Multicultural
Students with
Special Language Needs

Fourth Edition

Practical Strategies for Assessment and Intervention

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Preface to the Fourth Edition

Educational professionals in general and special education programs are being challenged to think creatively and strategically about best practices for meeting the needs of the ever-increasing population of English language learner (ELL) students in our schools. When ELLs fail to perform successfully in the classroom, the cause of their poor performance is often difficult to identify. How does one determine if a child's learning problems can be attributed to limited proficiency in English or to a "disorder" that is affecting his or her ability to acquire language skills? Should instruction be provided in the home language, English, or in both languages? Can the language learning needs of the student be met within the general education curriculum or are the services of a speech-language pathologist needed?

Designing appropriate programs for the diverse population of multicultural students in our schools is a complicated puzzle that has many pieces. Close collaboration between classroom teachers, ESL specialists, speech-language pathologists, and other professionals is necessary to put the pieces of the puzzle together in a way that will maximize learning of the language skills that are necessary for academic success and for effective communication in social contexts.

Children may demonstrate deficits in specific language skills for a variety of reasons. ELL students can be easily misidentified as having language impairments or learning disabilities if standardized tests are used as the sole basis for educational decisions. The language needs of students with "differences" resulting from limited exposure to English should be met within the general education curriculum. Enrollment in speech and language therapy programs is appropriate only for students with impairments that affect their ability to acquire language skills. Distinguishing between language differences and language impairments is a complex process (Kimble, 2013; Mattes & Saldaña-Illingworth, 2008).

Educators need to evaluate their instructional programs and determine how these programs can be adapted to best serve the interests of ELL students who come from diverse cultural and linguistic backgrounds. In addition to modifying instructional programs to meet the needs of ELL students, all students must be taught to respect cultural differences so that they can interact effectively with others who have different customs, values, and beliefs (Rosa-Lugo, Mihai, & Nutta, 2012).

❏ Tatum (2013) recommended having older students read expository (informational) texts about role models such as Frederick Douglass and W.E.B. DuBois. Students can deepen their oral and literate language skills by comparing and contrasting the viewpoints of these two African American intellectuals.

❏ Many African American students respond well to the spoken word and incorporation of movement and touch. Interacting with the environment can be helpful (Goode et al., 2011).

❏ Sue and Sue (2013) recommended that students be encouraged to identify family sayings or Bible stories that instill hope. The writings of prominent African Americans can be used as well. I have used the sayings of Dr. Martin Luther King to build the vocabulary skills of African American students in therapy.

❏ Within the African American culture, the name given to a child is considered extremely important (Terrell & Jackson, 2002). Professionals should always ask students the name that they prefer to be called. If the pronunciation of the name appears unique to mainstream professionals, these professionals should make every attempt to memorize this unique pronunciation and use it appropriately.

❏ African American students who are accustomed to "call and response" may respond verbally in class to the teacher's question without first raising their hands. These students may be viewed as disrespectful, rude, and aggressive (van Keulen et al., 1998). Although "school rules" may need to be explained to these students, school professionals should be understanding when such behaviors do occur.

❏ Phrases such as "raise your hand," "take a seat," or "line up" are not necessarily familiar to African American students when they first enter kindergarten, especially if they have not attended preschool. Professionals can help these children adjust to the school setting by teaching the language of the classroom.

❏ School professionals who feel that African American students are misbehaving when they communicate in a style that is confrontational and emotional should teach them that there is a "home way" and a "school way" of communicating.

❏ Professionals can teach the differences between "home talk" and "school talk" in a nonperjorative manner that helps African American students become bidialectal in both oral and written language (Campbell, 1993).

Tech Tie-In   **DYSA African American English (or Ebonics) in the classroom**

In this YouTube video, a fifth grade teacher from the Watts area of Los Angeles uses a fun, engaging game format to help African American students differentiate MAE from AAE. As Dr. Noma LeMoine, an African American researcher, states in the video, the goal of this teaching is not to devalue the students, but to support and affirm them as they become fluently bidialectal in AAE and MAE.

https://www.youtube.com/watch?V=xX1-FgkfWo8

❑ Other measures that are shown to be effective and valid in the assessment of Spanish-speaking children are the Spanish Ages and Stages Questionnaire:3 (ASQ:3; Squires & Bricker, 2009) and the Spanish Preschool Language Scale:4 (SPLS:4; Zimmerman, Steiner, & Pond, 2002) (Guiberson et al., 2011).

❑ When distinguishing between language differences and impairments in Spanish-speaking children, grammaticality measures have been shown to be useful. Frequent difficulty with specific structures has been shown to be an indicator of a possible language impairment. For example, difficulty acquiring participles (e.g., clitics) and structures that are linked to the verb system is a hallmark of language impairment in Spanish-speaking students. Students with disorders often omit clitics (e.g., *peino* for *me peino*, or *[I] comb* for *[I] comb myself* (Jackson-Maldonado, 2012).

❑ Spanish-speaking children with language impairment also have significant difficulties with article production in spontaneous speech and on elicited tasks. For example, a child may use a feminine article with a masculine noun (*la niño* instead of *el niño*) or omit articles entirely (Jacobsen & Walden, 2013; Restrepo & Gutierrez-Clellen, 2012).

❑ Parents may believe that an all-English program is superior to bilingual programs that enhance Spanish skills. It is therefore important to emphasize to parents that initial literacy instruction in Spanish often enhances future academic success.

❑ Professionals should do what they can to promote bilingual education opportunities for Hispanic students. Ideally, Hispanic students, especially those with language impairments, should receive bilingual instruction that maintains and promotes their Spanish skills while helping them learn English (Gamez & Levine, 2013). Bilingual Spanish-English preschool experience is especially helpful (Patterson & Pearson, 2012).

❑ Unfortunately, many Hispanic students are placed into all-English classrooms with no support in Spanish; this can be detrimental to their learning and progress. Language loss in Spanish is a major issue for these students, especially as they get older. Students who have limited opportunities for continued use of Spanish are likely to become less proficient in the language over time (Anderson, 2012).

❑ Spanish-speaking children with language impairment generally benefit from a bilingual approach to intervention where Spanish is supported as well as English (Gutierrez-Clellen, Simon-Cereijido, & Sweet, 2012; Kohnert, 2013; Kohnert & Derr, 2012). It is not optimal to provide intervention only in English.

❑ Specifically, research has demonstrated that it is helpful to use activities that support the development of Spanish vocabulary and phonological awareness, as these activities facilitate growth in both Spanish and English (Gorman, 2012).

❑ Parents should be encouraged to speak the language in which they feel most comfortable. When interacting with students at home, parents who do not speak English fluently should continue to use Spanish. Research consistently supports the fact that building children's Spanish skills in the home has many cognitive, linguistic, and social benefits (Hammer & Rodriguez, 2012).

❑ It is better for children to hear fluent Spanish than "broken" English. Interacting in Spanish in the home reduces the likelihood of language loss and consequent negative cognitive and linguistic effects.

❏ Other families believe that birth defects and disabilities result from sins committed by parents and even remote ancestors. As a result, the child may be looked upon as an object of shame for the entire family and consequently isolated from society.

❏ If a child needs special education or does poorly in school, the parents often feel ashamed and perceive the child's difficulties as a sign of their own personal failure (Cheng, 2012).

❏ To "save face" some families hesitate to seek medical or other care for children with disabilities. Many Asian groups believe that caring for the disabled child is the responsibility of the family rather than the school or other agencies.

❏ Among Indian Americans, disability may be viewed as a stigma, and those with disabilities are often marginalized (Cheng, 2012). For example, Asian Indian parents of students with disabilities such as autism spectrum disorder (ASD) may feel sidelined and isolated by parents of typically-developing children, who have high aspirations for their children's achievement and are not aware of ASD. Asian Indian children with ASD may not be welcome in social circles or invited on play dates (Mahendra, 2012).

❏ Health practices may involve acupuncture, herbs, massage, and baths in hot springs. People may visit religious shrines or temples to seek healing.

Immigrant Insight   *Yuki, male, immigrant from Japan, speaker of Japanese*

I am embarrassed to say that in Japan, it is considered very bad to have a disability. Our culture is centered on collectivism, so everyone is expected to contribute equally to society. People with disabilities are given no voice and are kept at home with their families because it is believed that they have nothing to contribute. It is common for them to be mistreated and neglected. I have never heard of a speech-language pathologist before.

Profile

Melanie, an 8-year-old Filipino girl, was born with a cleft palate. She had undergone several surgical operations, but her speech continued to be affected by hypernasality and poor articulation. The surgeon had recommended pharyngeal flap surgery for Melanie to resolve the velopharyngeal incompetence that was causing Melanie's hypernasality, but the family refused the surgery. At the triennial IEP meeting, I informed Melanie's parents that her speech had become more intelligible as a result of treatment, although she still exhibited hypernasality.

I expressed the concern that further therapy to modify Melanie's resonance would not be effective unless she had pharyngeal flap surgery. The father was very angry and refused to allow Melanie to come back for more speech therapy. He smiled as he left, however, and thanked me and the speech-language pathologist at the school site for the work done with Melanie over the past 3 years.

Table 6.2

Language Differences Commonly Observed Among Asian Speakers

Language Characteristics	*Sample English Utterances*
Omission of plurals	Here are 2 piece of toast. I got 5 finger on each hand.
Omission of copula	He going home now. They eating.
Omission of possessive	I have Phuong pencil. Mom food is cold.
Omission of past tense morpheme	We cook dinner yesterday. Last night she walk home.
Past tense double marking	He didn't went by himself.
Double negative	They don't have no books.
Subject-verb-object relationship differences/omissions	I messed up it. He like.
Misordering of interrogatives	You are going now?
Misuse or omission of prepositions	She is in home. He goes to school 8:00.
Misuse of pronouns	She husband is coming. She said her wife is here.
Omission and/or overgeneralization of articles	Boy is sick. He went the home.
Incorrect use of comparatives	This book is gooder than that book.
Omission of conjunctions	You _____ I going to the beach.
Omission, lack of inflection on auxiliary "do"	She _____ not take it. He do not have enough.
Omission, lack of inflection on forms of "have"	She have no money. We _____ been the store.

THE DIAGNOSTIC CHALLENGE

When assessment personnel are confronted with ELL students who appear to be struggling in school, the first question that they usually ask is, "Does this student have a language difference or an LI (language impairment)? Does the student need special education services?" Language differences are behaviors that are commonly observed among second language learners. Differences in sentence structure, speech sound production, vocabulary, and the pragmatic uses of language are to be expected when a child learns a new language. Unfortunately, children with language differences that result from limited experience in using a language are often misidentified as "LI." The "language-impaired" diagnosis is appropriate only for students with disabilities affecting their underlying ability to learn any language. Distinguishing a language difference from an LI is often a challenge for educators. In this chapter and the one that follows, strategies are presented for accurately identifying LIs in students who are English Language Learners (ELLs). Use of these strategies will help reduce the disproportionate numbers of ELLs in special education programs throughout the U.S.

Bloom and Lahey (1978) defined language as a system of symbols used to represent concepts formed through exposure and experience. Exposure and experience are critical for success in acquiring a language. Children must hear the language and must be provided with experience in using it. Language can be learned through both oral and literate means. Teachers typically assume that students entering school have had opportunities to listen to stories, to explore books, to cut with scissors, to color pictures with crayons, and to use language for a variety of purposes. It is assumed that children have been taken to stores, parks, zoos, libraries, and other places in the community.

Some students come from backgrounds in which they have had all of these experiences. Children who immigrate to the U.S. may have traveled to a variety of countries and may speak and write in several languages. These students have much to share about their cultural backgrounds and their experiences when they interact with mainstream American students in the school setting.

Other students, however, have had limited experiences with books and limited opportunities for language enrichment. These students and their families may be non-literate for one or more reasons. Perhaps family members have not had the opportunity to attend school or their experience in school was limited. There are some students who come from backgrounds in which there is no written form of the language. In the Netherlands, for example, some students from isolated areas speak Berber languages that do not have a tradition of literacy. These students struggle in school. Some Native American groups and speakers of Haitian Creole have predominantly oral traditions with no formal written language.

We have stated throughout this book that, unfortunately, members of culturally and linguistically diverse groups experience poverty in much greater numbers than White, monolingual English speakers (Roseberry-McKibbin, 2013). It is imperative that professionals remember that poverty alone has a strong impact on children's school performance. Poverty coupled with lack of knowledge of English can have a major influence on students' performance in school, even in the absence of an LI (Terry, Connor, Thomas-Tate, & Love, 2010). Educators are confronted with the challenge of disentangling the variables of poverty, ELL status, possible LI, cultural differences, and other factors that impact students' performance and cause difficulties in the classroom (Roseberry-McKibbin & Pratt, 2014).

Another issue that impacts many ELL students is lack of preschool experience. We have said elsewhere in this book that research shows that ELLs from some cultural-linguistic backgrounds do not attend preschool as often as children from other groups. When children come to kindergarten

not speaking English, not having preschool experience, and experiencing poverty, the task of succeeding in school is daunting indeed. In a study by Winsler et al. (2012), 13,191 ethnically diverse, at-risk children were examined to identify predictors of delayed entry into kindergarten and kindergarten retention. Delayed entry into kindergarten was not common. Retention in kindergarten was predicted by poverty, ELL status, and lack of preschool experience. Children who were poor, of ELL status, and who lacked preschool experience were more likely to be retained in kindergarten because of problems experienced in school.

When "problems" observed in school result from differences in the student's experiences and the school's expectations, educational professionals might assume that there is something inherently wrong with the student. An emphasis in assessment is often placed on searching for a disability to "explain" the problem. Disabilities are often "created" for students who, in reality, need greater exposure, experience, and support to meet the demands of the classroom curriculum.

If a student's background experiences are different from those of most other children in the school system, he or she may exhibit language behaviors that stand out as being "problematic." The student may not be learning because of lack of exposure to new experiences or to experiences that are not commensurate with what the school expects. If school professionals do not consider what the student has experienced in the past, misdiagnosis may occur and this misdiagnosis may result in an inappropriate special education placement.

The "diagnostic pie" in Figure 11.1 is a simple conceptual framework that assessment personnel can use to distinguish language differences from LIs in students who are learning English as a second language. Consideration of the child's language experiences is critical in any evaluation.

QUADRANT 1

Students who fall into this quadrant of the pie are typical language learners who have no abnormalities in their ability to learn language. They come from backgrounds that may be rich in stimulation and general experiences, but their experiences have not been consistent with expectations in mainstream U.S. schools. These students generally have the conceptual foundation necessary for academic success. The needs of these students can usually be served best in bilingual classrooms that provide opportunities for language development both in English and in the primary language.

If bilingual education is not available, these students can benefit from Sheltered English (academic content taught in English that is comprehensible) or, barring this, a program that teaches English as a second language (ESL). Again, if these students are given time, attention, and support, they will generally succeed in school.

QUADRANT 2

These students have normal, typical language-learning abilities. However, they come from backgrounds where they may have experienced some limitations in environmental stimulation and linguistic exposure. Society may have placed them and their families in an economically disadvantageous situation. The students have the ability to learn, but life circumstances have curtailed their learning opportunities and experiences prior to entering school. As stated, if these students live in poverty, they are more vulnerable and at risk than students raised in literate, middle-class environments.

These students often do poorly on standardized tests that are based on mainstream, middle-class expectations and that assume certain background knowledge. If these students have not had the experiences necessary to perform well on tests, they may appear to be "LI."

Students in Quadrant 2 are likely to make adequate progress in school if they receive enough input, exposure, and stimulation. Bilingual education, ESL, and/or Sheltered English programs may be effective because they enhance skills in both the primary language and English. These students often benefit greatly from other non-special education supports such as Response to Intervention (RtI) programs, explained in more detail in later chapters.