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**A Chronology of African American English Assessment**

**Kent E. Bailey**

**University Honors Thesis**

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Identifying communication disorders among African American English dialect speakers is a complex task, which must consider a broad range of variables that include student's language, culture, socioeconomic status, and other background characteristics.

In the educational investigation of the African American, no problem has attracted so much attention as the question of the inherent linguistic superiority of white children over black. For decades, many studies in the area of African American English (AAE) have depicted the African American dialect as largely deficient from that of the Standard American English (SAE).

The purpose of this paper is to investigate the history of language assessment procedures in the field of Speech and Language Pathology (SLP), paying particular attention to the African American dialect. I will also attempt to determine if there has been a significant increase in the accuracy of placement for African American children with language difficulties. Recommendations for modifications of standardized language assessment procedures will be made. The recommendations will be based on research of current literature on African American dialect users and will reflect the philosophies and theories of culturally sensitive assessment for African

American dialect users that I, as a student and prospective SLP will embrace.

Specifically, assessing the language of the African American dialect speaker in a nondiscriminatory or culturally unbiased manner has been problematic. So problematic in fact, that since the enactment of Public Law (PL) 94-142, the Education for All Handicapped Children Act of 1975, it has been federally mandated that all test materials and procedures used for the evaluation of handicapped children be selected and administered in such a manner that they are not racially or culturally discriminatory.

Although the problem has been approached in many different ways, few standardized testing instruments have been devised which make it possible to study the relative linguistic ability of both the African American and the European American child objectively. Yet still the standardized test is the crux of assessment in the field of SLP. Many assumptions have been made concerning the use of standardized language testing instruments. A typical assumption is that basic communicative competence, such as the attainment of verbal concepts and reading comprehension, can be assessed most readily by way of these formal tests administered by a teacher trained in

educational methodology, or by an SLP, trained in language disorders (Adler 95). However, a review of the literature indicates that the above assumption, so often taken for granted, rarely has been empirically assessed. It is my position that the lack of cultural sensitivity in the standardization of language tests is the main contributing factor to the disproportionate number of African American children being misdiagnosed and subsequently referred for or left out of speech and language therapy.

The significant over-inclusion of minority children into language therapy services has been well documented. In 1969, years before the Education for All Handicapped Children Act of 1975, the Black Caucus of the American Speech and Hearing Association insisted, "[u]nfortunately, far too many speech pathologists view legitimate language differences among Afro-Americans from a pathology model. The result is that a number of Black children are receiving speech and language therapy, particularly in urban areas, when they, in fact, have no pathology. Negative psychological effects on the Black child are obvious. In order to develop a more intelligent approach to recognizing legitimate linguistic differences and satisfactory methods for second language instruction as a skill, clinicians need training in sociolinguistics and

*the historical and cultural roots of Black children. All too often clinicians fail to understand the Black child's language as well as the child himself" (Taylor 223).* In this quotation, the members of the 1969 Black Caucus of the American Speech and Hearing Association (ASHA) underline the common practice of SLP's to misdiagnose the speech and language of African American children. As stated, the misdiagnosis is often a product of the misunderstanding of the African-American dialect coupled with a general lack of accurate empirical research on African-American children (Duffey 428). To correctly diagnose the African-American dialect speaker as having or not having a communication disorder, the speech and language practitioner must have an appropriate knowledge of the phonological, syntactical, lexical and grammatical differences found in African-American English.

Without an understanding of the systematic dialectal differences between AAE and SAE, any SLP is threatened by the possibilities of both overdiagnosis and underdiagnosis. In SLP, there are two types of overdiagnosis. The first type is known as the identification of a child as having a speech or language disorder via using a standardized test that has been standardized on a population that does not include that child. The second type of misdiagnosis also

involves a child being diagnosed as having a disorder as a result of a test in SAE in which only a portion of the normative sample consists of AAE speakers. Contrarily, underdiagnosis involves a child whom has a speech disorder whom is not diagnosed as disordered due to the assessment tests being insensitive to the child's dialect.

Underdiagnosis is commonly due to an SLP attributing too many deviations or variations in a child's speech or language to the child's dialect.

Very early in the field of Speech and Language Pathology, the standardized test played a very important role in both clinical examinations as well as in research. The standardized test was developed to provide the clinician an objective method of measurement for testing different clients. The carefully constructed directions and administration instructions of the standardized test allow for the replication of the examination by different clinicians. Another major advantage of the standardized instruments is rests in their norms. When they are appropriate, such norms provide a basis for meaningful and objective interpretation of the test results (Weiner & Hooch 616).

*"To standardize a test is to administer it to a sample population that is categorized generally according to sex,*

*age, and social class; less frequently categorized are race, cultural or ethnic membership, and geographical or regional residence. If the standardization of criteria are either inappropriately used or not used, it may seriously affect the mean standardization score" (Weiner & Hoock 617).*

For example, the social class category is frequently misused because there is a large diversity involved in social class. There is even a lower and upper class of the lower class. According to Paul Weiner of the University of Chicago, there are five procedures that must be carefully considered when standardizing a test.

Weiner offers first that the *"major variables that affect scores on the behavior being tested must be determined"* (Weiner 617). For instance, in any language test, age is a variable that most definitely affects scores on the behavior being tested. Weiner suggests that variables like age, are very important in interpreting an individual's score, and are therefore even of greater importance when being used as a reference for the entire standardization sample (Weiner 617). Secondly, Weiner insists that *"a sample size must be determined that will provide an adequate range of scores for each variable of concern"* This criterion is important again in the case of



the variable of age. If a test was being standardized on English speaking twelve-year-olds, when one considers the number of twelve-year-olds in the U.S., a sample size of only one hundred would obviously be invalid. Weiners' third criteria for test standardization is *"the method of choosing the sample must involve randomization process so that no selection bias shows up in the result"* This criterion is to ensure that the subjects used in the sample population procedure are not too similar. For instance if all subjects were chosen based on geographical location, a geographical dialect variation would be apparent, and possibly skew the test results. Weiners' fourth criteria is *"the test must be administered to all subjects within a few weeks of months in order not to distort any of the variables which may be subject to change over time"*. Weiners' fifth criterion is that *"the data need adequate statistical treatment. Weiner maintains, "First, it must be determined whether any of the variables chosen are not unique (for example, sex groups may not differ). If so, the groups representing these variables could be combined. Finally, the raw score frequencies must be converted into measures (derived scores) which permit determination of relative frequency within a designated group. Examples would be percentiles and standard score measures"*.

Although all of the above criteria are important to the development of standardized tests, the need for nonbiased standardized assessment remains present. "*Biased assessment refers to constant error in decisions, predictions, and inferences about members of particular groups*" (Ysseldyke & Regan 427). Concern for the need for nonbiased assessment procedures with African Americans in particular has become a widespread area in the speech and language professions. Until 1973, all speech and language tests have been standardized for a population that spoke only Standard English (Duffey, Salvia, Tucker, Ysseldyke, 439). The use of standardized language tests only standardized for the Standard English speaking child poses a large problem for the SLP charged with assessing the language of the African-American dialect speaker. In 1968, it was commonly practiced that any child, regardless of linguistic or cultural background has communication impairment if he or she does not possess Standard English (Weiss 41). Still today, an immediate problem facing the SLP attempting to evaluate the communication skills of an African American child is the selection of a valid standardized test.

There are many reasons why most standardized language tests are invalid when testing African-American children.

An effort to reduce cultural bias in tests must begin with the examiner, even when the examiner and child are of the same general cultural group, there may be intra-cultural variation that are due to factors such as gender, religion, and socioeconomic status. Therefore, as a prerequisite for addressing the language needs of African-American children particularly, the speech-language pathologist must become familiar with many aspects of the child's culture.

The following is a list of some of the topics the clinician might seek knowledge about before attempting to assess the language of the African-American child (Adler, 91).

- Cultural values
- Preferred mode of communication
- Nonverbal communication rules
- Rules of communication interaction
- Child-rearing practices
- Rituals and traditions
- Perceptions of punishment and reward
- Rules of interaction with nonmembers of the culture
- Taboo topics and activities, insults, and offensive behavior

Perhaps most importantly, the development and implementation of nonbiased procedures for the assessment of African-American children requires that the SLP work closely with professionals from a variety of disciplines. By working closely with administrators, special education specialists, parents and others in a child's speech community, a team approach to assessment can be developed. Yet, along with this team approach, there must be some alternative assessment procedure to the standardized test utilized. It must be realized that most standardized assessment instruments only partially measure a child's true communicative abilities. For this reason, multifaceted testing is required by federal and state laws to include both formal and informal measures.

Yet realizing that tests alone cannot yield accurate information about the language that a student chooses to use in a wide variety of communication situations, and that the range of proficiency in a language may vary from very limited to a high degree of competence, both informal tools such as language samples and formal pragmatic tests of oral proficiency and dominance such as the Bankson Language Test-2 should be used. The BLT-2S, is a language screening tool that can be scored using both a standardized scoring system and a dialect-free scoring system. The purpose of

the BLT-2S is to "provide a means of identifying those children who may have language disorders and thus need further testing" (Rhyner, Kelly, Brantly & Krueger 46). In a test of the BLT-2S on five-year-old, low SES, African American children, there was a significant difference in the children's scores using the standardized scoring system and the dialect-free scoring system. The follow-up data for the BLT-2S study supported the authors' position that the use of formal language screening tests alone will result in the over-identification of low SES African-American kindergarten children who need comprehensive language assessment.

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