

Special Education

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Evaluation and Assessment in Early Childhood Special Education:

Children Who Are Culturally and Linguistically Diverse

Office of Superintendent of Public Instruction, Special Education
360-753-6733 TDD 360-586-0126

**Evaluation and Assessment
in
Early Childhood Special Education:
*Children Who Are
Culturally and Linguistically Diverse***

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January 1997
Reprinted September 1998
Reprinted July 1999

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Acknowledgments

We would like to acknowledge the many dedicated professionals in early childhood special education who have persistently brought to our attention the need for additional resources in the area of cultural and linguistic diversity. Special recognition is due to the following people:

Gwen Lewis, Edmonds School District, for her expertise and commitment to appropriate assessment practices.

Linelle Milatchkov, Seattle Public Schools for her enthusiasm and the generous loan of valuable resources.

Debra Williams Appleton, Puget Sound Educational Service District (ESD), for her insightful questions and the resulting expansion in the scope and quality of our work.

Cathy Fromme, OSPI, for her expertise and commitment to understanding diversity.

Glossary of Acronyms

BICS	basic interpersonal communication skills
CALPS	cognitive academic language proficiency skills
CLD	culturally and linguistically diverse
DQ	developmental quotient
ESL	English-as-a-second language
IDEA	Individuals with Disabilities Education Act (PL 101-476)
IEP	individualized education program
IFSP	individualized family service plan
IQ	intelligence quotient
L1	native or primary language
L2	second, acquired language (English for the purpose of this manual)
LEP	limited English proficient
MDT	multidisciplinary team (evaluation for special education services)
OT	occupational therapist
PT	physical therapist
SES	social economic status
SLP	speech language pathologist
WAC	Washington Administrative Code

Terminology

Assessment is used primarily in the first part of this manual as a general reference to the process of gathering information about children. Assessment includes many different purposes and instruments, such as screening, program development, and monitoring of progress.

Evaluation is used in this manual to reflect Washington Administrative Code language, which is based on current IDEA definitions. Evaluation refers to a variety of procedures (tests, observations, interviews, etc.) used to determine whether or not a student is eligible for special education and related services.

WAC 392-172-040 Definitions of “evaluation,” “current evaluation,” “reevaluation,” and “consent.” As used in this chapter:

- (1) “Evaluation” means procedures used to determine:
 - (a) Whether a student is disabled; and
 - (b) The nature and extent of the special education and related services that the student requires, if any. The term includes procedures used selectively with an individual student and does not include basic tests administered to or procedures used with all students in a school, grade, or class.
- (2) “Current evaluation data” for determination of eligibility means:
 - (a) Evaluation data obtained during a period of ninety calendar days prior to determining eligibility for students ages birth to 6; or
 - (b) Evaluation data obtained during a period of one hundred eighty calendar days prior to determining eligibility for students ages 6 through 21.
- (3) “Reevaluation” means procedures used to determine the student's continuing need for special education and related services. Reevaluation may also be used to determine the appropriateness of the services being provided to the student.
- (4) “Consent” means that the parent or adult student:
 - (a) Has been fully informed of all information relevant to the activity for which consent is sought in his or her native language or other mode of communication, including being informed of existing evaluation data to be used;
 - (b) Understands and agrees in writing to the activity for which consent is sought, and the consent describes the activity and lists any records which will be released and to whom; and
 - (c) Understands that the granting of consent is voluntary and may be revoked at any time.

[Statutory Authority: Chapter 28A.155. 95-21-055 (Order 95-11), § 392-172-040, filed 10/11/95, effective 11/11/95.]

Introduction and Purpose

Evaluation and assessment of infants, toddlers, and preschoolers who are culturally and linguistically diverse (CLD) presents complex responsibilities to early childhood professionals. Determining eligibility for special education and related services provides particular challenges. On one hand, children who are culturally and linguistically diverse are overrepresented in special education (Yansen and Shulman, 1996). Conversely, it is easy to overlook a genuine delay or disability if the child's cultural and/or linguistic context is poorly understood. Critical questions related to this issue are raised again and again:

- ◇ What is the influence of culture on early development?
- ◇ How can we accurately identify language delays in children who speak a language other than English?
- ◇ What are the best evaluation and assessment procedures for infants, toddlers and preschool children from diverse family backgrounds?

This manual is designed to provide procedures and resources for assessing birth to 6 year olds who are culturally and linguistically diverse. Information on language learning, the impact of culture on behavior, information-gathering strategies, tests, and the referral process has been summarized from a variety of sources. The resources are intended to guide the evaluation of children who have immigrated from other countries, live in communities that have maintained non-Anglo cultural traditions, and speak primarily languages other than English.

Although the emphasis is on evaluation of young children for special education eligibility, the procedures outlined can, and should, also be applied to assessment for IEP/IFSP development and monitoring. The CLD resources are meant to be used as a supplement, rather than a replacement, for the screening, diagnostic, and programmatic procedures covered in the remainder of the manual.

“...the number of children from racial and ethnic groups other than White (Anglo) is increasing rapidly and may exceed the number of Anglo children by the twenty-first century.” (Henry, 1990, as cited in Meller and Ohr, 1996)

Rationale

The population of children in Washington's schools, like much of America, is becoming increasingly diverse. At least 91 language groups have been identified in our state, over 80 in the Seattle Public Schools alone. Even in rural counties, there are sizable populations of Native American, Spanish speaking, Asian and Russian children attending our public schools. The language groups most frequently represented in Washington schools for the 1994–95 school year were Spanish (56.8 percent), Vietnamese (9.2 percent), Russian (7 percent), and Cambodian (4.4 percent).

Listed below are just a few of the factors that contribute to the rising numbers of CLD children in our schools:

- Parents have brought their children here for better educational, health care and employment opportunities.
- Families have immigrated to Washington to escape war, political, and religious persecution.
- Family members have moved here to reunite with others.
- Children are learning traditional beliefs, languages, customs, and world views as the foundation for early development.
- Youngsters in some communities grow up speaking English with distinct dialectical differences and with important variations in behavioral expectations.

While the majority of elementary programs nationwide have focused on academic instruction in English, early childhood education has emphasized a pluralistic approach. (Diaz Soto, 1991) Nonbiased curricula and multicultural approaches honor diverse backgrounds and abilities, rather than viewing cultural and linguistic differences as deficits. The emphasis on family participation in early intervention programs for infants and toddlers has also increased the importance of evaluating and assessing children within the contexts of diverse home environments.

“Schools should be working to strengthen family ties and the parents’ ability to socialize their children. They can do this by legitimating the home environment, especially the home language, rather than treating it as an impediment to the child’s intellectual development.” (Saidel, 1991.)

Family and Culture

Culture has been defined as:

- “A learned, shared, symbolically transmitted design for living, embodied in beliefs, values, and language.” (Goldstein, 1992)
- “The specific framework of meanings within which a population, individually and as a group, shapes its lifeways.” (Anderson and Fenichel, 1989)

Culture shapes critical meanings and beliefs in the provision of special services to young children and families.

Family is a concept that varies across cultures, for example:

- Social and blood relations.
- Temporary and permanent members.
- Extended and nuclear structures.
- Gender and age hierarchies.
- Extent of identification with the family group.
- Sources of formal and informal support.

In many cultures it is not unusual to have strong bonds and loyalty to members who have not lived under the same roof for many years. Other cultures value physical proximity.

Childrearing practices reflect the cultural context, including:

- Who serves as primary caregivers.
- Who educates young children.
- Expectations for independence.
- Explanations for behaviors.

It is most appropriate in some cultures for grandparents to be primary caregivers; in other cultures, older siblings often expect to assume this role.

Health, Illness and Disability are interpreted within a framework of cultural beliefs.

- Explanations for illness.
- Definitions of wellness.
- Responses to disability.

Western medicinal procedures do not address the cause of the problem, as it is defined for cultures that have spiritual, rather than physical explanations for illness/disability.

Variability and Diversity

Obviously, culture is more than how people dress, what they eat, the holidays they celebrate, and the languages they speak. Culture is an important foundation for our understanding of self, family, society, and the world.

There are dramatic variations in lifeways within identified cultural groups (for example Native American, African American, Asian American, Anglo American, Latin American). Not recognizing the diversity **within** cultures stereotypes families and results in preconceptions that reduce our opportunities for cross-cultural understanding and competence.

“Assumptions about an individual’s behavior based upon a cultural label or stereotype may result in inaccurate, inappropriate, or harmful generalizations.” (Lynch and Hanson, 1992, p. 15.)

Culture is a dynamic concept that also changes over time and adapts as families develop new lifeways, especially after immigration or trauma.

Some questions to consider when providing educational services to young CLD students:

- ◇ How long has the family been in the United States? Are other family members still living elsewhere?
- ◇ Under what conditions did the family arrive here? Was their leave-taking from their former home voluntary, forced, planned, sudden?
- ◇ Has the family joined an existing cultural/linguistic group here? How strongly do they identify and participate with this community?
- ◇ What language is used at home by various family members?
- ◇ What language is used in the community by various family members?
- ◇ How well does the family communicate across generations?

Families are as diverse within cultural and linguistic groups as you are from your neighbors. Culture and language are critical factors, but many other aspects of family life interact with cultural and linguistic identity. While learning about a specific culture is valuable and fascinating, **the most important task for evaluation and assessment teams is to understand a child within the context of the family.** Although culture and language do not explain all aspects of a person’s behavior, there are essential differences across cultures in the activities and expectations of young children. Cultural practices in greeting, feeding/eating, sleep, hygiene, work, recreation, housing, communication, and dress take many forms. Specific practices are less important than the culturally defined meanings attached and the beliefs reflected.

“Behaviors that were appreciated and valued in a family’s country of origin may be confusing to individuals in the United States. What was accepted behavior...may be misunderstood, disdained, laughed at...in their new country.” (Lynch and Hanson, 1992, p. 24.)

Behaviors that might appear to indicate disability or delay may have cultural or linguistic explanations.

The **withdrawn, quiet child** who prefers solitary play to the company of peers may be exhibiting typical behaviors for:

- The reproduction phase of learning a new language.
- Cultural values of respect, deference, reflection, and listening.

The **child who seems aggressive, impulsive, noncompliant** and disrespectful may be exhibiting typical behaviors for:

- Cultural values of independence and self-reliance.
- A history of self-protection and self-sufficiency.
- Not understanding the expectations of a group environment.

The **child who appears disorganized, poorly sequenced, disheveled**, and inconsiderate may be exhibiting typical behaviors for:

- Lack of familiarity with concepts of time and possession.
- Emerging self-care skills appropriate to the culture.
- Stress resulting from adaptation, family trauma, or change.

Language, Culture, and the Developing Child

Evaluation and assessment of young children is always a time-consuming and sensitive endeavor. The youngsters most likely to be accurately identified for specialized instruction despite lapses in evaluation practices are those who share a common cultural and linguistic background with early childhood professionals. **Especially thoughtful and thorough procedures are critical for children who are culturally and linguistically diverse, from initial observations and interpretations of behavior to formalized evaluations.**

It is the first day of preschool and the children are exploring the room as their parents introduce themselves to the teacher and complete the required paperwork. Although the teacher’s desk stands by the wall between the housekeeping and block areas, the children move among the centers in the room without investigating the large desk and chair. One child, however, meanders through the housekeeping area and continues on to the teacher’s desk, climbing on the chair and opening the middle desk drawer. When the teacher calls his name, the boy stands still with his eyes downcast and does not respond. The teacher asks him to

climb down and turns away after making sure he complies. The next time she looks over, the same child is pulling papers out of a bottom desk drawer.

One reaction: *“Oh, boy” thinks the teacher. “This child could be a handful. He doesn’t know what he should play with and what he should stay out of...And he doesn’t mind very well, either. He won’t make eye contact, and I haven’t heard him say a word...I think his family lives on the reservation. I’d better get him evaluated for special services. Lots of those kids seem to end up in special services.”*

Another response: *“I wonder,” muses the teacher, “why that child doesn’t seem to recognize my desk as something to stay out of like all the others. I think his family is Native American. Perhaps he had different experiences playing with the possessions of adults. I’d better ask about the best way to communicate with him, as he seems to be doing a lot of listening and watching but not talking or making eye contact with me.”*

It is imperative accurately identify children from other cultures and language backgrounds for special education services. We should plan to take additional time and effort to avoid confusing differences in culture and language with genuine disabilities and delays in development.

Consideration of cultural/linguistic factors requires:

- A nonjudgmental attitude of inquiry.
- A respect for the life ways of others.
- Reliable and valid test instruments.

Language Acquisition

It takes years for children to learn to speak their first language fluently. Second language learners usually acquire basic interpersonal communication skills (BICS) within one to two years. (Cummins, 1981). BICS are oral and comprehension skills that allow interaction about everyday and personal topics, the types of skills we expect native English speaking children to have by the time they start school.

“The fastest and most effective acquisition of a second language occurs in the same fashion as people learn a first language: developmentally.” (Krashen, 1982)

The Developmental Sequence of Language Acquisition is similar for first (L1) and second (L2) languages:

Preproduction and comprehension—the child is learning the speech sounds, patterns, and meanings of the language by listening and observing people who speak the language. (i.e., child listens to conversations, stories, books, songs, and uses prelinguistic postures, gestures, expressions appropriate to the culture.)

Early production—the child is using gestures; simple, single words; and very simple word combinations. Comprehension is more advanced than expression (i.e., child points, reaches, names items [“Mama go.”]).

Emergent speech—the child is building vocabulary and using longer utterances to communicate more complex meanings; grammar and articulation errors may still occur (i.e., “I hurted my feets on the stones. Then water came out my eyes.”).

Intermediate fluency—vocabulary, articulation, grammar, comprehension, and use support complex communications and developing conceptual abilities; corrections are still required for refinement of skills (i.e., “He was crying and suppressed about his lost dog.”).

“Normal development indicates that children first learn to talk and then use language for learning.” (Yansen and Shulman, 1996.)

Literacy and Academic Learning

While young children who are learning English will usually acquire age-appropriate conversational English after about two years of regular exposure, mastery of cognitive academic language proficiency (CALP) may take as long as seven to nine years. (Cummins, 1981; Collier, 1995.) **The deeper structures of language that support conceptual development and emergent literacy are intricately tied to cognitive development and competence in the first language.**

“Requiring that a child use language to learn before learning to talk in a particular language can place significantly greater cognitive and psychological demands on that child.” (Yansen and Shulman, 1996.)

Implications:

- It is impossible to separate language and cognitive development. **Cognitive delays will make language learning difficult in L1 and L2.**
- It should not be assumed that bilingual preschoolers who have a basic command of English will be able to use English to learn new concepts. **Failure to learn may be a language problem rather than a cognitive delay.**

“Research has found that young children who do not have opportunities to develop cognitive competence in their first language while learning English are more likely to have academic learning delays than those who have bilingual early education.” (Cummins, 1984.)

Implications:

- Language is typically acquired, rather than learned through drill and practice; the particular language used is less important than the opportunity for quality interactions with competent speakers.
- Parents should be encouraged to use their native language with their children; parents can best support language and cognitive development by using the language in which they can be the best models and maintain high quality communications.

What is the difference between language acquisition and a language disorder?

From Ortiz, 1992; Meller and Ohr, 1996; and others.

Language Acquisition

When children are learning English as a second language:

- it is typical for their skills in English vocabulary, pronunciation, grammar, and comprehension to be less well-developed than their peers who only speak English.
- they will acquire English in a predictable developmental sequence, similar to younger children who are beginning to learn English.
- reduced opportunities to use their first language may result in loss of competence in L1 before becoming proficient in English.
- they may switch back and forth between L1 and English, using their most sophisticated skills in both languages within single utterances.
- results from assessments conducted in English are unlikely to reflect the child's true skills and abilities in most domains.

Language Disorder

When children have a language impairment or disorder:

- errors or limited skills in vocabulary, pronunciation, grammar, and comprehension interfere with communication in their first language (L1), compared to peers from the same language group.
- their English skills are delayed in comparison to peers from the same language group who have been learning English for the same length of time.
- their communication is impaired in interactions with family members and others who speak the same language.
- skills in their first language will be limited, inappropriate, or confused in content, form, or use.
- assessments conducted in English will be unable to discriminate between language acquisition and language disorder.

“Exposure to or use of a non-English language in and of itself never causes or contributes to any handicapping [disabling] condition, including communication disorders.” (Barrera, 1993.)

The Prereferral Process

The referral of any young child for evaluation for special services requires sensitivity to factors that frame the context for growth as well as accuracy in the measurement of developmental abilities. **Our own assumptions about the skills and behaviors with the dominant culture underlie the judgments we make about young children in early education programs.** The assumptions we may unconsciously hold are violated when we attempt to interpret the behaviors of children without understanding their primary cultural and linguistic contexts.

“Evaluation and assessment can ‘empower’ or ‘disable’ children who are culturally and linguistically different...” (Cummins, 1989.)

Empowering Process

- ☺ Assessment empowers the young child by seeking to understand development within a relevant cultural and linguistic context.
- ☺ Evaluation results are used to advocate for appropriate instruction that honors the child’s primary language and culture.

Disabling Process

- ☹ Assessment disables the young child who is CLD by ignoring the cultural and linguistic context that has framed development.
- ☹ Evaluation results are used to identify deficits in development and label children based on invalid standards.

“It is clear from existing data and projections that language minority students comprise an increasing proportion of our youngest learners.” (Diaz Soto, 1991.)

“Perhaps the most overlooked issue is the impact of cultural diversity as it applies to the cognitive and behavioral functioning of young children who are being assessed for possible developmental delays.” (Meller and Ohr, 1996.)

Potentially serious consequences of assessing young children without adequate consideration of cultural and linguistic contexts:

- Without knowledge of the demands and standards of the home environment, the young child’s behaviors may be negatively misinterpreted.

- Typical developmental competence in other languages and cultures may be mistakenly identified as delay or disability.
- Preschoolers may receive special education services instead of more appropriate bilingual or culturally relevant interventions.
- Children may be wrongly identified as having developmental delays or disabilities if the expectations of the primary culture are different than the mainstream developmental standards reflected in evaluation instruments.
- Self-esteem can suffer if children perceive that their languages and cultures are devalued, considered inferior, or a disadvantage to development.
- Children may lose contact with immediate family if parents interpret results of evaluation and assessment as an indictment of their efforts to socialize their children in their own lifeways.
- In the long term, educational, social, and vocational opportunities may be curtailed if children are labeled as having lesser potential for learning.
- Beneficial services may be overlooked if genuine disabilities/delays are masked or obscured by cultural differences.

“One issue that has created a great deal of confusion and controversy is the stereotyping of economic disadvantage as equivalent to cultural disadvantage or diversity.” (Meller and Ohr, 1996.)

“Limited English proficiency in and of itself is never sufficient basis for referral.” (Barrera, 1993.)

Questions to Consider Before Referring a Child Who is Culturally and Linguistically Diverse

Affirmative (yes) answers to any of the first three questions constitutes reasonable grounds for pursuing a referral to special services.

1. Is there evidence of identified developmental delay or disability (for example, cerebral palsy, hydrocephalus, Down syndrome)?
2. Is the child having difficulty communicating effectively at home or in the cultural community, compared to same-age peers?
3. Is the child failing to make progress in learning English, given ample opportunities to do so and in comparison to peers who are also learning English?



Complete, accurate answers to the following questions about the language environment of the child who is CLD should accompany the referral:

4. Is a language other than English used in the home/caregiving environment?
5. Is English also spoken in the child's home/caregiving environment?
6. What is the child's dominant language? Who uses English and the other language(s) with the child, and how often are each used?
7. What is the child's level of proficiency (receptive and expressive) in English and the non-English language?

A relative language proficiency screening in both L1 and L2 is required prior to evaluation.

Language Proficiency and Dominance

As all young children are still in the process of acquiring their first language, the competence of second language learners is an especially complex issue. Accurate assessment requires early childhood professionals to have:

- ◇ **Knowledge of typical language development in English.** What skills do typically developing same-age peers have in English?
- ◇ **Knowledge of the child's competence in his/her first language.** What skills does the child have in his/her first language?
- ◇ **Complete information on the child's expressive language (vocabulary, articulation, grammar) and comprehension skills in English.** What are the child's communication strategies, specific skills, and patterns of errors in English?

"In order to assess linguistically and culturally diverse students, [team members] must begin a sequential process. This process begins with assessing the student's language dominance and proficiency skills and ends with recommendations for placement in an appropriate educational setting." (Yansen and Shulman, 1996.)

Primary language—the child's native language. The primary language is the first language learned and often the language used most frequently in the home. WAC 392-172-108 requires that each student be evaluated in his/her primary language or mode of communication.

Language proficiency—how well a child uses language(s). In the case of bilingual children, relative proficiency for the first language (L1) and the second language (L2, English) will vary over time and settings, depending on the languages used at home and for instruction.

Dominant language—the language that the child prefers to speak. In bilingual children the dominant language is usually better developed and may intrude into use of the nondominant language. A child may use English as a dominant language, especially in the school setting, and not be proficient in academic usage. The same child may be dominant at home in the primary language.

Screening for Language Proficiency

There are a number of available instruments to screen for language proficiency, although few address the skills being learned by preschool-age children. Two different examples of proficiency assessments are included in Appendix A.

The ***Oral Language Screening Profile*** rates comprehension, fluency, vocabulary, pronunciation, and grammar on a five-point scale in both L1 and L2 in a very approximate comparison to the skills of peers in both languages. This profile was modified for use with

preschoolers from a more detailed *Student Oral Language Matrix* published by the Los Angeles County Office of Education in 1988.

The *Checklist of Language Skills for Use with Limited English Proficient Students* assesses BICS and CALPS for both L1 and L2. This checklist was developed by Berhard and Loera in 1992 and includes some literacy skills that may be developmentally too advanced for preschool children.

It is important to remember that language dominance and proficiency cannot be determined from the school environment alone. Many children, even preschoolers, have learned that they are expected to speak English at school, even if it decreases their ability to communicate effectively.

Depending on the sequence of language learning experiences, a child may be more proficient in some aspects of L1 and other aspects of L2. For example, a child may have a larger vocabulary in English, but more complex grammar in their first language. **Therefore, it is critical to screen proficiency in both languages.** (A native language speaker should always conduct the L1 screening.)

A determination of language dominance and proficiency should guide early childhood specialists in deciding which language to use for evaluation and instruction: (Yansen and Schulman, 1996.)

- For a child whose first language is clearly dominant, evaluation and instruction are best provided in the child's primary language.
- For a child who is bilingual (equally proficient in L1 and L2) or dominant in English but has another primary language, using both languages maximizes opportunities for success.

Screening for Language Dominance

A screening for language dominance describes the child's receptive and expressive oral language environment: which language the child uses and hears the most and in which settings, how long he/she has had experience with English, and language usage patterns of other family members with each other and the child.

Obviously, gathering information about the child's language environment will require other strategies than testing the child. *A Home Language Survey* by Alba Ortiz, (see Appendix A) provides a framework of basic questions for interviewing a child's family about language usage. The family's knowledge of the child, preferences and goals for language use also provide valuable information for early childhood professionals attempting to interpret a youngster's skills and behaviors.

Other Questions to Ask Parents of Children Who Are Culturally and Linguistically Diverse:

- ◇? How much experience has your child had out of your home with adults and peers who are not family or close friends?
- ◇? When you are explaining something new to the child, which language works best?
- ◇? In which language does the child best express wants, needs, feelings?
- ◇? How important is it for **you** that your child learn English and be able to speak your primary language?

Remember:

- Assessment of language dominance and proficiency are usually screening tests, not evaluations of language competence.
- The results indicate only which language the child prefers and how well he or she is using both L1 and L2.
- Screening for language dominance and proficiency **does not** assess academic and cognitive skills or predict academic success.
- A child may prefer one language at home and another at school.

Gathering Pre-Referral Information: A Paradigm Shift

A formal referral to special services is only justified after it has been determined that a child's behavior and performance cannot be explained solely by language or cultural differences, the acculturation process or the learning environment. **Determining whether or not children who are culturally and linguistically diverse should be referred to special services will require more than observing and testing the child in the classroom.**

"Gathering information on a child's individual and developmental context as well information on the child and family's socio-cultural context is essential." (Barrera, 1993.)

What do we need to know about children and families from diverse language and cultural groups?

Before attempting to assemble and analyze a complete picture of a young child whose culture and language is unfamiliar, professionals need to identify fundamental parameters for communication with the family:

- **What are the family's sources of formal and informal support, in addition to school?** What other agencies, professionals and individuals could help us understand this child, the family, and their culture?
- **Do we have adequate information about language dominance and proficiency of the parents?** Do we need an interpreter or have paperwork translated?
- **Have we determined the literacy level of the parents in both the primary language and English? Are we confident that written notices and communications are being understood by the parents?** If not, are appropriate I/T services being provided?
- **Does the family share our developmental concerns about the child?** Will a possible referral to special services be an unanticipated surprise?
- **What resources do I need?** What else should I be considering in order to make the best decision about whether or not to refer this child?

Working with Interpreters and Translators (I/T)

Children, families, or professionals should not be struggling to communicate in a new language during the process of gathering information for referral and evaluation!

It is obvious that early childhood professionals will often require an interpreter or translator in order to communicate with children and family members who speak a language other than English. **Trained I/Ts play an essential role in the prereferral and evaluation process.**

Their role is to facilitate interpreter/translator spoken and written communications between English speaking professionals and family members who speak another language.

Three Basic Phases in Working with an I/T:

Briefing: an initial meeting to plan interviews, observations, conferences, or testing.

During the briefing, the role of the I/T is determined; purposes and procedures for information gathering are explained; critical vocabulary, questions and tests are reviewed; and professionals receive information on cultural conventions and issues. Planning is critical in order to maximize the usefulness of the I/T.

Interaction: working together during the actual interviews, observations, conferences, or testing.

During information-gathering activities, the I/T's responsibility is to interpret every comment made by both professional staff and family members. The professional staff retains legal responsibility for the sequence and format of information-gathering procedures, including the questions asked, behaviors observed, and tests administered.

Debriefing: meeting to discuss and interpret the interviews, observations, conferences, or testing.

Following interviews, observations, and conferences, the I/T and the professional staff meet to discuss the responses of the child, clarify questions from the family or staff, and identify any problems relative to the I/T process.

The information collected is used for making vital decisions about the lives of young children who are culturally and linguistically diverse. The process deserves the benefit of clear and accurate interactions between all parties. The following list of desired competencies for interpreters and translators reflects the importance and scope of training for I/T personnel.

Desired Competencies of Interpreters/Translators

(revised from Ortiz and Wilkinson, 1990)

Linguistic competencies—The I/T must be able to read, write, understand, and converse proficiently in both L1 and L2. They must be familiar enough with **both** languages to say things in different ways, understand idioms, adjust to colloquial and formal usage, and use the terminology of early childhood and assessment/evaluation. **Conversational use of L2 is not adequate training.**

Cultural competencies—The I/T must also understand both mainstream American culture and the culture of the child and family well enough to explain cross-cultural variables, identify subgroups within the culture, and anticipate acceptable and expected conventions for interaction. **Adequate training includes knowledge of the family’s culture and its variations.**

Ethical/professional considerations—The I/T must be able to maintain the same level of professional conduct expected of all team members, including requirements for confidentiality and neutrality, collaboration, and interpersonal communication. **The I/T role is different than that of an advocate.**

Other competencies desired for early childhood—The I/T must be familiar with assessment and evaluation procedures, specific test instruments and administration guidelines used, values and beliefs about child development and parenting in both cultures, and concepts involved in early childhood education services (eligibility, special services, prevention). **The I/T must be able to clarify and explain beliefs and values about young children.**

Remember:

- Never, ever use friends, family members, or siblings to interpret and translate during meetings.
- The school district is legally responsible for all procedures used to gather information during prereferral and evaluation.
- Rules of confidentiality apply to all procedures for gathering information.
- Clinical judgments are the responsibility of the professional staff, not the I/T.

The procedures suggested for prereferral information gathering will also provide invaluable data if a formal referral for evaluation is made. Before initiating a referral, however, make sure you have completed the following checklist:

Prereferral Checklist

Have I:

- Worked with an interpreter/translator who has the desired competencies?
- Screened for language proficiency in L1 and English?
- Screened for language dominance across the child's routine environments?
- Screened developmental skills across all domains, including hearing and vision?
- Interviewed the family, other service providers, cultural guides?
- Observed the child in the classroom and at home?

Observation as an Information-Gathering Strategy

"...there is no such thing as objective observation. Every observer brings particular lenses (both personal and socio-cultural) through which he or she views and evaluates what is observed. [Emphasis added.]" (Barrera, 1993.)

Observation is a powerful strategy for gathering information; it is used frequently to better understand the behavior of all young children. Unconscious values and assumptions of our own cultural backgrounds, however, may influence how we interpret behaviors of children whose cultures are unfamiliar to us.

Questions to Inform Us About the Behaviors of Children Who Are CLD

- What values or expectations form the foundation for **my** interpretation of a behavior?
Why does the behavior seem atypical or negative to me?
- How is the behavior explained or interpreted in the child's home environment and community? *What does this behavior mean in the child's daily life?*
- What is the response to the behavior at home and in the community? *How effective is the behavior in the child's environment?*
- How have I responded to the child's behavior, and how effective was that response?
Have I unwittingly violated a cultural norm or expectation and confused the child?
- Am I expecting behavior that is culturally inappropriate for this child? *What would happen if the child exhibited the behavior I would like to see at home?*

“The challenge is not simply becoming aware of the framework from which a culturally different family operates, but...becoming aware of the cultural assumptions from which professionals derive their judgments.” (Harry, 1992.)

It is clear that no single early childhood specialist will be able to do an adequate job of providing all the information necessary to make a good decision about whether or not to refer a child who is CLD for evaluation. **It is essential that districts have established child study/teacher assistance teams to determine the status and needs of young students from diverse cultures and language groups.**

The complexity and novelty of cultural and linguistic information necessitates that early childhood professionals garner all possible resources to assist and support in understanding the child and his/her development.

Identify Resources and Support People

(possible team members)

- | | |
|-------------------------|------------------------------|
| •Parents | •Teacher |
| •Interpreter/translator | •School psychologist |
| •Bilingual teacher | •ESL specialist |
| •Counselor | •Specialists (reading, etc.) |
| •Cultural “guides” | •Administrator |

Take the Process Outside the School

(possible sources of information)

- | | |
|-------------------------------|----------------------|
| •Parents and family members | •Referral sites |
| •Culturally specific services | •Other professionals |
| •Family health-care services | •Child care centers |

Use Multiple Methods to Gather Information

(possible methods of information gathering)

- | | |
|-----------------------------------|----------------------|
| •Observation—in multiple settings | •Interview |
| •Records review | •Formal testing |
| •Art work and drawing | •Informal assessment |

The Evaluation Process: Evaluation for Children Who Are CLD Is Much More Than Testing

“The child being assessed is only the ‘foreground’ of the total picture. It is, therefore, important to identify the background against which that foreground is framed.” (Barrera, 1993.)

Often, after gathering thorough and culturally relevant prereferral information on a CLD child, academic and behavioral concerns may be explained by social and cultural factors. The child may be exhibiting typical language acquisition progress in English, in which case the most appropriate referrals are to available bilingual or ESL programs, rather than to special education.

However, the information gathered may indicate the presence of problems that cannot be explained by second language acquisition, acculturation, family context, or learning environment variables. In this case, an important role of the multidisciplinary team (MDT) is to identify the best procedures for determining whether or not the child is eligible for special education.

WAC 392-172-102 Preevaluation procedures—Referrals.

A referral of a student suspected of having a disability may be originated or transmitted through any source, either in writing or verbally.

Following the referral, **the multidisciplinary team will determine procedures and processes necessary** to determine whether or not there is a disability and a developmental delay. [Emphasis added.]

The Washington Administrative Code (WAC) clearly specifies the importance of the procedures and processes used in evaluation, as well as the determination of delay and disability. **The results of observations, interviews, and conferences conducted during the prereferral process can become important sources of information during formal evaluation of children who are culturally and linguistically diverse.**

Recommended practices for the evaluation of young children who are CLD are in most ways similar to best practices for the evaluation of all young children.

General Considerations for Evaluation of Children Who Are CLD

- **The behavior of young children can only be understood within the context of family and culture.** If professionals are unfamiliar with a child’s culture or language, it

is especially important that evaluation involves procedures for gathering information about family and patterns of language and conventions for communication and interaction.

- **The education system is only one of many places where families who are CLD receive support and services.** It is essential that the MDT coordinates with family members and other service providers who have information about the family's cultural background and the child's developmental progress.
- **There are very few norm-referenced tests for use with young children that are standardized to include specific cultural/linguistic groups.** Consequently, it is necessary for the MDT to utilize alternative procedures (observation, interviews, profiles, professional judgment) to determine a child's needs and strengths.
- **Resources for interpreters or "cultural mediators" are often very limited.** MDT members may have to make special and creative efforts to include members knowledgeable in the culture and first language of the child and family.

“When the child’s background is different or even dissonant from the assessor’s, the evaluator must learn as much as possible about the components of the child’s background *before starting to observe and judge the child’s behavior and development.* [Emphasis added.]” (Barrera, 1993.)

When professionals share cultural backgrounds with the children they evaluate, the behaviors and abilities of young children are interpreted within a commonly held framework of expectations and meanings. The tests most often used to determine eligibility for special education are based on assumptions that do not always hold for children who are CLD.

Why Can’t We Depend On the Standardized Tests We Usually Use for Evaluating Young Children?

1. Standardized tests of achievement, IQ, and DQ often contain many items that rely heavily on language, even for very young children. **The results of these tests are not accurate or valid for children who speak and hear primary languages other than English.**
2. Tests that have been simply translated into the child’s primary language do not take into account differences in experience or cultural context between the norm group and the child who is CLD. Also, translation changes the difficulty of test items. **The results of these tests are not necessarily accurate or valid.**
3. Representative samples of the children from other cultures and language groups being tested are seldom included in the norm group from which the test was developed. **The results of these tests are not valid for children who are CLD.**
4. The types of interactions required for testing may be culturally inappropriate for children and families from other cultures. **The results of these tests may reflect social and cultural differences more than academic or behavioral performance.**
5. Even tests that have been translated may not reflect the individual child’s specific dialect and may not be representative in the norm sample.

Options to Consider for Testing

- Work with the school psychologist to identify an age-appropriate standardized test that is primarily nonverbal in administration and has been designed specifically for ESL learners. (See Appendix B for a list of possible instruments.)
- Report a student’s performance on specific items on standardized tests, but use a test-teach-test procedure and do not report the scores.

- Replace standardized tests with curriculum-based instruments that can be administered primarily through observation and report.

Conducting accurate and fair developmental evaluations of infants, toddlers, and preschoolers whose cultural and linguistic backgrounds are unfamiliar to the evaluator requires a shift in mindset. **The evaluator must learn enough about each child’s family and culture to understand the “background” against which each child’s life portrait has been painted,** in addition to gathering the usual array of specific information about children.

“Cross-cultural research forces practitioners, program developers, advocates and policy-makers to question appropriateness of every program goal and validity of every assessment tool in light of the cultural background of the children and families whom they serve.” (Nugent, 1994.)

Given the complexities of language and culture and the requirements of the evaluation process, **it is not surprising that extra time and resources may be required for professionals to gather the information** necessary to determine whether or not young children who are culturally and linguistically diverse have disabilities or delays.

A successful child study team requires administrative support to ensure ongoing commitment to meeting the needs of culturally and linguistically diverse learners.

Ultimately, the role of the MDT is to determine whether or not a young child who is CLD has a disability or delay that qualifies him/her for special education or related services. The WAC below does not, however, require test scores as the sole determining factor. If approved standardized instruments do not yield reliable and valid data, professional judgment statements can be used to take the place of test scores in determining eligibility.

WAC 392-172-152 Summary analysis of evaluation data.

(1) The student’s multidisciplinary team shall analyze the reports of evaluation data provided for in WAC 392-172-108 and any other available data in each of the areas evaluated. From these reports a written summary analysis shall be prepared. The conclusions and recommendations resulting in the eligibility decision pursuant to WAC 392-172-154 and contained in the summary analysis shall:

- a) **Identify the existence of a disability** which requires provision of special education and related services.
- b) Reconcile any inconsistent or contradictory information that appears in the evaluation data.
- c) **Relate the apparent significance,** as appropriate, of such factors as **test measurement error or cultural, environmental, economic, and behavioral factors** to the evaluation results.

Where specific test results obtained in any evaluation do not appear to the multidisciplinary team to accurately reflect a student's performance the multidisciplinary team shall apply **professional judgment** to determine eligibility for special education and related services. In such an event, the multidisciplinary team shall **document in a written narrative the basis for such determination, the instruments used, and the data used for a determination of eligibility.** [Emphasis added.]

Professional judgment is more complex than a simple statement that standardized testing is inappropriate for a specific child. Writing professional judgment statements for summary analysis most often requires more time and effort than the reporting of test scores, but conveys much more specific and meaningful information about the child, the test instruments used, and the results obtained.

Critical Elements

Critical Elements of Professional Judgment Statements for English-as-a-Second Language Students

- **A rationale** for departing from the procedures and instruments commonly used to evaluate same-age peers with similar developmental concerns.
 - **Specification of alternative strategies** used for evaluation.
 - **Justification** for use of the alternative methods. Give compelling evidence that justifies the use of alternative methods and demonstrates that standardized data are not valid (e.g., research, recognized professional practices and procedures, clinical judgment, or behavioral observations).
 - **A statement of results** in terms of the legal eligibility criteria (WAC 392-172-114 through 392-172-148).
 - **An explanation** of an identified disability or delay that specifically rules out cultural and linguistic factors as the cause of atypical cognitive and behavioral performance.
- OR,
- **An explanation** of ineligibility giving evidence of the specific cultural and linguistic factors that explain academic and behavioral performance without identification of disability or delay.

Brian Leung (1990) has recommended the following format as efficient and effective for reporting results of evaluations. The italicized text highlights aspects of the summary analysis particular to children who are culturally and linguistically diverse.

Reports That Work for Students Who Are CLD

- **Identifying information:** name, date, birthday, school, and grade of child, *language(s) of assessment*, examiner(s).
- **Brief background:** summary of developmental, academic and behavioral, and *family history*.
- **Reason for referral:** referral source, main concern(s).
- **Assessment results:** *interviews* summarized for each respondent, *observations* summarized for each setting, testing conducted (instruments, results, *elaboration of results*).
- **Summary/impression:** analysis and interpretation of all available data for purposes of specifying sources of developmental, academic or behavioral concerns and *statements of expected progress of ESL/CLD students in similar circumstances*.

- **Recommendations:** proposals for further evaluations, environmental modifications, programmatic revisions, alternative placements, instructional strategies.

The evaluation report for a CLD child can serve to educate readers by:

1. Reinforcing the concept that evaluation does not just equal testing by including interviews and observations first under the headings *assessment* or *evaluation*.
2. Expanding the knowledge base on CLD children by describing alternative tests and information gathering strategies, and “planting” concise bits of information about second language acquisition, the effects of acculturation, and cultural differences.
3. Advocating for the child by identifying the impact of teacher, parent, and peer interactions on the child being evaluated. (Leung, 1990.)

A well-written evaluation report can serve as a powerful catalyst for change. It is especially important that information be passed on to regular education personnel **if the child is determined to not be eligible for special education**. A last step for the evaluation team is to identify key people with whom to share their understanding of a child’s culture, language, behavior, and development. The time and effort taken to assemble a sensitive and thorough picture of a child results in a valuable resource.

Evaluation Checklist

Have we:

- Worked throughout the process as a team that includes parents, specialists, and a trained interpreter/translator?
- Completed the prereferral checklist?
- Conducted evaluation activities in L1 and L2?
- Identified a disability or delay that is not explained by cultural or linguistic differences?
- Identified specific cultural and linguistic factors that impact performance at school without indication of disability or delay?
- Made recommendations based on the child’s needs, rather than on convenience in providing services?
- Written a report that includes a complete statement of professional judgment?
- Had the report translated for the parents?

The following excerpt from a cross-cultural research study (Glick, 1975) illustrates perfectly the issues inherent in evaluating young children whose values, beliefs, and life experiences differ from those of examiners and test developers:

In the sorting task, 20 items representing five types of food, five types of clothing, and five types of cooking utensils were heaped on a table in front of a Kpelle subject. When the subject had finished sorting, what was present were ten categories composed of two items—each related to each other in a functional, not categorical, manner. Thus, a knife might have been placed with an orange, a potato with a hoe, and so on. When asked, the subject would rationalize the choice with such comments as, “The knife goes with the orange because it cuts it.” When questioned further, the subject would often volunteer that a wise man would do things this way. When an exasperated experimenter asked finally, “how would a fool do it,” he was given back sorts of the type that were initially expected—four neat piles with foods in one, tools in another, and so on. (pp. 635-636)

Let us, as early childhood professionals, make a commitment to always honor that which children believe is wise and legitimate, and recognize when our expectations may seem inappropriate or even foolish.

“Bilingualism is like random chaos to psychometrics.” (Rueda, 1996.)

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APPENDIX A

Examples of Instruments for Screening Language Proficiency and Dominance

Preschool Oral Language Screening Profile

(adapted from Student Oral Language Matrix,
Los Angeles County Office of Education, 1988)

Child's name: _____

L1 _____ L2 _____

Directions: Draw and label vertical lines to represent the approximate competence level of peers in each language. Observe the child at home and in the classroom. Indicate the child's relative skill levels with a **O** for **L1** and an **X** for **L2**. Compare to peer skill level to interpret level of proficiency.

Comprehension				
1 cannot understand simple conversation problems	2	3 understands most of slow and repetitive speech	4	5 understands classroom discussion without problems
Fluency				
1 halting speech difficult to converse	2	3 frequently searches for correct expression	4	5 approximates speech of native speaker
Vocabulary				
1 extreme limitations in vocabulary	2	3 frequently uses wrong words	4	5 uses idioms and vocabulary like a native speaker
Pronunciation				
1 severe problems speech unintelligible	2	3 listener must concentrate to avoid misunderstanding	4	5 pronounces like a native speaker
Grammar				
1 severe errors make speech unintelligible	2	3 errors in word order sometimes obscure meaning	4	5 usage and word order like a native speaker

Checklist of Language Skills for Use with Limited English Proficient Students

Basic Interpersonal Communication Skills (BICS) Cognitive Academic Language Proficiency Skills (CALPS)

<i>A. Listening</i>	<i>L1</i>	<i>English</i>	<i>A. Listening</i>	<i>L1</i>	<i>English</i>
1. Follows classroom directions.			1. Follows specific directions for academic tasks according to curriculum guide.		
2. Points to classroom items.			2. Understands vocabulary for academic tasks according to curriculum guide (i.e., word meaning, word synonyms for operations).		
3. Distinguishes items according to color, shape, size, etc.			3. Understands teacher's discussion and distinguishes main ideas from supportive details.		
4. Points to people (family relationships).			4. Understands temporal concepts (e.g., do this first, second, last).		
5. Distinguishes people according to physical and emotional states.			5. Distinguishes sounds for reading readiness activities.		
6. Acts out common school activities.			6. Listens to a movie or other audio-visual presentation with academic content.		
7. Distinguishes environmental sounds.					
<i>B. Speaking</i>	<i>L1</i>	<i>English</i>	<i>B. Speaking</i>	<i>L1</i>	<i>English</i>
1. Gives classroom commands to peers.			1. Asks/answers specific questions regarding topic discussions.		
2. Exchanges common greetings.			2. Uses academic vocabulary appropriately.		
3. Names classroom objects.			3. Uses temporal concepts appropriately.		
4. Describes classroom objects according to color, shape, etc.			4. Asks for clarification during academic tasks.		
5. Describes people according to physical and emotional states.			5. Expresses reason for opinion.		
6. Describes what is happening when given an action picture of a common recreational activity.			6. Actively participates in class discussions.		
7. Appropriately initiates, maintains, and responds to a conversation.			7. Volunteers to answer questions in class regarding subject matter.		
8. Recites ABCs, numbers 1–10.					
9. Appropriately answers basic questions.					
10. Participates in sharing time.					
<i>C. Reading</i>	<i>L1</i>	<i>English</i>	<i>C. Reading</i>	<i>L1</i>	<i>English</i>
1. Recognizes common traffic/safety signs.			1. Uses sound symbol association		
2. Recognizes familiar advertising logos (e.g., McDonald's, HEB).			2. Uses mechanics of spatial skills (i.e., top-to-bottom, left-to-right).		

Basic Interpersonal Communication Skills (BICS) Cognitive Academic Language Proficiency Skills (CALPS)

<i>C. Reading</i>	<i>L1</i>	<i>English</i>	<i>C. Reading</i>	<i>L1</i>	<i>English</i>
3. Recognizes basic sight words.			3. Understands rules of punctuation/capitalization.		
			4. Understands reading as a process (i.e., speech-print relations, syllables).		
			5. Reads for comprehension.		
			6. Follows along during oral reading activity and responds at his/her turn.		
			7. Appropriate use of text (i.e., index).		
			8. Demonstrates an interest in reading.		
			<i>D. Writing</i>	<i>L1</i>	<i>English</i>
			1. Completes written expression activities according to curriculum guide.		
			a. Completes simple sentence frames.		
			b. Generates simple sentences.		
			c. Writes from dictation.		
			d. Writes short paragraphs.		
			2. Transfers from print to cursive at the appropriate grade level.		
			3. Understands spatial constraints of writing (i.e., lines, top-to-bottom, left-to-right).		
			4. Understands mechanics of writing (i.e., punctuation, paragraphing).		
			5. Demonstrates an interest in writing.		

Resources used to develop checklist:

Erickson, J. and Omark, D. (1981) *Communication Assessment of the Bilingual-Bicultural Child*, Baltimore: University Park Press.

Krashen, S. and Terrel, T. (1983). *The Natural Approach*. California: The Alemary Press.

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Developed by Berhard, B., and Loera, B. Published in *Word of Mouth* Newsletter, PO Box 13716, San Antonio, Texas 78213. September 1992.

A Home Language Survey

(Ortiz, 1992)

1. Which language did your **child learn first**?
2. Which language is **used by your child at home** most frequently?
3. Which language do **you use with your child** most frequently?
4. Which language do **adults use with each other** most frequently?
5. Which language do **other children use to speak to the child** in question?
6. How well does your **child understand non-English speakers** in the family?
7. How well does your **child understand English**?

[Emphasis added.]

Profile of Language Dominance and Proficiency

Name: _____ Grade: _____ Age _____
 School: _____ Teacher: _____ Room: _____
 Length of residency in the U.S.: _____ County of origin: _____
 Program placement: Reg. Ed. _____ Bilingual Ed. _____ Migrant Ed _____
 Other: _____

If appropriate, percent of English instruction _____ Native language instruction _____ ESL _____
 Grades in bilingual education P K 1 2 3 4 5 6 7 8 9 10 11 12
 program (circle those which apply)
 Grades in ESL program (circle those which apply) P K 1 2 3 4 5 6 7 8 9 10 11 12

A. Language Use

1. Home Language Survey Date: _____
1. _____ First language learned by student.
 2. _____ Language most frequently used by student at home.
 3. _____ Language most frequently used by parents with student.
 4. _____ Language most frequently used by adults with each other at home.
 5. _____ Language most frequently used by student with siblings.

Based on the above, indicate primary home language: English Other Both

2. Observation of Relative Language Usage (to be determined by a bilingual observer):
 Observer(s) _____ Date(s) of observation _____

Check the language(s) the student used with monolingual and bilingual individuals in each of the following contexts. If the student's language is characterized by code switching, place a 'C' beside the check (C).

Context	Only English		Mostly English		Equal Use		Mostly Other		Only Other	
	*M	B	M	B	M	B	M	B	M	B
1. Informal with peers (playground, cafeteria, bus, etc.).										
2. Informal with adults (hallways, play areas, cafeteria, off-campus).										

3	Formal with peers (classroom, lab, library, etc.).										
4.	Formal with adults (classroom, lab, library, etc.).										
	Number of checks () in each column										
	Number of checks (C) involving code switching										

*M=With monolingual speakers

B=With bilingual individuals

Based on the above, the most frequently used language is: English Other Both

Comments:

B. Tests of Language Skills

1. Norm-referenced Oral Language Proficiency Test Results

Date	Language	Instrument/ Procedure	Norms Appropriate for Student?	Areas Assessed	Results

2. Informal Oral Language Proficiency Test Results

Date	Language	Instrument/Procedure	Areas Assessed	Results

C. Achievement Test Results

1. Norm-referenced Achievement Test Results

English:

Subject:	Instrument/Procedures	Norms Appropriate for Student?	R.S.	S.S.	%ile	Grade Equivalent	Age Equivalent	Date
Language								
Reading								
Math								
Other								

Other Language:

Subject:	Instrument/Procedures	Norms Appropriate for Student?	R.S.	S.S.	%ile	Grade Equivalent	Age Equivalent	Date
Language								
Reading								
Math								
Other								

2. Informal Achievement Test Results

English:

Subject:	Instrument/Procedures	Norms Appropriate for Student?	R.S.	S.S.	%ile	Grade Equivalent	Age Equivalent	Date
Language								
Reading								
Math								
Other								

Other Language:

Subject:	Instrument/Procedures	Norms Appropriate for Student?	R.S.	S.S.	%ile	Grade Equivalent	Age Equivalent	Date
Language								
Reading								
Math								
Other								

D. Please record any available information about the nature of prior instruction and adaptations attempted to improve performance.

Modifications of Interventions	Date Begun	Date Ended	Amount of Time	Results

E. Language Dominance (check one):

English _____ Other language _____ No clear dominance established _____
 Other comments:

Form completed by: _____ Date _____

Source: Based on a form presented in: California State Department of Education (1981). Individual Learning Programs for LEP Students. Sacramento, Calif: Author, which was revised by Nancy Cloud, December 1986. This version was developed by Alba A. Ortiz and Shernaz B. Garcia, The University of Texas at Austin, 1989.

APPENDIX B

Examples of Instruments for Family Interview, Screening, Evaluation, and Assessment

This list was prepared to assist early childhood professionals in identifying instruments for use with culturally, linguistically diverse children and their families. Inclusion of items on this listing does not necessarily represent an endorsement of the effectiveness of these items by the Office of Superintendent of Public Instruction.

Test Instruments

Bracken Basic Concept Scale—from age 2.5 years. Hispanic population represented in norms, but not necessarily English-as-second language (ESL) students. Tests basic concepts in preschool through first grade, but requires English proficiency. Good reliability and validity data, but many of the concepts tested are culturally biased for ESL students. Psychological Corporation.

Brigance Diagnostic Assessment of Basic Skills (Spanish Edition)—Tests reading readiness and early reading skills for preschoolers. Criterion-referenced test with some culturally biased items. Curriculum Associates, Inc.

Bateria Woodcock Psico-Educativa en Espanol—Tests cognitive and academic abilities and achievement across a wide-age range, from 3 years to adult. The broad-age range means very few items at any given level. Teaching Resources.

Compton Speech and Language Screening Evaluation (Spanish version)—Screens articulation, vocabulary, and syntax for 3 to 6 year olds. Not diagnostic of communication disorders, but may provide useful information about language usage. Institute of Language.

Pre-LAS (Language Assessment Scale)—Tests auditory discrimination, vocabulary, comprehension, and oral production in English and Spanish for preschoolers and kindergartners. CTB/McGraw-Hill.

Preschool Language Scale (Spanish)—Tests receptive and expressive language for birth to 6 year olds. The Psychological Corporation.

El Circo/Circus—Tests early quantitative concepts and receptive language for preschoolers through first grade. Educational Testing Service.

Woodcock-Munoz Language Survey (English and Spanish versions)—Tests oral language, reading and writing, and overall language competence in both languages. Designed to determine CALP levels for children 48 months of age or older. Riverside Publishing.

Guidelines for Learning About Culture

Part I—Family Structure and Childrearing Practices

Family Composition

- Who are the members of a family?
- Who are the key decision makers and how are decisions made?
- Do all family members live in the household?
- What is the relationship of friends to the family system?
- What is the hierarchy within the family? Is it based on age or gender?

Primary Caregiver(s)

- Who provides care for the child?
- How much care is provided by the primary caregiver?
- How much time does the child spend away from the primary caregiver?
- Is there conflict between or among caregivers regarding appropriate caregiving?
- How do environmental factors (housing, jobs, etc.) impact caregiving?

Family Eating Practices

- What are the mealtime rules?
- What types of foods are eaten?
- What are the beliefs about breastfeeding/weaning?
- What are the practices regarding feeding an infant or a toddler?
- What are the practices involving food preparation? Who prepares food and is it store-bought or homemade?
- Are there taboos related to food preparation/handling?

Family Sleeping Patterns

- What is the family sleeping arrangement?
- Is there an established bedtime? How does the family respond when the child wakes up at night?
- What practices surround daytime napping?

Family's Response to Disobedience and Aggression

- What are the parameters of acceptable behavior?
- What form does discipline take, and who handles disciplinary action?

Family's Response to a Crying Infant

- How much time passes before a caregiver picks up a crying infant?
- How do caregivers calm the infant?

Part II–Family Perceptions and Attitudes

Family’s Perception of Child’s Disability

- Do cultural/religious perceptions shape the family’s view of disability?
- To what/where/whom does the family assign responsibility for the child’s disability?
- How does the family view the role of fate in their lives?
- What is the family’s view of interventions with their child?

Family’s Perception of Health and Healing

- What is the family’s approach to medical needs?
- Who is the medical provider or source of medical information?

Family’s Perception of Help-Seeking and Intervention

- From whom does the family seek help?
- Do they seek help directly or indirectly?
- What are the feelings of the family when seeking assistance?
- With which community system does the family interact?
- Which family member interacts with these systems, and how are the interactions completed (face-to-face, telephone, letter)?

Part III–Language and Communication Styles

Language

- Is the home visitor proficient in the family’s language?
- Is the family proficient in English?
- With which culture is the interpreter affiliated?
- Is the interpreter familiar with the family’s country or region of origin?
- Is the family comfortable with the interpreter?
- Is the family literate in their native language or does their language have a writing system?
- Are materials written in the family’s native language?

Interaction Styles

- Does the family communicate with each other in a direct/indirect style?
- Does the family interact in a quiet manner or a loud manner?
- Does the family share feelings on emotional issues?
- Does the family value social talk?
- Is it important for the family to know about the home visitor’s extended family?
- Does the home visitor feel comfortable sharing that information?

Source: Wayman, K.I., Lynch, E.W., and Hanson, M.J. (1990). Home-based early childhood services: Cultural sensitivity in a family systems approach. In, *Topics in early childhood special education*, 10 (pp. 65–66). PRO-ED, Inc.

