

The Preassessment Process for English Learners With Potential Language Impairment: Best Practices for Public School Professionals

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EXECUTIVE SUMMARY

This chapter presents the case of Tanveer, a first-grade boy from an Urdu-speaking immigrant family from Pakistan. He is in the public schools and has been struggling academically since kindergarten. This chapter discusses the preassessment process and interventions that took place before Tanveer underwent a full special education evaluation, including testing by a speech-language pathologist for the possible presence of an underlying language impairment. (Note: this author personally worked with this child, and this is a true story with some details changed for confidentiality.) This chapter shows how even before formal special education testing commenced, conducting an extensive preassessment process helped to greatly increase the accuracy of the formal evaluation, eventual diagnosis, and intervention provided for Tanveer.

INTRODUCTORY KEY POINTS

ASHA (2019b) reminds us that best practices with clients are evidence-based. These practices must incorporate three major components: client perspectives, clinical experience, and external scientific evidence. Accordingly, the following four tasks are put forth as preassessment best practices for differentiating a language impairment from a language difference in an EL student: (Karanth, Roseberry-McKibbin, & James, 2017; Paradis, Schneider, & Duncan, 2013; Pua, Lee, & Liow, 2017; Roseberry-McKibbin, 2018):

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1. Determine a child's proficiency in both the first language (L1) and English
2. Gather a case history of the child's speech and language development in L1 from the child's parents or other primary caregivers (e.g., a grandparent)
3. Interview individuals who have observed the child's linguistic performance in multiple settings (e.g., classroom teacher, interpreter/bilingual associate)
4. Conduct dynamic assessment of a child's ability to learn through using a response-to-intervention (RtI) model

These tasks are consistent with ASHA's (2019a; 2019b) mandates to provide culturally competent services that reflect principles of evidence-based practice.

INTRODUCTION

The United States has more immigrants than any other country in the world. Today, more than 40 million people living in the U.S. were born in another country. The population of immigrants is very diverse, representing almost every country in the world (Pew Research Center, 2019). At this time, there are more than 350 languages spoken in the U.S. Speakers of Russian have increased by 391%; speakers of Korean and Arabic have quadrupled (Accredited Language Services, 2019). Consequently, the number of English Learner (EL) students in the public schools is increasing dramatically. According to the National Center for Education Statistics (2019), in fall of 2016, the percentage of U.S. public school students who were English Learners (ELs) ranged from 0.9% in West Virginia to 20.2% in California.

When EL students struggle in the classroom, teachers often refer them to speech-language pathologists (SLPs) and other special education personnel for assessment for suspected language impairment and other special education diagnoses (e.g., autism spectrum disorder, reading disability). Many SLPs, having heavy caseloads and very little time, assess these EL students through a "business-as-usual" approach. Specifically, the SLPs conduct a brief screener and, if the child fails it, obtain signed permission from parents for a full evaluation. For this full evaluation, the SLPs frequently bring the child into their speech-language room and carry out formal standardized testing in English, even if the child is not fluent in English (Arias & Friberg, 2017). In approximately 1-1.5 hours, the SLP obtains formal scores (e.g., percentile ranks and standard scores) and then makes a diagnosis of "language impairment" or "no language impairment" based upon the findings from this static testing process, which measures the child's given knowledge at one point in time. The SLP then writes a report. If the child is diagnosed with a language impairment, the SLP holds an IEP meeting, obtains parent signatures, and places the student onto the speech-language caseload for intervention.

Numerous sources have documented the fact that assessment of the language skills of EL children is often biased, and that the typical procedures described above are not ideal. Use of such procedures over-identifies EL students as having language impairments (Barragan, Castilla-Earls, Martinez-Kieto, Restrepo, & Gray, 2018; Benavides, Kapantzoglou, & Murata, 2018; Lazewnik et al., 2019; Moore & Montgomery, 2018; Roseberry-McKibbin, Hegde, & Tellis, 2019). Use of standardized tests in English with ELs is fraught with problems (Arias & Friberg, 2017; Kraemer & Fabiano-Smith, 2017). Many of these tests contain potentially unfamiliar items that EL students have not been previously exposed to. For example, EL students from countries near the equator would not recognize test items that assumed exposure to ice and snow. Many EL students have been taught, in their cultures, to respectfully remain

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