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Speech and language services for speakers of African-American English

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SPEECH AND LANGUAGE SERVICES FOR SPEAKERS OF
AFRICAN-AMERICAN ENGLISH

A Thesis

Presented to

The Faculty of the Division of
Special Education and Rehabilitative Services Program

in Communicative Disorders and Sciences

San Jose State university

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Uduak A. Osom

August 1997

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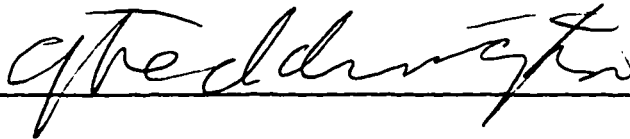
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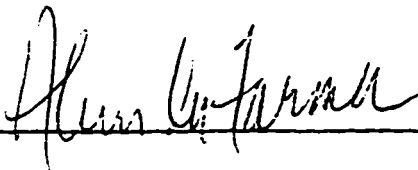
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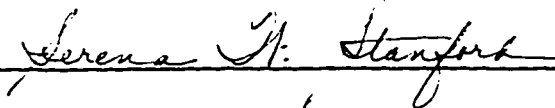


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ABSTRACT

SPEECH-LANGUAGE SERVICES FOR SPEAKERS OF AFRICAN-AMERICAN ENGLISH

By Uduak Osom

A review of the literature, history, and issues surrounding standardized testing (specifically speech and language testing) of African-American school children led to several questions that guided the present study. Principally, these questions concerned assessment and intervention practices of speech-language pathologists serving this population in two school districts in Northern California. The questions were: a) whether African-American children receive speech and language intervention based solely on information obtained from standardized testing; b) whether alternative assessments are used; c) whether African-American children receive intervention for language differences; d) whether treatment goals/objectives for these children are based on improving areas of “deficiency” relative to speakers of Standard American English. The results indicated that standardized tests were consistently used, informal procedures were infrequently used, teachers were the primary referral source and most children were referred for articulation errors but were tested and received intervention for language disorders.

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CHAPTER I

"No dialectical variety of English is a disorder" (ASHA-Position Paper, 1983).

INTRODUCTION

When African-American children enter the public school system, they may encounter problems partly because the language and underlying pedagogical (and cultural) assumptions of the school systems are based on linear sequential progression. There is an assumption that all children entering the school system have acquired readiness skills (arbitrary skills associated with a particular form of literacy and learning). That is, the public school system presupposes that all children entering school have already acquired certain academic and language skills (colors and shapes of two dimensional representation, or the ability to answer basic Wh-questions concisely about oral and written language forms) (Heath, 1986).

Therefore, the role of the school is to take children through the subsequent stages of learning. This means, relative to discourse, for example, that children are required to recount past experiences (in which they had one of several possible roles) expressing information through explicit grammatical relations, such as conditionals, temporals and conjunctions. These assumptions create difficulties for children not exposed to "readiness" skills in their typical language environments (mainly the home) including African-American children (Bloom & Lahey, 1978; Hecht, Collier, & Ribeau, 1983; Heath, 1986). Cultural studies reveal that the language environment encompasses everything the language learner hears and sees. Consequently, when children from

minority cultures enter the public school system, they are faced with many demands for adaptation (Hecht, Collier, & Ribeau, 1993). When they encounter difficulties with these tasks, they are frequently referred for language testing (Heath, 1986).

Historically, the language skills of African-American children have been measured with tests normed specifically for children who speak Standard American English (SAE). The language of the tests was designed to measure the learning and language characteristics of European-American children (Lidz, 1987). When these tests are used with minority children, they perform very poorly because they may not understand the language of the test and have not been exposed to some of the tasks (Hecht, Collier & Ribeau, 1993; Langdon & Saenz, 1996; Lyman 1971).

Over the years, laws and court decisions (Martin Luther King Junior Elementary School v. Ann Arbor School District, 1979; Larry P. v. Riles, 1972; Lau v. Nichols, 1974) have intended to address discriminatory practices in public schools regarding the assessment of language minority children (Screen & Anderson, 1994). The California Speech-Language- Hearing Association-CSHA (1994) suggested guidelines for assessing African-American children. Among the guidelines are the following:

- Utilize language sample data that is collected in varied naturalistic speaking contexts/situations;
- Compare language sample results to existing developmental information on African-American English (AAE) speaking children's Martin Luther King Junior Elementary School v. Ann Arbor School District, 1979 speech;
- Focus on the more universal aspects of language (i.e., semantics and pragmatics), particularly with young children;
- Focus on the non-dialect specific aspects of AAE and look for errors that would be considered deviant in AAE as well as SAE;

- Observe classroom interactions between children with suspected communication handicaps and normally developing peers from similar cultural and language backgrounds for evidence of obvious communication and/or language processing difficulties;
- Conduct interviews with parents to determine if the child displays similar language processing and communication difficulties at home with family members; and
- Ask both parents and teachers about the child's ability to use language to predict, explain and infer during everyday communication situations (p. 9).

The need for such guidelines is highlighted by a statement from Lahey (1990) that the "criteria and procedures for identifying children with language disorders appear to vary widely among research clinicians" (p.612). Language evaluation requires an understanding of the experiences children have had in language learning. Isolated measures of a child's phonological, syntax, and semantics abilities are less accurate under artificial conditions of the (isolated) therapy room (Bloom & Lahey, 1978). Because of the fact that there is no -agreed-upon theory of language development relative to speakers of AAE, speech -language pathologists not familiar with AAE are likely to misdiagnose African-American children who speak AAE (Damico & Damico, 1993).

STATEMENT OF THE PROBLEM

Currently there is no consensus as to what constitutes a language disorder for African-American children who speak AAE. Although changes have occurred within the legal system regarding the referral of language minority students to speech- language pathologists for language differences, the problem of over referral continues to exist (Gary, 1993). In 1990, 14 percent of U.S. students receiving special education services

(in elementary, middle and high school) were language minority students. A significant number of these students were assessed and identified as having language disorders (Gary, 1993).

Gary's findings also showed that some of the identifications reflected local policies. In some districts the assessment procedure was based entirely on standardized testing. Standardized assessment was assumed to give an unbiased measurement of language. Importantly, this is not the case with language minority students (Craig & Washington, 1994; Damico & Damico, 1993).

Standardized language tests evaluate oral language skills in comparison to a normative population (Gary, 1993; Hamyan and Damico, 1991; Heath, 1986). According to the CSHA Position Paper, standardized tests do not describe the nature of a child's language disorder for the purpose of establishing appropriate intervention goals. Rather, they describe what a child's performance is relative to a specific normative group. Test results do not tell the clinician what the child's strengths are or how the child learns language. Moreover, minority children are not well represented in the normative samples.

According to Heath (1986) and Hamayan and Damico (1991), one of the problems with standardized language assessment is the assumption that language can be separated into the various language components (phonology, morphology, syntax, grammar and vocabulary), and that each component can be examined independently. Heath (1986) argues that assessing a child's language ability outside the context of the child's culture does not measure true language ability.

According to Rogoff (1990), researchers who attempt to understand language development without taking into account everyday activities and skills in the context of the cultural goals of the community are not accurate in their evaluation of language. Rogoff stated that studying the activities and skills of any language without studying the contextual goals of the culture is like learning a language without knowing the meaning it expresses. Standardized assessment is criticized for use with African-American children because it does not take into account the cultural influences of AAE (Hamayan & Damico, 1991; Wiener, Lewanau, & Erway, 1983). For example, Wiener et al. demonstrated the inappropriateness of standardized testing with African-American children who speak AAE.

It has been established by the American Speech-Language-Hearing Association (ASHA) that standardized assessment is not always appropriate for language minority children (ASHA, 1985). Nevertheless, standardized assessment is frequently the procedure used in qualifying African-American school children for services (Adler, 1990; Gary, 1993).

Diagnosing speech and language disorder in African-American children who speak AAE is complicated because, like all dialects, it has specific rules and phonological structures (see Appendix C1 for a description of these features). What might appear as a disorder in Standard American English (SAE) may not be appropriate for speakers of AAE (Bleile & Wallach, 1992; Damico & Damico, 1993). According to Ortiz, Garcia, Wheeler, and Maldonado-Colon (1986), language disorder is a deviation in the usual rate and sequence of acquiring receptive and expressive language. Ortiz et

al. further explained that a child has a speech and language disorder if the speech deviates from that of his/her peers from the same cultural group who speak the same dialect and who have had the same opportunities to learn the language.

Clearly, clinical issues exist concerning language assessment-intervention methods and procedures for African-American children who speak AAE. Given that there is no baseline for determining speech-language disorders for African-American children who speak AAE, it seems likely that a large percentage of these African-American children are inappropriately enrolled in speech language intervention services and:

1. they are receiving intervention for language differences and/or language disorder;
2. the primary method of assessment for these children is still standardized testing; and
3. the treatment goals/objectives for these children are based on improving areas of “deficiency” relative to speakers of SAE, or language norms from non-representative standardization samples.

PURPOSE OF THE STUDY

Therefore, the purpose of this study was to determine: a) whether African-American school age children who speak AAE continue to be identified for speech language intervention (in two California school districts), based solely on results of standardized tests; b) whether speech-language pathologists utilize ASHA and / or CSHA recommendations regarding assessment of minority children (see p. 3); c) whether alternative assessment (i.e., authentic assessment, dynamic assessment, language

sampling etc.) and d) whether African-American children receive intervention for language (dialectal) and/ or cultural differences in addition to language disorder.

CHAPTER II
REVIEW OF THE LITERATURE
LANGUAGE LEARNING IS CULTURAL LEARNING

Language is the body of words and systems used commonly by people who are of the same community, nation, geographical area or cultural tradition. It is a form of communication which is distinctively a human practice. This form of communication employs arbitrary symbols in conventional ways with conventional systems. Efficient communication skills are fundamental to a child's ability to learn and interact within any community (Sydney, 1989). Lahey (1990) stated that language is the knowledge that underlies observable behaviors. The specific functions of language, discourse rules, and the rules of interaction vary from culture to culture (Mattes & Omark, 1984).

According to Heath (1986), " language learning is cultural learning" (p. 85). Language is the means by which people learn to interact and acquire understanding of one another. Heath explains that language is the principal means of socialization. It is the means by which individuals gain acceptance within any community. Language socialization enables a member of a community to learn the rules of that community. Most importantly, cultural groups define themselves through the language, and the members establish identity through its effective use.

Effective communication within any community requires that interactants have requisite communication skills, be motivated to communicate, and have knowledge of self, others, situation and the topic (Hecht, Collier & Ribeau, 1993). To communicate

effectively, one must acquire symbols, conventional ways, and systems specific to the community. Communication may become limited if the person transmitting information or the person receiving the information has limited control of the language.

For example, when a child from a different cultural/ linguistic background communicates using Standard American English (SAE), he/she may not be proficient in transmitting the message, may be misinterpreted, and may ultimately be considered language disordered (Hamayan & Damico, 1991). This is because specific communication skills are enhanced by the community in which children reside. The primary sources of language input for children (especially in their early years) are the family and community members (Heath, 1986). According to Baker and Garcia (1993), "To categorize when, where and with whom a person uses a language varies from culture to culture" (p.13).

Children acquire not only their community's linguistic system, but also the rules of participating in dialogues within the culture. For example, the general process of guided participation appears around the world, however the context in which it occurs differs from culture to culture. Rogoff (1990) found "the most important differences across cultures in guided participation involve variations in the skills and values that are promoted according to the cultural goals of maturity" (p.111). Rogoff reported findings that literacy is practiced at different stages among different cultures.

Socialization of narrative style varies across cultural groups, with differences appearing as early as first or second grade (in comparison to the kind of topical oral accounts that teachers value). According to Rogoff (1990), middle income European-

American “. . . children use a ‘topic-centered style’ with tightly structured and marked discourse in a single topic, using temporal grounding, statement of focus, and marking of structure through tone grouping and pausing” (p. 111). Some African-American children reportedly use a topic associated style that consists of a series of associated personal anecdotes (Michaels, 1981). Goodwin (1990) also found a number of differences in intonation, tempo and formulaic expressions between African-American children who speak AAE and European-American children who speak SAE (cited in Damico & Damico, 1993).

The primary message from cross cultural work on children’s narratives is that the genres required in school performance should not be taken for granted as being naturally in place in every child’s early language (Heath, 1986). Heath stated that the extent to which children master academic style narratives depends on:

- a) The extent to which adults see it as their responsibility to direct their child’s language learning;
- b) Connections between the primary community and the secondary institutions; and
- c) The orientation of family and community to language as an instrument for future use and a resource for self-projection (p. 90).

Potential differences exist between cultures because of the origins of individual culture and language. According to Screen and Anderson (1994), African-American is the largest non-European ethnic group in the United States. African-American culture and language has influences from different African and European countries. Screen and Anderson divided African-Americans into subgroups according to cultural/language influences (see Table 1, p. 11).

PERSPECTIVES ON AFRICAN-AMERICAN ENGLISH

African-American English (AAE) is identified by some linguists and language specialists as a distinctive language that partially defines and influences African-American culture (Screen & Anderson, 1994). Hecht, Collier, and Ribeau (1993) defined African-American language as pluralistic, with differences existing according to region or social-economic class. AAE is ruled governed with its own historical perspectives. It is believed that AAE incorporates distinctive characteristics of the cultures from which it originated (Hecht, Collier & Ribeau, 1993; Screen & Anderson, 1994).

Although early forms of AAE are not well documented, there is evidence of African language influence on both the early and current forms (Hecht, Collier & Ribeau, 1993; Screen & Anderson, 1994). Disputes exist among researchers on how much impact or influence African languages had on the development of AAE (Hecht, Collier & Ribeau, 1993).

Screen and Anderson (1994) explained that people who consider AAE a deficit deny the influence of African languages on AAE. This perceptive strongly encouraged the theory of AAE being a substandard variety of Standard American English (SAE). This perspective was encouraged by writings such as the "The Myth of the Negro" by Herskovits (1941, as cited in Screen and Anderson, 1994, p. 67). In the text Herskovits stated:

The amount of African tradition which the Negro brought to the United States was very small. In fact, there is every reason to believe that the Negro, when he landed in the United States, left behind him almost everything but his dark complexion and his temperament. It is very difficult to find in the South today anything that can be traced directly back to Africa.

According to Screen and Anderson (1994), AAE was developed without language teachers, with little encouragement to learn more than a simple form of English, and under strict segregation. Some researchers believe that because of the context in which AAE was developed it is a dialect of Standard American English (Hecht, Collier & Ribeau, 1993; Screen & Anderson, 1994).

The other side of the argument is that AAE is a Creole language formed out of necessity. Since the slaves were forbidden to communicate with each other using their native languages, they may have formed their own language, using vocabulary from Standard American English (SAE) and phonological, syntactic, and semantic structures of African languages. Table 2 provides examples of some African-American English words adapted from different African languages.

AFRO-ENGLISH	AFRO-FRENCH	AFRO-SPANISH
Northern Urban U.S. African-American New England U.S. African-Americans Southern Rural U.S. African-Americans Sea Islanders Guyanese West Africans East Africans West Indians	Haitian Creole-Speakers Other French West Indians West Africans	Black Cubans Aruba-Bonaire-Curacao Islander Papiamentto Speakers Panamanians Black South Americans West Indians Canary Islanders
<p>There is no single geographical, cultural or linguistic origin of African-Americans. There are also many intercultural similarities among these subgroups of African-Americans, as well as differences depending upon life experiences (Screen & Anderson, 1994, p. 67).</p>		

Table 2. Examples of words adapted from African languages by speakers of AAE.

African language word	African-American English adaptation
jija (bug)	jigger
bidy (chick)	bidy
tarter (potato)	tarter
nyam	yam
juke (wild time)	jukebox
ki-nyombo (type of food)	gumbu
banana (adopted from Guinea via Spanish)	banana
okra (vegetable)	okra
zebra	zebra
elephant	elephant
ebony	ebony
oasis	oasis
turnip	turnip

AFRICAN-AMERICAN ENGLISH AS A RULED GOVERNED SYSTEM

The rules of any language are socially acquired, covert, and not directly observable. These rules deal with how to arrange symbols to convey meaning as well as how to form discourse, and how to interact appropriately across individuals and situations. The rules of all languages are arbitrary. The arbitrariness of language means that there is usually no logical, natural or required relationship between a set of sounds and the object, concept or action it represents (Erickson, 1984; Screen & Anderson, 1994).

African-American English, like all languages/dialects, marks individuality and group identity. Skills and cultural-language competence are taught at an early age (Baker & Garcia, 1993; Garcia, 1992; Screen & Anderson, 1994). For example, the games within AAE language (i.e., show casing, stylin', playing the dozens) teach assertiveness, shared identity, norms and values within the community (Hecht, Collier & Ribeau, 1993). "Stylin" or "showtime" is taught at an early age among African-Americans to encourage assertiveness. For example, a parent may intensify threats to teach a child verbal prowess (Erickson, 1984). The parent may make a comment such as "He so bad" meaning the child is assertive. This is a positive reinforcement for the child.

African-American children are not taught to use questions to elicit known information. They are taught to listen to but not participate in adult conversations unless asked to participate. They often do not use eye contact when conversing with adults and peers (CSHA Position Paper, 1994; Hamayan & Damico, 1991; Hecht, Collier & Ribeau,

1993). Edwards and Seinkewisz (1990) noted that African-American children transfer these styles into the classroom and often teachers misjudge them as deficits. For example, according to the CSHA Position Paper (1994), African-American children often respond to teacher requests for action or information by saying, "I don't know," which means "I need assistance". In addition, AAC may use intonational structures to indicate that they need help, or that they do not want to work alone (see Appendix C for a list of African-American English rules and features).

ISSUES AFFECTING SPEECH LANGUAGE PATHOLOGY SERVICES

Several issues affecting speech and language pathology services for African-American children are relevant to the discussion. These include: cultural sensitivity, cultural competence, and determination of language difference versus disorder (American Speech-Language-Hearing Association-ASHA, 1985). "The term language disorder denotes a deviation in the usual rate and sequence with which receptive and expressive language skills emerge" (Ortiz, Garcia, Wheeler & Maldonado-Colon, 1986, p. 223). Normal language development is the successful interaction among form, content, and use, while disordered language development is characterized by disruption within the components or in the interaction among form, content and use (ASHA, 1985; Wheeler & Maldonado-Colon, 1986). From another perspective, "A child has a speech language problem only if his/her language behaviors are atypical of peers from the same cultural group who speak the same dialect and who had similar opportunities to hear and use language" (Ortiz, et al., 1986, p. 223).

AAE speakers have faced many obstacles due to the distinctive aspects of their speech and language. One of the problems is the stigma attached by the dominant culture. This stigma has been very costly for African-Americans (CSHA Position Paper, 1994; Hamayan and Damico, 1991; Hecht, Collier & Ribeau, 1994; Screen and Anderson, 1994). Hecht et al. (1994) stated that “these rejections of Black English as a legitimate linguistic style have harmed the development of child speakers ”(p. 87).

Screen and Anderson (1994) reported that a potentially precedent-establishing ruling was made by a United States District Court judge in 1979. This ruling, now referred to as the Ann Arbor Decision, gave legal recognition of social dialects, particularly AAE. The issue before the court was whether the Ann Arbor School Board was in violation of U.S. federal law (Section 1703 of Title 20) stating that educational agencies are required to remove all language barriers that impede children’s equal participation in educational programs.

When African-American children enter the public school system, they may encounter such barriers partly because the language and culture of the public school is based on linear-sequential progression. In addition, African-American children who speak AAE are less effective users of Standard American English (SAE) in the mainstream context (Craig & Washington, 1995; Damico & Damico, 1993). The difficulties these children encounter may be due to discontinuity in the interactional patterns employed, or the language used at home and at school (Hamayan & Damico, 1991; Iglesias, 1985). According to Garcia (1992), language minority children interpret communicative events differently from children who speak SAE. African-American

children who use AAE encounter difficulties from educators who assume that all children who begin school have acquired the ability to:

- 1) recognize and label parts to the whole;
- 2) use questions to elicit known information; and
- 3) provide information as requested by educators (Heath, 1986).

Baker and Garcia (1993) stated that surface fluency and academic language control are two separate language proficiencies. Unless language minority children are taught the techniques to acquire academic language skills, they are not likely to succeed in school settings. For example, the sociocultural and linguistic variables within the public schools in the late 1960s and 1970s drastically affected the ability of African-American students to acquire the necessary language skills to succeed. The language skills of African-American students were measured with tests normed specifically for SAE speakers. Hecht, Collier and Ribeau (1993) stated: "Poor performance of Black English speaking African-American children may result from the nature of the tests rather than inherent deficiencies" (p.88). African-American children were labeled and placed in special education classrooms due to poor performance on language tests.

Present studies reveal that the assessment and placement of language minority students is still very controversial, and there has been a significant increase of school-age language minority students. In 1990, 14% of school-age children were language minority students, and by 1992, this had increased to 38%. According to Gary (1993), a relatively significant number of these students were assessed and identified as having language disorders.

Assessment procedures in specific schools often reflect local policies. According to Gary, teachers sometimes ignore cultural differences and this can impact the number of minority children referred to special education. In some districts, the assessment procedure is based solely on standardized testing, while other districts may rely on extensive multi-dimensional testing (Craig & Washington, 1994; Damico & Damico, 1993; Gary, 1993). Peters-Johnson (1995) stated that African-American students, compared with the overall student population, are over represented in special education programs in 39 states.

USE OF STANDARDIZED TESTING WITH AFRICAN-AMERICAN STUDENTS

In the 1960s and 1970s, a “tracking system” was used to place children in special education (Langdon & Saenz, 1996). In these cases, children were placed into either regular or special education classes according to their scores on IQ tests. *Hobson v. Hansen* (1967) court case involved African-American working-class children (who comprised most of the population of the Washington, D. C. school districts) who were tested and placed in special education based on their IQ test scores. The court ruled that African-American children were not classified according to their ability to learn, but rather according to environmental and social factors (Heward & Orlansky, 1984, as cited in CHSA Position Paper, 1994, p.2). In the late 1970s,

. . . the *Larry P .v. Riles* case was filed against the state of California on behalf of African -American parents who argued that the administration of culturally biased standardized intelligence tests resulted in disproportionate numbers of these children being identified and inappropriately placed in special education classes for the Educable Mentally Retarded.

The Larry P. case resulted in the termination of intelligence testing for African-American children in California for purposes of classification. The administration of standardized intelligence tests for African-American children in California has been legally debated for more than 20 years. At the heart of the issue is the cultural bias present in standardized tests and the disproportionate identification and placement of African-American children (CSHA Position Paper, 1994). At least three problems can be identified in using standardized tests to assess culturally/linguistically diverse student populations:

1. The student's cultural linguistic experiences may be different from those of students in the test standardization sample. There are no standardized speech-language assessment instruments available for many of the languages spoken in the public schools;
2. Students often have had limited experiences with the types of tests used in this country and may lack test taking skills necessary to perform well on these measures. The tests may require them to perform behaviors that are considered culturally inappropriate; and
3. The results may be of little value in identifying appropriate strategies for intervention. Tests that require one word responses provide no information about the specific problems that the student is having in processing or using language (Langdon & Saenz, 1996, p.8).

Standardized language tests frequently compare mental age (MA) and language age (LA). According to Lahey (1990), MA is derived from the number of accurate responses on a test or subtest of IQ. LA is derived from responses to a test of language which are then compared to developmental milestones. Frequently, a child is considered delayed if his/her derived score is between 2 and 2.6 years below chronological age.

An additional problem with standardized language measurement is the use of equivalent age scores. According to Lahey (1990), equivalent age scores usually do not compare the child's score to the population to which he/she belongs, but rather to a standard normed sample. More importantly, equivalent age scores do not represent linear units. That is each month of the difference in age is not equivalent in terms of number of errors, either within the test or between tests, and the language unit does not remain constant with varying chronological ages. Further, many tests do not include standard deviations in reporting mean scores, so that it is impossible to determine language disorder based on age equivalence scores.

Another major concern is that the standardization sample of most standardized tests consists primarily of middle class, European-American children. Some standardized tests have attempted to correct this by including minority students in the normative sample. An example of such tests are the TOLD-Primary and the Peabody Picture Vocabulary Test (PPVT). The demographic make up of the PPVT was 2,436 children from 29 states in the United States. The normative data represent scores from children who responded favorably on the tested items (Dunn & Dunn, 1981; Hamayan & Damico, 1991). For example, if twenty students from cultural/linguistic minority groups scored 80%, these students were used as a representative norm for that community. All children from that community are expected to score about the same as the example given previously on the normed tasks. Notably, most of the stimulus words on these tests are not culturally sensitive. It is likely that students represented from minority groups were on the lower end of the normed scale. Therefore, when children from minority groups are

tested, their scores most likely will be on the lower end of the normative population (Baker & Garcia, 1993; Hamayan & Damico, 1991; Langdon & Saenz, 1996).

Minority students are not equally represented in the normative sample of the PPVT and the TOLD-P or most standardized tests. The PPVT and TOLD-P explain that minority students are represented in the normative sample through stratified norms (the “quota model”). That is, normative data is collected according to the groups’ representative percentage in the U.S. population, based on census data. For example, “if race is a variable of concern and the general population consists of 70% Anglo students, 18% Black students, 9% Hispanic, and 3% Native American, then the normative sample will consist of each of these groups in these percentages” (Hamayan & Damico, 1991, p. 167).

Weiner, Lewanau and Erway (1983) explained that African-American children in the TOLD sample represent only a small percentage (15%) of the total sample, none of whom were selected on the basis of their primary dialect/language competence. Weiner et al. explained that to a certain extent the “quota model” minimizes the effect of cultural differences in testing minority children. However, this does not make standardized tests that use the quota model an appropriate language assessment for African-American children who speak AAE (Damico, & Damico, 1993; Hamayan & Damico, 1991; Weiner, Lewanau & Erway, 1983).

In addition, the practice of stratification violates the psychometric assumption of homogeneity of the normative sample (Hamayan & Damico, 1991). When the normative sample is heterogeneous in terms of cultural/ linguistic background, it is not possible to

determine whether a subgroup's lower scores represent lack of exposure to test content, lack of opportunity to learn specific test tasks, or lower ability.

Weiner et al. conducted research to develop normative data on the TOLD for children who speak AAE. According to the results of this study, the TOLD represents the language behavior of SAE speakers. The language age for each group of AAE speakers on each subtest was lower than those of the original normative subjects. AAE speakers showed weak correlation between age and vocabulary and between age and measures of expressive grammar. Wiener et al. concluded that using standardized language tests on children who are AAE speakers is inappropriate because they do not measure language learning ability for children who speak AAE.

Despite research on the linguistic differences between AAE and SAE, African-American children are still inappropriately referred to speech-language pathologists for "language problems." Baker and Garcia (1993) state:

The language the child is using in the classroom needs to be sufficiently well developed to be able to process the cognitive challenges of the classroom. Speaking, listening, reading or writing in the first or second language helps cognitive systems to develop. However, if the children are made to operate in an insufficiently developed second language (e.g., in a submersion classroom), the system will not function at its best (p. 135).

Two possible reasons for over representation of African-American children in special education are the criteria and procedures used in the determination of speech and language disorders (Lidz, 1987). According to Lahey (1990), "the criteria and procedures for identifying children with language disorders appear to vary widely among research clinicians" (p. 612). Speech-language pathologists who are not familiar with AAE are

likely to misdiagnose African-American children who speak AAE. African-American children sometimes receive unnecessary language intervention due to the procedures used in the assessment (Damico & Damico, 1993).

Bleile and Wallach (1992) discovered that the criteria used by African-American teachers to identify children with speech problems were different from those used by speech-language pathologists. Each teacher was asked to identify children in their classrooms “who understand pretty well, but have trouble speaking.” The teachers had known all the children in their classroom for at least six months prior to the investigation. Although most of the children were receiving some type of speech-language intervention during the period before the study, the teachers did not appear to be following a strategy for identifying children on this basis, because the majority of the children they identified as normal were also receiving intervention services.

According to this study, African-American children who speak AAE and have articulation problems are more likely to: 1) produce errors in the initial and medial positions of words than in word final position; 2) make greater numbers of errors on nasals; and 3) make greater numbers of errors on /t/ and fricatives other than the “th”. This study encouraged clinicians to obtain data from the child’s home environment, to take into account what the community considers a disorder, and not to rely on standardized assessment when assessing speakers of AAE.

Cole and Taylor (1990) examined three articulation tests (Photo Articulation Test-PAT, Templin-Darley Test of Articulation-second edition, and Arizona Articulation Proficiency Scale) to determine how valid these tests are when used with African-

American children who do not speak SAE. In the study, Cole and Taylor found that six out of ten children were misdiagnosed as having articulation disorder when the above tests were used (and SAE articulatory rules applied). However, when AAE articulatory rules were applied only two out of the ten children truly had an articulation disorder. According to this study, the danger of misdiagnosing AAE exists, since available articulation tests do not provide data on dialectical differences.

PL 94 142: Education of All Handicapped Act (as amended to Individuals with Disabilities Education Act -IDEA (1986)

In 1975, PL 94-142, the Education of All Handicapped Children Act, was implemented. The purpose of this federal law was to provide “a free and appropriate public education” to all children with disabilities. PL 94-142 has specific criteria that must be used in qualifying language minority children for services. Language minority students must be assessed in their primary language, and cultural consideration must be used when assessing language minority children (Heward & Orlansky,1984; Screen & Anderson, 1994).

Another guideline that must be met is the child must have a handicap that impacts him/ her educationally (for example, hearing impaired, language impaired, learning disabled, visually impaired, mentally retarded, emotionally disturbed). PL 94-142 states that service must be provided in the least restrictive environment. It requires that written statements of goals and objectives be part of the Individual Education Plan (IEP). Unfortunately there are no requirements that are specific to the development of IEPs for language minority students. Educators and speech-language pathologists frequently fail

to consider cultural/linguistic learner characteristics and their effects on children's learning process when developing IEPs (Hamayan & Damico, 1991).

SUMMARY OF THE LITERATURE

In summary, language is an intricate part of any culture. If language is taken out of the context of culture, the meaning is lost. Within interactional contexts children learn the rules of participation in linguistic dialogues. In every culture guided participation exists; however, there are differences as to what is emphasized in each culture. The skills promoted within each culture are what the members consider important to the survival of that culture.

For example, within the African-American culture children are taught to listen to and not participate in adult conversations unless asked to by an adult. They are taught not to use questions to elicit known information. Problems arise when African-American children enter the public school system where they encounter different expectations for language use. Edwards and Seinkewicz (1990) noted that these children transfer home language uses into the classrooms, and often teachers (unfamiliar with the rules of AAE) interpret the children's communicative style as language disorder.

African-American children who speak AAE frequently are referred to speech-language pathologists for evaluation. The children tend to be assessed with standardized instruments normed for speakers of SAE. Children who speak AAE perform poorly on such tests. Isolated measures of a child's phonology, syntax, and semantic abilities are often made under the artificial conditions of an isolated therapy room (Wallach & Butler, 1994, p. 181). Minority children are not equally represented in the normative sample of

standardized tests. Some tests attempt to correct this by using stratified norms. This practice (stratification), however, inherently violates the psychometric assumption of homogeneity of the sample population. Thus it is not possible to determine whether differences in test performance among subgroups represent lack of ability or lack of experience with the test tasks (Hamayan & Damico, 1991).

At the heart of the controversy are the mislabeling and unnecessary services provided to minority children (Damico & Damico, 1993). Therefore, this study will address various issues related to the standardized testing of African-American school children (as discussed previously). Specifically, the study was concerned with the following questions:

1. What types of assessments were utilized in the identification of African-American children who speak AAE?
2. Which standardized test was most frequently used with African-American children?
3. What informal assessment method was most frequently used?
4. Who most frequently referred children for assessment?
5. What reasons were frequently stated for the referral?
6. What are the most frequent speech-language intervention goals for African-American children who speak AAE?

CHAPTER III

METHODOLOGY

The design of this study was descriptive; that is, data were collected to answer questions about the prevalence and frequency of specific assessment and intervention practices. The design of the study, small sample size, and type of data collection (frequency counts) precluded the use of statistical analyses.

SUBJECT SELECTION

A total of 53 Individualized Education Plans (IEPs) and school records of African-American children who were enrolled in speech-language intervention programs in public schools in two northern California districts were reviewed. The selection criteria established for inclusion in the study were:

- no report of peripheral disturbance of the oral mechanism, such as cleft of the lip and palate;
- no documentation of prenatal exposure to drugs or alcohol; and
- no reported history of learning disability or emotional disturbance.

These criteria were used to insure, to the extent possible, that the records selected represented non-organic speech and language disorders, excluding combined or multiple disorder categories. Thirteen subjects' IEPs were eliminated from the study (based on the above criteria), reducing the total to 40.

Two school districts that had a large percentage of AAE speakers were chosen for the study: Mariposa Elementary School District and Larence Elementary School District. The ages of the subjects ranged from 3.5 years to 10.0 years. The mean age was 5.5 years

and the majority of the children were preschoolers (67%). Thirty of the children were male, and ten were female. Table 3 contains the means, standard deviations, and ranges of ages for subjects, by gender. More complete data for each subject is available in Appendix A1.

Prior to reviewing records and IEPs, all identifying information such as name, address, and phone number were deleted by the school officials in order to maintain confidentiality. The examiner was provided with records and IEPs that had no identifying information except gender and race of the subjects. Subjects were identified using selected letters of the alphabet.

Table 3. Means, standard deviations, and ranges of ages (in years)				
Age	Mean	SD	Range	
Females (N = 10)				
3.5-5.0 (N = 6)	4.57	0.63	3.5	5.0
5.1-10.0 (N = 4)	7.8	2.0	5.1	10.0
Males (N = 30)				
3.6 -5. 0(N = 17)	4.36	0.38	3.5	5.0
5.1-10.0 (N = 13)	6.11	1.47	5.1	10.0

DATA COLLECTION AND ANALYSIS

IEPs and referral information for each of the forty subjects were reviewed to collect information to address the research questions mentioned previously (p.23). Data within each of the following areas were tallied and converted to percentages of occurrence. Mean frequencies were also calculated.

1. Types of Assessment

These were divided into three subgroups:

- a) formal (standardized tests)
- b) informal (dynamic assessment, observations, interview, teacher/parent reports, language sampling, authentic assessment).
- c) combination (formal and informal).

2. Reason(s) for Referral

Records were reviewed to determine why children were referred for speech and language services. The categories were: articulation (including phonology), language (including expressive language, receptive language, and combined receptive and expressive), voice, other, and not available (NA). Some of the reasons provided for some of the referrals were not specific enough to allow specific categorization. Therefore, these were categorized as "other". Included, here, were reasons such as "slow" or "can't follow directions." Some records had no reported data as to why the student was referred. These were categorized as "not available" (NA).

3. Referral Source

The forty IEPs were reviewed to determine who had made the referral. Referral sources were categorized as: teachers (including screening by SLPs), parents (including foster parents and legal guardians), other, and no information.

4. Types of Intervention Goals

The intervention goals on the students' IEPs were categorized as follows: articulation, phonology, syntax, semantics, pragmatics, receptive language, voice and fluency.

CHAPTER IV

RESULTS

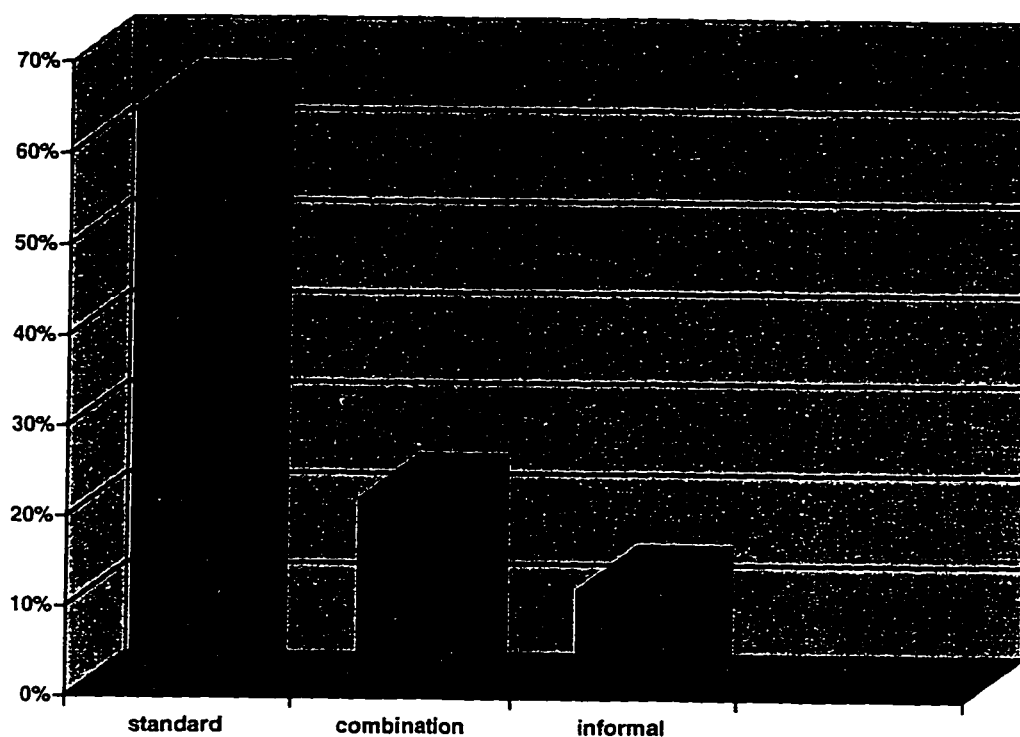
Results are organized according to the six research questions (p.23) concerning the types of assessments most frequently used, referral sources and intervention goals.

1. What types of assessments were utilized in the identification of children who speak AAE?

The data were divided into three categories: formal (standardized tests, only); informal procedures; and combination (formal and informal). Data analysis indicated that 65% of the subjects were identified using formal assessments. 22% were identified using a combination of formal and informal assessment methods, and 12% were identified based on informal procedures (see Figure 1).

A total of 124 tests and procedures were administered to the 40 children, indicating that 3 different tests/ procedures were used on average. Several children were administered 5 different standardized tests (i.e., #5, # 26, #27). Despite a referral for “unintelligible speech,” the battery for subject # 1 did not include an articulation/ phonology test. Similarly, subject # 25, referred for “voice,” was assessed by observation and articulation and language tests.

Figure 1. Types Of Assessments Utilized For The Subjects



2. Which standardized test was most frequently used with African-American children who speak AAE?

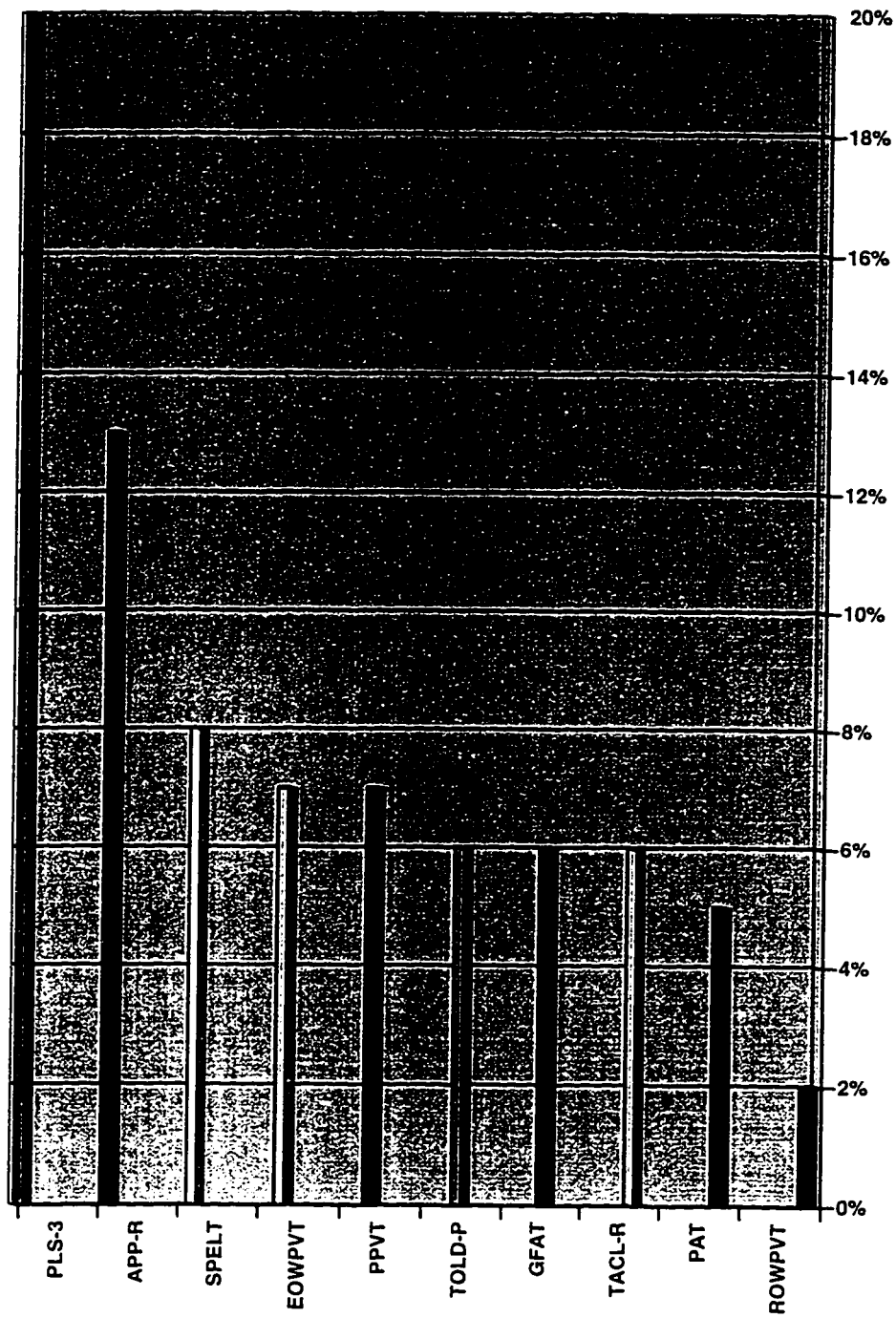
Data analysis indicated that the most frequently used standardized test was the PLS-3, followed by the APP-R. The PLS-3 was utilized 70 % of the time, and APP-R was used 42% of the time. This is displayed graphically in Figure 2. Given that 67% percent of the subjects were preschoolers , it is not surprising that the PLS-3 was the most frequent test used. Frequency of the APP-R would indicate that phonological problems were suspected for a significant number of subjects. Other frequently used tests included

the SPELT, EOWPVT, PPVT, TOLD-P and TACL-R, representing concerns about expressive and receptive language (see Table 4 and Figure 2).

Table 4. Standardized Tests Most Frequently Used

Rank	Test	Frequency	Percent
1.	PLS-3	17	19.54%
2.	APP-R	11	12.64%
3.	SPELT	7	8%
4.	EOWPVT	6	6.89%
5.	PPVT	6	6.89%
6.	TOLD-P	5	5.74%
7.	GFAT	5	5.74%
8.	TACL-R	5	5.74%
9.	PAT	4	4.59%
10.	ROWPVT	2	2.29%

Figure 2. Standardized Tests Frequently Utilized

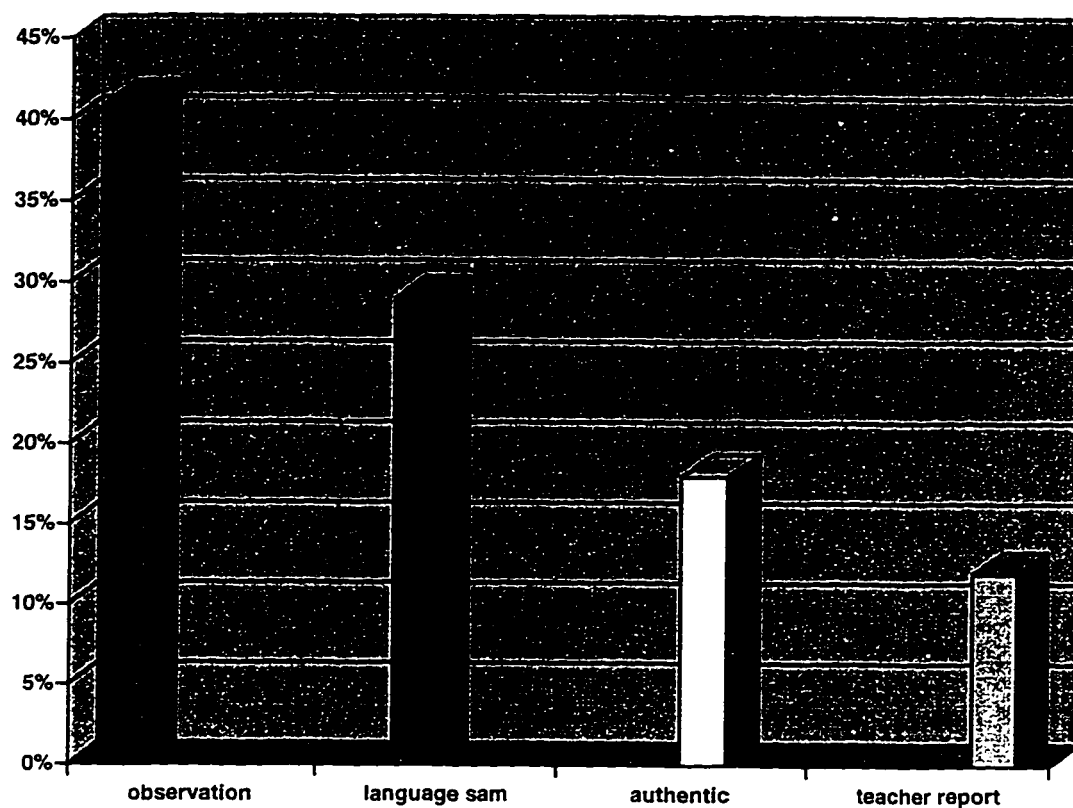


3. What informal assessment method was most frequently used?

Data were divided into the following categories: observation, language sampling, teacher report, dynamic assessment, and authentic assessment. Fourteen records included various informal assessment procedures (see Appendix A1-numbers: 3, 6, 9, 12, 22, 23, 24, 28, 30, 32, 34, 37, and 40). Analysis indicated that observation was used 41% of the time among informal procedures, followed by language sampling (29%), authentic assessment (18%) and teacher reports (12%). The data did not indicate any usage of dynamic assessment procedures (see Figure 3 and Table 5).

<u>Types</u>	<u>Frequency</u>	<u>Percent</u>
Observation	7	41%
Language sampling	5	29%
Authentic assessment	3	18%
Teacher report	<u>2</u>	<u>12%</u>
Total	17	100

Figure 3. Types of Informal Assessment Procedures Used

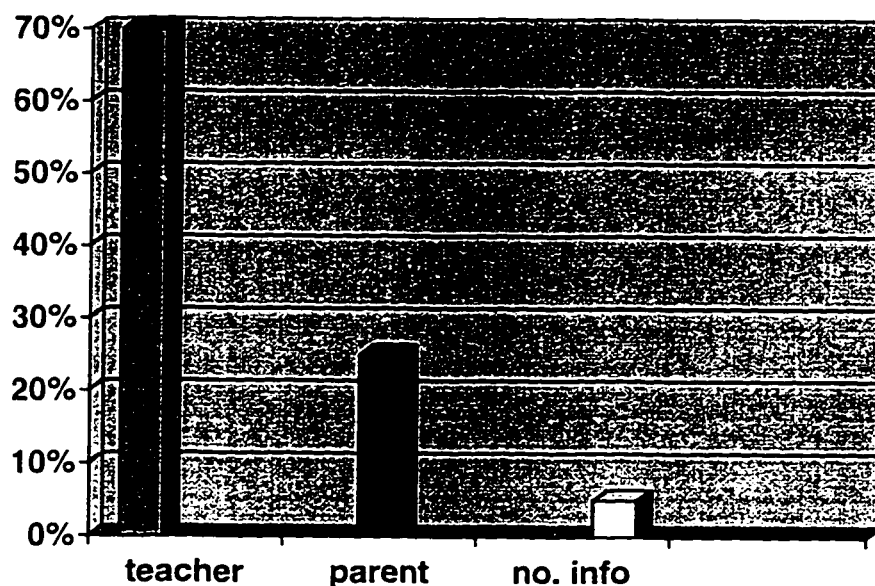


4. Who most frequently referred the children for assessment?

Data were divided into four categories: parent referral (included aunts and foster parents), teacher referral (included screening by SLP), other, and no referral information.

Data analysis indicated that approximately 70% of the subjects were referred by teachers, 25% of the subjects were referred by their parents, and 5% of the records had no referral source (see Figure. 4). It is not entirely clear from the data whether this result represents a significant difference in parent versus teacher perceptions of these children's speech and language abilities, and it is not known whether or how parents' input to this process was elicited or supported.

Figure 4. Who most frequently referred the children for assessment?

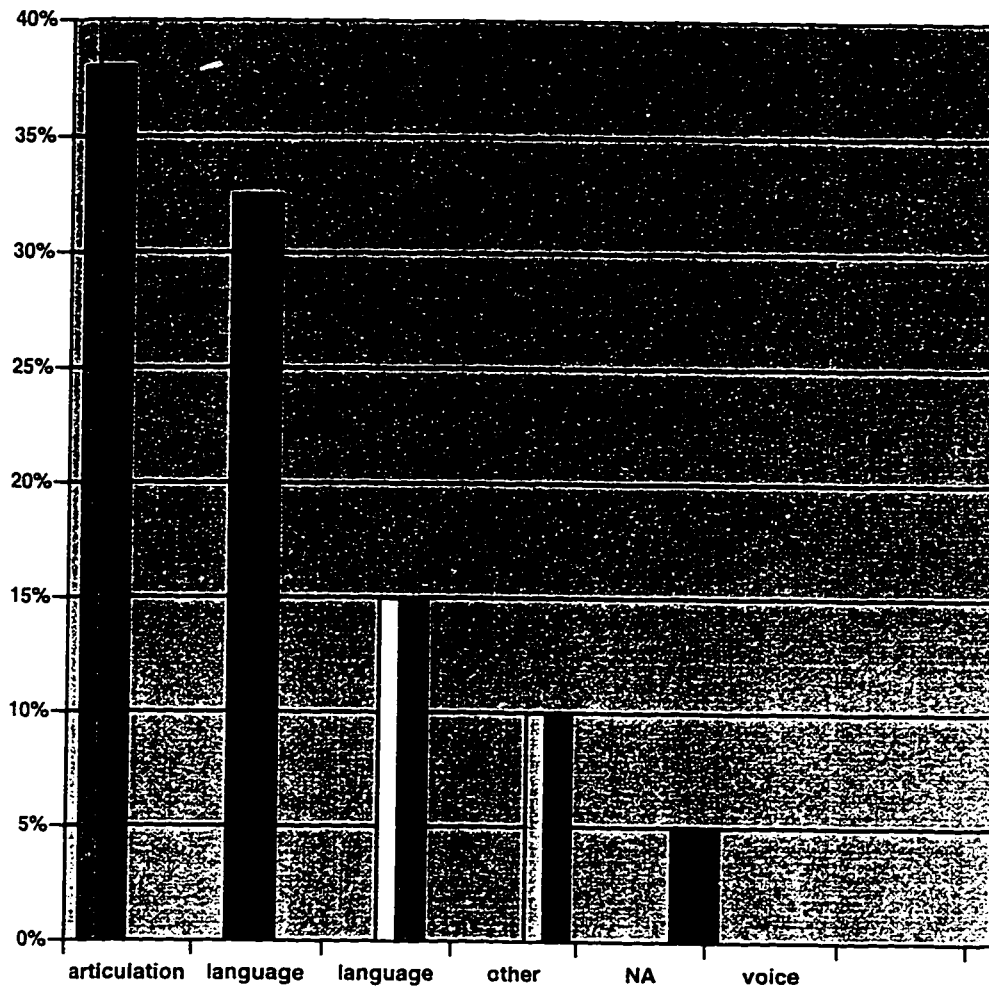


5. What reasons were frequently stated for the referrals?

Data were divided according to reasons for the referral which included: articulation, language, voice, other, and NA. The most frequent reason for referral was articulation (37.5%), followed by language (32.5%), and "other" (12.5%), see Table 6, and Figure 5. These results are fairly consistent with the frequency rankings for the standardized tests (p. 30). Specifically, the PLS-3 (a language test), and the APP-R (a phonology test) were the most frequently used tests, respectively.

<u>Type</u>	<u>Frequency</u>	<u>Percent</u>
Articulation	15	37.5%
Language	13	32.5%
Other	6	15%
NA	4	10%
Voice	<u>2</u>	<u>5%</u>
Total	40	100%

Figure 5. Reasons Frequently Stated For The Referrals

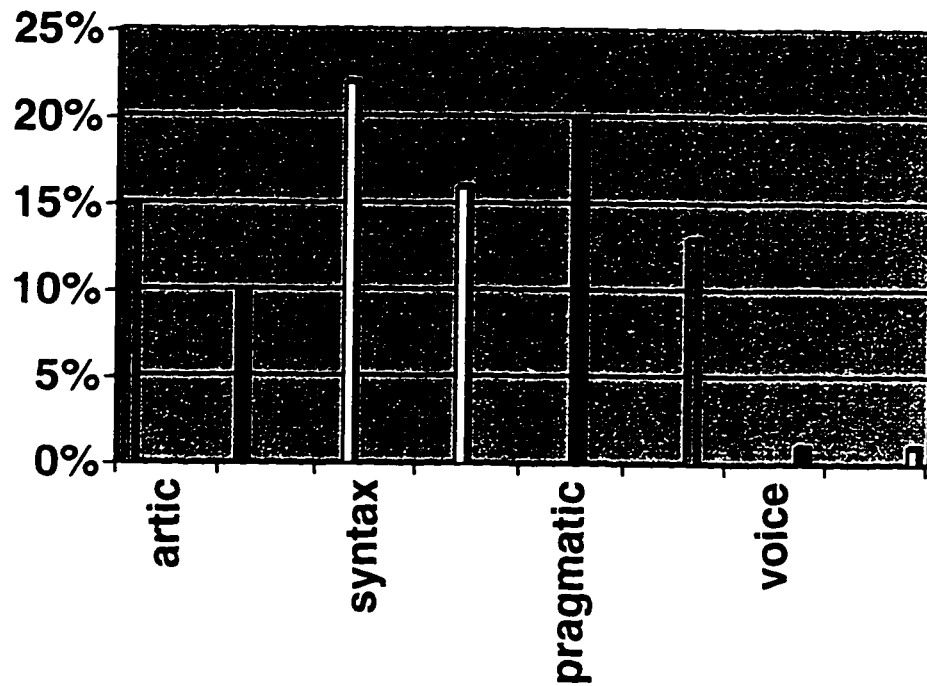


6. What are the most frequent speech-language intervention goals for African American children?

There were 92 intervention goals for the 40 subjects (see Appendix B). The results indicated that the most frequent goal was syntax (24%), followed by pragmatics (20%), and semantics (16%) (see Table 7 and Figure 6). About half (49%) of the goals were language related (i.e., semantics, syntax, pragmatics, and receptive language). It is interesting to note that the referral data indicated that most of the children were referred because of suspected articulation difficulties (p. 34), which accounted for only 15% of intervention goals. If this 15% is combined with the phonology goals, the combined 25% is somewhat more consistent with the referral data.

Type	Frequency	Percent
Articulation	14	15%
Phono	9	10%
Syntax	22	24%
Semantic	15	16%
Pragmatics	18	20%
Receptive	12	13%
Voice	1	1%
Fluency	1	1%
Total	92	100%

Figure 6. Types of Intervention Goals



Pragmatics goals primarily included the following: “respond to questions with appropriate answers” (# 29), “respond to Wh-questions” (# 1, # 3, # 7, # 10, # 37, # 40), or “will respond to functional questions named verbally” (# 28). Semantics goals most frequently included: “increase vocabulary” (8 instances), and references to concept development.

CHAPTER V

DISCUSSION

A review of the literature, history, and issues surrounding standardized testing (specifically speech and language testing) of African-American school-age children led to several questions that guided the present study. Principally, these questions concerned assessment and intervention practices of speech-language pathologists serving this population in two school districts in Northern California. The questions were: a) whether African-American children receive speech and language intervention based solely on information obtained from standardized testing; b) whether alternative assessments (i.e., authentic assessments, dynamic assessment, language sampling, etc.) are used; c) whether African-American children receive intervention for language differences; and d) whether treatment goals/objectives for these children are based on improving areas of “deficiency” relative to speakers of SAE.

To answer these questions, data were collected from school referral records, speech-language assessment reports, and individualized Education Plans (IEPs) of 40 African-American students ranging in age from 3.5 years to 10.0 years. The results in summary suggest that many of these African-American students received assessments and interventions which seemingly reflect misinformation and bias toward cultural and linguistic differences versus actual speech and language disorders.

Specifically, the results indicated that two or three standardized tests were consistently used, informal procedures were infrequently used, teachers were the primary referral source, and most children were referred for articulation errors but were tested and

received intervention primarily for language disorders. Standardized tests were reported as the primary means of assessment in 65% of the subjects' IEPs, contrary to repeated cautions about their cultural/linguistic biases (Weiner, Lewanau & Erway, 1983) and ASHA/CSHA interpretations of related court decisions (ASHA, 1987; CSHA, 1994).

The following tests were specifically mentioned in the CSHA Position Paper (see p. 2) as inappropriate for African-American students: PPVT-R, EOWPVT-R, ROWPVT-R and the TOLD-P. In the present study these tests were frequently used to assess the subjects. As a result of the *Larry P. v. Riles* (1979) settlement, African-American children may not be assessed with standardized tests that derive IQ equivalent scores or are validated by comparison or correlation to measures of IQ. Moreover, Weiner, Lewanau and Erway (1983) found that standardized tests such as the above examples (specifically the TOLD-P) do not represent the language behaviors of AAE speakers (see pp. 18 through 23).

Formal Assessments (standardized tests)

The PLS-3 and APP-R were the most frequently used standardized tests in the present study. A review of the PLS-3 test manual and stimulus materials indicated that numerous items and questions are likely to present difficulties for African-American students (specifically, Auditory Comprehension questions numbers: 22, 23, 24, 28, 30, 32, 33, 35, and 38; Expressive Communication question numbers: 21, 23, 24, 26, 27, 28, 45, and 46; see Appendix C2 for more details). Specifically of note are the ability to: answer questions logically, answer Wh-questions (e.g., "When do we eat breakfast?"), understand spatial concepts (presumed readiness skills), and use possessives

and past tense (based on SAE). The item (#26), “answer questions logically,” contains an assumption that all children are taught to organize responses in the same way, expressing an assumed bias toward Western sequential “logic”. According to current research, African-American children who speak AAE may not be socialized to answer such questions (Rogoff, 1990; Screen & Anderson 1994). In the PLS-3 manual (p. 121), “... the morphological skills listed are based on research by Brown (1973). The checklists include morphologic structures such as tense markers, pronouns, plural and possessive markers, articles, negatives and question forms” (all based on SAE). According to the manual, “the social language section on the checklist is based on the research of Dore (1975)...,” presumably all the research was conducted on children who speak SAE (Zimmerman, Steiner, & Pond, 1992).

It is presumed by age 6.0 to 6.11 years, “ children are able to tell a story in sequence that provides an introduction, body, and conclusion” (Bleile & Wallach, 1992). The PLS-3 stimulus also attempts to elicit these skills (# 46). The PLS-3 presupposes that all children have knowledge of baseball and how the game is played and organized (# 43). Rogoff (1990) found, however, that differences in language performance are dependent on variation in the skills and values that are promoted within cultural groups. An additional problem with the PLS-3 is the manner in which some stimulus items are presented. For example (# 39, Auditory Comprehension), a child is shown pictures of three aquariums with fish. The first picture shows one fish inside an aquarium, the second shows three fish, and the third shows five fish (three grouped together and two others on the other side of the aquarium). The child is instructed to count the fish and

respond to. “which aquarium has three fish?” The child may erroneously identify three fish from the aquarium with five fish because of the picture presentation.

There is no information to indicate that the PLS-3 is normed for African-American children who speak AAE. According to the PLS-3 manual (p. 82), African-American children represent 14.9% of the normative sample (Zimmerman, Steiner, & Pond, 1992). The manual reported that normative data were collected according to each groups’ representative percentage in the U.S. population, based on census data (from 1980, updated in 1986). As previously noted, standardized tests are criticized for use of stratified norms or the “quota model” (Hamayan & Damico, 1991; Wiener, Lewanau, & Erway, 1983). According to the test manual “All tasks were reviewed for evidence of gender, socioeconomic or ethnic biases during the tryout, and tasks were modified or deleted based on feedback from the review committee” (p. 79). However, the manual also states that “the comparison of a child you test to a sample of age-level peers is only valid if the characteristics of the sample are appropriate for the child. For example, if you test a child who is culturally different from the children in the standardization sample, the comparison may not be valid” (p. 98).

Similarly, the APP-R, the most frequently used phonological test in the study. (Hodson, 1986) does not provide modifications for children from different cultural/dialectical backgrounds (specifically, speakers of AAE), making it susceptible to misuse by SLPs unfamiliar with the phonological features of AAE. Bleile and Wallach (1992) found that SLPs not familiar with AAE inappropriately diagnosed phonological disorders in this population. According to Cole and Talyor (1990), most current

articulation/phonological tests do not provide adjustments for phonological/dialectal differences, especially as they relate to African-American children who speak AAE.

An analysis of the APP-R test manual and stimulus words suggests that several stimulus words on the APP-R may present phonological feature problems for African-American children who speak AAE. Such examples are: # 1, basket (cluster-sk), # 2 boots (cluster-ts), # 11 feather (v/th), and see Appendix C1, and C2 for more detail: 4, 6, 13, 18, 20, 23, 24, 25, 32, 39, 40, 41, 42, 44, 45, and 50). The manual mentions an adaptation for Spanish speaking children (1986, p. x), but no indication that the test may be used with children who are speakers of English dialects other than SAE.

Hodson notes that “data obtained from utterances of phonologically normal children between 18 months and 5 years of age indicate that the majority of normally developing Standard American English- speaking children typically produce prevocalic anterior stops, nasals,...stridents.... ” (1986, p. xii). According to the manual “extensive data on phonologically normal children” (p. xiii) is not included. In fact, there is no normative sample for the test itself. The approach is based on “findings from the developmental phonology research” (with citations listed of studies unlikely to include African-American children who speak AAE).

Informal Assessments

Informal assessment procedures occurred with relatively low frequency and included: observations, language sampling and authentic assessments (parent report, review of student records, direct observation, and teacher report). The literature strongly suggests the use of informal procedures to reduce test biases and obtain a fuller picture of

the speech-language abilities of children with potential cultural/linguistic differences (CSHA Position Paper, 1994; Damico & Damico, 1993). Thus, the finding of their infrequent use in this study suggests that practices continue to be incongruent with the current knowledge base.

Although language sampling was frequently cited as an informal method, interestingly, none of the IEPs or reports included results of the language sample analysis. It is not clear that these language samples were analyzed with consideration for dialectal differences. Additionally, there were no reported instances of the use of dynamic assessment, a practice frequently cited as one of the least biased procedures. This may be viewed as further evidence for the gulf between recommended and standard practices.

Referral Source/Reasons for referral

In the current study, more teachers than parents referred the students for speech and language assessment. It is not clear whether the teachers were from the same community as the subjects, since such data was not collected as part of the study. The present data collection method also did not include the ethnicities of the teachers who made the referrals or of the SLPs. It is not known whether this influenced the results of the present study. Bleile and Wallach (1992) found that teachers from the same community as African-American children used different criteria when referring African-American children to SLPs, and they were less likely to refer the children for speech and language disorders (except when speech was deviant from that of the community).

Notably, more parents referred children for speech difficulties, while teachers referred children for language difficulties. It was not possible to accurately deduce from

the referral records what the frequently used statement “speech problems” meant, since “speech” may be an all encompassing term for parents and/or teachers. In addition parents may view children’s speech-language development differently from “professionals” such as teachers and SLPs. As previously noted, language disorder can best be defined in terms of the child’s community’s expectation for similar age peers (Bleile & Wallach, 1992; Cole & Taylor, 1990). Finally, it is not clear how much influence parents had in the assessment process (including test selection), and what means were employed to solicit their views and participation.

Intervention Goals

Intervention goals focused primarily on language, and specifically, in the areas of syntax and pragmatics. Syntactic goals represented a larger portion of the interventions. These goals included the remediation of language differences such as, correct use of “is, are,” and “the”; correct use of past tense; and correct use of grammar rules (as they relate to SAE) (see Appendix B, numbers 2, 3, 4, 5, 7, 10, 11, 14, 15, 16, 17, 19, 24, 26, 27, 32, 34, 35, 37, 38, 39, and 40). These findings are consistent with those of Craig and Washington (1994) that African-American children who use AAE perform poorly on standardized tests because of syntactical rule differences between SAE and AAE. Further, Craig and Washington found that intervention often focused on changing African-American children’s speech and language patterns.

Intervention goals in the areas of pragmatics also included cultural and language use differences. Goals included: appropriate response to questions, correct usage of

wh-question forms, increase length of request for information, “when addressed ... will respond to speaker” (see Appendix B, numbers 1, 3, 4, 7, 10, 11, 13, 14, 28, 29, 30, 37, 39, and 40). As previously mentioned, African-American children are not socialized to answer questions which elicit known information, nor do they request assistance from adults in the way of the dominant culture (Heath, 1986; Hetch, Collier & Ribeau, 1983). Since the majority of the children whose records were reviewed were preschoolers, it is particularly likely that mismatches between home and school language uses account for the high frequency of goals in the “pragmatics” category. Evidence for this mismatch is also likely among the semantics goals (“concept development”), which seemingly incorporate “readiness” skills.

In the areas of articulation and phonology, findings in this study indicate that intervention goals included remediation of AAE phonological features, for example: “correct production of /st/, /sp/, and /sk/ in word medial and final positions”; “correct production of /r/ final position”; and “correct production of /l/” (see Appendix B, numbers 1, 3, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 20, 21, 22, 23, 24, 25, 26, 33, 34, and 35).

In summary, several additional questions and important issues raised in this study indicate the focus of further study and provide the basis for recommendations. These issues include: frequent use of standardized tests, method of language sample analysis, infrequent use of informal assessment methods, perceptions of teachers/parents about speech-language development/disorder, ethnicity of teachers and SLPs and the potential influence of this factor on the referral and/or assessment processes. The results of this

study are not applicable to the whole population (as small sample size precludes generalization).

Future Research and Recommendations

The sample in this study was relatively small, and predominantly preschoolers. Future studies should include a larger, more representative sample of African-American school-age children, across a wider age range. Further, future research might include data on the ethnicity of teachers and SLPs to examine whether ethnicity plays a role in referral and assessment procedures (Bleile & Wallach, 1992). A comparative study of professional/African-American parental views of speech and language disorder and the parameters of normal speech and language development is also needed. This data can be collected through direct interview or questionnaire. More importantly, a study of minority parents' understanding of the assessment and intervention process is needed to examine how professionals solicit information from parents, and parents' understandings of assessments, the IEP process, and their rights (as related to PL 94: 142). This information would help districts modify existing or add new procedures which support parent participation in these processes.

In conclusion, the following recommendations to improve the assessment and intervention process seem warranted. As shown in this study, standardized tests were frequently used and informal assessments were infrequently used. Therefore, it is recommended that school districts provide in-service training on the importance of informal assessment procedures and various informal assessment techniques, especially for African-American children who speak AAE. In-service training should stress the

appropriate uses and limitations of standardized tests and the laws and court decisions governing their use with African-American children. With regard to the language sample analysis issues, school districts can acquire SALT (Miller, Freiberg, Rollard & Reeves, 1992), a computer software package that enables more standardized analysis of language samples. However, care should be taken when using the SALT program to analyze AAE in order to avoid misdiagnosing differences as disorders. Districts with large numbers of AAE speakers would need to develop an appropriate data base, which would naturally expand over time with use, so that cultural/linguistic differences are built into analyses. Districts should also insure that teachers and SLPs are aware of the language features of AAE speakers, including the components of syntax and pragmatics, to reduce the number of inappropriate referrals and insure that interventions focus on areas of disorder versus difference. Similarly, a workshop on the phonological features of AAE is recommended to limit the misdiagnosis of AAE speakers.

National concerns for the academic success of African-American children who speak AAE have been highlighted recently by the widely publicized action of the Oakland Unified School District. Although some of their initial statements ignited controversy, there is general agreement that African-American students who speak AAE benefit academically from exposure to SAE. The danger (partly addressed by this study) is that speakers of AAE are viewed as demonstrating speech and language disorders in the school context and receive misdiagnoses and inappropriate interventions targeting cultural/linguistic differences, while their legitimate academic needs go unattended. It is, therefore, incumbent on school based speech-language pathologists to increase their

knowledge base in the area of nonbiased assessment, so that their participation maximizes favorable outcomes for these students

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APPENDIX A

- **A1** **Demographics, Referral Source, Reason, Assessment Tests and Procedures.**
- **A2** **Reported Goal (s) of Intervention for Each Subject**

APPENDIX A1

Demographics, Referral Source, Reason, Assessment Tests and Procedures

SUBJECTS	GENDER	AGE	REFERRAL SOURCE	REASON	TYPES of ASSESSMENT
1. AT	male	4-7	father	unintelligible speech	PLS-3, EOWPVT
2. BT	male	4-4	no information	no information	PLS-3, PPVT
3. CT	male	3-8	teacher	difficult to understand	language sample, PLS-3, EOWPVT-R, Goldman Frisloe Artic.
4. DT	male	3-11	teacher	no information	ROWPVT, PLS-3
5. ET	female	4-4	foster parents	difficult to understand	APP-R, PLS-3, BRVC, SPELT-P, PLAI
6. FT	female	4-8	teacher	difficult to understand	APP-R, PLS-3, SPELT-P, Language sample
7. AD	male	4-1	teacher	not able to follow directions	APP-R, BRVC, SPELT-P
8. HD	male	4-9	mother	unintelligible speech	APP-R, BRVC, PLAI
9. CD	male	4-6	father	slow	Goldman Frisloe Articulation, PLS-3, PPVT, language sample
10. DD	male	4-2	mother	articulation	Goldman Frisloe Articulation, PLS-3
11. AA	male	5-6	no information	no information	TACL-R, SPELT, Goldman Frisloe Articulation
12. AB	female	4-9	teacher	can't follow directions	teacher observation, classroom observation, unspecified standardized test
13. BB	male	4-6	teacher	difficult to understand	APP-R, SPELT
14. BC	female	3-6	mother	receptive & expressive	PLS-3, WEISS comprehensive Articulation test
15. JJ	male	5-6	teacher	expressive difficulty	PLS-3, ARIZONA Artic. EOWPVT
16. BE	male	4-1	teacher	language difficulty	Goldman Frisloe Artic., PPVT-R, PLS-3
17. BF	male	4-2	teacher	language difficulty	APP-R, SPELT
18. CA	male	4-7	teacher	speech	EOWPVT-R, PAT, PLS-3
19. CB	male	4-2	teacher	articulation	APP-R, SPELT
20. CC	male	4-7	teacher	language difficulty	APP-R, PLS-3
21. KK	female	7-0	teacher	language	CELF-R, TOLD-P
22. CE	male	10	teacher	expressive language	observation, work sample, teacher report
23. CF	male	7-5	teacher	unintelligibility	observation, PAT
24. FA	male	7-7	teacher	articulation	observation
25. FB	male	5-1	teacher	voice	observation, PAT, TOLD-P
26. FF	male	4-3	mother	unintelligible	PPVT-L BOEHM, EOWPVT, PLS-3, PAT
27. FI	male	6-6	teacher	language	KABC, WRAML, BERRY, WHIPEB-R, TOLD-P
28. AF	female	10	teacher	language	EOWPVT-R, ROWPVT-R, observation
29. AS	male	5-0	mother	difficult to understand	PAT, PLS-3
30. SS	female	4-7	teacher	slow	parent report, language sample, teacher report, observation

APPENDIX A1 continued

Demographics, Referral Source, Reason, Assessment Tests and Procedures

SUBJECTS	GENDER	AGE	REFERRAL SOURCE	REASON	TYPES of ASSESSMENT
31. ST	male	8-6	teacher	no information	PPVT-R, BANKSON
32. FL	male	7-7	teacher	language difficulty	ITPA, teacher report, observation
33. MM	female	9-1	teacher	expressive language	WRAML, BERRY, TOL
34. GR	male	7-0	teacher	articulation	WEISS, speech sample
35. DF	male	3-6	teacher	phonological processes	APP-R, PLS-3, TACL-R
36. HD	male	8-0	foster parent	unintelligible	APP-R, PLS-3, TACL-R
37. KJ	male	6-0	teacher	voice	OPME, language sample, observation
38. KL	female	5-6	parent	expressive and receptive language	TACL-R, TOLD
39. CS	male	6-0	teacher	expressive language	PPVT-R, TACL-R, PLS-3
40. SJ	female	5-0	teacher	can't follow directions	language sample, observations, teacher report

APPENDIX A2
REPORTED DIAGNOSIS FOR EACH SUBJECT

SUBJECTS	DIAGNOSIS
1.	AT speech and language disordered
2.	BT language disordered
3.	CT speech and language disordered
4.	DT 25% delays in expressive language disordered
5.	ET delays in expressive and receptive
6.	FT speech and language disordered
7.	AD expressive and receptive language delays
8.	BD mild phonological, moderate to severe language delayed
9.	CD speech and language impaired
10.	DD phonological disordered
11.	AA delayed language development, moderate to severe articulation
12.	AB pronouns-he, she, they, copula, "is and are." on
13.	BB expressive language and moderate-high phonological disorder
14.	BC expressive language disordered and articulation
15.	JJ receptive and expressive language disordered
16.	BE phonological disordered
17.	BF receptive and expressive language disordered
18.	CA severe receptive and expressive language delays, phonological disordered
19.	CB delayed receptive and expressive skills, phonological difficulty
20.	CC auditory skills and language comprehension, articulation
21.	KK auditory processing and visual processing
22.	CE expressive language skills
23.	CF articulation of k, g, l, r, vowelized r, ch, s-blends, hard-th
24.	FA articulation: k, g, l, phonemes in words, sentences
25.	FB speech sound production, fluency use of oral language
26.	FF language and articulation disordered
27.	FI auditory processing and visual motor integration
28.	AF speech and language disordered
29.	AS auditory processing, oral language difficulty
30.	SS receptive and expressive language
31.	ST mild phonological processes, delayed language
32.	FL severe expressive language and mild receptive language
33.	MM auditory processing, mild to moderate expressive language disordered
34.	GR articulation and language disorder
35.	DF delayed receptive and expressive language, phonological disordered
36.	FD phonological processes
37.	KJ voice disordered
38.	KL language disorder
39.	CS auditory language disorder
40.	SJ auditory processing

APPENDIX B

Types of Intervention Goals Most Frequently Used

APPENDIX B
TYPES OF INTERVENTION GOALS USED

LANGUAGE

	Expressive						
	↓	SYNTAX	SEMANTICS	PRAGMATICS	RECEPTIVE	VOICE	FLUENCY
SUBJECTS	ARTICULATION	PHONOLOGY					
1. AT	p, m, n, t, d, k, g.			Wh-question, increase request in class			
2. BT		is, are, she, he they, articles: a, the sentence structure					
3. DT	p, k, f, t, n	he, she, they, appropriate progressive tense		Wh-question: what, who, where etc.			
4. ET		grammar, syntax sentence length	Increase vocabulary	answer age appropriate questions, social comm.	follow 3 steps directions		
5. FT		he, she, they, prepositional verbs, irreg. Past tense					
6. AD		p, k, h, l, r, f, s	concepts: same, different front, back, behind		follow 2 parts steps		
7. BD	f & s-blends	he, she	concepts of portions: color, size increase vocabulary	Wh-questions			
8. CD	p, t, k, g, d	sentence length					
9. DD	k, g, l, sh		increase vocabulary, descriptive		follow one part directions		
10. AA		pronouns,	prepositions quality concepts adjectives	Wh-questions			
Total	4	7	5	5	3		

APPENDIX B (continued)

LANGUAGE

SUBJECTS FLUENCY	ARTICULATION	PHONOLOGY	Expressive			RECEPTIVE	VOICE
			SYNTAX	SEMANTICS	PRAGMATICS		
11. AB		glide r, l, stopping of fricatives f, s, cluster reduction	is, are, her, she, he		Wh-questions		
12. BB	p, k, f, t, n					follow two steps commands	
13. BC				Increase vocabulary	Wh-questions describe objects		
14. JJ		b, d, g, v, z, th, j	is, are, she, he, they		Wh-questions		
15. BE		stopping on reduction of clusters stridency	they, she, he, past tense	descriptive concepts			
16. BF		final consonants t, d, g, n	increase length of utterance three to four words				
17. CA			he, they, she, is are past tense	increase nouns			
18. CB	s and l blends			identify 10 school related concepts			
Total	2	4	5	4	3		1

APPENDIX B. (continued)

LANGUAGE

SUBJECTS FLUENCY	ARTICULATION	PHONOLOGY	Expressive			RECEPTIVE	VOICE
			SYNTAX	SEMANTICS	PRAGMATICS		
19. CC			understand and use grammar	concepts of all, unit, then		listen and select appropriate pictures	
20. KK	use improved r in sentences and activities						
21. CE	be able to produce k, g in all positions in syllables, l, r, ch, final s, s-blends						
22. CF	increase intelligibility of k, l, g						
23. FA	increase k, g, s, s-blends, l, ch, hard-th						
24. FB	produce k, g, l phonemes in words and sentences		correctly use he, she in sentence use irregular past tense				
25. FF	produce ch, and j correctly						use easy on set at the beginning of words and phrases
26. FI	imitate k, g, l phonemes in words & sentences		use correct sentence structure, complete sentence	increase vocabulary			
Total	7		3	2		1	1

APPENDIX B (continued)

LANGUAGE

SUBJECTS	ARTICULATION	PHONOLOGY	Expressive			Receptive			FLUENCY
			SYNTAX	SEMANTICS	PRAGMATICS	RECEPTIVE	VOICE		
27. AF			increase sentence length will re-tell story in sequences	increase vocabulary			will listen and follow 3 to 4 parts commands		
28. AS					Will respond to functional questions named verbally		point to pictures responding to items increase length of request for information		
29. SS					when addressed will respond to speaker, respond to questions asked with appropriate answer		listen & identify objects		
30. ST				will use age appropriate concepts such as temporal, and spatial concepts		will request for clarification provide appropriate information on topic of discussion	follow 3 to 4 part directions		
31. FL				given 3 opportunities will detect absurdities in simple sentences			follow directions for specific tasks 3 opportunities will make Inferences about a short story		
Total			1	3	3	3	5		

APPENDIX B (continued)

LANGUAGE



SUBJECTS FLUENCY	ARTICULATION	PHONOLOGY	SYNTAX	SEMANTICS	PRAGMATICS	RECEPTIVE	VOICE
32. MM			maintain correct tenses when speaking given several cues will re-tell stories in sequence of events describe four different objects	increase vocab.			
33. GR	s-blends single words r-single words f, v in sentences s-blends, r, m phrases						
34. DF		cluster reduction st, sl, sp, sk velar assimilation l ⇒ k, gliding r ⇒ w, l ⇒ w	choose noun phrases related to pictures state sentences as related to picture				
35. FD		velar fronting (k), (g), stopping of fricatives (s) reduction of clusters	write structurally correct sentences use familiar objects in structurally correct sentences				
36. KJ							understand speech mechanism use normal voice outside of therapy setting speak in a more normal voice in the class
37. KL			identify semantically increase use of vocabulary	respond to wh-questions related words, use words in sentences			
Total	1	2	4	2	1	1	1

APPENDIX B (continued)

LANGUAGE

SUBJECTS FLUENCY	ARTICULATION	PHONOLOGY	SYNTAX	SEMANTICS	PRAGMATICS	↓	
						RECEPTIVE	VOICE
38. CS			<p align="center">↓ Expressive</p> use common nouns/ verbs in simple sentences identify agent + action in pictures, identify pictures in sequence to a story repeat three to four sentences in sequence				
39. SJ				will identify 10 nouns	answer questions related to classroom tasks		follow 2 to 3 directional tasks
40. CT			he, she, they, use progressive tense appropriately		Wh-questions: who, where, what		
Total			2	1	2		1
OVERALL TOTAL:	14	9	22	15	18		12

APPENDIX C

- C1 Rules of African American English
- C2 Samples of stimulus items from the PLS-3 and the APP-R
- C3 Related Terms and Definitions

APPENDIX C1

RULES OF AFRICAN AMERICAN ENGLISH

(adopted from Bleile, Wallach, 1992; CSHA-position paper, 1994; Heath 1986; Semel, Wiig and Secord, 1987)

MORPHOLOGY

1. Noun plural: noun plural endings are not often used by AAE speakers (For example: "*She got five dollar*").
2. AAE speakers may add regular-*s* plural ending to irregular nouns (For example: "*He saw two deers*").
3. AAE speakers may use double possessive marking in compound personal names (example: "*It's Jim's Brown's car*").
4. AAE speakers often alternate from using noun possessives to relying on word order (example: "*It the girl book*").
5. AAE speakers often do not use the third person singular present tense marker: *-s* or *-es*, and the third person form *to do* and *to have* (For example: "*She walk, The man have a car*").
6. AAE speakers often do not use copula *is* and *are* in all contexts (For example: "*She nice, They bad*").
7. AAE speakers reduce the past tense word ending *-ed*.
8. AAE speakers uses different irregular verb,(i.e.. use of *past tense* form as *past*

APPENDIX C1 continued

- *participle* and use of *past participle* form as *past*).
- Absence of auxiliary and copula *be*
- Nonstandard subject verb agreement.
- Regularization of possessive pronouns.

9. Irregular verbs may be formed by adding “ed”.

PRAGMATICS:

1. African American children who speak AAE do not use questions to elicit known information unlike speakers of Standard American English. For example, wh-questions such as “What is this?: Where are you going?”

PHONOLOGY

- /ng/ ⇒ ∅ word final or ⇒ /n/ substituted
- /v, b/ ⇒ ∅ word medial
- /r, d/ ⇒ ∅ word final
- / / ⇒ /f/ word medial
- /v / ⇒ /b / word final
- final consonant cluster reduction
- use of -es plural marker with words ending in -sk, -st, -sp
- production of /d/ . word initial position
- production of f/th-voiceless, and v/ th -voiced in word medial and word final positions.
- production of /I/ often before nasals

- /w. d/ word initial position for specific words ⇒ ∅
- /z/ or substituted with /d/ before nasal sounds ⇒ ∅

APPENDIX C2

Sample Stimulus items from the PLS-R and the APP-R

<i>APP-R Stimulus Words</i>	<i>Sounds that may be produced differently by speakers of AAE</i>
1. basket	/sk/
2. bouts	/ts/
4. chair	ʃ/
6. crayons	/z/
11. feather	/th/ and /θ/
13. flower	/θ/
18. hanger	h/ and /h/
20. ice cubes	/sk/
23. mask	/sk/
24. mouth	/th/
25. music box	/ks/
32. screwdriver	/skr/ and /θ/
39. square	/skw/ and /θ/
40. star	/θ/
41. string	/str/ and /r/
42. sweater	/θ/
44. thumb	/θ/
45. toothbrush	/θ/
50. zipper	/θ/

Questions from the PLS-3

Auditory Comprehension subtest

22 descriptive concepts (big, wet, little) presumed readiness skills; also # 23, # 25,

and 37 (heavy same, empty)

24 and # 27 pronouns (based on SAE)

28 identify colors (also readiness skills)

30 "makes inferences"- assumes socialization to answer such questions

31 use auxiliaries before verbs (based on SAE)

- # 32 body parts-assumes socialization practices which teach and “readiness skills”
- # 35 experience pointing to pictures. a socialization skill
- # 38 time concepts-readiness skills
- # 39 same. also possible confusion because of how stimulus pictures are presented
- # 43 assumption that all children understand baseball. socialization skill.

Expressive Communication

- # 21 answers “wh-questions and “yes/no” questions (socialization)
- # 23 experience with this type of narrative interaction with an adult. socialization/
readiness skills
- # 24 possessives (based on SAE)
- # 26 “answers questions logically,” socialization (see p. 40)
- # 27 uses several pronouns (based on SAE)
- # 28 answer wh-questions

APPENDIX C3

Related terms and definitions

Language Sampling: A language sample examines several aspects of language:

1. Form and content (syntax and grammar, vocabulary, production of speech sounds)
2. Mechanics of language use (discourse, including initiating a conversation, maintaining a topic, following a sequence of ideas, elaboration etc.)
3. Use of language for variety of purposes
4. Communication style (manner of expressing ideas, use of pauses, hesitation etc.)
5. Provides data for intervention (Langdon, 1992).

Dynamic Assessment is a term used to identify a number of distinct approaches that are characterized by guided learning for the purpose of determining a learner's potential for change (Wallach & Butler, 1994, p. 112). In dynamic assessment, the assessor uses mediated learning experiences, based on procedures developed by Feuerstein (1979) and Lidz (1989).

Portfolio/ Authentic Assessment involves the collection of student work samples (i.e., written assignment, tests, class reports, teacher observational reports) that reflect a child's effort, progress and achievement in one or more selected areas (e.g. reading, writing, listening, and speaking). (adopted from CSHA position paper, 1994).