

Assessment of English-Language Learners

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Learner Objectives

Learners will be able to:

1. Identify strategies for providing appropriate formal assessment to ELLs
2. List strategies for administering informal assessment to ELLs
3. Describe methods for appropriately analyzing data obtained through assessment of ELLs

Abbreviations

- ASD = Autism Spectrum Disorders
- CLD = Cultural and Linguistic Diversity
- EBP = Evidence-Based Practice
- ELL = English-Language Learner
- DS = Down Syndrome
- L1 = First or Home Language
- L2 = Second Language
- LI = Language Impairment / Specific Language Impairment
- SLA = Second Language Acquisition

Groundwork for understanding language needs of ELLs

- Converging Evidence:
 - Make judgments based on where the preponderance of evidence points.
 - Avoid the “Einstein Syndrome.”
 - “Breakthrough” evidence that is used to explain or reimagine, but ignores connectivity principle with other points of evidence.
 - Connectivity: New theories must make contact with previously established facts.

(Panke, 2014; Stanovitch, 2013)

Groundwork for understanding language needs of ELLs

- Converging Evidence:
 - Logic of flawed experiments:
 - If all experiments are flawed in similar way, it undermines confidence in the conclusion.
 - If experiments are flawed in different ways, it increases confidence in the conclusion.
 - Each experiment helps to correct for flaws in others.
 - Theory evaluation:
 - Most areas of study contain multiple, competing theories
 - Extent to which one theory can be supported depends on extent to which other theories have been ruled out
 - False negatives:
 - Theories are not necessarily falsified with first piece of evidence that falsifies it
 - Just as Converging Evidence allows us to confirm theories, it allows us to disconfirm them as well.

(Panke, 2014; Stanovitch, 2013)

Groundwork for understanding language needs of ELLs

- Converging Evidence:
 - In other words:
 - Use a variety of assessments
 - Gather information from a variety of sources

OBSERVATION	
Functions & Activities Interviews Language Samples Dynamic Assessment	Participation Portfolios Naturalistic Observations
Contextual Curriculum-Based	Decontextual Standardized Tests
MEASUREMENT	

(Goreman, 2014)

Groundwork for understanding language needs of ELLs

- Converging Evidence:

- In other words:

- Check your hypothesis

	Confirm	Reject
Child presents with an articulation disorder	Eng only teacher: He is hard to understand in comparison to peers (mixed group of AA, Latino & Anglo). Errors: voiced and voiceless "th", r, v, sh	Spn: CPAC-S, SS=110 Parent: Easy to understand, sometimes can't say "r", PCC in conversation =98%, Intelligibility=100% Eng: GFTA-errors voiced and voiceless "th", v, sh, PCC=90%, intelligibility=100%
Child presents with typical articulation	See Artic Reject column	
Child presents with typical second language differences in English	Errors reported by teacher and from evaluation are typical for second language learners.	

Groundwork for understanding language needs of ELLs

- Assumptions to work from:

- Grosjean, 1989

- "Bilinguals are not two monolinguals in one person."
- Like monolinguals, bilinguals have an innate capacity to communicate.
- Bilinguals are competent, but distinct communicators.
- Bilinguals develop a competence in each language to the extent required by the environment.
- Bilinguals will likely restructure language various times throughout their lifetime based on needs. Their language is a "dynamic" process rather than a "static" end.

Groundwork for understanding language needs of ELLs

- Assumptions to work from:

- Kohnert, 2008

- "Bilinguals are those who have the past, present, or future need to hear and/or use two languages."
- "Individuals with systematic experience or communicative need for two or more languages."

- Kohnert, 2009

- Monolingual or Bilingual input and needs are *descriptions*, not *professional prescriptions*.
- Bilingualism is not a cause of Language Impairment.
- Monolingualism is not a cure for Language Impairment.
- Increasing skills in minority L1 does not get in the way of English (in some cases it paves the way).

Groundwork for understanding language needs of ELLs

- Assumptions to work from:

- Difference ≠ Disorder

- Interference
- Fossilization
- Inter-language
- Silent Period
- Lexical Innovation
- Language "Borrowing"
- Language Loss
- Code Switching/Code Mixing

Groundwork for understanding language needs of ELLs

- Framework for Understanding Bilinguals (*Kay-Raining Bird, 2009*):

- What type of bilingualism is being presented?
- What does the client want/need?
- What does the family want/need?
- Will bilingualism help the client?
- Will bilingualism hurt the client?
- Is it possible for this client to be bilingual?
- When is the best time to introduce the second language?
- How is the home language similar to and different than English?
- Is the home language or bilingualism valued/ supported in the larger community?

What type of bilingualism is being presented?

- Timing
 - Simultaneous
 - Early Sequential
 - Sequential
- Context
 - Family
 - Social
 - Academic
- Proficiency
 - Dominance
 - Benchmarks
 - "Balanced," "Passive" etc.
- Activity
 - Listening
 - Speaking
 - Reading
 - Writing

What does the client want/need?

- Self-perception
- Goals
- Beliefs about own ability
- Value of English attainment, maintenance of bilingualism
- Communication needs that are independent of wants

What does the family want/need?

- Goals
- Beliefs about client's ability
- Role of the client in family and community
- Value of English attainment, maintenance of bilingualism
- Communication needs that are independent of wants

Will bilingualism help the client?

- Common Underlying Language Proficiency
(Cummins, 1979, 1984)
- Association with various cognitive advantages, including:
 - Executive functions
 - Attention
 - Metalinguistic skills
 - Theory of mind
(Bialystok, 2001; Cummins, 1976; Diaz, 1983, 1985)
- Social / Familial advantages for this client

Will bilingualism hurt the client?

- Potential Disadvantages:
 - Lexical processing
(Bialystok, et al. 2009)
 - Vocabulary in each language will probably be less
(Pearson et al., 1993)
 - Differences in how long it takes bilinguals "catch-up" to monolingual peers
(Roessingh, 2006; Saunders & O'Brien, 2006; Jia & Aaronson, 2003; Paradis, 2013)
 - Not all skills may approach monolingual norms at the same time
(Paradis, 2013)

Will bilingualism hurt the client?

- Potential Parity with Monolinguals:
 - Combined vocabulary for both languages about the same or better
(Pearson et al., 1993)
 - Bilingual children with LI do not present with greater degree of impairment than monolingual children with LI.
(Paradis et al., 2003; Kay-Raining Bird et al., 2005)
 - No evidence that bilingualism "confuses" children with LI or is "too hard" a task.

Is it possible for the client to be bilingual?

- Bilingual children with LI, DS and ASD have profiles similar to monolingual peers.
(Feltmate and Kay-Raining Bird, 2008; Kay-Raining Bird et al., 2005; Paradis et al., 2003; Hambly & Fombonne, 2012)
- Children with ASD may attain both languages, although to varying degrees.
(Seung et al., 2007; Kay-Raining Bird et al., 2011)

When is the best time to introduce the second language?

- Not a lot of evidence
- Frequently not a choice
- When it is a choice, consider:
 - Simultaneous bilinguals often acquire milestones about the same time as monolinguals.
(De Houwer, 2009; Genesee, 2006; Genesee, Paradis & Crago, 2004)
 - Long term outcomes: May be limitation in phonology and grammar when language learned after age 6 – 8.
(Paradis, 2013)
 - Short term outcomes: Older learners may initially learn English more quickly than younger. Cognitive maturity and previous language experience.
(Paradis, 2013)

When is the best time to introduce the second language?

- Language exposure: Who will be spending time with the client and what kind of model can they provide?
 - Use of English by parents does *not* contribute to English development unless parents are fluent.
 - Contact with native speakers, reading, English media all contribute to SLA.
 - Maternal education associated with greater English attainment, even if mother speaks L1.
(Paradis, 2013)
- Children with LI more vulnerable to first language loss.
(Ebert et al., 2014)
- “Affective Filter”
 - Motivation, self-confidence, anxiety
(Krashen, 1994)

How is the home language similar to and different than English?

- Paradis, 2013
 - Language transfer can affect patterns and rates of acquisition
 - Positive transfer can boost rate of development
 - Speaker of language with shared features may acquire those features more quickly than speakers of languages that do not share them
 - Example: Spanish ELL who acquires English articles more quickly than Mandarin ELL.
- Pham, 2015a
 - Speakers of languages with more cognates do not always take advantage of them
 - Transfer may occur between unrelated languages.

Is the home language or bilingualism valued/ supported in the larger community?

- Opportunities for rich language models
- Opportunities for diverse vocabulary use
- Opportunities to use L1 as a communication tool
- “Affective Filter”
 - Motivation, self-confidence, anxiety
(Krashen, 1994)

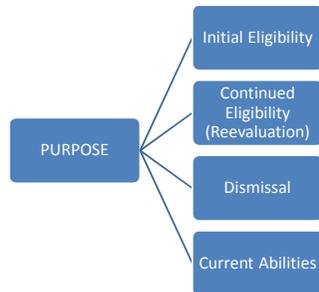
Framework for Assessing ELLs

- *(Kay-Raining Bird, 2009)*
 - What is the presenting problem?
 - What are my testing priorities?
 - In which language(s) do I need to gather information?
 - How will language, culture, and experience impact testing?
 - What formal assessments are available and appropriate for me to use?
 - Do their norms represent this client? How valuable is the score it will give me?
 - How can I modify the formal assessment?
 - What descriptive information can I get from this assessment?
 - What informal assessments are available and appropriate for me to use?
 - How can I employ dynamic assessment?
 - What support will I need to complete this evaluation?

What is the presenting problem?

- Referral: Where did it come from and what are the primary concerns?
- What was attempted prior to the referral? (RtI or other interventions)?
- What background information is vital?
 - The Framework for Understanding Bilinguals we discussed is a good process for getting this info.
- What positive strategies is the student utilizing?

What are my testing priorities?



In which language(s) do I need to gather information?

• What does the law say? IDEA

(Public Law 108-446, 2004)

– assessments and other evaluation materials used to assess a child under this section—

- (i) are selected and administered so **as not to be discriminatory on a racial or cultural basis;**
- (ii) are **provided and administered in the language and form most likely to yield accurate information** on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer

In which language(s) do I need to gather information?

- L1?
- L2?
- Both?

How will language, culture, and experience impact testing?

• Multiperspective Identity Theory

- How groups perceive the differences between individual group members
- How differences may or may not become interconnected to each other
- Concepts of difference and the interconnectedness of difference shape the culture of a group or subgroup

(Perlis, 2001 in Griffer et al. 2014)

How will language, culture, and experience impact testing?

• Multiperspective Identity Theory

- How groups perceive the differences between individual group members
- How differences may or may not become interconnected to each other
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(Perlis, 2001 in Griffer et al. 2014)

How will language, culture, and experience impact testing?

• Multiperspective Identity (MPI)

- MPI = “Characteristics of our identity that enable each individual to view reality through specific perspectives based on ability, age, ethnicity, gender, race, religion, sexual orientation, and socioeconomic class.”

(Perlis, 2001)

- Everyone has MPI
- How can we use MPI to shape the way we gather and analyze client information?

(Griffer & Perlis, 2007)

How will language, culture, and experience impact testing?

- “Beyond Kumbaya.”
 - Requires more than open-mindedness and cultural humility
 - “...cultural competence requires knowledge and skills in gathering data about a [client’s] cultural and linguistic background and analyzing the [client’s] language samples from that perspective.”
 - “gather evidence about how the [client’s] L1 influences production of English.”

(Crowley, 2015)

How will language, culture, and experience impact testing?

- Language background
 - People in client’s environment
 - Languages spoken in client’s environment
 - Dialect of those languages
 - Birth order
 - What languages are used for
 - Code-switching or mixing
 - Changes in the language environment
- Educational background
 - Years in formal schooling
 - Type of ELL support
 - Exposure to other ELLs
 - Special services
 - Parent/family education
- Health/Developmental background
 - Milestones
 - Medical treatment
 - Alternative treatments
- Cultural perspectives
 - Perceptions on disability
 - Perceptions of western medicine
 - Role of practitioner, teachers, etc.
 - Role of family members in supporting client
 - Role of client in the family or community
 - Family decision-makers
 - Perceptions and values of client’s languages
 - Perceptions on types of communication
 - What does “progress” look like?
 - What do client and family need to communicate about?

What formal assessments are available and appropriate for me to use?

- Outcomes of using:
 - English tests
 - CELF-5, PLS-5, PPVT-4, GFTA-2
 - Tests in other languages
 - CELF-5 Spanish, CELF CDN-F (French), CPAC-Spanish
 - Bilingual tests
 - BESA, PLS-5 Spanish, E/ROWPVT, BVAT (17 languages)
 - Translated tests

Do the norms represent this client? How valuable is the score it will give me?

- Validity
 - Does the test measure what it is designed to measure and does it do so accurately?
 - The use of invalid test on CLD clients may only compound the problems and increase the risk of mis- (over/under) diagnosis.
- Normative Sample
 - Does this test compare the client’s performance with age, language, experience – matched peers?
- Reliability
 - Test-retest reliability
- Confidence Intervals:
 - Even when everything else fits into place, we still are only able to say we are 90% - 95% sure a client’s performance is actually within a range (sometimes a wide range) of ability.

Do the norms represent this client? How valuable is the score it will give me?

- Do not give scores unless the client’s linguistic community is adequately reflected in the normative sample and the test manual provide sufficient support for validity and reliability.
- Consider providing ranges; focus on the confidence interval.
- Focus on descriptions of what the child did and the basis for the conclusion.
- Use the information gained during formal assessment to guide other assessment measures to verify, rule-out, or get more complete information.
- Do not give scores if you have modified the assessment in a non-approved way.

Do the norms represent this client? How valuable is the score it will give me?

- Don’t fear the sanctity of standardization!
 - You can get great information, (sometimes better information), by administering a test in a non-standardized way
 - Some tests will encourage you to do this, and even give you suggestions!
 - You can administer the test in the standardized way, and then go back to get more info
 - Use an Item Analysis to look for patterns!
 - Make sure to include a description of what the child did and the basis for the conclusion.

How can I modify the formal assessment?

- Explain the reasons for testing
- Reword or expand instructions
- Provide instructions in both English and L1
- Record all comments, responses, prompts/cues used
- Ensure that the student has had experience relevant to the content of the test. Omit those items that are biased and likely to be difficult for the student.

How can I modify the formal assessment?

- Add practice items, examples, demonstration
- Provide additional time for response
- Repeat the test stimuli
- Have the client explain their answer
- Accept culturally appropriate responses
- Test beyond the ceiling
- Ask client or family for culturally/linguistically appropriate words

How can I modify the formal assessment?

- Re-administer
 - Administer the test once using the standardized format.
 - Use item analysis to determine challenge areas
 - Re-administer “trouble areas” using modifications or the non-tested language.

What descriptive information can I get from the formal assessment?

- Instructions and support (type, language) needed to be successful
- Discrete skills (item analysis)
- Code-switching and accessing other language
- Language transfer

What informal assessments are available and appropriate for me to use?

- Communication Samples
 - Elicit in all languages utilized by the participant
 - Sampling in various contexts, various interlocutors
 - Sampling that reflects the child’s linguistic use
 - Use a variety of elicitation techniques

(Kayser and Restrepo, 1995)

What informal assessments are available and appropriate for me to use?

- Communication Samples
 - Independent vs. Relational Analysis
 - Independent: Do not compare to conventional forms
 - Relational: Compare to conventional forms
 - SALT
 - Analyses
 - Morphosyntax: MLU-M, MLU-W, Subordination Index, Bound Morpheme tables, Grammatical Categories
 - Semantics: TTR, Word-Root tables
 - Intelligibility
 - Mazes and Errors
 - Built-in support for:
 - English, Spanish, French
 - Database for Comparison
 - English, Bilingual Spanish/English

What informal assessments are available and appropriate for me to use?

- Communication Samples
 - Little data on these measures for other languages
 - Semantics
 - TTR, SDS Model, Grammatical categories (nouns, conjunctions, etc.)
 - Morphosyntax
 - Take inventory of use of:
 - » Phrases: Noun, Verb, Prepositional, Adjective
 - » Clauses: Independent, Coordinating, Subordinate
 - » Sentences: Simple, Compound, Complex, Compound-Complex
 - » Grammatical categories
 - Phonology
 - PCC, Syllable Shapes, Intelligibility

What informal assessments are available and appropriate for me to use?

- Narrative Assessment
 - Microstructures
 - Semantics, Morphosyntax
 - Macrostructures
 - Story Components
 - Setting, character info, temporal order of events, causal relationships
 - Story Ideas
 - Knowledge of dialogue, creativity
 - Episodic Elements and Structure
 - Initiating Event, Attempt, Consequence, Internal Response, Plan Reaction
 - Listener Effort
 - (Gillam, Peña, Miller, 1999)
 - Mental States
 - Coherence/Cohesion
 - Macrostructures may be very dependent on language, culture and experience!

What informal assessments are available and appropriate for me to use?

- Pragmatics
 - D’Amico, BESA
 - If you are going to use language sampling to gather information on pragmatic language:
 - Consider the types of questions you are asking and environment? Are they appropriate for the client’s culture?
 - Have you considered the how culture impacts the client’s responses?

How can I employ dynamic assessment?

- Big “D” and little “d” dynamic assessment
 - Components
 - Pretest
 - Assess current performance
 - Teach
 - Use a “Mediated Learning Experience” (MLE)
 - Help the child develop strategies
 - Observe the child’s modifiability- how much
 - support do they need?
 - Post Test
 - Compare posttest and pretest
 - Assess transfer of strategies- do they generalize the skill to other areas?
- (Peña, 2007)

How can I employ dynamic assessment?

- MLE SCRIPTS Components (Lidz, 2002)
 - Intentionality
 - Meaning
 - Competence
 - Transcendence
 - Regulation and Control of Behavior
 - Sharing
 - Differentiation
 - Change

What support will I need to complete this evaluation?

- Interpreter?
- Aide?
- Family members?
- Peers?
- Other professionals?
- What training will they need?

What support will I need to complete this evaluation?

- *Langdon, 2002*
- B.I.D.
 - Briefing
 - Interaction
 - Debriefing

What support will I need to complete this evaluation?

- Interpreters: Formal Assessment
 - Briefing
 - Discuss the client's background
 - Discuss the tests and procedures that will be used, including:
 - Purpose
 - Procedures
 - Manner of recording responses
 - Help interpreter become familiar with test items
 - Discuss strategies to keep the client engaged, including:
 - Breaks
 - Changing test items
 - Using multiple sessions

What support will I need to complete this evaluation?

- Interpreters: Formal Assessment
 - Interaction
 - Interpreter might administer test items under direction of clinician
 - Clinician should follow along with another copy of the test protocol, as well as write down observations.
 - Clinician should monitor and ask interpreter about:
 - If it appears interpreter is using too many words while providing instructions
 - Misuses reinforcement
 - Seems to give too many or inappropriate cues
 - Both should record all responses and ask for clarification when questions arise.
 - It's ok to interrupt the testing session to ask questions!
 - Remember the client's bilingual needs, and follow-up with "trouble areas" in the non-tested language.

What support will I need to complete this evaluation?

- Interpreters: Formal Assessment
 - Debriefing
 - Compare child's responses to target responses
 - Note which were correct and what types of errors were made
 - Share any relevant cultural, linguistic or dialectal information that may have influenced performance
 - Talk about any deviations from the standard administration.
 - It's ok to give a standardized test in a non-standardized way! Although you can't report the score, you can talk about all the descriptive information you found (which is sometimes more helpful).

What support will I need to complete this evaluation?

- Interpreters: Informal Assessment
 - Briefing
 - Share any testing materials ahead of time so they can be translated and judged for cultural appropriateness. Some typical items include:
 - Oral directions of increasing complexity
 - Naming various picture items
 - Naming various categories
 - Answering questions read in other language
 - Participating in a conversation
 - Prepare for some items to be administered in English or other language (since some related vocabulary or structures may only be used in one of the client's languages)
 - Prepare to gather a communication sample. This may include:
 - Using wordless books
 - Play with familiar toys or activities
 - Discussing familiar and appropriate topics

What support will I need to complete this evaluation?

- Interpreters: Informal Assessment
 - Interaction
 - Follow same procedures as "Formal Testing"
 - For communication samples:
 - Follow the lead of the clinician in play and narrative interactions
 - Consider getting an audio recording of the interactions

What support will I need to complete this evaluation?

- Interpreters: Informal Assessment
 - Debriefing
 - Review and analyze responses.
 - Compare responses to what would be expected of a child from that background and experience
 - The clinician makes the final determination about the child's communication profile

What support will I need to complete this evaluation?

- Interpreters: Informal Assessment
 - Debriefing- Communication Samples:
 - Form and Content:
 - Did the client use grammatically correct sentences?
 - Did the client use appropriate vocabulary?
 - Did the client pronounce words correctly?
 - How many words were intelligible?
 - Manner
 - Was there a time delay between questions/comments and responses?
 - Were there pauses or hesitations? Did the child search for words?
 - Was the voice quality typical? (Hoarse, harsh, quiet, etc.)
 - Were there any signs of stuttering?
 - Pragmatic
 - Did the client respond to questions and comments appropriately?
 - Were ideas logically sequenced?
 - Could the client use language for multiple purposes?:
 - » Describe
 - » Ask for information
 - » Explain
 - » Retell
 - » Inform
 - Did the client use more gestures than needed or typical?

Framework for developing a treatment plan

- *Kay-Raining Bird, 2009*
 - How can we help the client with overall speech and language?
 - How can we help the client with their need for two languages?
 - How will bilingualism and culture interact with the communication disorder?
 - What do I know about the impairment in general?
 - What do I know about the skills and needs of bilinguals?
 - What evidence exists about the interaction?
 - Are there particular language features or cultural dynamics that will impact how the disorder is expressed or treated?
 - What goals and service delivery are appropriate for this client?
 - What are the treatment priorities?
 - How may different service delivery models impact the client?
 - In which language should treatment be provided?
 - How do I ensure that skills generalize across languages?
 - What resources are available to improve service delivery?

How will bilingualism and culture interact with the communication disorder?

- Challenge: Frequently not sufficient research into those dynamics
- Fortunately: In the research that is emerging, many bilingual children aren't presenting with too many "surprises." (i.e., bilingual children not frequently presenting with more significant challenges than monolingual peers.)

What do I know about the impairment in general?

- There is more in common between bilingual clients with a communication impairment and their monolingual peers than there are differences.
- This means that you are already an expert in most of the information you need to plan treatment!
- Reviewing what you already know about the impairment can help you be systematic in forming a theory about how bilingualism will interact with that impairment.

What do I know about the skills and needs of bilinguals?

- Review what you know about general bilingual development and dynamics.
- Focus on features of bilingualism that are most pertinent to your clinical question.
 - Example:
 - I know about language transfer and that shared features may boost positive transfer
 - Perhaps I can investigate what features are shared between L1 and English, then focus on those early in intervention

What evidence exists about the interaction?

- Has somebody already attempted to answer the question?
- Is there evidence that is related to the question from which you can draw conclusions?
- How strong is that evidence?
 - Empirical Research
 - Anecdotal evidence
 - Expert opinion
 - Theory

What evidence exists about the interaction?

- Example: Language Transfer in Intervention
 - 13 Studies
 - 9 Group Experimental Studies
 - 4 Single Subject Experimental Design
 - Each that measured gains in L2 found that Bilingual Tx just as effective *for gains in L2.*
 - Each that measured gains in L1 and L2 found that
 - Bilingual Tx lead to gains in L1 and L2
 - L2-only Tx lead to gains in L2, but not L1
- (Pham, 2015a)*

What evidence exists about the interaction?

- Example: Language Transfer in Intervention
 - Implications:
 - If I treat only in English, client likely to make gains only in English.
 - If I treat bilingually, client likely to make gains in both languages.
 - Treating bilingually is not likely to jeopardize gains in English.
 - All things being equal, Bilingual Tx may be the better option for this client
 - I need to weigh this with the needs, wants, and perceptions of the client and family
- (Pham, 2015a)*

Are there particular language features or cultural dynamics that will impact how the disorder is expressed or treated?

- Example: Language features
 - Client has Childhood Apraxia of Speech
 - English has shorter words, but more complex syllable shapes.
 - “Strengths” = 1 syllable, CCCVCCC
 - Spanish has longer words, but more simple syllable shapes
 - “Zanahoria” (“Carrot”) = 5 syllables, CVCVCVCVCV
 - Is one of these more challenging or simple for my client?

What are the treatment priorities?

- What is going to increase the client’s participation the most quickly?
- What areas require a longer-term focus?
- What targets are most likely to generalize?
 - Across contexts
 - Across structures
 - Across languages
 - Across the curriculum
- Client/Family Goals:
 - What is perceived as “improvement?”
 - What needs to happen to get “buy in” from the client and family?

How might different service delivery models affect this client?

- Settings
 - Push-in vs. Pull-out
 - Individual vs. Group
 - Clinician-only vs. Collaborative
 - Home-based vs. Clinic
 - Methods
 - Bilingual Support Model: Monolingual clinician using an assistant or technician
 - Coordinated Service Model: Monolingual and bilingual clinician work together
 - Integrated Bilingual Model: The bilingual clinician provides all services
 - Combination of Bilingual Support and Coordinated Models: The monolingual clinician and bilingual assistant provide services with the support of the bilingual clinician
- (Kayser, 1998)*

In which language(s) should services be provided?

- Remember our “Assumptions” earlier
 - Potential Outcomes of English-Only Intervention
 - At best
 - Potentially less effective intervention.
 - At worst
 - Limits interpersonal interactions between family members, which can have lasting effects on social-emotional development or well-being.
 - Erodes L1 foundation, presenting additional challenges to L2/English & exacerbating language gap.
- (Kohnert, 2009)*
- The client’s needs are going to change. The language of intervention should be modified to reflect the current needs of the client.

How do I ensure that skills generalize across languages?

- Two Approaches *(Kohnert & Derr, 2004)*
 - **Bilingual Approach:** Targets skills needed in both languages in content, form, and use
 - (e.g. vocabulary-cognates, sounds common to both languages, inflections, gerunds –ing vs. -iendo, -ando, etc.)
 - **Cross-Linguistic Approach:** Targets skills unique to each language
 - (e.g. word order variation, inflectional morphology, word length in syllables, etc.)
 - Observe if change is happening in the other language.
 - These are not mutually-exclusive approaches, you may decide to use one in conjunction with the other with the same child.

How do I ensure that skills generalize across languages?

- There isn’t an overwhelming amount of data to support what to target with bilinguals.
 - Be systematic in determining:
 - Targets, What worked, What transferred, What to modify.
 - Example:
 - Target error patterns that have high occurrence in both languages (i.e. cluster reduction, unstressed syllable deletion, etc)
 - Target errors in each language that are not as apparent in the other language (i.e. final consonant deletion in English)
 - Target errors exhibited in only one language (i.e. final consonant devoicing in English, trill “r” in Spanish)
- (Goldstein, 2004 & 2007)*

What resources are available for me to improve service delivery?

- Bilingual SLP or AuD?
- Bilingual SLPA?
- Bilingual Classroom Aide or CNA?
- Bilingual classroom teacher?
- Bilingual related service provider? (Co-Treat)
- Peer models?

Thank you!

More specific information on providing intervention to come in the afternoon session.

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847-745-0085

Works Cited

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