

The perils and value of home-language survey and language dominance information: A case for why these data do not change the assessment process for speech-language pathologists

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We would like to begin this article by highlighting the one question that threatens to undo the progress that the speech-language community has made in better identifying children with disabilities who come from second language backgrounds. *What language do we test in?* This question is difficult to answer not because of its complexity but because the question itself is inherently flawed. The way the question is framed leads one to believe that we will make a choice between two languages for testing purposes, when in fact; it is the combination of data from all languages that determines typicality or disorder. We will highlight two influences that cause us to incorrectly consider testing in one language and discuss how speech-language pathologists can get back on track in identifying children from bilingual backgrounds with language disorders.

#### Home-language surveys and Language Dominance/Proficiency Tests

There is a fundamental difference between how general education and special education use home-language surveys. General education personnel have to make classroom placement decisions when a child begins school and are required to use a language survey in combination with other data, such as results of language dominance testing, to determine the best language(s) of instruction. The home-language surveys are usually 1- 5 questions and identify the parent language(s) and language(s) of interaction. The language dominance tests are often heavy in academic vocabulary and are designed to aid in classroom placement decisions. Is this information meaningful for speech-language pathologists? While it is a good starting point, chances are the information is old and incomplete. Schools are required to complete home-language surveys when children first enter school (IDEA, 2006), yet it is often 12 to 36 months later that children are referred for assessment, based on our experience. The language of the home evolves over time as exposure to English increases.

This is not to say that home-language information is not important. We need home language information to evaluate which languages are spoken in the home and how frequently. An up-to-date, more robust interview could include:

What languages are spoken at home?

What language(s) do you speak to your child?

What language(s) does your child speak to you?

What language is heard on the radio and television?

What language does your child use with siblings and cousins?

What language does your child use with friends?

What language(s) do other family members speak to your child (e.g., grandparents)?

The results of the language survey tell us which languages to cumulatively include in our testing not which ONE of the two languages to test in. This brings us to our second point. Many diagnosticians and Licensed Specialists in School Psychology (LSSPs) do language dominance testing to determine which language to test in. Why don't we?

There is a fundamental difference between how diagnosticians and speech pathologists use home-language surveys and language dominance testing information. Diagnosticians currently attempt to identify which language is stronger in order to assess academic ability. Speech pathologists cumulatively assess all language abilities and collectively assess whether communicative abilities are negatively impacting areas of academic concerns. In one study (Peña, Bedore, & Zlatic-Giunta, 2003) that exemplifies the importance of completing language testing in two languages, children who were bilingual were asked in English and Spanish (at different times) to tell all the foods they could think of. When asked in English the top two answers were "hamburgers" and "hotdogs." When the same children were asked the same question in Spanish the top two answers were "frijoles" and "tacos." This illustrates that children who are bilingual demonstrate different knowledge in each language and the information is strongly influenced by the particular language used and their culture.

The message is clear. Speech and language testing needs to be **cumulative** (all languages) and not **comparative** (one language against the other). Non speech-language pathologist professionals use language dominance information for different means. If we employ the methods of other professionals and purposes and test in one language, we do not get the full picture of a child's language skills.

## References

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