

CLD Corner: Q&A for the CLD Experts

The CLD Corner is a regular column written by members of the TSHA Task Force on Cultural and Linguistic Diversity.

QUESTION: In the past few years, we've had students referred for special education who speak another language. We usually don't consider these "good referrals" because it appears to be a language difference rather than a learning disability. However, it's difficult to pull apart those two at the time of the testing. Do you have any ideas about what we do now? When we did the testing, we did not feel comfortable giving them an LD or SI label. But they are still failing (and failing TAKS). At what point do we put them in speech, or resource, even if we originally determined that they are still learning English?

ANSWER: It is certainly possible for a child to step off of a plane from Vietnam today, be tested tomorrow and legitimately qualify for special education services because an impairment condition is present. However, it is true that often schools suspect a language/learning problem is present when actually all that is going on is a language difference which is impacting communication and academics.

There are several things campuses and school districts can do, first to help facilitate more appropriate referrals and second to ensure that culturally fair, adequate, defensible assessments are provided and good educational decisions are made for culturally and linguistically diverse (CLD) children.

First of all, assessment personnel in the district need to make sure they are trained in these issues. With the population of CLD students rising in our state, it is every SLP's responsibility to become aware of how being an English language learner impacts classroom performance, and what can be expected from these students as their language profiles change. You'll want to learn, for example, about the difference between Basic Interpersonal Communication Skills (BICS) and Cognitive and Academic Language Proficiency (CALP). It's really important to realize that students can develop BICS in two years or less, but that CALP generally takes from 5-7 or more years to acquire a level equal to that of monolingual peers. This means even if the students are English dominant, their status as English language learners impacts academic performance. Just because a student from a CLD background is English dominant does not mean that s/he can be viewed and tested as a monolingual English speaker.

Second, encourage regular education personnel to become trained as well. Invite your principal, counselor, head of the pre-referral team, diagnostician/LSSP, or any other key person to a training session to hear about these issues. If that is not possible, ask if you or someone else can provide a brief in-service on these issues.

Having an aware staff will make the next step easier: make certain that the important information is being reviewed at pre-referral committee meetings. This means looking at student history beyond just grades or classroom performance. For example, what language is the primary home language, what was the student's early language development like (from parents), how long has the student had significant exposure to English (if they've only had 2 years of English exposure, what should our expectations be?), did they have any bilingual education to facilitate their academic and language growth prior to English immersion, and so on. Do the answers to these and

other questions give any reason to suspect a language/learning problem rather than simply a language difference?

If it seems likely that a language difference is what is impacting academic performance, then the pre-referral committee will need to recommend and implement interventions that are *shown* to help this population. That means employing strategies that may go beyond what typically has been utilized. Some sample "out of the box" strategies could include: first-language tutoring from an adult or peer tutor, sending home first language text books if parents are interested (particularly useful/feasible if the home language is Spanish), or encouraging involvement in clubs and activities of interest to build language skills. Appropriate strategies will vary depending on the child's language needs. Dr. **Catherine Collier** of Cross Cultural Developmental Education Services has information about strategies specifically designed to support learning among CLD students (www.crosscultured.com).

If *appropriate* interventions have not helped, and if there is reason from the child's history to believe that a problem could exist, then a referral for assessment is likely warranted. At this point, the main focus needs to be on ensuring an appropriate, legally defensible assessment which utilizes formal and informal assessment tools in a non-biased way, as required by IDEA. First language testing will be necessary (to varying extents depending on the child's language profile). Also, because our formal English measures will often not be appropriate for this population, the SLP will need to utilize other measures: language sampling, dynamic assessment (response-to-intervention), or appropriate criterion-referenced measures.

To go back full circle and answer the original question, "**At what point do we put them in resource or speech, even if we originally determined that they are still learning English?**", the answer is, "When you're certain that they have a learning or language impairment. Then and only then."

*The CLD Corner was created in an effort to respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA task force on Cultural and Linguistic Diversity. Members for the 2005-2006 year include **Lynette Austin, Becky Gonzalez, Jennifer Watson, Dolores Castor, Marie Belgodere, Gina Glover, Gail Totten, Cynthia Garcia, Diana Gonzales, and Michele Albornóz.** Submit your questions to slaustin@cebridge.net. Look for responses from the CLD Task Force on TSHA's website and in the Communicologist.*

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