Speaking with the student's family and others of the child's culture would assist in determining if his vocal use is typical or atypical. If the SLP finds a true voice disorder, then the therapy would be the same as for a monolingual child. Consistent terminology should be used by teachers, assistants, and anyone who is helping reinforce good vocal use. The family should be included in therapy. The SLP can obtain translations of the target vocabulary for the parents' use at home. The student can explain his goals and the SLP can discuss strategies the parents can use at home.

Factor in the child's typical behavior when setting a goal and monitoring procedure for integrated, co-teaching, or consultative service delivery. Goals would be written in the same manner as for a monolingual child. It may be beneficial to give the student a task that must be done on a weekly basis in front of the classroom to monitor the use of good vocal strategies, such as sharing. The teacher and the student could have a checklist containing those strategies for monitoring purposes. A similar checklist and list of strategies could be translated and sent home for the family to participate in progress monitoring.

**Fluency**

To receive speech services the dysfluency must be present in the student's native language as well as in English. Basic information should be translated for parents so that they understand the nature of fluency and what therapy entails. Goal setting and therapy would follow the same basic course as with monolingual students.

Goals for carryover of fluency would be similar to those written for monolingual students. Consistent terminology should be used by teachers and all those helping the students so that the student does not become confused by the feedback he receives. The child may need to have specific activities set up for monitoring purposes. For example, the goal may state that the student will go to the teacher at a specific point in the day to restate any assignments given while the teacher monitors fluency. The family may also participate in a daily fluency check, e.g., the student needs to tell the family what happened in school that day or ask for information, and the family could fill out a chart for monitoring purposes. If possible, the student can create a fluency journal logging when he/she stutters, describing the event, and how he/she feels what he/she did to compensate. The student may even use drawings if he/she does not feel comfortable writing.

**Language**

A true language delay would be apparent in the child's native language as well as in English. At times, children experience loss of the first language as they receive instruction in English but are not maintaining their second language. They essentially do not have fully developed skills in either language (Kayser, 1998). The language used during therapy would depend on the child's level of functioning in both English and the native language. Utilizing
both languages would be beneficial. If the SLP does not speak the child’s native language, then the SLP could work with an assistant, aide, or the parents to coordinate targets and goals. Participation in a small group is a good way to increase levels of interaction and language use, e.g., peer-peer, small group, and peer-adult.

Goals for integrated, co-teaching, and consultative service in the language area would be the same for monolingual speakers. However, it is very important to clarify to the teacher the strategies the student needs to succeed in the classroom. Initially, the focus should be on content and not form.

**Receptive Language**

Even if a student no longer speaks his native language, the student retains some receptive knowledge of it. It would be beneficial to encourage the parents to continue to provide language experiences at home in the native language.

English Language Learners frequently have difficulty following directions. The SLP must determine whether it is due to lack of basic English vocabulary (e.g., Put the pencil on the desk), lack of concept vocabulary (e.g., Put the pencil on the desk), or weak auditory memory skills. In addition, the SLP must determine whether the student exhibits the same difficulty in his native language or whether it is a matter of learning English and not a delay. Once the focus is narrowed, the target of the goal is determined. It is important in therapy to continually stress key vocabulary, have the students rephrase information in their own words, and integrate as many modalities as possible, for example, writing, reading, movement, and pictures (Goldstein, 2000).

SLPs may assist through creating and reviewing note-taking guides following the teacher's lesson plans. They may be tailored to the student’s level of English acquisition by varying the demands on the student. For example, a student just acquiring English may need a sheet where definitions and main points are listed with blank spaces for the key vocabulary. A higher-level student may only need a skeleton outline of the main ideas so that he/she may take notes when the key words are heard. Using these methods, the students can listen to the presentation without worrying about taking notes. Students with less developed English skills will also have a grammatically correct set of notes to study from, increasing their understanding of the English language.

The use of picture dictionaries is also helpful for the student as well as the family. There are several commercially available, but the student may also develop a dictionary focusing on the current academic unit. In that case, the teacher and/or SLP would select crucial vocabulary for the unit (5-10 words initially), and the child would write the word, draw a picture to represent the word, write a definition of the word, and write a sentence using the word. Demands may be increased or decreased based on the student's level. This dictionary could also help the parents reinforce academic concepts at home in the native language.
Expressive Language

It is important to have general background knowledge of the child's native language prior to evaluating expressive skills in English. For example, Hmong is a noninflectional, basically monosyllabic language (Goldstein, 2000). Omitting word endings or using improper verb tenses would be expected as the child acquires English. If the goal area is determined appropriate and not due to the influence of the first language, then the goal would be the same as a monolingual speaker's goal. The SLP would stress the overall content instead of the structure of the message when beginning intervention with English Language Learners.

Opportunities for expressing thoughts and ideas need to be integrated into the school day. The teacher may use cooperative learning groups, open-ended classroom questions, or a weekly sharing time as strategies to elicit oral language. Also, the entire class could be assigned a story-retelling task that would be tape recorded individually for analysis. Activities such as imaginary telephone calls, dramatic play, and show and tell could be used with younger children (Kayser, 1998). Progress monitoring should be divided into the content of what the student is saying as well as the form to give a full picture of the student's progress.

As the goal area moves into the classroom, students would benefit from integrating visual cues into the classroom. They may need graphical organizers when planning their assignments. For example, a student may use a Venn diagram to list similarities and differences between two objects, events, or concepts prior to writing a paper on the topic. They may use a semantic web to list attributes of an object. A story map may be filled out with a peer or teacher to review a narrative or to generate a new narrative.

In conclusion there are many special considerations when addressing the communication skills of an English language learner. The SLP who serves an English language learner needs to be knowledgeable about referral sources and the indicators of a language disability. In addition, the SLP needs to understand how learning a second language impacts gathering information, developing an intervention plan, conducting an assessment, determining eligibility, and developing and Individualized Education Program. With this knowledge and other professionals, English Language Learners with special needs will receive quality, culturally appropriate services.
SECTION IV
RESPONSE TO INTERVENTION

References


There are many resources available regarding English language learners. This section addresses the following:

- **Internet Websites**
- **Iowa Websites**
- **Organizations**
- **Books and Periodicals**

### Internet Websites

There are hundreds of sites available on the internet providing information about English language learners. The following lists are only a sampling of sites which provide speech-language pathologists with beginning information. It is advisable to use a search engine to find other sites using the key words: English as a second language, English language learner, or multicultural.

#### www.ala.org/booklist
American Library Association

The American Library Association site provides listings of literature for children and young adults in English and Spanish.

#### www.asha.org
American Speech-Language-Hearing Association (ASHA)
10801 Rockville Pike, Rockville, MD 20852-3279
(800) 498-2071

This website provides information for speech-language pathologists and audiologists. Information is available in the professional section for members only. Available resources include: a resource center, multicultural affairs section, Special Interest Division on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations, journal articles, continuing education opportunities, and ASHA position statements.

#### www.askeric.org
Ask ERIC, Educational Resources Information Center

The ERIC searchable database site provides articles, lesson plans, a virtual library and a question-and-answer section.
www.bilingualtherapies.com  Bilingual Therapies Inc.
1807 W. Sunnyside, Suite 303, Chicago, IL 60640
(773) 784-9393

Bilingual Therapies provides in-service training, screening, assessment and therapy services. The website has a forum message board for sharing ideas, questions and comments regarding speech-language services for bilingual students.

www.colorincolorado.org  Reading Rockets, a service of WETA, the public broadcasting station in Washington, D.C.

This bilingual site provides information, skill building activities, and advice on how Spanish-speaking parents can help their children become successful readers. All information is printed in English and Spanish and is ready to be distributed to parents.

http://eslcafe.com  Dave Sperling ESL Cafe Web Guide

This is a searchable website for teachers and students with more than 3,000 links to other sites.

www.mankato.msus.edu/dept/comdis/kuster2/splang.htm (Click on multicultural/diversity/ESL/second language)  Judith Kuster's Site

This site provides excellent links to other sites and information of interest to speech-language pathologists.

www.ncbe.gwu.edu  National Clearing House for Bilingual Education

The National Clearing House for Bilingual Education site has the following information: an on-line library with full text articles; technical assistance with links to national, regional and state educational resources; language and educational links with resources related to aspects of language, culture and education in the classroom with schools on the web; lesson plans; practical classroom information; state resources with resources relating to language minority students; conference calendar with educational meetings and conferences throughout the United States; news line with a weekly on-line news bulletin and roundtable forums with topical discussion groups for educators.
<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.ed.gov/pubs/TeachersGuide/obemla.html">www.ed.gov/pubs/TeachersGuide/obemla.html</a></td>
<td>Office of Bilingual Education and Minority Languages Affairs of US Department of Education. This site provides a current listing of programs for schools as well as available federal grants.</td>
</tr>
<tr>
<td><a href="http://www.ohiou.edu/esl/english">www.ohiou.edu/esl/english</a></td>
<td>Ohio University. The Ohio University site provides resources for educators and speech-language pathologists that are listed by skill area of grammar, reading, writing, listening, speaking, and vocabulary. There are links to other ELL sites for students at this address.</td>
</tr>
<tr>
<td><a href="http://www.americas.org">www.americas.org</a></td>
<td>Resource Center of the Americas. The Resource Center of the Americas has an extensive bookstore of materials in many different languages that can be read by parents, students and teachers.</td>
</tr>
<tr>
<td><a href="http://www.tesol.edu">www.tesol.edu</a></td>
<td>Teachers of English to Speakers of Other Languages, Inc. (TESOL). TESOL is an organization that provides journal and quarterly publications. Training and professional development programs are listed on this site.</td>
</tr>
<tr>
<td><a href="http://www.english-zone.com">www.english-zone.com</a></td>
<td>The English Zone. The English Zone is a site for students and teachers with activities, tests, games, links, and product reviews.</td>
</tr>
<tr>
<td><a href="http://www.aitech.ac.ip/iteslj">www.aitech.ac.ip/iteslj</a></td>
<td>The Internet TESL Journal. The Internet TESL Journal site provides a monthly web journal with articles, research papers, lesson plans, classroom handouts, teaching ideas, and other links.</td>
</tr>
<tr>
<td><a href="http://www.hanen.org">www.hanen.org</a></td>
<td>The Hanen Centre. The Hanen Centre provides workshops for speech-language pathologists to learn techniques to provide services to young children, parents, and teachers. Materials are available in 16 different languages for parents to read.</td>
</tr>
<tr>
<td>Website</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><a href="http://www.utexas.edu/coc/esd/multicultural">www.utexas.edu/coc/esd/multicultural</a></td>
<td>The University of Texas website provides information on university training, available research and funding, and other professional resources.</td>
</tr>
</tbody>
</table>
| [www.wri-edu.org/bookplay](http://www.wri-edu.org/bookplay) | Washington Research Institute  
150 Nickerson St., Suite 305, Seattle, WA 98109  
(206) 285-9317  
The Washington Research Institute provides videotapes and written materials to help the speech-language pathologist show parents how to encourage their young children to talk. Materials are available in English, Spanish, Korean, and Vietnamese. |
| [www.yourdictionary.com](http://www.yourdictionary.com) | Your Dictionary.com  
This site provides access to 800 dictionaries in 160 languages. The selection includes a game room, a library, and translation and grammar assistance. |
| [www.childrensbookpress.org](http://www.childrensbookpress.org) | Children's Book Press  
2211 Mission St.  
San Francisco, CA  94110  
This is a site for multicultural books. |
**Iowa Websites**

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.state.ia.us/dhr">www.state.ia.us/dhr</a></td>
<td>Iowa Department of Human Rights (DHR)</td>
</tr>
<tr>
<td><a href="http://www.state.ia.us/educate/directory">www.state.ia.us/educate/directory</a></td>
<td>AEA ESL Consultants</td>
</tr>
<tr>
<td></td>
<td>Go to the State of Iowa's website and click on Area Education Agencies. Some of the AEAs have specific sites for ELL information and others will need to be contacted through its e-mail addresses.</td>
</tr>
<tr>
<td><a href="http://www.state.ia.us/educate/directory">www.state.ia.us/educate/directory</a></td>
<td>ESL Teachers</td>
</tr>
<tr>
<td></td>
<td>Go to Iowa's website and click on school districts, public, or nonpublic schools to find the directory. Also, the school district may be contacted through its e-mail address.</td>
</tr>
</tbody>
</table>
Organizations

**American Speech-Language-Hearing Association**
10801 Rockville Pike
Rockville, MD 20852-3279
(301) 897-5700

**Center for Applied Linguistics (CAL)**
1118 22nd Street NW
Washington, DC 20037
(202) 429-9392

**Comprehensive Regional Assistance Center in Region VI (CC-VB)**
The University of Wisconsin-Madison
1025 West Johnson Street
Madison, WI 53706
www.wcer.wisc.edu/ccui

**Iowa Department of Education**
ESL/Bilingual Consultant
Grimes State Office Building
Des Moines, IA 50319-0146
(515) 281-3805

**Iowa Department of Health**
Minority Health Liaison
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0075
(515) 281-4904

**Iowa Department of Human Rights**
Iowa Division of Latino Affairs
Lucas State Office Building
Des Moines, IA 50319
(515) 281-4070

**Iowa Department of Human Services**
Bureau of Refugee Services
City View Plaza, Suite D
1200 University
Des Moines, IA 50314
(800) 362-2780 or (515) 283-7999
Multicultural Publishers Exchange
Highsmith Co.
W5527, Highway 106
Box 800
Fort Atkinson, WI 53538
(800) 558-2120

National Black Association for Speech Language and Hearing (NBASLH)
The University of the District of Columbia
Box 50605
Washington, DC 20008
(202) 274-6162

National Clearinghouse for Bilingual Education
1118 22nd Street NW
Washington, DC 20037
(800) 321-6223 or (202) 321-NCBE

Office of Bilingual Education and Minority Language Affairs (OBEMLA)
U. S. Department of Education
Switzer Building, Room 5622
400 Maryland Ave.
Washington, DC 20202-6510

Iowa Department of Education, Bureau of Instructional Services
Grimes State Office Building
Des Moines, IA 50319
(515) 281-3944

Teachers of English to Speakers of Other Languages (TESOL)
700 South Washington Street, Suite 200
Alexandria, VA 22314
(703) 836-0774
Books and Periodicals

Many books and periodicals are available to the speech-language pathologist to assist in planning for the English language learner. This is a listing of a few of the more popular and general references available.


APPENDIX A
Use of Interpreters

Iowa’s administrative rules of special education require agencies to ensure that parents understand the proceedings at a meeting [Iowa Administrative Code rule 281—41.322(5) (2011)]. Therefore, an interpreter is needed when communicating with individuals who have limited English skills. This communication may include telephone calls, notifications of meetings, meetings, and home visits. The rules also state that agencies have a responsibility to assess students in their native language. When bilingual professionals are not available, interpreters may be utilized (Fradd & Wilen, 1990).

What is the role of the interpreter?

Fradd and Wilen (1990, p. 10) state that "The primary role of interpreters and translators in the school setting is to be a conduit for oral and written communication between limited English proficient students and families and English-speaking school personnel.” An interpreter conveys information from one language orally while a translator conveys information in writing (Langdon & Cheng, 2002). The information in this section primarily applies to interpreters.

What skills should the interpreter have?

Langdon and Cheng (2002) describe six linguistic skills that an interpreter should have. They are as follows:

1. Oral or written proficiency with two languages.
2. Knowledge of two cultures with an understanding of the significance of nonverbal communication.
3. Ability to convey the same meaning in two languages.
4. Knowledge of terminology that applies to a designated specialty.
5. Familiarity with dialectal differences within a language.
6. Ability to adapt to and process various pronunciations and grammatical uses inherent in the speech of individuals with communication disorders. (pp. 101-102)

Collier (2000) recommends that the interpreter's linguistic skills include an ability to adjust to different types of language usage, e.g., colloquial or more dialectical variations and social and academic language. It is also emphasized that an interpreter should have the ability to memorize and recall auditory information (Collier, 2000; Kayser, 1998; Langdon, 1994; Roseberry-McKibbin, 2002).

What are the roles and responsibilities of the speech-language pathologist (SLP) and the interpreter during the interpretation process?

Prior to meeting with a student who is an English language learner or a parent with limited or no English skills, both professionals and interpreters should be trained regarding the interpretation process and their roles.
Speech-language pathologists have a responsibility to monitor, guide, direct, and supervise interpreters (Fradd & Wilen, 1990). The SLP needs to be aware of how to work effectively with an interpreter during interviews and meetings. For example, a session where a second language is used will typically run longer because every statement needs to be repeated twice. Extra time should be allotted and participants should be informed of the additional time in advance. To ensure effective communication, the SLP and other team members should pause for interpretation after every three or four sentences. Parents should be spoken to in the first person, e.g., say, "What do you think about…?" instead of "Ask the parents what they think about…?" The seating should be arranged so the interpreter is close to the parent, but can also see and hear other participants. (Minnesota Department of Children, Families & Learning, 2002). Excessive use of slang, jargon, idioms and extra wording should be avoided (Kayser, 1998; Roseberry-McKibbin, 2002).

If the SLP is using an interpreter during assessment, the SLP needs to explain the purpose of the test and review the procedures to follow (Langdon & Cheng, 2002; Kayser, 1998). The SLP should also explain how to cue a student during assessment, how to prompt for responses, and how to probe for pertinent information or responses (Collier, 2000). The professional should make sure the interpreter feels comfortable with the testing. An interpreter may come from a culture where it is not appropriate to admit a misunderstanding (Roseberry-McKibbin, 2002). In addition to training the interpreter in the administration of the test, the SLP needs to conduct reliability tests to ensure the interpreter has the skills necessary to administer and score each test accurately and reliably (Kayser, 1998).

It is recommended that the professional "always be present at interviews with family members to ensure that the appropriate information is communicated" (Roseberry-McKibbin, 2002, p. 263). It is also recommended that the SLP be present during the assessment to observe the interaction, to direct the interpreter, to clarify the direction or interpretation of a test item, and to confer if the student does not cooperate or experiences more or less difficulty than anticipated (Langdon & Cheng, 2002). The SLP can also record impressions about body language, patterns of reinforcement, cueing, and the amount of talk (Artiles & Ortiz, 2002).

If the SLP is using an interpreter for intervention, it is important that the SLP understand that the interpreter should not be given the responsibility for making educational decisions. The team of professionals should make the recommendations for educational placement (Roseberry-McKibbin, 2002). In addition, the interpreter should not write, develop, or modify the student’s intervention plan without the recommendation, guidance, and approval of the SLP (Kayser, 1998). The SLP should discuss intervention procedures, and review and demonstrate the materials with the interpreter. The amount of supervision of the intervention sessions will depend on the child’s disorder and severity as well as the experience and competence of the interpreter (Kayser, 1998).

Collier (2000) states that the preparation, orientation, and training of translators and interpreters must address the following competency expectations:

1. The ability to maintain professional conduct in all situations.
2. The ability to maintain and to explain the need for confidentiality.
3. The ability to remain impartial and neutral.
4. The ability to be straightforward, to not accept an assignment beyond one’s capabilities, and being able to ask for help or clarification when necessary.
5. The capacity to display respect for the authority of the administrator or the diagnostician.
6. The ability to work as part of the team with the education staff. (p. 136-137)

What are the three steps in the interpretation process for meetings, assessment or intervention?

A number of authors (Artiles & Ortiz, 2002; Collier, 2000; Fradd & Wilen, 1990; Kayser, 1998; Langdon & Cheng, 2002) recommend that specific activities take place prior to, during, and after the process of interpreting. Langdon & Cheng (2002) state that the success of the interpreting process is enhanced when the following three steps are used:

1. Briefing: The SLP should inform the interpreter of the purpose and the desired outcomes of the conference, assessment session or intervention session. An agenda should be developed. The interpreter should provide input on methods that will facilitate the process.
2. Interaction: This step includes the actual time that the SLP and interpreter work together during the meeting or session. They should work together collaboratively and act as a united team.
3. Debriefing: The SLP and the interpreter should review the outcomes of the conference, assessment session or intervention session. The student's responses or the dynamics of the meeting or session should be reviewed. Follow-up plans should be outlined.

It should be noted that Collier (2000), Fradd & Wilen (1990), and Langdon & Cheng (2002) write at length about the kind of information that should be discussed during each step.

Do I need the consent of parents to use an interpreter?

When using an interpreter to conduct a formal assessment, it is best practice to obtain the written consent of the parent to use an interpreter. This permission can be documented on the parent consent for assessment form (Fradd & Wilen, 1990). The American Speech-Language-Hearing Association recommends that the SLP states in the written assessment that an interpreter was used and that the validity of the results may be affected (American Speech-Language-Hearing Association, 1995). Fradd and Wilen (1990) also recommend that the SLP include the name of the interpreter, the dates when the interpreter was used, and a description of the activities for which the interpreter was used.
APPENDIX A
Use of Interpreters

References


APPENDIX B
Parent Interview Form

| Student: |
| Teacher: |
| Grade: |
| Interpreter: |
| Information obtained from: |
| Relationship to student: |

| Length of residency in U.S.: |
| Country of origin: |
| Program placement: | General class: | Bilingual class: | ESL: |
| Migrant ed.: | Other: |

| Time/Frequency in support program: | Bilingual class: | ESL: |

Family History

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Birthdate</th>
<th>Current occupation</th>
<th>Current grade in school (children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child</td>
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<td>Child</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

What languages are spoken in your home?
Comments?

Pregnancy and Birth History

Were you (the mother) healthy during the pregnancy?
Were there any complications during the pregnancy?
Did you (the mother) have access to health care and vitamins?
Were there any medicines, drugs, or alcohol consumed during the pregnancy?
Was your baby full term?
Were there any complications during the labor and delivery?
What was your child's birth weight?
**Health and Developmental History**

At what age did your child do the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat unassisted</td>
<td></td>
</tr>
<tr>
<td>Crawled</td>
<td></td>
</tr>
<tr>
<td>Stood unassisted</td>
<td></td>
</tr>
<tr>
<td>Babblel</td>
<td></td>
</tr>
<tr>
<td>Walked</td>
<td></td>
</tr>
<tr>
<td>Said first words</td>
<td></td>
</tr>
<tr>
<td>Combined words</td>
<td></td>
</tr>
<tr>
<td>Was toilet trained</td>
<td></td>
</tr>
</tbody>
</table>

Does your child take any medications? List medications and reasons why.

Has your child had hearing and vision checked?

Has your child been hospitalized? If so, for what reason(s) and how long?

Is there anything about the development of your child that concerns you?

Is your child's development different from your other children or others you know?

Are your child's current immunization records and health history on file?

**Educational History**

<table>
<thead>
<tr>
<th>School (including preschool)</th>
<th>City, state or city, country</th>
<th>Dates of attendance</th>
<th>Grades</th>
<th>List any special services including bilingual education, ESL programming, special education services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Was your child absent from school frequently or was school interrupted for a period of time? If so, why? How many days did your child miss?

Has your child had any problems in school, e.g., behavior? If so, describe them.

Are there any areas in which you would like to see improvement? If so, what are they?

**Communication**

(When asking these questions compare the first language to the second language.)

**Language History**

What language do you use when speaking to your child?

What language did your child learn first?

When was your child first exposed to English?

What language does your child use to communicate with parents? Siblings? Extended family? Peers?

Does your child always use the same language as the person to whom they are talking?)
Do you tell stories to your child? Can your child tell the story back to you or sequence real life events in proper order?

Does your child watch TV? In what language(s)?

How would you describe the child's personality, e.g., shy, outgoing, curious, or quiet?

Do you think your child has any problems or difficulty with speech and language? If so, when did you first notice? How would you describe the problem?

**Receptive Language**

Does your child understand nonverbal commands or movements?

Does your child follow simple verbal directions (1-step)?

Does your child follow longer directions (2+ steps)?

Do you need to repeat what you say in order for your child to respond?

**Expressive Language**

How does your child communicate?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only uses pointing/gesturing/acting out to communicate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses single words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses simple phrases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses a typical or advanced level of sentences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requests what he/she wants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Articulation**

Does everyone (even strangers) understand your child's speech?

Do family members understand your child's speech?

Are there any words that are difficult your child to say correctly?

Does your child make errors in speech sound production in the first language?

**Fluency**

Does your child often repeat sounds or appear to struggle to get the words out when speaking?

If so, could you imitate what your child does?

**Voice**

Does your child's voice quality sound different from other children’s voices, e.g., breathy, or hoarse?

**Other**

How do you feel about your child learning English?

How do you feel about your child maintaining his/her native language?

What are your hopes for your child's future?
APPENDIX C
Classroom Strategies for English Language Learners

Teachers frequently contact a speech-language pathologist and ask how to help a student who is learning English as a second language. On the following pages, there is a list of strategies for English language learners. As noted by Cary (1997, p. 25), all students benefit from research-informed, effective instructional strategies; however, "…children learning a second language depend on them." It should be noted that this list is not inclusive. Other strategies can be found in the references listed, in professional periodicals, on the internet, and from professional organizations.
Classroom Strategies for English Language Learners

1. Integrate language learning with content learning across the mainstream curriculum and themes. Content provides a motivation for learning language because it is interesting and of value to the learner. The English language learner can be fully engaged in learning activities. Content gives a cognitive basis for language learning because it provides real meaning and promotes the development of higher-order thinking skills (Cary, 1997; Gibbons, 1991; Roseberry-McKibbin, 2002; Richard-Amato, 1988; Richard-Amato & Snow, 1992).

2. Allow the new student to remain silent, especially at the beginning. Listening and watching how other students behave and respond is an important part of learning another language (Gibbons, 1991).

3. Establish a buddy system to help the child understand classroom routines and directions. If possible, choose children who speak the same language and children who will provide good English models. In the beginning, select classmates who are talkative and friendly rather than selecting classmates on the basis of their competence in English (Cary, 1997; Gibbons, 1991).

4. Teach some basic survival language; e.g., how to ask to go to the bathroom and how to say that they feel sick (Gibbons, 1991).

5. Modify your speech without distorting it or losing the rhythm and natural flow of the language to make it easier to understand (Cary, 1997; Richard-Amato & Snow, 1992; Roseberry-McKibbin, 2002).
   a. Talk slightly slower if you are a rapid speaker.
   b. Use shorter sentences and simplify word order. Use fewer long words and complex sentences.
   c. Use specific names instead of pronouns.
   d. Enunciate words clearly and use fewer fused forms, e.g., "Jueet?"/"Did you eat?"
   e. Emphasize key words and phrases through gesture, volume, intonation, and facial expression.

6. Check frequently for comprehension in a nonintrusive way, e.g., have the student use hand signals (thumbs up/thumbs down) or explain the directions or new learning to a classmate (Cary, 1997; Roseberry-McKibbin, 2002).
7. Provide more wait and think time. Students need extra time to process information and formulate a response. Avoid immediately calling on another student to respond. If the child does not respond after a period of time, restate or rephrase the question and/or answer it yourself (Cary, 1997; Richard-Amato & Snow, 1992).

8. Provide students with many opportunities for meaningful interactions with peers. During cooperative learning, students work with a partner or a small group rather than individually to acquire information. These experiences provide students with an opportunity to hear a wide range of language models and to practice comprehending and producing English for real communication purposes while sharing materials and ideas, problem-solving, and completing a task (Cary, 1997; Herrell, 2000; Gibbons, 1991; Richard-Amato & Snow, 1992).

9. Build on student's prior knowledge, interests, and culture. Move from the known to the unknown. A KWL chart is a valuable tool to organize information at the start of a theme or unit to promote active involvement and to increase retention: K – "What do I know?" – activates prior knowledge and helps clarify misconceptions; W – "What do I want to learn?" – guides the activity; L – "What have I learned?" – serves as a monitor for learning. For a student learning English, information can be drawn instead of written (Cary, 1997; Gusman, 1996; Richard-Amato & Snow, 1992; Roseberry-McKibbin, 2002, Roseberry-McKibbin, 2001; Short, 1991: Schnifini, 1994).

10. Assign a peer tutor, a student who has already achieved certain skills to help a classmate to acquire the skills. A peer tutor who has mastered a higher level of proficiency in academic skills and English supports learning by explaining the assignment in the student's first language or models what is expected. The peer also serves as a linguistic model, facilitates communication, offers comprehensible input, and gives encouragement and feedback (Cary, 1997; Herrell, 2000; Richard-Amato, 1988; Richard-Amato & Snow, 1992; Short, 1991).

11. Teach students the names of common objects in the classroom. Label the objects bilingually (Roseberry-McKibbin, 2002).

12. Use visuals, actions, and gestural cues to clarify key concepts and increase comprehension. Visuals can include the following: real objects (realia), photographs, pictures, transparencies, diagrams, graphs, charts, timelines, maps, videos, and filmstrips (Gibbons, 1991; Herrell, 2000; Roseberry-McKibbin, 2002; Richard-Amato & Snow, 1992; Schifini, 1994).

13. Do not overcorrect errors in the use of grammar or pronunciation, especially when students are in the early and intermediate stages of learning English. Focus on the communication of meaning. Recast the student's utterances to model the correct form. For example, if the student says, "I good today.", say, "I am good today, too." (Richard-Amato & Snow, 1992; Roseberry-McKibbin, 2002).
14. Allow students to use a bilingual dictionary when necessary. Make sure it provides a two-way translation, e.g., Spanish to English and English to Spanish. Students can also make their own dictionaries using drawings, pictures, and photos to facilitate the recall of new vocabulary. Scrapbooks can be prepared on specific themes the class is studying (Gibbons, 1991; Richard-Amato & Snow, 1992; Roseberry-McKibbin, 2002).

15. Teach the use of graphic organizers, such as webbing, concept mapping, and Venn diagrams, for the purpose of learning content and organizing information (Cary, 1997; Gibbons, 1991; Roseberry-McKibbin, 2002; Schifini, 1994).

16. Incorporate jazz chants, music and poetry into the curriculum. Meaningful word/sound play provides students with tools of communication, especially at the beginning of language acquisition. These activities are often predictable and repetitive and help develop the rhythm and stress of spoken English. They also reduce anxiety by lowering the risk of acquiring a new language (Gibbons, 1991; Richard-Amato, 1988).

APPENDIX C
Classroom Strategies for English Language Learners

References


APPENDIX D
R.I.O.T. Table

### Review

<table>
<thead>
<tr>
<th><strong>DOMAINS</strong></th>
<th><strong>LANGUAGE AND CULTURAL CONSIDERATIONS</strong></th>
<th><strong>SOURCE</strong></th>
<th><strong>DATA OUTCOMES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong> Instruction</td>
<td>How does the student respond to the instruction? Are instructional practices that are effective for ELL students utilized?</td>
<td>Permanent Products</td>
<td>• Nature of instructional demands reflected in paper-pencil tasks and materials (e.g., instructional approaches, pacing, highlighted books, pre-taught vocabulary)</td>
</tr>
<tr>
<td><strong>C</strong> Curriculum</td>
<td>Are the curriculum materials appropriate for the language proficiency and acculturation of the student?</td>
<td>Permanent Products</td>
<td>• Nature of instructional demands reflected in curricular materials (e.g., books, worksheets, curriculum guides, task demands, pre-requisite skills, scope and sequence of curriculum)</td>
</tr>
<tr>
<td><strong>E</strong> Environment</td>
<td>Are policies and procedures different for linguistically and culturally diverse students? Are policies and procedures culturally biased?</td>
<td>School Rules</td>
<td>• Discipline policies and procedures that define what is deemed as “situationally appropriate”</td>
</tr>
<tr>
<td><strong>L</strong> Learner</td>
<td>How does student's work compare to general peers? How does student's work compare to linguistically and culturally similar peers?</td>
<td>Permanent Products - General Peers’ Work Similar Peers’ Work</td>
<td>• Standard of performance of peers</td>
</tr>
<tr>
<td>Cumulative Records</td>
<td>• Language the student uses at home • Number of years the student has been in school, yrs. Student has attended school in the United States, years of English language instruction • Frequency of school changes • General education services the student has received (e.g., ESL, Bilingual Education, Sheltered English, Title I) • Consistency of academic performance from year to year • Academic performance when instructed in native language • Relationship of past test scores to present academic performance • Past teachers/administrators experiences with child/home</td>
<td></td>
<td>• Patterns of behavior as reflected in teacher reports (teacher perceptions of the problem) and discipline records • Onset and duration of the problem • Interference with personal, interpersonal, and academic adjustment • Settings where behavior of concern has occurred</td>
</tr>
<tr>
<td>Health Records</td>
<td>• Have translator available if student records are in native language</td>
<td></td>
<td>• Existence of health, vision, and/or hearing problems potentially related to the academic or behavior concern</td>
</tr>
<tr>
<td>Student Work</td>
<td>• Are the pattern of performance errors reflecting a lack of language proficiency or a skill deficit? • Has the pattern of errors changed as the student has become more proficient in English?</td>
<td></td>
<td>• Patterns of performance errors reflecting skill deficits • Interference with ability to profit from general education instruction • Consistent skill and/or performance problems over time • Settings where behavior of concern is evident</td>
</tr>
<tr>
<td>Teacher’s Grade Book</td>
<td></td>
<td></td>
<td>• Student performance in relationship to setting demands (e.g., teacher expectations, task demands</td>
</tr>
<tr>
<td>BAT Records and Teacher Intervention Documentation</td>
<td>• What instructional strategies were used? • What type of progress did the student make with individualized interventions? • Is progress comparable to other similar peers? • How many resources does the intervention require?</td>
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<td>• Response to interventions as reflected in “Action Plans” and Progress Monitoring</td>
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## Interview

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<th>LANGUAGE AND CULTURAL CONSIDERATIONS</th>
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<tbody>
<tr>
<td>I</td>
<td>Instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are the instructional strategies appropriate?</td>
<td>Teachers</td>
<td>Teachers’ Expectations</td>
</tr>
<tr>
<td></td>
<td>• Cooperative Learning</td>
<td></td>
<td>Teachers’ instructional practices</td>
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<tr>
<td></td>
<td>• Direct Instruction</td>
<td></td>
<td>Teachers’ reinforcement strategies</td>
</tr>
<tr>
<td></td>
<td>Are the expectations for pacing and coverage of the curriculum realistic for linguistically and culturally diverse students? (Oral language proficiency will advance faster than academic skills)</td>
<td></td>
<td>Expectations of the district for pacing and coverage of the curriculum</td>
</tr>
<tr>
<td></td>
<td>What is the student’s degree of acculturation in the mainstream culture at school?</td>
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<tr>
<td>C</td>
<td>Curriculum</td>
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<tr>
<td></td>
<td>Is the philosophical orientation compatible with techniques that are appropriate for linguistically and culturally diverse students (e.g., theme units vs. concepts taught in isolation)</td>
<td>Teachers</td>
<td>Philosophical orientation of the curriculum (e.g., phonics, whole language, whole class reading, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Teachers</td>
<td></td>
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<tr>
<td></td>
<td>• Relevant LEA personnel (e.g., curriculum directors, principals, etc.)</td>
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<tr>
<td>E</td>
<td>Environment</td>
<td></td>
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<tr>
<td></td>
<td>How is the teacher assisting linguistically and culturally diverse students regarding classroom routines, rules, and procedures?</td>
<td>Teachers</td>
<td>Classroom routines, rules, behavior management plans</td>
</tr>
<tr>
<td></td>
<td>• Teachers</td>
<td></td>
<td>School rules, discipline policy, etc.</td>
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<tr>
<td></td>
<td>• LEA personnel</td>
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<td></td>
<td>Are the expectations significantly different at home for social skills, behavior, and responsibility?</td>
<td></td>
<td>Behavior management strategies reflecting parent expectations</td>
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<td></td>
<td>Is the expectation to responding to authority different at home than at school?</td>
<td>Parents</td>
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<td></td>
<td>Home Language Surveys</td>
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<tr>
<td>L</td>
<td>Learner</td>
<td></td>
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<tr>
<td></td>
<td>How much does the student understand in English and in their native language?</td>
<td>Teachers (especially ESL teachers)</td>
<td>Interviewees’ perceptions of the problem – patterns, settings, nature of the problem, intensity, significance</td>
</tr>
<tr>
<td></td>
<td>• Directions</td>
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<td>• Instruction</td>
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<td>• Routines</td>
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<td>• Rules</td>
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<td></td>
<td>Are there certain classes that are more successful for the student? If so, why?</td>
<td>Relevant LEA personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How does the student’s behavior compare to general peers?</td>
<td>Parents</td>
<td></td>
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<tr>
<td></td>
<td>How does the student’s behavior compare to similar peers?</td>
<td>Significant others (e.g., older siblings, aunts/uncles, grandparents)</td>
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<tr>
<td></td>
<td>Behavior rating scales/checklists</td>
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<tr>
<td></td>
<td>• Checklist of Language Skills</td>
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<td></td>
<td>• BICS and CALP Checklist</td>
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<tr>
<td></td>
<td>What is the student’s degree of acculturation to the US culture?</td>
<td>Significant others (e.g., older siblings, aunts/uncles, grandparents)</td>
<td>Interviewee’s provide information on important cultural and environmental factors (e.g., number of years in the US, native language proficiency, English language proficiency)</td>
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<tr>
<td></td>
<td></td>
<td>Acculturation Quick Screen</td>
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## Observe

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<th>DATA OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>What are the instructional strategies used in the classroom?</td>
<td>Setting Analysis</td>
<td>Effective teaching practices, teacher expectations</td>
</tr>
<tr>
<td></td>
<td>Does it appear that the student is benefiting from the instructional strategies?</td>
<td>Systematic Observation</td>
<td>Antecedents, consequences</td>
</tr>
<tr>
<td></td>
<td>What variables of effective instruction for ELL students are being utilized? (e.g., pre-teaching vocabulary, use of visuals aids, highlighted text, cooperative learning, use of controlled vocabulary)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>After instruction has been provided can the student accurately complete the work?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Is teacher sensitive to linguistically and culturally diverse students’ difficulty in understanding the instruction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Is the classroom culturally sensitive to linguistically and culturally diverse students?</td>
<td>Setting Analysis</td>
<td>Physical environment (seating arrangement, equipment, lighting, furniture, temperature, noise levels)</td>
</tr>
<tr>
<td></td>
<td>Are the policies and procedures culturally biased?</td>
<td></td>
<td>Classroom routines and behavior management</td>
</tr>
<tr>
<td></td>
<td>Which classroom setting is the student most successful? (e.g., ESL, Migrant Education, Title I, General Education)</td>
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<td>Demographics of peer group</td>
</tr>
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<td></td>
<td>Are the expectations for the student and general peers comparable?</td>
<td>Systematic Observation</td>
<td>Peer performance as performance standard</td>
</tr>
<tr>
<td></td>
<td>Are the expectations for the student and similar peers comparable?</td>
<td></td>
<td>Interaction patterns</td>
</tr>
<tr>
<td>L</td>
<td>What language does the student use in different settings? (e.g., recess, hallway, classroom)</td>
<td>Anecdotal Recording Checklists</td>
<td>Nature of behavior of concern</td>
</tr>
<tr>
<td></td>
<td>What language does the student use when speaking to different people? (e.g., teacher, general peers, similar peers, family, siblings)</td>
<td>• Spotting Language Problems Checklist</td>
<td>Patterns of behavior of concern</td>
</tr>
<tr>
<td></td>
<td>Does student interact appropriately with grade-level peers?</td>
<td>• Student Oral Language Matrix (SOLOM)</td>
<td>Response to interventions as reflected in informal progress monitoring</td>
</tr>
<tr>
<td></td>
<td>Does student demonstrate skills necessary to be successful in the different educational environments?</td>
<td>• Teacher Rating Scale</td>
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<tr>
<td></td>
<td>How does the student’s behavior compare to general peers?</td>
<td>• Classroom Interaction Checklist (CLIC)</td>
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<tr>
<td></td>
<td>How does the student’s behavior compare to similar peers?</td>
<td>Systematic Observations</td>
<td>Nature and dimensions (frequency, duration, latency, intensity) of target behavior</td>
</tr>
</tbody>
</table>

Systematic progress monitoring | Response to interventions |
<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>LANGUAGE AND CULTURAL CONSIDERATIONS</th>
<th>SOURCE</th>
<th>DATA OUTCOMES</th>
</tr>
</thead>
<tbody>
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<td>I</td>
<td>Instruction</td>
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<td></td>
</tr>
<tr>
<td>C</td>
<td>Curriculum</td>
<td>Readability of texts</td>
<td>• Difficulty levels of textbooks</td>
</tr>
<tr>
<td>E</td>
<td>Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Learner</td>
<td>Curriculum-Based Measurement (CBM) • English • Spanish</td>
<td>• Fluency in oral reading, math computation, and written expression • If significant discrepancy is found between the student’s performance and that of general peers, test the student in native language</td>
</tr>
</tbody>
</table>

Curriculum Based Assessment (CBA) • Student performance on curriculum-based tasks in specific skill areas (including oral language – may want to use story retells) • Student academic performance on classroom measures of achievement • Interference with ability to profit from general ed. instruction • Resistance to intervention (informal progress monitoring) |

How do the student’s classroom test results compare to general peers? How do the student’s classroom test results compare to similar peers? Are the tests modified? What does the data indicate from interventions regarding student’s needs? What is the student’s language proficiency in English? What is the student’s language proficiency in their native language? Which is the student’s dominant language English or native language? |

Classroom tests | • Student academic performance on classroom measures of achievement • Interference with ability to profit from general ed. instruction • Resistance to intervention (informal progress monitoring) |

Norm-referenced tests (individual and group) | • Student academic performance in relationship to a norm group as a performance standard • Personal trait data in relationship to a norm group as a standard of appropriateness and reflecting personal adjustment |

Criterion-referenced tests | • Student academic performance, including identifying skill strengths and weaknesses |

Self-reports (e.g., checklists, inventories, rating scales, etc.) | • Personal trait data reflecting student perception of the problematic situation and student’s personal adjustment |
### APPENDIX E

#### Resources for Assessment

Below is a list of tests that can be used for speech and language assessment. This list should not be considered complete. In addition, inclusion on this list should not be considered a recommendation by the Iowa Department of Education. To reduce bias, it is the responsibility of the speech-language pathologist to review the validity of the test, its content, and the adequacy of the norms. The speech-language pathologist also needs to review the procedures used in the administration and the interpretation of the test.

<table>
<thead>
<tr>
<th>Test</th>
<th>Publisher</th>
<th>Address/Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing Asian Language Performance (2nd edition)</td>
<td>Academic Communication Associates</td>
<td>P.O. Box 4279, Oceanside, CA 92052-4279</td>
</tr>
<tr>
<td>Li-Rong Lilly Cheng</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of Phonological Processes-Spanish</td>
<td>Los Amigos Research Associates</td>
<td>7035 Galewood, San Diego, CA 92120</td>
</tr>
<tr>
<td>Barbara Hodson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austin Spanish Articulation Test</td>
<td>DLM Teaching Resources</td>
<td>One DLM Park, Allen, TX 75002</td>
</tr>
<tr>
<td>Elizabeth Carrow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilingual Oral Language Development (2nd edition)</td>
<td>Academic Communication Associates</td>
<td>P.O. Box 4279, Oceanside, CA 92052-4279</td>
</tr>
<tr>
<td>Appendix E</td>
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<tr>
<td><em>Speech and Language Assessment for the Bilingual Handicapped</em></td>
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</tr>
<tr>
<td>Larry J. Mattes and Donald R. Omark</td>
<td></td>
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</tr>
<tr>
<td>Bilingual Vocabulary Assessment Measure</td>
<td>Academic Communication Associates</td>
<td>P.O. Box 4279, Oceanside, CA 92052-4279</td>
</tr>
<tr>
<td>Larry J. Mattes</td>
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<tr>
<td>Boehm Test of Basic Concepts – Third Edition</td>
<td>Janelle Publications, Inc.</td>
<td>P.O. Box 811, 1189 Twombley Road, DeKalb, IL 60115</td>
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<tr>
<td>English-Spanish Edition</td>
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<tr>
<td>Ann Boehm</td>
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<tr>
<td>Boehm Test of Basic Concepts – Third Edition</td>
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<td>8700 Shoal Creek Boulevard, Austin, TX 78757-6897</td>
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<tr>
<td>English-Spanish Edition</td>
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</tr>
<tr>
<td>Boehm Test of Basic Concepts – Third Edition</td>
<td>The Psychological Corporation</td>
<td>19500 Bulverde Road, San Antonio, TX 78259-3701</td>
</tr>
<tr>
<td>English-Spanish Edition</td>
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</tbody>
</table>

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APPENDIX F
Questions and Answers

How can I help parents of English language learners feel more comfortable at meetings?

1. Learn about and respect the family's culture, heritage and language (Law & Eckes, 1995; Roseberry-McKibbin, 2002). The parents' beliefs impact their perception of education and of their role and the role of professionals roles in their child's education. It also impacts their attitudes about special education, disabilities, and who makes decisions. Lamorey (2002) stated the following:

   Optimal outcomes for children with disabilities can only occur when professionals create a bridge from the culture of schooling to parents' multifaceted perceptions of the disability, its cause, its acceptable treatments, and the available sources of formal and informal support. (p. 67)

2. In addition, differences in cultural norms in the following areas have implications for meetings: manner of addressing, eye contact, clothing, physical touch, physical proximity and touching, promptness, and the acceptance of gifts, food and drink (Roseberry-McKibbin, 2002). For example, in some cultures making eye contact could mean respect and in other cultures it could be interpreted as disrespectful (Lamorey, 2002). One excellent resource is Multicultural Students with Special Language Needs by Celeste Roseberry-McKibbin (2002). Information is presented about families from Anglo European, African-American, Hispanic, Asian, Native American, Pacific Island, Middle Eastern, and Russian backgrounds.

3. Emphasize that being bilingual is an asset in our society (Goldstein, 2000; Roseberry-McKibbin, 2002). For example, bilingualism has a positive impact on intelligence, thinking skills, social development and future success (Kayser, 1998).

4. Encourage parents to continue using their first language at home. The richer a child’s experience in the first language, the more easily the child will acquire the second (Coelho, 1994). Handscombe (1994) states, "It is through this modeling of a well-developed complete language system that family members will be able to expose their children to the most cognitively challenging context” (p. 346).

   If parents are not proficient in the second language, they are more likely to expose their children to an inadequate model of the second language and to spend less time interacting with them (Kayser, 1998).
5. Consider the family's value and style of living when setting goals. For example, independence may not be considered important or emphasized in a culture. Family members may be expected to care for all the child’s needs. Intervention plans will not succeed if the family’s values have not been considered (Roseberry-McKibbin, 2002).

6. When using an interpreter, look at the parents when you talk, not the interpreter. Allow time for a translation. Attend to the interaction, even if you do not understand what is being said (Law & Eckes, 1995). To increase parent understanding and to assist the interpreter, keep language short and simple. Avoid professional jargon and wordiness (Kayser, 1998).

**Why do students speak in their first language to peers in the halls and at recess?**

There are a number of reasons why a student would choose to speak to peers using their language. These may include the following:

1. The child's first language is still dominant and the child feels more comfortable speaking it with someone he/she knows will understand him/her. Speaking a second language can be very tiring. It may be a relief occasionally to talk without the strain of thinking in the first language then mentally translating it into the second language before speaking.

2. The child may not be motivated to learn a second language.

3. The child's socialization practices (extrovert vs. introvert) and self-esteem may influence the child's willingness to take the risk of speaking a language he knows he does not speak perfectly.

4. Perhaps the observer is expecting too much too soon (Adler, 1991; Byrnes, Kiger, & Manning, 1998). Compare the student with others of similar experiential and linguistic background (Langdon, 1989).
APPENDIX F
Questions and Answers

References


