Due to the growing number of diverse cultures in the United States, many speech-language therapists are faced with the challenge on how to best serve multicultural students who may show signs of speech and language difficulties. Differences in culture and language are oftentimes a barrier to both the child’s academic success and a clinician’s ability to adequately serve bilingual, language disordered students. It is important to determine if these children are in a period of language acquisition, demonstrating speech sound errors, or have language disorders. Obtaining comprehensive background information and collaborating with teachers and parents becomes vital. Oftentimes, the SLP may need to implement the services of a qualified interpreter (often needed for IEP meetings, interpreting materials, obtaining language samples, assisting in therapy, etc.) in order to complete an assessment and ensure quality intervention services.

Take the following information into consideration when determining if a child is exhibiting a language disorder rather than a language difference, and may therefore require a formal evaluation.

- **Every child that is placed into a bilingual setting needs time to adapt to the new culture.**
  ° The culture change affects a person’s language, value system, and how they behave.
  ° Behaviors of children adapting to a new culture may be mistaken for the behaviors of others with special needs.

- **Be aware of the stages a child will experience as they begin to acquire a second language.**
  ° There are many factors affecting these stages, i.e., years in the United States, years of formal education, etc.
  ° The socioeconomic status, as well as the educational level of the parents, affects a child’s language and environmental adaptation.
  ° An example of this is to take into consideration the many families that move to the United States from Mexico or other Spanish-speaking countries. The age of the child, the verbal and educational level of that child’s parents, and length of time in the U.S. all affect his/her acquisition of the language and culture.

- **It is helpful to review the differences in grammar and speech sound systems between the primary language (L1) and the secondary language (L2), to determine if the child is making predictable errors in L2 from L1.** If a child’s primary language is Spanish and secondary language is English, you may find the following types of errors:
  ° An example of grammatical variance would be a Spanish speaking child placing the adjective after the noun when speaking English, i.e., *The flower pretty*.
  ° An example of a variation in the phonetic system would be a Spanish speaking child using the “CH” and “SH” interchangeably in words (these are not two separate phonemes in Spanish), i.e., saying *chip for ship or chell for shell*.
Knowing these types of variations will help differentiate language differences from language disorders.

- **An in-depth parent interview may be completed. This might include (but is not limited to):**
  - Languages spoken in the home.
  - Preferred language spoken by the student.
  - Years the family has been in the United States.
  - Siblings and other family in the home.
  - Medical history.
  - Developmental milestones.

- **Information pertaining to language dominance may also be reviewed.** The *Woodcock-Muñoz Language Survey* and the *Bilingual Verbal Ability Tests* are a couple of assessments that may be administered to find which language the child uses and understands the best. Both of these tests are available at Riverside Publishing (www.riverpub.com).

- **In addition to parent interviews and language dominance testing, the clinician should obtain:**
  - Past academic performance.
  - School attendance.
  - Teacher input.
  - Classroom observation.
  - Samples of current schoolwork.

- **A review of past informal interventions should be completed.** The clinician may offer a few more adaptations based upon current areas of deficit, to determine if formal assessments and accommodations are necessary for academic success.

- **Typically, new strategies should be implemented that support the student’s success.** If standard classroom adaptations fail, and it has been determined that a formal evaluation is appropriate, a referral for a complete speech/language assessment may be considered.

Once it has been determined that a child is demonstrating language difficulties that do not appear to be in conjunction with normal periods of acquisition, a formal assessment may be given. There are several factors that need to be considered when assessing a bilingual child. The following are just a few of these factors.

- It is the best practice to test the child in both their primary and secondary language. Oftentimes, a child may be able to provide an answer in one language but lack the semantic skills in the other language to answer the same question. Though it may not be allowed for most standardized tests to accept answers in another language, it could be very useful information to include as part of your informal assessment.

- Testing for the child’s dominant language (as described above) must be completed.

- Standardized tests may not simply be translated into the child’s primary language. These scores are valid only when given in the manner and language in which they were developed and normed. Any modifications made during the assessment process must be noted and described when reporting results of the evaluation.
• Both formal and informal assessments provide an abundance of information to help determine the specific needs of the child during the evaluation.

• It is important to note that a disorder in the primary language, as well as the secondary (English language) must be present for it to be considered a language disorder, rather than a language difference.

Resources:


