

WORKING WITH ENGLISH LANGUAGE LEARNERS: A SURVEY OF SPEECH-  
LANGUAGE PATHOLOGISTS IN OREGON PUBLIC SCHOOLS

by

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## Abstract

An abstract of the special project of Hillary L. Koning for the Master of Arts in Speech and Hearing Sciences presented Spring 2006.

Title: Working With English Language Learners: A Survey of Speech-Language Pathologists in Oregon Public Schools

Speech-language pathologists treat a wide variety of English Language Learners within the public school system. While the research on identifying and treating English Language Learners with language disorders is limited, the current trends in the research suggest combining English and the native language during the therapy process. Within the public school system, limited resources and large caseloads make this process much more difficult. Previous research has found that school-based speech-language pathologists do not feel competent in serving the English Language Learner population.

The current study surveyed speech-language pathologists throughout the state of Oregon. School-based speech-language pathologists were questioned about their caseload diversity, their current beliefs on best practices for working with English Language Learners, their self-perception of professional competency in working with this population, and their ideas on resources and training needed within the field to better serve English Language Learners.

The results of the survey revealed a frustration among speech-language pathologists in their ability to serve the English Language Learner students on their caseload. Lack of ability to

distinguish language difference from language disorder, insufficient resources, and faulty beliefs about best practices for intervention point to the need for drastic changes within the speech-language pathology profession.

## Introduction

Racial and ethnic minorities have contributed 80% of the nation's population growth in the 1990s (Larroude, 2004). Even more dramatic are the changes over the past 20 years. The population of racial minorities has increased by more than 90% since 1980, while the non-Hispanic white population has grown by only 7.6% (Larroude, 2004). Along with this overall increase in diversity in the U.S. has been an increase in the diversity of school-age children within our schools. Many children come from language backgrounds other than English and are placed within predominantly English-only classrooms. Likewise, the number of English Language Learner (ELL) students that are being referred to the school speech-language pathologist (SLP) for possible language disabilities has multiplied.

The increase in language diversity of the SLP's caseload has not been adequately matched by SLP training nor by assessment tools used to distinguish a typically developing (TD) ELL student from a language disabled (LD) ELL student. Once a language disorder has been determined, there is a lack of information on how to most effectively treat a child when more than one language plays a role in their development.

Speech-language pathologists are the health care professionals educated and trained to provide both assessment and intervention services to children and adults with speech, language, voice and swallowing problems (Shames & Anderson, 2002). They are educated extensively in the field of normal language development and atypical language disorders, but the focus is on the development of a single language and the disorders surrounding that single language acquisition process. There has been little information or training for SLPs on the process of second language acquisition or bilingualism, and a dearth of research on assessment and

intervention methods to use with English language learners (Holm, Dodd, Stow, & Pert, 1999; Kohnert & Derr, 2004).

School SLPs can be the first public school specialist to see an ELL child who is struggling in the academic environment. The school SLP will be faced with the task of properly assessing the child to determine whether he actually has a language disorder. Following assessment, and in combination with ELL teachers and other staff, the SLP will need to develop intervention to effectively serve the student.

There are very few SLPs in the U.S. who speak multiple languages or are from diverse backgrounds (Kritikos, 2003). The lack of diversity and cultural experience within the profession is reflected in professional attitudes, with SLPs citing a lack of competence in working with diverse populations as a major concern in their practices and throughout the field (Kohnert, Kennedy, Glaze, Kan, & Carney, 2003). Previous studies of teacher effectiveness have found a relationship between high personal efficacy (believing they can affect change) and high motivation to improve practice, which in turn increases student achievement. Similar professional beliefs amongst SLPs affect service behaviors, client behaviors and outcomes (Kritikos, 2003). SLPs do not currently have the tools to feel competent in serving the ELL population.

Of the assessments that do exist for this population, many are invalid or prejudicial, and translations of English tests are often faulty. Laing and Kamhi (2003) state the current dilemma surrounding assessment with insight when they write, “Test taking is a cultural phenomenon that by its very nature is biased against children who are raised in families that do not provide many out-of-context test-like situations” (p. 44). Language assessments that claim to be normed on

bilingual populations lack reliability and validity, and are often based on small sample sizes with little weight given to dialectical differences (Restrepo & Silverman, 2001). The order and time frame for acquisition of words and other language concepts may differ between languages, so bilingual SLPs who directly translate an assessment into the child's native language may be making incorrect judgments about the child's language skills (Paradis, 2005). Translation assumes that ELL students have the same background experiences as the norming population, when in fact this is often not the case.

Once it has been determined that an ELL child has a language disorder, SLPs often do not have the resources or training to implement effective intervention (Holm et al., 1999). Many SLPs do not know where to begin, whether to address an ELL student's lack of vocabulary or work on grammatical forms. Some SLPs believe that dual-language input will only increase the child's difficulties with language (Kohnert and Derr, 2004). Other SLPs are aware that intervention might be most effective in the child's native language, but do not know how an SLP who doesn't share the child's language might implement therapy. It is difficult for a monolingual SLP to have direct discussions with parents without an interpreter, to effect change in the language environment at home, or to find resources to use in the child's native language. With large caseloads and a lack of available tools, intervention is often limited at best.

The growing gap between caseload diversity and competence in serving the ELL population is an issue felt locally as well as nationally. For example, the Portland Public School (PPS) District is the largest and most diverse school district within the state of Oregon, with 25% of the student body having a home language other than English (Portland Public School District, 2004). Of that segment of the student body, 44% are receiving special education services

(Portland Public School District, 2004). Previous research has not examined the practices of school SLPs within the state of Oregon. With its growing population of ELL students, the situation in Oregon is an illustration of the challenges facing the education system and the speech-language pathology profession throughout the country. This study identifies and describes the current practices of school-based SLPs in Oregon to determine their methods for assessment and intervention with the ELL population. Additionally, the study examines the current opinions of SLPs on providing services to ELL students and their families.

## Review of the Literature

This study examines the current practices of speech-language pathologists within the public school system with regards to English Language Learners to determine if their methods reflect the trends in research and best practices within the field of speech-language pathology. It also examines the training of school SLPs in assessing and intervening with the ELL population, as well as addresses the professional opinions the SLPs have with regards to best practices. To understand the complexities of language assessment and intervention with an ELL student, it is important to consider what is already known about second language development and disorders, as well as to consider the research on providing services to this population.

### *Bilingualism*

An important factor in serving the ELL population is understanding how an individual acquires dual languages. The process of acquisition will affect the language abilities of a student, his ability to understand directions and follow the classroom curriculum, and his interactions with school staff and peers. The school SLP needs to be familiar with the definitions of bilingualism and the variability that occurs when an individual is acquiring a second language to be able to recognize and target areas where the student needs help.

Second-language acquisition and bilingualism have been defined in numerous ways throughout the research. One of the reasons for the lack of a consensus is the multitude of environments in which second language learning occurs. Level of linguistic skill differs dramatically in individuals who have acquired a second language. For the purpose of this study, the process of second-language acquisition and bilingualism will be defined as follows.

Simultaneous bilinguals learn two languages at the same time, building linguistic skills in both of the languages (Salameh, Hakansson, & Nettelblatt, 2004). Sequential bilinguals are defined as those students “who began to learn their L2 after the foundations of their first language (L1) had been established (e.g., after 3½ to 4 years of age)” (Paradis, 2005, p. 173). This is often the case when a child starts English preschool after being in a home-language environment for the first 3 or 4 years of his life. Many of the bilingual students enrolled in the United States public school system will fall into the sequential bilingual category.

Simultaneous or sequential second language learning is affected by the school environment surrounding the child. When a child is in the language majority and able to add a second language without losing his first, such as the case with Canadian immersion, it is considered *additive bilingualism* (Lindholm & Aclan, 1991). In Canadian immersion the children are instructed in English within the educational setting, but outside the walls of the school, French is the primary language spoken both throughout the community and at home. *Maintenance bilingualism* occurs when the individual is in the language minority, but able to keep his native language while learning English. Such would be the case when a family speaks a native language at home but the child receives English instruction at school. The home language is supported and fostered, helping the child to maintain his linguistic skills in the first language. Lastly, individuals experience *subtractive bilingualism* when they are required to learn English as quickly as possible while simultaneously displacing their native language (Lindholm & Aclan, 1991). This is the case when students are immediately put into an all-English classroom or an ESL pull-out program in an attempt to get them proficient in English as quickly as possible. Little to no support is given to the home language, and parents are sometimes even encouraged

to speak in English with their child. Maintenance bilingualism and subtractive bilingualism are the two education environments used most frequently within the United States.

Additive programs have been shown to result in higher academic achievement and higher levels of language proficiency (Krashen & Biber, 1988; Lindholm & Aclan, 1991). The experience with two languages can result in mental flexibility and an understanding of other cultures and customs. Subtractive programs, on the other hand, have resulted in lower levels of achievement, language proficiency, and self-esteem (Cummins, 1984; Green, 1997). Many professionals are unaware of the benefits of additive programs or the possible harmful effects of subtractive education. The school SLP needs to stay informed on the current issues surrounding types of instruction for ELL students.

First-language acquisition plays an important role in second-language development because the same cognitive skills that were used to first acquire language are put to use again during the process of second language acquisition (Rodriguez & Higgins, 2005). It can take up to 10 years to acquire academic proficiency in another language. It may also be more difficult and take longer to acquire proficiency in English if the first language differs widely in phonological and syntactic structure from English. Because of this lengthy time period for second language learning, it is difficult to determine if a child is struggling due to language unfamiliarity or an underlying deficit in linguistic processing. However, denying services and placing a struggling student with a suspected language disability within an ELL classroom until he acquires academic proficiency is both unethical and illegal (Green, 1997; Kohnert & Derr, 2004).

Like children acquiring a single language, early intervention for ELL students with

language disorders is invaluable in helping the child reach his full language potential. Language deficits can have a negative effect on a child both socially and cognitively, which later may affect learning and literacy throughout the school setting. The school SLP needs to provide intervention services for language disabled students promptly and effectively (Kohnert & Derr, 2004). While more research is needed, current expert opinion supports providing intervention in both the child's native language and English, since he most likely need both languages to function in the home environment, their community, and at school (Gutierrez-Clellen, 1999; Kohnert & Derr, 2004; Winsler, Diaz, Espinosa, & Rodriguez, 1999).

### *Instruction Within Our Schools*

There are several types of English immersion occurring within the school system in the United States and Canada that will affect how the SLP should view their ELL students. It is important that the school SLP understand the ramifications of various types of schooling on their ELL students and use their knowledge of language development to educate others. The type of education that children are receiving will affect how they should be assessed and how intervention should occur. Current expert opinion holds that supporting a child's native language will aid in the success of intervention (Guardado, 2002; Jimenez, 2004; Kohnert & Derr, 2004). "Submersion" occurs when there is absolutely no instruction in a student's native language, which can result in a child developing problems in both languages because he does not have a fully developed primary language (Green, 1997; Rodriguez & Higgins, 2005). An SLP will therefore have more responsibility with finding ways to support a child's native language when he is educated within a submersion setting.

“Canadian-style Immersion” refers to the type of instruction that occurs in many schools throughout Canada, where ELL students are taught most of their academic skills in a second language (usually English), while the home language (often French in many parts of Canada) is supported and used throughout the community in non-academic settings (Rodriguez & Higgins, 2005; Winsler, et al., 1999). A third English immersion instructional format is where students are taught in their first language and gradually exited into English immersion for all subjects. This “Structured English Immersion” provides 70-90% of the instruction in English, depending on the student’s readiness level (Rodriguez & Higgins, 2005). There is much debate, however, within the field of education as to the effectiveness of English immersion instruction in the absence of support for the home language (Kohnert & Derr, 2004; Krashen, 1999).

There are also methods of bilingual instruction where students are taught academic knowledge in native language and in English simultaneously (Rodriguez & Higgins, 2005; Smith, 1935). Students in well-designed bilingual programs, where reading instruction is provided in the native language and other subjects are taught in the native language with comprehensible input in the second language, have been shown to outperform their comparison peers in English-only programs (Winsler, et al., 1999). There is a need for more research to support the claim of significant benefit for ELL students receiving a firm foundation in their native language before learning academic skills in a second language. The school SLP needs to stay informed of current research in order to work effectively with ESL teachers to help support the students’ academic progress.

### *Language Difference or Language Disorder?*

The stages that ELL students pass through while acquiring English can often resemble the signs of a language disorder, making it difficult for school SLPs to determine if a child is in need of specific speech and language services (Case & Taylor, 2005; Holm et al., 1999; Paradis, 2005). Table 2.1 illustrates some of the shared characteristics between an ELL student and students with Language Disorders, revealing the large overlap seen across these two populations. Also listed are activities where various language forms are used that may give more insight into a student's language abilities during the assessment process.

TABLE 2.1.

#### *Common Characteristics in ELL Students' and Students with Disabilities' Language Development*

<b>Language Mode</b>	<b>Overlaps</b>	<b>Activities to Observe</b>
Pronunciation	Omissions, Substitutions, and Additions	Speeches, drama, reading, and social interaction
Syntax	Negation, Word Order, and Mood	Reading and various venues for discussion
Semantics	Forms of Figurative Language such as proverbs, metaphors, and similes	Reading in all contexts

*Note.* From "Language Difference or Learning Disability?" by R.E. Case and S.S. Taylor, 2005, *Clearing House*, 78, p. 127-130.

As Table 2.1 shows, students with Language Disorders as well as ELL students often produce sentences that are just as long as their typically developing peers, but the sentences lack

complexity like compound sentences or embedded clauses (Case & Taylor, 2005; Paradis & Crago, 2000). There are omissions, substitutions, and additions throughout their speech. ELL students often have difficulties with negation and word order, two common problems for children with Language Disorders. Although there appears to be an overlap, further research is needed to determine how students with LD and typically developing ELL students differ.

Bilingual children with language disorders often have uneven profiles of development (Salameh et al., 2004). They often do not follow the typical developmental stages of language acquisition, and can acquire different areas in their two languages at different times. Bilingual children with language disorders can develop two languages, although likely at a much slower pace. Along with this slow, uneven pace of development are issues surrounding what is known as the “Processability Theory” (Salameh et al., 2004). This theory states that language learners cannot acquire what they cannot process. An ELL student with a language disorder might therefore have difficulty acquiring certain linguistic skills without intervention. He will not acquire necessary skills in English or in his native language, which could have a significant educational impact. An SLP who withholds assessment and intervention services until a student has acquired English proficiency may be delaying important intervention and allowing a student to fall even farther behind his peers.

The last few years have seen a growth in the interest and discussion surrounding second language acquisition and the need for more research in order to fully understand the next step of speech and language assessment. Typically developing ELL children are often misdiagnosed as language or learning disabled when their errors are normal errors of second language acquisition. In a study conducted by Paradis (2005), grammatical morphology in ELL students and English-

speaking students with Specific Language Impairment was addressed with sequential bilinguals and a test standardized for identifying SLI in children. After comparing test answers, the researchers concluded that there are similarities in the types of errors made by ELL children and SLI children. These similarities found in the Paradis (2005) study add to the growing confusion surrounding the assessment of an ELL student.

Many school teachers and specialists assume that the errors produced by the ELL student are the result of the language difference (Paradis, 2005; Paradis & Crago, 2000; Rodriguez & Higgins, 2005). Besides questionable language disorders, normal patterns of the development of proper pronunciation of the student's second language often resemble articulation disorders (Case & Taylor, 2005). This difficulty with proper diagnosis often results in underdiagnosis, with an ELL child placed in an ELL classroom for a period of years until assessment is conducted again. A "wait and see" approach can be detrimental for these children who need services. ELL students who are delayed for diagnosis for up to 5-7 years to allow them to "catch up" to their peers miss early intervention opportunities and the possible preventive strategies that could assist them with their language difficulties (Limbos & Geva, 2001).

Teachers are often not accurate when recommending an ELL student for a language assessment (Limbos & Geva, 2001). Often, a student's oral language proficiency determines whether or not a teacher recommends him for services. The school SLP needs to be aware of errors made in teacher recommendations in order to weigh their concerns properly. Reading, writing, and comprehension skills can differ from oral language proficiency and need to be properly assessed in order to determine if a disability exists. Language screenings conducted by the SLP could help target those students that are missed by the teacher for a language evaluation.

A study by Limbos and Geva (2001) found that special education placement reflected socioeconomic and cultural factors, rather than language and educational factors. Teacher sensitivity for identifying a language disability in ELL students was highly inaccurate. They often failed to identify students who did need help; however, when students were identified, there was a high likelihood that the child did indeed have a language disorder (Limbos & Geva, 2001). The researchers recommended a combination of teacher rating scales and teacher nominations, as well as assessment beyond oral language tests, to determine if a child has a language disability.

The school-based SLP will have to make a decision as to whether a student is exhibiting signs of a language disorder or just the normal difficulties with second language acquisition. Teacher referrals alone are not adequate for determining language disorders in ELL students, but every step should be taken to ensure that students are placed in special education if they are in need of services. The following section discusses the current trends in the research for assessing these children.

### *Assessment*

Speech-language pathologists are trained to use a combination of standardized tests and language sampling to determine if a child has a speech or language disorder. These standardized measures, however, compare the child to his native English peers. The tests are normed on English speaking populations, with little diversity represented in the test population. Comparing a language sample to the developmental norms is useful when used with a native English

speaker, but the lack of information regarding the process of acquiring multiple languages leaves the SLP with little knowledge of what to compare an ELL student's language sample to.

The current standardized tests may be biased in their assumption that bilingual children have been exposed to similar concepts and vocabulary of their peers, and that they have the same life experiences as the population the test was normed on (Gillam & Pena, 2004). This is not always the case. For example, labeling and pointing are common ways for English-speaking parents to communicate with their young children. Other cultures, like the Hispanic culture, do not put as large an emphasis on this method of identification, and thus their children do not have the same noun-based vocabulary of their English-speaking peers (Kohnert, Yim, Nett, Kan, & Duran, 2005; Laing & Kamhi, 2003).

Our current assessments are based on a normative sample with a disproportionate representation of monolingual speakers. However, adjusting the normative sample to represent a more diverse population may only result in a lowering of the mean, resulting in ELL students still performing below the mean, just not outside of normal limits (Laing & Kamhi, 2003). Best practice calls for assessments designed for specific ELL groups, but this method is also faulty in that such assessments would most likely lack the necessary information to compare an ELL student with mainstream children (Hwa-Froelich, Westby, & Schommer-Aikins, 2000; Laing & Kamhi, 2003).

One of the most widely used language assessment tools for young children in the schools is the Preschool Language Scale-3 (PLS-3). In 2001, Restrepo and Silverman evaluated the validity of the Spanish Preschool Language Scale-3 (SPLS-3) for use with bilingual children and determined that the normative sample used to norm the test was not adequate (Restrepo &

Silverman, 2001). There were as few as 20 Hispanic children used for the norm for each age group, and there was no weight given to dialectical differences. There was no evidence of concurrent or predictive validity, and the test contained no test-retest reliability or inter-examiner reliability for the Spanish version (Restrepo & Silverman, 2001). The examiner's manual for the Spanish version of the test lacked an adequate description of tester qualifications, a statement of test purpose, or a model of language content (Restrepo & Silverman, 2001). Other assessments have been found to lack validity as well (MacSwan, Rolstad, & Glass, 2002; Pray, 2005). The clinical implications of these studies are numerous. Over- and under-identification of a child could have financial, emotional, academic, and social impact on the child's well-being.

Current research and expert opinion generally supports the use of appropriate protocols in a child's first language. The existing best practice model and most reliable method for assessment of ELL children is to use an appropriate protocol to assess in the child's first language (Paradis, 2005). Reworking standard protocols so that they reflect the norms of a culturally and linguistically diverse population will help ensure that fewer children are inaccurately identified as language disordered. The child may speak a different variety of a language compared to the language the test was normed and standardized for. Therefore, experts support supplementing a traditional assessment with a language profile and educational history (Green, 1997; Kohnert & Derr, 2004; Jimenez, 2004).

For children that speak multiple languages, the task of assessment is more difficult. Some researchers believe that there is no possible way to develop standardized protocols for multilingual speakers because "one would have to standardize not for monolingual speakers but for a particular language combination" (Martin, Krishnamurthy, Bhawdwaj, & Charles, 2003).

What's more, some children may have lost their first language proficiency, resulting in what might appear as deficits. These children could be targeted as having a language disorder when, in fact, language attrition is the cause (Paradis, 2005).

The process of dynamic assessment is often used to supplement the standardized measures available, and it is generally regarded as the most useful approach to accurately identifying an ELL child with a language disorder (Hwa-Froelich et al., 2000, Kohnert et al., 2005; Laing & Kamhi, 2003). One example of this approach is the "test-teach-retest" model, where the student is assessed, taught new language concepts, then reassessed (Gillam & Pena, 2004). If he is able to process the strategies needed for the second task, he has been successful in learning the new concept. This information can later be used in intervention, and in suggestions to parents or teachers.

A second approach to dynamic assessment is to modify the way tests are presented. Items can be presented using visual stimuli (pictures or objects) to provide more thematic support for a test question (Laing & Kamhi, 2003; Roseberry-McKibbin, 2000). If the child's performance does not improve through the use of contextualized means, then he may be at risk for a language disorder. If a child needs a lot of support, the SLP can continue to use dynamic measures to provide intervention, modifying her plan as the child progresses. Throughout the assessment process, the SLP can note behaviors, such as those associated with word-finding difficulties, like hesitation, word-search behaviors, malapropisms, or difficulty learning curriculum vocabulary, in order to understand the difficulties a child may be having (Martin et al., 2003).

With limited tools available to determine if an ELL child has a language disorder, it is

essential for the SLP to collect extensive background information in order to build on the results obtained during the dynamic assessment process. While collecting information on the child's background, it is important to identify what languages are being spoken, in what context, and with whom, and to use that information to weigh test scores (Jimenez, 2004). A member of the community with extensive experience with ELL children can be used as a consultant when it is necessary. Language sampling and ethnographic interviewing can be obtained in a natural setting, in the home and surrounded by the family to give a broader sense of the individual culture that has influenced the child (Kohnert et al., 2005; Laing & Kamhi, 2003). The patterns of interaction within the family can be observed, and will provide the SLP with an opportunity to join with families to develop a team approach to service.

The lack of proper tools is cited by many speech-language pathologists as one of many reasons they do not feel competent in working with the ELL population (Kritikos, 2003). It is obvious that more training is needed within the field to increase awareness of the language-learning process as it applies to second-language acquisition, and to increase the ability to differentiate between a language difference and a language disorder (Kritikos, 2003). Dynamic assessment and extensive interviewing are more time-consuming than administering a single standardized test. However, the advantages are numerous, including the increased accuracy of diagnosis, the benefits for planning for intervention, and the increased knowledge about a specific student's language ability.

### *Intervention*

Experts believe that children with language impairments are at significant risk for

negative social and academic outcomes (Kohnert & Derr, 2004). Timely, effective intervention is necessary for ensuring that a child reach his full language potential and bilingual children deserve the same swift and productive treatment as their monolingual peers. However, many SLPs do not feel they are trained in intervention techniques to use with the ELL population (Kritikos, 2003). They are educated in providing treatment services addressing a single language system, and the lack of knowledge of language disorders in the ELL population results in ineffective or nonexistent intervention. There is also very little research on how to implement intervention, especially in the busy school setting.

Providing services solely in English will not ensure that ELL children will be able to transfer the skills over to their first language in order to communicate with their family members and build their native language base (Kohnert & Derr, 2004; Kohnert et al., 2005). Instead, research has shown that there will be greater and faster gains in English if there is a strong foundation within the first language (Winsler et al., 1999). Likewise, there is no direct evidence that an LD ELL child who receives input in both of his languages is worse off than a monolingual LD child (Lindholm & Aclan, 1991; Winsler et al., 1999). Children with language disabilities require direct intervention in their first language in order to prepare them for literacy and the cross-linguistic transfer of information necessary for second-language acquisition. Intervention that addresses the languages being spoken by the child outside of the school setting will aid in generalization, one of the markers of successful therapy.

More research is needed to determine the most effective interventions for ELL students with language disorders. However, the current trend in the research is to provide bilingual or cross-linguistic intervention in order to address problem areas in both the child's languages to

ensure that he achieves his full potential as a communicator (Kohnert & Derr, 2004). It has been argued that bilingual children need more information than their monolingual peers, what is called “comprehensible input,” beyond what a typically developing child would need in order to increase linguistic skill in both his languages. This involves experience and reinforcement in both English and their native language (Gutierrez-Clellen, 1999).

Depending on the SLP’s skills and background, intervention can be provided in a variety of ways. In *bilingual intervention*, skills common to both languages receive attention, such as the ability to classify objects, identify verbs, or assign functions to objects (Kohnert & Derr, 2004). The use of translation is often helpful to exemplify how the languages interact. However, children often exhibit different areas of strength in their different languages, so in *cross-linguistic intervention*, attention is directed at specific, non-overlapping aspects of the child’s languages (Kohnert & Derr, 2004). For example, a child with phonological deficits might have difficulty with the final consonants that appear often in English words (but not in Spanish), as well as difficulty with the long words that are customary for Spanish (Kohnert & Derr, 2004). Therapy would focus on these separate areas to build up language skills in his areas of weakness. The relationship between a child’s two languages is constantly shifting, with skills distributed across the child’s two languages instead of duplicated. Thus treatment needs to be flexible to change and distributed across problem areas.

There are many benefits to supporting the native language and developing additive bilingualism during intervention, including the ability to communicate with the extended family, sharing values, beliefs and advice (Guardado, 2002; Kohnert et al., 2005). A strong L1 identity helps a child interpret his world experiences and connect with those around him. More research

is needed, however, to fully explore the most beneficial way to provide treatment for these language-complex children.

### *Working With Families*

Utilizing families as part of the assessment and intervention team is an important part of any therapy plan. Not only do parents and family members know their child the best, experts believe that generalization can occur when the family is aware of the intervention goals and reinforces lessons learned in the therapy room at home (Andrews & Andrews, 2000; Gutierrez-Clellen, 1999). There are many challenges in providing appropriate services to ELL children and their families. The language and cultural barriers may seem intimidating or overwhelming for the busy school SLP. However, it is even more important that the SLP use the family members as team members when the child is not from the dominant culture in order to fully understand the child's language environment. A marker of a successful clinician is being able to relate to a child and his family, and developing intervention goals that all members of the team support. Only then will intervention carry over from the therapy session to the child's life. "(By) linking the clinician's expertise with the resources and style of the family... the clinician begins to truly empower families (and thus effect change)" (Andrews & Andrews, 2000).

The lack of support for the child's family and the home language can have devastating results. Encouraging parents to switch to a second language in order to help their child with his language needs may in fact be doing a disservice to the child. A lack of reinforcement in the first language could lead to a loss of connection with the extended family. There is at least one example of a child not being able to communicate with his parents as a result of losing his native

language (Guardado, 2002). On top of the obvious language development considerations, the lack of support for the home language can lead to shame for the child's own culture and heritage, robbing the child of the important connection with their family and ancestors (Guardado, 2002; Kohnert et al., 2005).

Instead, with support of the child's primary language comes the ability to discuss the deeper cognitive aspects of language. Parent's advice, their values, and their wisdom can be fully shared in conversations rich in linguistic complexity. Encouraging families to talk in their native language, discuss their culture and their family heritage, and tell stories about their ancestors can help foster a sense of familial pride and consequently support the home language.

Cultural communication courses and instruction in diversity are needed to help the school SLP take the perspective of the child and the family they are serving in order to join with them in providing intervention. The SLP should become familiar with the cultures of the families she serves and use interviews and conversations to explore the individual family culture of each child. This cultural knowledge will help the SLP more effectively serve the child's language needs.

### *Collaboration with Other Professionals*

It is not possible for the school SLP to be linguistically and culturally prepared for all children that might appear on their caseload. School educators and SLPs need to follow the research on typical ELL development, but develop a team approach to assessing and intervening with this population. Interpreters, teachers, ESL teachers, and members of the community can all serve as team members to help develop effective and ethical assessment and treatment

practices. Working closely with the SLP, these individuals can help identify problems and help transfer goals across the student's languages. With training, an assistant to the SLP can be invaluable in addressing areas of need in the native language.

Speech-language pathologists should be involved in the process of recruiting and interviewing interpreters to assist with assessment and intervention of ELL students (Langdon & Cheng, 2002). While untrained bilingual assistants or family members can sometimes serve the role of interpreter if no other option is available, proper training in interpretation insures that the message is conveyed exactly the way it is intended with no other commentary. The SLP should consider the following when interviewing potential interpreters: the level of oral and written language expertise of the interpreter, his experience in the educational setting, the specific dialect or variety of a language that he speaks, and his training as an interpreter (Langdon & Cheng, 2002). The interpreter must be skilled in interpreting tone and intonation, since these are secondary language characteristics that are often vitally important to the transmission of the correct message a family member or child might be trying to communicate to the SLP. He must understand the similarities and differences between the two languages they are translating (Langdon & Cheng, 2002). The SLP and interpreter should meet together prior to any assessment to clarify goals, discuss strategies, and review assessment procedures.

During assessment of a student or an interview with a student's family, it is important that the SLP avoids unnecessary jargon or academic expressions because these cannot always be translated appropriately (Langdon & Cheng, 2002). The interpreter will need to translate everything that is said, even side comments between professionals, in order to ensure that the student or family is receiving the full communicatory context.

### *The Current Study*

The current research on best practices for assessment and intervention with ELL students with language disabilities often does not take into account the limited resources of our public schools. With caseloads between 55 and 95 students, school-based SLPs are attempting to provide assessment and therapy in an ever-shortening school year. Few studies have examined how SLPs are actually assessing and intervening with the ELL population, and whether their practices reflect current best practices. Many districts collect data on the characteristics of students served by their SLPs, but few directly examine the current assessment and intervention practices of the school SLPs with regards to the ELL population.

This study surveyed the school SLPs throughout Oregon who are members of the Oregon Speech and Hearing Association (OSHA). The researcher examined the current assessment and intervention practices of speech-language pathologists within the public school system when working with ELL students and their families. It was hypothesized that the school SLPs have a diverse caseload with little consensus on how to properly assess and treat the ELL population. Identifying the specifics of what the school SLP knows about the current research with ELL students helped pinpoint the areas in which more education and training are needed.

## Method

### *Participants*

Participants were 63 certified SLPs who served the public school system throughout the state of Oregon. Participants had been certified as SLPs and had been employed by the public school system for 1 to 25 years. Participants were selected because they served a wide variety of school districts with students in grades K-12. A list of their email addresses was obtained from the Oregon Speech and Hearing Association (OSHA) after receiving research approval from Portland State University Human Subjects Research Review Committee in Fall of 2005 (see Appendix A).

Participants were contacted by email through the OSHA registry and asked to participate in an online survey regarding the current practices and training of school SLPs in working with the ELL population (see Appendix B). The participants were told that they would receive a summary of unanalyzed results of the survey upon completion. Interested participants demonstrated their consent by clicking on a link to the online survey. Approximately 109 school-based SLPs received the survey and 63 SLPs completed the survey.

### *Materials*

A survey was developed to identify the current assessment and intervention practices of school SLPs, as well as to identify their views on working with the ELL population. Appendix 3 shows this survey. The survey was developed to provide information on the background and training of school-based SLPs, as well as current opinions on best practices for working with ELL students. The questions also sought to determine what training is still needed for SLPs

working with ELL students, as well as to identify the availability of resources within the school setting.

### *Procedures*

Using email addresses provided by the Oregon Speech and Hearing Association, school-based SLPs were emailed a description of the study with an attached link to a web-based survey. The survey contained 27 questions regarding the SLP's language background, the number of students they served from different language backgrounds, and their methods for assessment and treatment of the ELL population. The survey also asked the SLPs to describe the resources provided by their school district to help them serve this population, as well as what resources the SLPs wish they had available to them. The survey investigated the current opinion of research and "best practices" among SLPs, and what they perceived to be the necessary resources for serving this population. Some questions were optional or allowed for more than one answer. Based on trial runs, it was estimated that approximately 15 minutes were needed to complete the survey. This survey is shown in Appendix 3.

After completing the survey, the participants clicked "finished" on the last page of the online survey. Results were stored in order of completion on the Portland State University survey database, accessible by password to the researcher and her advisor, Dr. Christina Gildersleeve-Neumann, in the Speech and Hearing Sciences Department at PSU. A summary of unanalyzed results was sent to the SLPs after completion of the survey, shown in Appendix D.

### *Data Analysis*

Survey responses were stored on the web-based survey program “Web Surveyor” and reported by the researcher in descriptive format. When possible, responses were grouped to reflect similarities between responses. Results were examined based on the number of years as an SLP, caseload size and diversity, and professional perspectives of competency and best practices. Responses were compared to current trends in research and best practices identified previously in this paper.

## Results

A total of 63 speech-language pathologists working throughout Oregon responded to the survey. The respondents represented 33 districts serving 20 counties in Oregon. The estimated response rate of school-based SLPs was 58% (63 completed surveys from an estimated 109 email addresses received for school-based SLPs.)

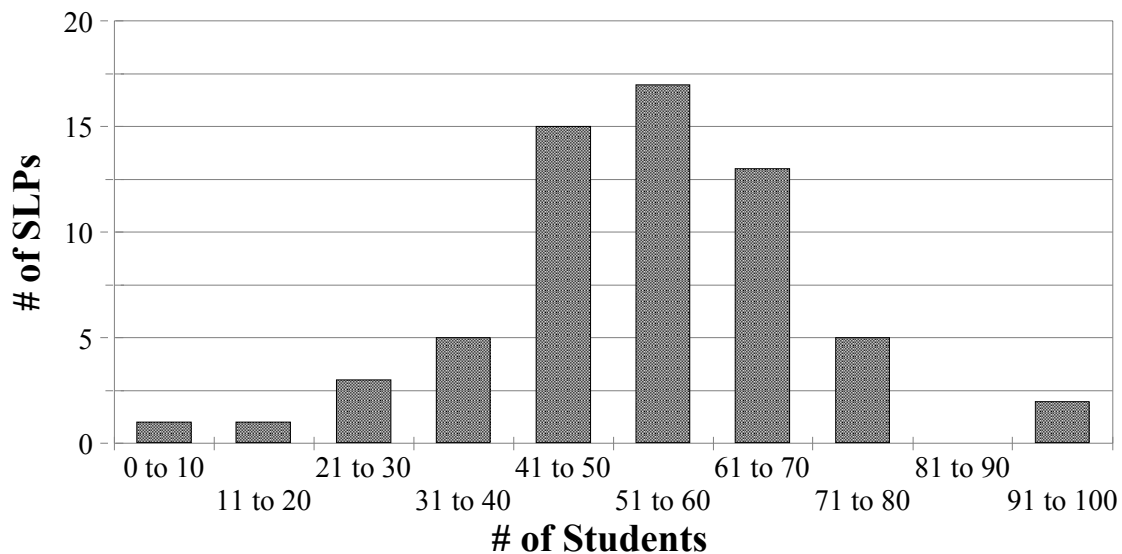
### *Characteristics of Survey Respondents*

Respondents were overwhelmingly Caucasian (97%), had an M.A. or M.S. degree (92%), and were monolingual English speakers (82%). Approximately half received their degree from an Oregon institution (44%). Twenty-one percent of respondents had been a certified SLP for 0 to 5 years, 16% for 6 to 10 years, 15% for 11 to 15 years, 5% for 16 to 20 years, and 43% of respondents had been a certified SLP for 20 or more years. Similar results were found for the number of years the SLP had practiced in the public school setting. Twenty-six percent had practiced in the schools for 0 to 5 years, 23% for 6 to 10 years, 16% for 11 to 15 years, 3% for 16 to 20 years, and 32% of the SLPs had practiced in public school for 20 or more years. Some SLPs served in more than one school, with the majority (83 %) of the total respondents working all or part of their job in the elementary school setting. One-third of respondents served a middle school and 30% worked in a high school. Other than respondents being primarily Caucasian and female, no other patterns were revealed in the characteristics of survey respondents.

### *Caseload Diversity*

The size of an SLP's caseload varied widely. The survey did not ask whether SLPs worked part-time or full-time, but their caseloads ranged in size from 10 or fewer students to as many as 100 students. The majority (80%) of SLPs had a caseload of 41 to 80 students. Figure 4.1 shows the breakdown of caseload size.

Figure 4.1. *Responses to Survey Question 12: Number of Students on SLP Caseload.*



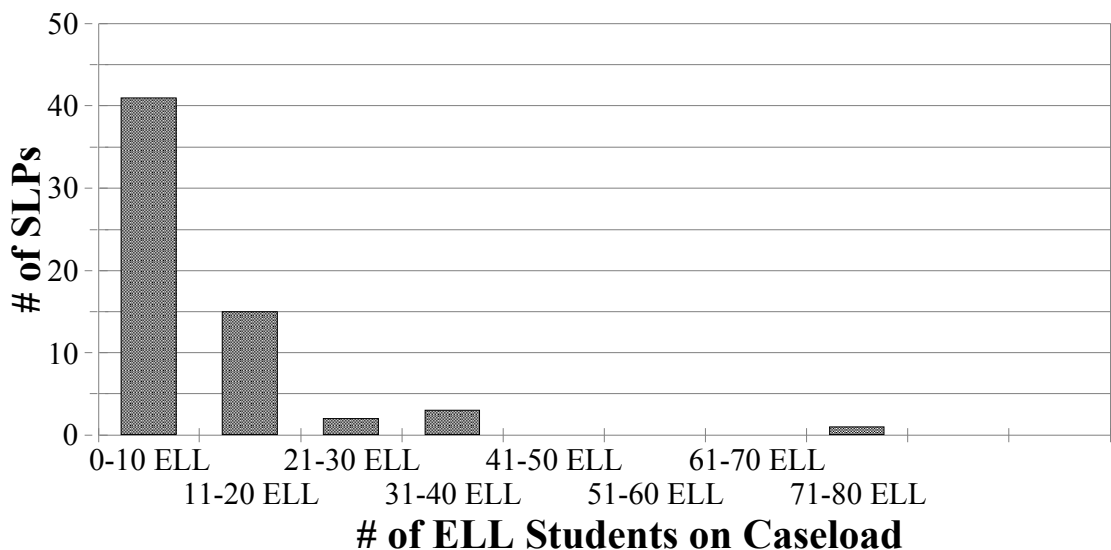
As Figure 4.1 shows, the majority of SLPs had caseloads of 41 to 70 students. Larger caseloads of 71 to 80 students were seen in Tigard-Tualatin School District, Gresham Barlow School District, Klamath Falls School District, Umatilla Morrow Educational Service District, and Pendleton/Pilot Rock School District, placing the respondents all across Oregon in districts

of varying size. Three percent of respondents had an enormous caseload of 91 to 100 students. The largest caseloads were seen in Hillsboro School District, the fourth largest school district in Oregon, serving 20,000 students (Oregon School Boards Association, 2006). The smallest caseload of 10 or fewer students was in Bethel School District, which serves 5,500 students in northwest Eugene (Oregon School Boards Association, 2006).

Figure 4.2 describes the complexity of SLP caseloads, with regards to ELL students. Two-thirds (66%) of the SLPs had 10 or fewer ELL students on their caseload. Twenty-four percent of the SLPs reported that they had 11 to 20 ELL students on their caseload. The ELL students represented 25% to 50% of their total caseload. Ten percent of the SLPs had more than 20 ELL students on their caseload. Their ELL students represented approximately 40 to 90% of their caseload.

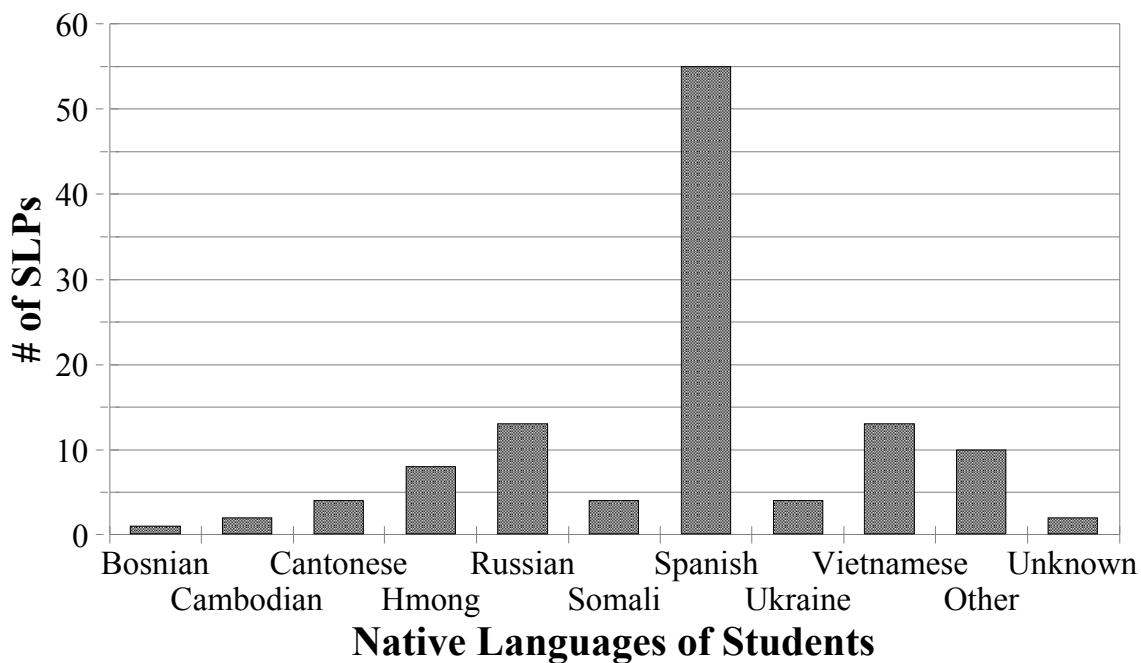
Of those with more than 20 ELL students on their caseload, 50% considered themselves competent in serving the ELL population, while 50% viewed themselves as “Not Competent” in working with the ELL population. This “Not Competent” group represented three large school districts in Oregon: Portland Public School District, Salem-Keizer School District, and Hillsboro School District. Professional perspectives on competency are revisited later in the paper.

Figure 4.2. Responses to Survey Question 13: Caseload Diversity.



The majority (87%) of respondents served at least one ELL student from a Spanish language background. Twenty-one percent of respondents had at least one student who spoke Russian, and at least one student who spoke Vietnamese. Thirteen percent of SLPs had a student on their caseload who spoke Hmong. Other languages represented among the students on their caseload included Ukraine, Cantonese, Somali, Cambodian, Bosnian, and other languages not listed in the survey (Tongan, Tibetan, French Mandarin, Laotian, Arabic, Marshallese, and Romanian.) Interestingly, 3.2% of the SLPs had a student on their caseload whose first language had not been identified. Figure 4.3 shows the number of SLPs who served students from these many languages.

Figure 4.3. Responses to Survey Question 14: Languages Represented on SLP Caseload.



As Figure 4.3 shows, almost 60 SLPs have Spanish-speaking students on their caseload. Only four of the SLPs spoke any Spanish. Many other less common languages are represented on the SLP caseload as well, with no SLPs reporting background language knowledge in those languages.

To determine what educational services and instructional formats were being provided, SLPs were asked to identify the ESL services provided by their school(s) and/or district. To serve the students on their caseload and other English Language Learners, 35% of the schools and/or districts provided subject-specific ESL classes. Thirty percent of schools and/or districts

offered an ESL classroom for all subjects. One-third of schools and/or districts provided one-on-one support, and one-third of schools and/or districts also offered some other service not identified in the survey. “Other” services and programs included team teaching, small group support, bilingual assistants in kindergarten classrooms, and translation and interpretation services for families.

Eleven percent of respondents did not know what ESL services their district provided, with four SLPs stating that they did not serve any ELL students and therefore did not know what was available in their district. The three SLPs that did serve ELL students on their caseloads and answered “I don’t know” to the type of ESL service provided by their district, also responded that they needed more help from their district. As one SLP wrote, “Currently our district provides us with no one who is qualified to administer ELL assessments... We have been asked to find anybody (including the lunch lady,) who can speak the language and have that person translate or administer the required tests.”

### *Previous Multicultural Training*

Most respondents (92%, n=58) reported that they had received training in working with the ELL population. Of those that had received training, 42 (73%) had received some sort of in-service training through their school or district. Examples given were monthly staff meetings with ELL teachers, workshops by Frank Bender and Celeste Roseberry-McKibbin, and district access to current ASHA publications. As one respondent wrote, “The school district seems to be consistent in updating us. I assume the info they give us is cutting edge.” Forty (69%) had attended conferences where they received training specific to the ELL population. Twenty-six

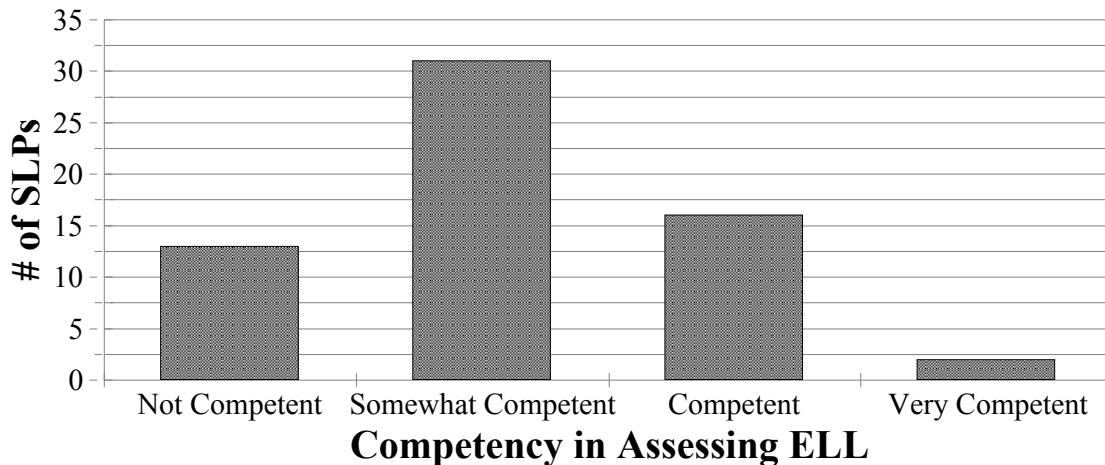
(44%) had attended private workshops to increase their knowledge and skills in working with these students. Lastly, 17 (29%) had received training during graduate school.

There was some frustration with the training, as one SLP wrote, “We have talked about this issue for years, and every year there are new folks lacking background in these kinds of kids. We are continually talking about differentiating “normal” foreign language speakers from “disabled” ones. We keep covering the same ground over and over. There doesn’t seem to be much progress.” Previous training also did not determine level of professional competency in working with the ELL population, as discussed below.

#### *Assessment Perspectives*

Professional competency in assessing the language development of an English Language Learner with the help of an interpreter varied across respondents. Three percent of respondents rated themselves “very competent” in assessing these students, while one-quarter of respondents considered themselves “competent.” Half of the SLPs rated themselves as “somewhat competent” and 21% considered themselves “not competent” in assessing the language development of an ELL student. Figure 4.4 shows the competency rating.

Figure 4.4. Responses to Survey Question 18: Self-Rating of Competency in Assessing an ELL Student.



When responses were analyzed based on personal perspectives of competency, those who viewed themselves as “not competent” in working with ELL students had professional experience ranging from 0 to 20 years. Over half of this group of SLPs had worked in the public school setting for 20+ years. An equal number had graduated from masters’ programs at in-state and out-of-state institutions. The “not competent” group included SLPs from large school districts in major metropolitan areas as well as small school districts serving rural Oregon. Over two-thirds (n=9) had received some sort of training but still felt a lack of competency in serving their ELL students. Over two-thirds (n=9) did not feel they had sufficient resources for serving their ELL students, which is dismaying considering that their caseloads were made up of up to

40 ELL students. One SLP expressed her views on her self- confessed lack of competency: “Poverty and second language co-occur in many cases. I work in a school with 80% Hispanic students and 87% free and reduced lunch. How do I separate language disorder from environmental and second language factors? Dynamic assessments seem like a step in the right direction, but I have yet to find a criterion-referenced or normative dynamic assessment tool - I can assess dynamically, but I don’t necessarily know what the results mean.”

The SLPs who rated themselves as “somewhat competent” consisted of half the survey respondents (n=32). Only four spoke another language. All had received some training in working with their ELL students, but again, half did not feel they had sufficient resources. The 50% that felt their district provided sufficient resources lacked confidence in their own abilities to conduct and interpret assessments. One SLP wrote from a mid-sized school district outside of Portland. “The SLPs in my district spent some time talking about this last year. Many of them agreed that they weren’t extremely comfortable with these assessments and treatment (I’m one of those people!)”

Of the SLPs that considered themselves “competent” in assessing an ELL student, 13 (81%) received their graduate schooling out-of-state. They had 0 to 20+ years of experience, and caseloads of 0 to 80 ELL students. Six (40%) spoke another language. Several of the SLPs listed the family as an important resource in assessment, and the parent interview as essential to a complete evaluation. All were knowledgeable about the resources for ELL students offered by their district. However, the lack of available resources was evident again, with 13 (81%) reporting that they have insufficient resources for working with their ELL students.

Five SLPs in the “competent” group considered English-only intervention the best

choice of intervention for an ELL child. The other two-thirds (n=11) considered bilingual intervention the ideal way to treat an ELL student. As one SLP wrote, “In a perfect world, language instruction should be provided in both the native language and English. The instruction should begin with the student’s native language as that is what is used to communicate at home. If possible, coordination between the SLP and the parent would significantly improve the student’s growth in his/her language skills in their native language.” All respondents in the “competent” group acknowledged that intervention for these students was difficult, and required close coordination with ESL staff, teachers, and the student’s parents.

Only two of the 63 SLPs rated themselves “very competent.” One had received their graduate education in-state, and one out-of-state, and both had received training in assessment and intervention practices with ELL students. The SLPs reported that they served Spanish-speaking ELL students, but no other languages were represented on their caseloads. One spoke another language (Spanish) and assessed her students directly in Spanish. She also worked on maintaining the first language during intervention to build a bridge to English. The other SLP used dynamic assessment and a “thorough educational and developmental history” for determining the presence of a language disorder. For intervention she wrote, “The reality is students are learning in an English speaking setting... so English is where we target.” Both the SLPs responded that their resources were insufficient, citing the need for more training, more professional collaboration, better testing measures, and additional intervention materials.

## *Assessment*

When asked their opinion on the best way to assess an ELL student for a communication disorder, the responses varied. The SLPs were allowed to write about all of the measures they would use in an ideal assessment. The most popular measure of assessment found in the responses was the use of standardized tests in the student's native language normed on culturally and linguistically similar students (68%). Forty percent of respondents discussed using a language sample in the child's native language as an important piece of the assessment process, while one-third mentioned the parent interview, dynamic assessment, and a thorough case history as critical for gathering information on the student's language development. As one SLP wrote, "Often, parent interviews need to be done more than once... From the parent I can usually learn if there are atypical communication issues in the language spoken at home, or how or if the parent or an older sibling is willing/able to help the child with homework in English, etc." The remaining two-thirds of respondents did not list a parent interview or case history as an important part of the overall assessment.

Twenty-two percent listed standardized tests in English as a vital measure for assessing an ELL student's language development, but interpretation of the results can often be challenging for the school SLP. Translating the test into the child's native language is difficult. One SLP wrote of an assessment, "I used a Hmong translator to assess a child and there was no way to interpret MOST of the standardized test questions or tasks, according to the translator."

Fourteen percent of the SLPs referred to obtaining a language sample in English as an important element of the overall assessment process. "I look at which speech and language errors are considered normal for speakers of other languages who have recently arrived in this

country versus unusual difference,” one SLP wrote. Sixteen percent of respondents described teacher report and observations as part of the assessment process, 10% described using work samples to accurately identify a language disorder, and 6% listed criterion-referenced measures as essential to the assessment process. Most respondents listed several pieces to the assessment process.

Twenty percent of the SLPs conducted assessment by using a bilingual SLP or SLP-A, and 18% used an interpreter to conduct assessment. Their comments included statements like, “I don’t like using interpreters in evaluations but I know this is sometimes the only way,” “although time consuming (using an interpreter or assistant), it provides us great information that will be helpful in identifying those that are really communication disordered,” and “currently, we are working on training bilingual instructional assistants to assist with communication assessments in Spanish.” Thirteen percent of the SLPs reported that they were unable to conduct their ideal assessment of ELL students because they did not have a bilingual SLP or SLP-A available to them and could not test the student in a language they did not speak. Ten percent were unable to conduct ideal assessments because they did not have access to valid or reliable tests, and 5% had difficulty accessing interpreters. “We only have a standardized Spanish test - no tests for other languages. We do not have a bilingual SLP,” wrote one SLP.

### *Intervention*

When asked what they considered the best choice of language for intervention with a child who does not speak English at home, one-third of respondents answered that using both the native language and English for intervention was ideal. “The best choice would be to provide

language therapy in the child's first or strongest language... this in conjunction with indirect/consultative services to support language growth in the second language as well," wrote one SLP. Another wrote about her district, "For preschool and early elementary, we provide intervention in the first language and English."

Twenty-nine percent of respondents described the native language only as the ideal language for intervention, and 27% responded that English alone was the best choice of language for intervention. "If they are in an English speaking school, I think they should be using English. Most of my students speak English at school," wrote one respondent. Another answered, "Best case scenario would be to provide services in their first language... but in the schools they are hearing everything in a different language and they have to cope in that environment in order to academically make it. Some sort of combination would be ideal when you consider that." Fourteen percent said that choosing a language for intervention depends on the child's proficiency in English, the number of years the child has been in the U.S., and the home environment.

Of those that responded, 29% (n=18) of the SLPs were able to provide what they considered the "best choice" of language for intervention. These SLPs were primarily (73%, n=13) those who considered English the best choice of language for intervention. "There are not enough expectations (on these students) to learn English, given to special interest groups not wanting to mainstream children not speaking English," one respondent replied. Another wrote, "English (is the best choice for intervention,) as they get Spanish 24/7 otherwise, but little English practice at home. They need to be immersed in our language; however, we should be respectful of their culture and uniqueness." Twenty-eight (44%) stated that they were unable to

provide intervention according to what they considered best for the child. These SLPs stated that either native language intervention or bilingual intervention would be best. Their lack of second language skill and/or the inability to access bilingual assistants or resources prevented them from providing ideal intervention services. Comments like, “I am not able to provide intervention in any other language other than English. I consult with parents through an interpreter, and also work with the bilingual tutors to provide suggestions for them in working with identified children,” and “I am not bilingual, so intervention is coordinated with the school ELL program,” were common responses. Twenty-one percent of respondents were “sometimes” able to provide their ideal intervention, usually with the assistance of a bilingual aid or interpreter. “On a very limited basis I am able to use the interpreter in my sessions; after consultation they will work on the concepts in their sessions with the child. I wish my Spanish were better,” one SLP lamented.

Sixty-five percent of the SLPs thought that their available resources were insufficient in working with the ELL students on their caseload. When asked what resources they would like available to them, 54% (n=22) listed a bilingual SLP/SLP-A or a district-wide ELL team, 16% (n=7) listed valid testing materials for assessment in native language, 16% (n=7) listed intervention materials in the child’s native language, and 16% (n=7) listed more professional education. One SLP wrote that she didn’t have any ELL students with articulation problems on her caseload, but “if I did, I would only be able to carry them through the one word level with target sounds. Then I guess I would con the bilingual teacher into some arctic exercises with the development of phrases, sentences, etc. VERY time consuming, but do-able. I just want a bilingual SLP to be available!” The SLPs also described resources like easier access to

interpreters, more time for assessment and intervention of ELL students, references which compare languages and acquisition processes, increased funding, and community efforts for parent training. The SLPs even listed more “time to collaborate with other staff members,” more “time to gather materials,” and “a reasonable workload,” as important resources that are currently unavailable to them. “We do have nice services such as IEPs translated and transcribed in Spanish for the children’s parents. This is a great service. I’d like to see more community efforts for older parents to become immersed in the language,” wrote one SLP.

The majority (87%) of respondents had the opportunity to collaborate with other professionals regarding their ELL students, and 78% participated in conferences and workshops to stay informed on current research in working with ELL students. The journal “Language, Speech, and Hearing Services in Schools” was mentioned several times as the reference used by school-based SLPs to stay informed on current research. Conversely, 15% of the SLPs said they were “not informed” on current research in working with ELL students. “Not really well informed,” and “I need much more training,” were common remarks. “I’ve found our professional journal articles to be very limited - not much practical ‘how to’ information,” wrote one SLP. “I do not have too much time for researching this,” wrote another. “I try, but have fallen behind, as there is so very much to keep up with.”

## Discussion

In the current study, school-based speech-language pathologists throughout Oregon were asked to respond to a web-based survey regarding their caseload diversity, experience and education, and professional perspectives on assessment and intervention for English Language Learners. To serve children from various language backgrounds, SLPs need knowledge and training in ELL assessment and intervention techniques. They need the resources and time to be able to carry out these techniques, which requires support from families, other professionals, and their schools and districts. It is important to note that the SLPs represented a small subset of the SLPs serving Oregon's schools. A more complete picture could be obtained from surveying all the school-based SLPs in Oregon.

The findings supported the hypothesis that the school SLPs had a diverse caseload and a wide variety of opinions about the best way to assess and treat an ELL student with a language disorder. Training and professional perspectives varied widely throughout the state, but there was a consensus on the need for more resources and a better understanding of the complexities of serving ELL students. These areas are discussed regarding their implications for training and practice of school-based speech-language pathologists in Oregon.

### *Language Complexity Within the Schools*

Across Oregon, caseloads were large and diverse, with more than fifteen languages currently represented on caseloads of the SLPs surveyed. Research has shown that distinguishing a language disorder from the normal errors of second language acquisition is a difficult process (Case & Taylor, 2005; Holm et al., 1999; Paradis, 2005). It can take up to 10

years to acquire academic proficiency in another language. The high percentage of ELL students on the SLP caseload throughout Oregon suggests the possibility of overidentification of language disorders. Many of the SLPs were reporting from districts that were proportionately not as diverse as their caseload. The lengthy time period of second language acquisition makes it difficult to determine if an ELL student has a language disorder. However, overidentification of these students carries with it many problems, including the misuse of valuable resources and time. It is important to note that the study did not inquire about dialectical differences of ELL students, which may further compound difficulties in serving this population.

The type of education and ESL services that a student receives have a large impact on how the student should be assessed and treated (Guardado, 2002; Jimenez, 2004; Kohnert & Derr, 2003). The SLP should have knowledge of the ESL services provided by their district in order to use the educational system effectively to provide cohesive intervention. In Oregon, some of the SLPs are lacking this information, with eleven percent of the survey respondents reporting that they were unsure what services their district provided for ELL students. It is the SLP's responsibility to become informed on ESL services which will help connect and complement speech and language services.

Instruction within the classroom is important as well, since there is currently much debate over the effectiveness of English immersion instruction, a commonly used instructional format in Oregon (Green, 1997; Oregon School Boards Association, 2006; Rodriguez & Higgins, 2005; Winsler, et al., 1999). Comments like, "If the (student) is in an English-speaking school, I think they should be using English," and, "To be financially successful in the United States workforce, English is needed," recognize the importance of English proficiency.

However, these comments ignore the research which shows that additive bilingualism results in higher academic achievement and higher levels of English language proficiency (Green, 1997; Gutierrez-Clellen, 1999; Lindholm & Aclan, 1991; Rodriguez & Higgins, 2005). These researchers and others have demonstrated that dual-language intervention and education have numerous positive effects. The researchers are not claiming that English proficiency is not important to be successful in our society; rather the way to English proficiency for a language disordered student is through intervention and instruction in all the child's languages.

Several of the survey respondents had contradicting views on the language of instruction within their schools, reporting that their ELL students should be learning English as quickly as possible in order to be academically successful. In the absence of native language support these students will most likely continue to struggle. The school SLP needs stay informed on the current research surrounding instruction and services, and be an advocate for her students.

### *Identifying a Language Disorder*

Proper assessment can reduce the overidentification of ELL students. Assessment techniques recommended by the current research often take several sessions to complete, but can save time in the long run by eliminating the excessive number of ELL students on the SLP caseload. The survey found a high percentage of ELL students on the SLP caseload, suggesting that the special education system does not have a clear understanding of language difference versus language disorder. The current standardized tests for the ELL population are biased or nonexistent (Gillam & Pena, 2004; MacSwan, et al., 2002; Pray, 2005; Restrepo & Silverman, 2001). Many of the SLPs were aware of this, stating that they wished they had standardized tests

in the student's native language that were standardized on culturally and linguistically similar students. They acknowledged that translation of English tests was difficult and often inaccurate, and they experienced difficulty in interpreting the results. The majority of the SLPs cited better assessment protocols as a resource they wished they had available to them.

The current research supports using a protocol in the child's first language supplemented with a language sample and a developmental/educational profile (Paradis, 2005). Less than half of the SLPs mentioned using some sort of developmental/educational profile or language sample, which is disappointing since expert opinion strongly supports the use of language sampling and interviewing during the assessment process of any student (Andrews & Andrews, 2000; Guardado, 2002; Gutierrez-Clellen, 1999; Laing & Kamhi, 2003). A faulty standardized test alone will not give the information needed to accurately diagnose a language disorder. Few tools exist, which is why it is so essential for the SLP to collect extensive background information to build a complete profile of the student's language ability. None of the SLPs reported interviewing outside of the school setting, a technique supported by some studies which allows the SLP to join with the family early on in the therapy process (Kohnert et al., 2005; Laing & Kamhi, 2003). Home-based interviewing also allows the SLP to obtain a more complete picture of the student's language background and their role in the family.

Many of the SLPs were aware of the current trends in research which recommend using dynamic assessment techniques to supplement standardized tests, such as the test-teach-retest model (Jimenez, 2004). Approximately one-third were able to use these techniques effectively, but the remainder wrote that they had difficulties interpreting the results. The SLPs wished for a better model technique in order to duplicate procedures from one student to another. The lack of

time for assessment was one of the reasons for the sole use of standardized measures, as reported by the SLPs. They felt that dynamic assessment was more useful in determining specific areas of weakness once the student had qualified for language services. The lack of research on how to apply assessment findings also contributes to the confusion.

### *Ideas on Intervention*

The current research supports providing intervention in both the ELL student's native language as well as English (Guardado, 2002; Gutierrez-Clellen, 1999; Kohnert & Derr, 2004; Kohnert et al., 2005; Winsler, et al., 1999). Less than half of the SLPs reporting from around Oregon supported dual-language intervention. Even fewer were able to provide that intervention in a second language. Support from their schools and districts was limited, and the extreme need for bilingual assistants and interpreters was evident in many responses.

Despite their training and education, approximately one-third of the SLPs had opinions on the best way to treat an ELL student with a language disorder that directly contradicts the current literature. English-only intervention was listed as the ideal way to treat an ELL student. Research has shown, however, that providing services solely in English will not ensure that the student will be able to transfer the skills to their first language (Kohnert & Derr, 2004). Students with language disorders need direct intervention in their first language and the current trend in research is to provide some sort of bilingual intervention to increase linguistic skill in both their languages.

According to expert opinion, working with families is a critical component of therapy with ELL students (Guardado, 2002; Gutierrez-Clellen, 1999; Kohnert et al., 2005). With only

one-third of the SLPs reporting family interviewing during the assessment process, and even fewer utilizing families in intervention, the SLPs are missing out on a large piece of the therapy program. Compounding factors like time constraints and large caseloads make this even more difficult. It is important for the SLPs and their districts to realize what an important resource they are losing when they do not use the family members as part of the special education team.

The community can also play an important role in the education of ELL students. One respondent wrote of her experience in another state: "Outside of Oregon, I have seen non-English speaking people become a part of their neighborhood school community... I have seen volunteers teach English to parents/families in the schools. There are multi-cultural events in these schools. I have not seen this sort of community involvement since I have been in Oregon." Research has shown that joining with the family and members in the community can yield many positive effects in therapy and education. School-based SLPs need to seek out such interactions in order to improve their understanding of culture and custom, as well as to improve the quality of care they are providing their students.

It is important to note that respondents who did not follow the current research in their practice represented districts across the state and were educated from a wide variety of graduate programs. They were both new graduates and experienced clinicians and had varying levels of experience in working with the ELL population.

### *Resources and Training*

High personal efficacy has been shown to lead to high motivation to improve practice (Kritikos, 2003). Since so many SLPs across the state did not consider themselves fully

competent in serving the ELL population, and many more mentioned the lack of available resources and tools for working with their ELL students, it is important to examine which SLPs felt that their schools and districts needed improvement. The frustration with limited resources and lack of training was widespread, with respondents reporting this dissatisfaction from school districts all over Oregon. Those that considered themselves “Not Competent” represented three of the most diverse districts in Oregon (Oregon School Boards Association, 2006). These districts need SLPs with the skills and expertise to evaluate and treat the language-complex student body.

Most of the SLPs had received some sort of training in working with the ELL population. Therefore, future research is needed to examine the quality of training and the realistic applicability of that training. Graduate education, in-service training, workshops, and conferences are not making the impact on practice that they need to if so many SLPs continue to feel less than competent in serving the ELL population.

Graduate programs and professional organizations like the American Speech and Hearing Association (ASHA) and OSHA can make a difference in how the professionals in the field are trained to handle complex caseloads. SLPs need better training to distinguish a language disorder from a language difference. The current trends in research are not being put into practice, especially with regards to intervention procedures. Better distribution of information and realistic application methods are needed for school-based SLPs to transfer the research into their practice. The research is limited, but as gains are made school-based SLPs need to effectively modify their practices.

Besides training opportunities, schools and districts can make a difference in other areas.

Caseload size, extra time for working with a complex caseload, and bilingual assistant accessibility are all areas needing improvement. While the research is limited and yields slow gains, improving practices within the schools can help SLPs handle a language-complex caseload.

Schools and districts need to be aware that access to interpreters and bilingual-trained assistants does not just make an SLP's job more efficient, it is a necessity for providing best practices. Research suggests that the SLP be involved in the process of hiring and training interpreters and assistants (Langdon & Cheng, 2002). With few SLPs reporting skills in languages other than English it is important to seek out assistants who bring knowledge of other languages and cultures. The school districts need to be aware of the benefits a second-language assistant can bring to the special education process.

The most overwhelming response of the survey was that of frustration. Many SLPs were very concerned that they could not provide better services to their ELL students, showing their frustration with comments like: "We are expected to make choices that are considered best practices, but are not always provided the resources or support from administration to do so." The need for better training and resources for working with this population cannot be ignored. The Speech-Language Pathology profession needs to be aware of this need and address it, through research, through training and education, and through special education reform within our schools.

### *Limitations of the Study*

As mentioned previously, the limitations of the study included the select sample of

school-based SLPs throughout Oregon. A more thorough sampling of SLPs, including those that were not members of OSHA, would give a more accurate description of SLP practices in the state. Since the SLPs surveyed were part of the state association, it was expected that they had access to current research and had attended conferences and training sessions where professional information was dispersed.

The survey did not address dialectical differences of the ELL students or the actual number of students on each caseload with a specific language background. Also, the SLPs were asked to choose a range for the number of students they serve, which led to some generalization of data.

Another limitation of the study was the open-ended format for questions at the end of the survey. While the survey questions provided a wide array of responses from the SLPs, they were difficult to summarize succinctly. With such a variety of viewpoints and opinions expressed in the responses, it was difficult to find trends among them.

The limited research that is available for working with ELL students hinders any study into current practices. There are no clear guidelines in the research for assessment and intervention with ELL students, and practices are often open to the interpretation of the SLP. More research is needed to determine if current best practices differ depending on the age of the student or the level of schooling, as SLPs serving older students often had different perspectives on practices.

## Conclusion

Speech-language pathologists in the public school setting are challenged to provide services to a large and increasingly diverse caseload. These services require specific knowledge of second language acquisition, as well as training and resources to carry out complete assessment and treatment programs. While the research on best practices for working with ELL students is limited, it is important that the school-based SLP stay informed. It is also imperative that schools and districts provide their special education staff with the tools and support to carry out effective assessment and intervention practices with ELL students.

As the population of English language learners continues to grow in Oregon, it is critical that the SLP profession evaluate the quality of services being provided to ELL students. This study represented a preliminary examination of the current practices of SLPs in the public school setting. School-based SLPs continued to struggle with distinguishing a language difference from a language disorder. They lacked training and tools to conduct effective intervention. Frustration with insufficient resources and training was widespread, and point to the need for changes within the special education system.

Future research should focus on identifying specific resources needed within each district, as well as pinpoint ways to improve the efficacy of training programs and education for school-based SLPs. As research progresses with regards to intervention and assessment of ELL students, school-based SLPs can be trained in specific techniques and strategies for working with their diverse caseload.

## References

- Andrews, J., & Andrews, M. (2000). *Family-based treatment in communicative disorders* (2<sup>nd</sup> ed.). DeKalb, IL: Janelle Publications.
- Case, R.E., & Taylor, S.S. (2005). Language difference or learning disability? *Clearing House*, 78, 127-130.
- Cummins, J. (1984). *Bilingualism and special education: Issues in assessment and pedagogy*. Clevedon, England: Multilingual Matters.
- Gillam, R.B., & Pena, E.D. (2004). Dynamic assessment of children from culturally diverse backgrounds. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, 11, 2-5.
- Green, E.J. (1997). Guidelines for serving linguistically and culturally diverse young children. *Early Childhood Education Journal*, 24, 147-154.
- Guardado, M. (2002). Loss and maintenance of first language skills: Case studies of Hispanic families in Vancouver. *Canadian Modern Language Review*, 58, 341-364.
- Gutierrez-Clellen, V. (1999). Language choice in intervention with bilingual children. *American Journal of Speech-Language Pathology*, 8, 291-302.
- Holm, A., Dodd, B., Stow, C., & Pert, S. (1999). Identification and differential diagnosis of phonological disorder in bilingual children. *Language Testing*, 16, 271-292.
- Hwa-Froelich, D., Westby, C., & Schommer-Aikins, M. (2000). Assessing language learnability. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, 6, 1-5.
- Jimenez, R.T. (2004). More equitable literacy assessments for Latino students. *Reading*

*Teacher*, 57, 576-578.

Kohnert, K., & Derr, A. (2004). Language intervention with bilingual children. In B. Goldstein (Ed.), *Bilingual language development and disorders in Spanish-English speakers* (pp. 311-338). Baltimore: Brookes Publishing.

Kohnert, K., Kennedy, M., Glaze, L., Kan, P.F., & Carney, E. (2003). Breadth and depth of diversity in Minnesota: Challenges to clinical competency. *American Journal of Speech-Language Pathology*, 12, 259-273.

Kohnert, K., Yim, D., Nett, K., Kan, P.F., & Duran, L. (2005). Intervention with linguistically diverse preschool children: A focus on developing home language(s). *Language, Speech, and Hearing Services in Schools*, 36, 251-263.

Krashen, S. (1999). What the research really says about structured English immersion. *Phi Delta Kappan*, 80, 705-707.

Krashen, S., & Biber, D. (1988). *On course: Bilingual education's success in California*. Los Angeles: California Association for Bilingual Education.

Kritikos, E.P. (2003). Speech-language pathologists' beliefs about language assessment of bilingual/bicultural individuals. *American Journal of Speech-Language Pathology*, 12, 73-91.

Laing, S.P., & Kamhi, A.G. (2003). Alternative assessment of language and literacy in culturally linguistically diverse populations. *Language, Speech and Hearing Services in the Schools*, 34, 44-55.

Langdon, H.W., & Cheng, L.R.L. (2002). *Collaborating with interpreters and translators*. Eau Claire, WI: Thinking Publications.

- Larroude, B. (2004). Multicultural-multilingual group sessions: Development of functional communication. *Topics in Language Disorders, 24*, 137-140.
- Limbos, M.M., & Geva, E. (2001). Accuracy of teacher assessments of second-language students at risk for reading disability. *Journal of Learning Disabilities, 34*, 136-152.
- Lindholm, K.J., & Aclan, Z. (1991). Bilingual proficiency as a bridge to academic achievement: Results from bilingual/immersion programs. *Journal of Education, 173*, 99-113.
- MacSwan, J., Rolstad, K., & Glass, G. (2002). Do some school-age children have no language? Some problems of construct validity in the Pre-LAS EspaNoI. *Bilingual Research Journal, 26*, 395-421.
- Martin, D., Krishnamurthy, R., Bhardwaj, M., & Charles, R. (2003). Language change in young Panjabi/English children: Implications for bilingual language assessment. *Child Language Teaching and Therapy, 19*, 245-266.
- Oregon School Boards Association. (2006). *Oregon Public School Districts*. Retrieved February 25, 2006, from <http://www.osba.org/edlinks/districts.htm>
- Paradis, J. (2005). Grammatical morphology in children learning English as a second language: Implications of similarities with Specific Language Impairment. *Language, Speech, and Hearing Services in Schools, 36*, 172-188.
- Paradis, J., & Crago, M. (2000). Tense and temporality: A comparison between children learning a second language and children with SLI. *Journal of Speech, Language, and Hearing Research, 43*, 1092-4388.
- Portland Public School District. (2004). *ESL/Bilingual program data*. Portland, OR: Blanchard

Education Service Center.

Pray, L. (2005). How well do commonly used language instruments measure English oral-language proficiency? *Bilingual Research Journal*, 29, 387-410.

Restrepo, M.A., & Silverman, S.W. (2001). Validity of the Spanish Preschool Language Scale-3 for use with bilingual children. *American Journal of Speech-Language Pathology*, 10, 382-393.

Rodriguez, C.D., & Higgins, K. (2005). Preschool children with developmental delays and limited English proficiency. *Intervention in School & Clinic*, 40, 236-242.

Roseberry-McKibbin, C. (2000). The thematic redundancy approach: Teaching English vocabulary in therapy with bilingual children. *Perspectives on Language Learning and Education*, 7, 16-19.

Salameh, E., Hakansson, G., & Nettelbladt, U. (2004). Developmental perspectives on bilingual Swedish-Arabic children with and without language impairment: A longitudinal study. *International Journal of Language Communication Disorders*, 39, 65-91.

Smith, M.E. (1935). A study of the speech of eight bilingual children of the same family. *Child Development*, 6, 19-26.

Shames, G., & Anderson, N. (2002). *Human communication disorders* (6<sup>th</sup> ed.). Boston: Pearson Education Company.

Winsler, A., Diaz, R., Espinosa, L., Rodriguez, J. (1999). When learning a second language does not mean losing the first: Bilingual language development in low-income, Spanish-speaking children attending bilingual preschool. *Child Development*, 70, 349-362.

## Appendix A: Research Approval Form

### Portland State University HSRRC Memorandum

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**To:** Hillary Koning

**From:** Cathleen Gal, Chair, HSRRC 2005

**Date:** September 20, 2005

**Re:** Approval of your application entitled, "Assessment and Intervention Practices for English Language Learners with Language Disorders" (HSRRC Proposal # 05263)

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In accordance with your request, the Human Subjects Research Review Committee has reviewed your proposal referenced above for compliance with DHHS policies and regulations covering the protection of human subjects. The committee is satisfied that your provisions for protecting the rights and welfare of all subjects participating in the research are adequate, and your project is approved. Please note the following requirements:

**Changes to Protocol:** Any changes in the proposed study, whether to procedures, survey instruments, consent forms or cover letters, must be outlined and submitted to the Chair of the HSRRC immediately. The proposed changes cannot be implemented before they have been reviewed and approved by the Committee.

**Continuing Review:** *This approval will expire on September 20, 2006.* It is the investigator's responsibility to ensure that a *Continuing Review Report* (available in ORSP) of the status of the project is submitted to the HSRRC two months before the expiration date, and that approval of the study is kept current.

**Adverse Reactions:** If any adverse reactions occur as a result of this study, you are required to notify the Chair of the HSRRC immediately. If the problem is serious, approval may be withdrawn pending an investigation by the Committee.

**Completion of Study:** Please notify the Chair of the Human Subjects Research Review Committee (campus mail code ORSP) as soon as your research has been completed. Study records, including protocols and signed consent forms for each participant, must be kept by the investigator in a secure location for three years following completion of the study.

If you have questions or concerns, please contact the HSRRC in the Office of Research and Sponsored Projects (ORSP), (503) 725-4288, 111 Cramer Hall.

## Appendix B: SLP Contact Letter

Dear OSHA SLP,

You are receiving this email because you are a member of the Oregon Speech and Hearing Association. If you are an SLP **currently working in a public school setting**, please read on. Otherwise, your participation is not requested at this time.

For those of you employed in the public school setting:

You are invited to participate in a research study conducted by Hillary Koning from Portland State University, Speech and Hearing Sciences Department. The researcher hopes to learn about the current practices and resources for assessment and intervention of English Language Learners with language disorders in Oregon's public schools. The study is being conducted under the supervision of Dr. Christina Gildersleeve-Neumann, PhD SLP-CCC in partial fulfillment of the requirements for a Master's degree in Speech-Language Pathology. You were selected as a possible participant in this study because you are a current Speech-Language Pathologist in the Oregon public school system and a member of the Oregon Speech and Hearing Association (OSHA).

If you decide to participate, you will be linked to a web-based survey and will be asked to answer a series of survey questions. This survey should take you less than ten minutes to complete. You may skip any question you do not want to answer, and you may discontinue the survey at any time, if you wish.

Every effort is being made to keep your identity confidential. Any information that is obtained in connection with this study and that can be linked to you directly or identify you will be kept confidential. To protect your privacy, only aggregate information will be reported (For example, the level of school an SLP serves, their ethnicity, their language background, etc.) **The unanalyzed results obtained from this study will be emailed to you upon completion of the study.** You may not receive any direct benefit from taking part in the study, but the study may help to increase knowledge which may help others in the future.

Your participation is voluntary. You do not have to take part in this study, and it will not affect your relationship with Portland State University or the Speech and Hearing Sciences department. You may also withdraw from this study at any time without affecting your relationship with Portland State University or the Speech and Hearing Sciences department. Your participation or non-participation will not affect Portland State University's relationship with OSHA.

If you have concerns or problems about your participation in this study or your rights as a research subject, please contact the Human Subjects Research Review Committee, Office of Research and Sponsored Projects, 111 Cramer Hall, Portland State University, (503) 725-4288. If you have questions about the study itself, contact Hillary Koning or Dr. Christina Gildersleeve-Neumann c/o Speech and Hearing Science, Portland State University, P.O. Box 751, Portland, OR 97207, 503-725-3533.

Please understand that you may withdraw your consent at any time without penalty. By clicking on the link <http://survey.oit.pdx.edu/ss/wsb.dll/cegn/slp.htm> you are indicating that you would like to participate in this study.

Thank you for your participation!

Sincerely,

Hillary Koning

Graduate Student, Speech-Language Pathology

Portland State University

Appendix C: Survey of SLPs

**Assessment and Intervention Practices for English Language Learners with Language Disorders**

**Are you:**

Male

Female

**Number of years as a certified Speech-Language Pathologist:**

0-5 years

6-10 years

11-15 years

16-20 years

20+ years

**Number of years as an SLP in the public school setting:**

0-5 years

6-10 years

11-15 years

16-20 years

20+ years

**Highest degree you have earned:**

B.A. or B.S.

M.A.

PhD

**From where?**

**School(s) you serve:**

- Elementary
- Middle School
- High School

**District:**

**What is your ethnicity?**

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other (please specify)

**Do you speak another language?**

- Yes
- No

**If yes, what language(s)?**

- Bosnian
- Cambodian
- French
- Hmong
- Russian
- Somali
- Spanish
- Ukraine
- Vietnamese
- Other (please specify)

**Have you received any specific training in working with the ELL population?**

- Yes
- No

**If yes, where have you received this training? (Select all that apply)**

- Graduate School
- Inservice Training
- Private Workshops
- Conferences

**Number of students on your caseload:**

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 91-100
- 100+

**Number of students on your caseload who speak a first language that is not English:**

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 91-100
- 100+

**Please select the languages that they speak:**

Bosnian

Cambodian

Cantonese

Hmong

Russian

Somali

Spanish

Ukraine

Vietnamese

Unknown

Other (please specify)

**What type of ESL services does your school/district provide?**

None

One-on-one support

ESL classroom for all subjects

Subject-specific ESL class

I don't know

Other (please specify)

**Number of students on your caseload receiving ESL services:**

0-10

11-20

21-30

31-40

41-50

51-60

61-70

71-80

81-90

91-100

Additional Comments

**With the help of an interpreter, how competent do you feel in assessing an individual's language development in a language that you do not understand or speak?**

Not Competent

Somewhat Competent

Competent

Very Competent

Additional Comments

**In your opinion, what is the best way to assess ELL students for a communication disorder?**

**Is this your current means of assessment? Please explain.**

**In your opinion, what is the best choice of language for intervention with a child who does not speak English at home?**

**Are you able to provide this service? Please explain.**

**Are the resources you have sufficient for working with ELL students on your caseload?**

Yes

No

**If not, what resources do you wish you had available to you for working with ELL students?**

**Do you have the opportunity to collaborate with other professionals regarding your ELL students?**

Yes

No

Additional Comments

**How do you stay informed on current research in working with ELL students?**

**Please make any additional comments below:**

Thank you very much for completing the survey!

## Appendix D: Survey Summary Sent to SLPs

### Results of Survey: “Assessment and Intervention Practices for English Language Learners with Language Disorders”

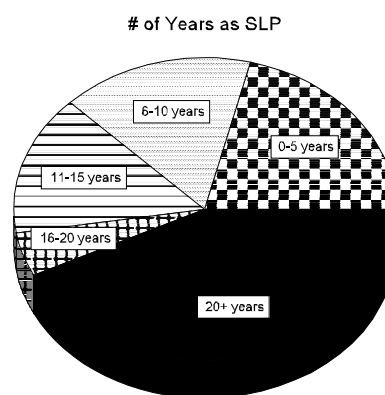
*Survey of OSHA SLPs serving Oregon schools*

63 total respondents

*(Some questions were optional or allowed for more than one answer.)*

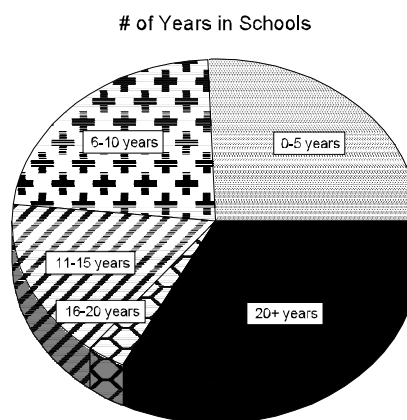
#### (1.) Number of years as a certified Speech-Language Pathologist:

0-5 years:	13 (21.3% of respondents)
6-10 years:	10 (16.4% of respondents)
11-15 years:	9 (14.8% of respondents)
16-20 years:	3 (4.9% of respondents)
20+ years:	26 (42.6% of respondents)



#### (2.) Number of years as an SLP in the public school setting:

0-5 years:	16 (25.8% of respondents)
6-10 years:	14 (22.6% of respondents)
11-15 years:	10 (16.1% of respondents)
16-20 years:	2 (3.2% of respondents)
20+ years:	20 (32.3% of respondents)



#### (3.) Highest degree earned:

B.A. or B.S.	4 (6.7% of respondents)
M.A. or M.S.	55 (91.7% of respondents)
PhD	1 (1.7% of respondents)

#### (3a.) From where?

In-state:	28 (44.4% of respondents)
Out-of-state:	35 (55.6% of respondents)

**(4.) Schools served:** *possibility of more than one answer*

Elementary:	<b>82.5%</b> of respondents
Middle School:	<b>33.3%</b> of respondents
High School:	<b>30.2%</b> of respondents

**(5.) Districts served:**

33 districts, representing 20 counties

**(6.) Ethnicity:**

Caucasian:	<b>96.8%</b> of respondents
Other:	<b>3.2%</b> of respondents

**(7.) Do you speak another language?**

Yes	<b>17.7%</b> of respondents
	6 respondents speak Spanish
	4 respondents speak French
	4 respondents speak a language not listed
No	<b>82.3%</b> of respondents

**(8.) Have you received any specific training in working with the ELL population?**

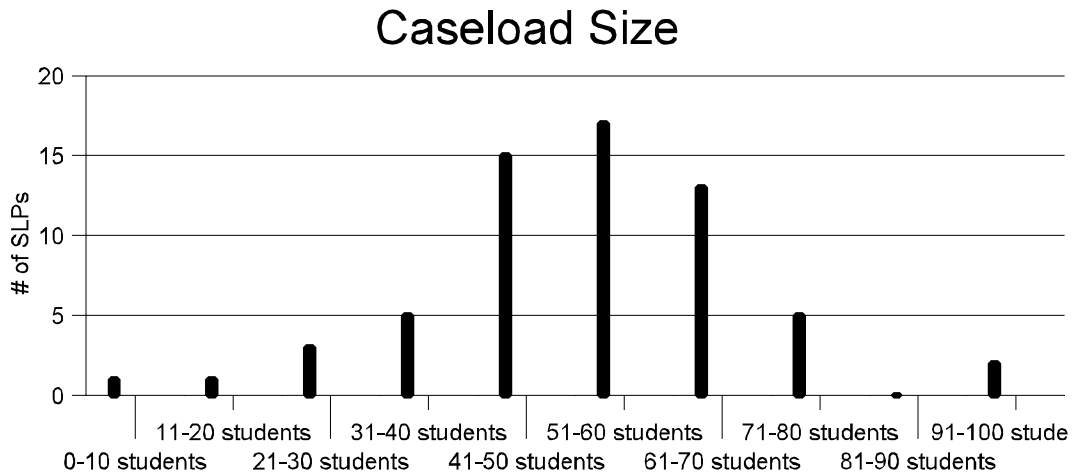
Yes	<b>91.9%</b>
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*(Of those that responded yes, 72.6% received In-service training, 68.3% attended conferences, 44.4% attended private workshops, and 28.6% received training during graduate school.)*

No training received	<b>8.1%</b>
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**(9.) Number of students on caseload:**

- 1.6% of respondents have a caseload of 0-10 students
- 1.6% of respondents have a caseload of 11-20 students
- 4.8% of respondents have a caseload of 21-30 students
- 8.1% of respondents have a caseload of 31-40 students
- 24.2% of respondents have a caseload of 41-50 students
- 27.4% of respondents have a caseload of 51-60 students
- 21.0% of respondents have a caseload of 61-70 students
- 8.1% of respondents have a caseload of 71-80 students
- 3.2% of respondents have a caseload of 91-100 students



**(10.) Number of students on caseload who speak a first language that is not English:**

- 66.1% of respondents have 0-10 students who speak another first language
- 24.2% of respondents have 11-20 students who speak another first language
- 3.2% of respondents have 21-30 students who speak another first language
- 4.8% of respondents have 31-40 students who speak another first language
- 1.6% of respondents have 71-80 students who speak another first language

**(10a.) Languages that ELL students speak:**

- 87.3% of respondents have student(s) who speak(s) Spanish
- 20.6% of respondents have student(s) who speak(s) Russian
- 20.6% of respondents have student(s) who speak(s) Vietnamese
- 12.7% of respondents have student(s) who speak(s) Hmong
- 6.3% of respondents have student(s) who speak(s) Ukraine
- 6.3% of respondents have student(s) who speak(s) Cantonese
- 6.3% of respondents have student(s) who speak(s) Somali

- 3.2% of respondents have student(s) who speak(s) Cambodian
- 1.6% of respondents have student(s) who speak(s) Bosnian
- 12.7% of respondents have student(s) who speak(s) a language not listed
- 3.2% of respondents have student(s) who speak(s) a language that has not been identified by SLP

**(11.) Type of ESL service provided by school/district:**

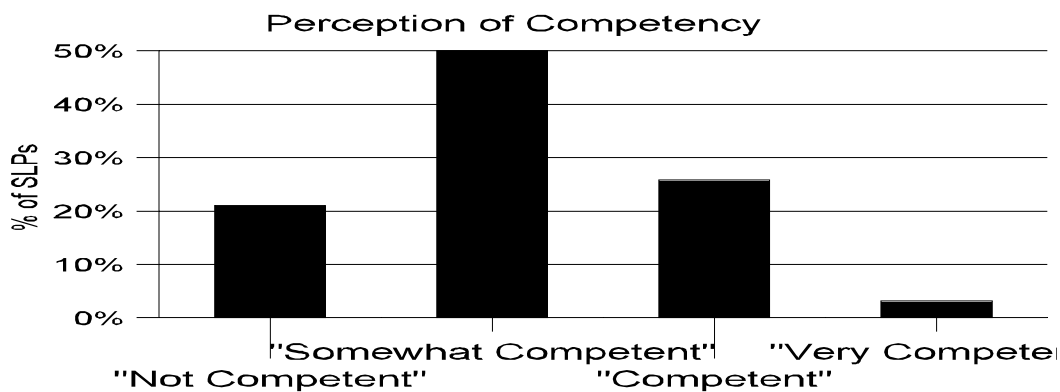
- Subject-specific ESL class provided by 34.9% of schools/districts
- ESL classroom for all subjects provided by 30.2% of schools/districts
- One-on-one support provided by 33.3% of schools/districts
- Other service provided by 30.2% of schools/districts

**(12.) Number of students on caseload receiving ESL services:**

- 73.8% of respondents have 0-10 students on their caseload receiving ESL services
- 19.7% have 11-20 students receiving ESL services
- 4.9% have 21-30 students receiving ESL services
- 1.6% have 31-40 students receiving ESL services

**(13.) With the help of an interpreter, how competent do you feel in assessing an individual's language development?**

- 3.2% of respondents feel "Very Competent"
- 25.8% of respondents feel "Competent"
- 50.0% of respondents feel "Somewhat Competent"
- 21.0% of respondents feel "Not Competent"



**(14.) In your opinion, what is the best way to assess ELL students for a communication disorder?** *Most popular responses listed below, many respondents described multiple measures*

- Standardized tests in native language *normed on culturally/linguistically similar students*(68.3%)
- Language sample in native language (39.7%)
- Parent Interview (30.2%)
- RTI/Dynamic Assessment (28.6%)
- Case History (28.6%)
- Standardized tests in English (22.2%)
- Teacher Report (15.9%)
- Language sample in English (14.3%)
- Observations in several settings (11.1%)
- Work Samples (9.5%)
- Criterion-referenced measures (6.3%)

**(14a.) Is this your current means of assessment?** *Most popular responses listed below*

- Yes (49.2%)
- Yes - With use of bilingual SLP/SLP-A (19%)
- Yes - Using an interpreter (17.5%)
- No - Bilingual SLP/SLP-A not available (12.7%)
- No - Valid/reliable tests not available (9.5%)
- No - Difficulty accessing interpreters (4.8%)

**(15.) In your opinion, what is the best choice of language for intervention with a child who does not speak English at home?**

- Both Native Language and English (30.2%)
- Native Language (28.6%)
- English (27%)
- Depends (on proficiency, years in U.S., etc.) (14.3%)

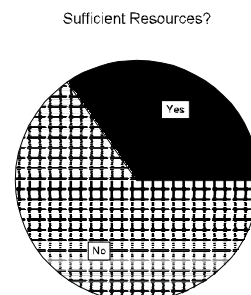
**(15a.) Are you able to provide this service?**

- No (44.4%)
- Yes (28.6%)
- Sometimes (20.6%)

**(16.) Are the resources you have sufficient for working with ELL students on your caseload?**

35.0% of respondents answered "Yes"

65.0% of respondents answered "No"



**(16a.) If not, what resources do you wish you had available to you for working with ELL students?**

*Most popular responses listed below, many respondents described multiple resources*

- Bilingual SLP/SLP-A or District-wide ELL Sped team (54%)
- Valid testing materials for assessment in native language (15.9%)
- Intervention materials in native language (15.9%)
- Professional education (15.9%)
- Easier access to interpreters (12.7%)
- More time for assessment/intervention of ELL students (8%)
- References which compare languages and acquisition processes (4.8%)
- Increase in funding (3.2%)
- Community efforts for parent training (3.2%)

**(17.) Do you have the opportunity to collaborate with other professionals regarding your ELL students?**

**86.9%** of respondents answered “Yes”

**13.1%** of respondents answered “No”

**(18.) How do you stay informed on current research in working with ELL students?** *Most popular responses listed below, many respondents described multiple ways of staying up-to-date on research*

- Conferences/workshops/in-service (77.4%)
- Reading articles/ASHA publications (54.8%)
- Specialist/colleague collaboration (37.1%)
- Not informed (14.5%)

