

CULTURAL AND LINGUISTIC DIVERSITY **Culturally Responsive Practice for English Language Learners**

PART III

Introduction: Assessment

Assessment

Achievement Testing, English Language Proficiency Testing

Diagnostics

Multifactorial Evaluation for Suspected Disability

Cultural Brokers

APPENDIX B: PHONEMIC INVENTORIES

APPENDIX C: ASHA DOCUMENTS- NCLB FACT SHEET, CODE OF FAIR TESTING PRACTICES IN EDUCATION, DEFINITIONS OF COMMUNICATION DISORDERS AND VARIATIONS

APPENDIX D: ODE DOCUMENT- GUIDELINES FOR THE IDENTIFICATION AND ASSESSMENT OF LEP STUDENTS

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INTRODUCTION

One of the most important clinical responsibilities of the SLP, is the accurate diagnosis of speech and language disorders for those we serve. We use developmental norms to determine the appropriateness of speech and language behaviors at the time of referral. Developmental norms provide context. A referral concern for a w/r substitution yields very different recommendations for a three year old, than for a 12 year old with the same error pattern.

So too, with the English Language Learner, we use the developmental information in Part II, to provide context for the evaluation of suspected disability. It is strongly urged that the information in Part II of these Guidelines be studied, before proceeding to the remainder of this section. Without a thorough understanding of the process and characteristics of second language acquisition, bilingualism, and

acculturation, there is no context for a discussion on assessment and diagnosis. Without context of the normal and predictable language patterns of the ELL, we cannot even determine the legitimacy of referrals.

Remember that by definition ELLs are still learning language, and we must know how to take into account this process and its influences on learning. Bilingualism and Second Language Acquisition are separate fields of study that provide important contributions in understanding speakers of two languages, who may also have language disorders. Bilingualism is the world standard, and culturally responsive practice requires a shift from a deficit model perspective to appreciating the developing bilingual. Expecting equal knowledge and equal abilities in different languages across all language domains, is not realistic. ELLs learn different languages in different contexts and use each language for different purposes with different people. These factors must all be considered when asking assessment and diagnosis questions.

In addition to material on assessment and diagnosis issues for the ELL student, we conclude with guidance on partnering with cultural brokers to overcome language and cultural barriers, during the testing process. ASHA's guidance document: *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services*, defines our role and the requisite competencies when determining the presence of speech or language disability for the English Language Learner. Part III will therefore focus on the following ASHA competencies:

4.3 Identifying, obtaining and integrating available resources to determine what is typical speech/language development in the client's/patient's speech community and communication environment, including:

A. Research on the client's/patient's culture(s), speech community, or communication environment.

- B. Interview with a parent or other caregiver on how the client's/patient's speech/language development compares to peers in his/her speech community or communication environment.
- D. Family history of speech/language problems or academic difficulties.
- E. Cultural informant/broker to gain insight into the impact of culture on the client's/patient's communication skills.
- F. Linguistic/sociolinguistic informant/broker from the client's/patient's speech community or communication environment, such as for grammaticality judgments and for judgments based upon sociolinguistic considerations related to the client's/patient's speech community or communication environment.
- G. Use of speech/language data provided by translator/interpreter.
- H. Clinician's personal knowledge base.
- I. Application of the clinician's clinical judgment to synthesize, evaluate, analyze, and make determinations based upon all the data/ information gathered.

5.0 Role: Identification/Assessment of typical and disordered language. This includes knowledge and skills related to:

5.1 Foundational content:

- A. Current research and preferred practice patterns in the identification/ assessment of language disorders/delays.
- B. Legal, regulatory, ethical, and professional guidelines relating to language assessment.
- C. Appropriate criteria for distinguishing a disorder from a difference by using the norms of the client's/patient's speech community as a the standard.
- D. Appropriate ethnographic interviewing techniques, such as knowing effective ways to ask for crucial but sensitive information so the caregiver/parent and/or client/patient, is comfortable enough to provide that information.

5.2 Assessment materials/tests/tools:

- A. Appropriate use of published test materials in language assessment including standardized norm-referenced tests and

criterion-referenced tests, including analyzing normative sampling limitations, general psychometric issues especially related to validity and reliability, and inherent cultural and linguistic biases in these test materials.

B. Application of appropriate criteria so that assessment materials/ tests/tools that fail to meet standards be used as informal probes, with no accompanying scores.

C. Inherent problems in using translated tests so that translated tests are used only as informal probes, with no accompanying scores.

D. Appropriate use of alternative approaches to assessment including dynamic assessment, portfolio assessment, structured observation, narrative assessment, academic and social language sampling, interview assessment tools, and curriculum-based procedures, including analysis of validity, reliability, and inherent cultural and linguistic biases.

E. How cultural and linguistic biases in assessment tools impact on an appropriate differential diagnosis between a language disorder and a language difference.

1. Cultural biases include question types, content, specific response tasks, and test formats that are not commonly used in the client's/patient's speech community or communication environment.

2. Linguistic biases include differences in when certain features of language are acquired and/or in certain linguistic forms that may not be common, or present at all, in the language(s) and/or dialect(s) spoken or used by the client/patient.

5.3 Differential diagnosis:

A. How linguistic features and learning characteristics of language differences and second-language acquisition are different from those associated with a true learning disability, emotional disturbance, central auditory processing deficit, elective mutism, or

attention deficit disorder. (Diagnoses that might be confused with a linguistic or cultural difference or second language learning.)

E. Ethical issues raised if scores are provided for tests that are psychometrically flawed, translated and not adapted, culturally biased, and/or linguistically biased.

The remainder of Part III is presented in PowerPoint format.