

**CHECKLIST FOR IDENTIFICATION OF SPEECH-LANGUAGE-LITERACY DISORDERS
IN BILINGUAL AND MULTICULTURAL CHILDREN**

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Research on simultaneous dual language learning & language delay

Dual language learning does NOT cause confusion/language delays in young children (Espinosa, 2008; DeHouwer, 2009; Paradis, et al., 2011) In fact, more children are actually growing up learning 2 or more languages than children who learn only one (Tucker, 1998). “There is no scientific evidence to date that hearing two or more languages leads to delays or disorders in language acquisition. Many, many children throughout the world grow up with two or more languages from infancy without showing any signs of language delays or disorder” (De Houwer, 1999, p. 1). “Very early simultaneous language exposure does not cause a young child to be delayed with respect to the semantic and conceptual underpinnings at the heart of all natural language, and this is true regarding each of the young bilingual’s two native languages” (Petitto and Holowka’s (2002, p. 23)

Reaching of milestones for bilingual children may be uneven which is normal. One language may develop faster for some or all aspects of language use than the other (De Houwer, 2009a). Much of it depends on quantity of language input, which varies for each language, but typically the language heard most often develops faster (De Houwer, 2009b). The distinction between a difference vs. disorder depends on “the language norm of the student’s speech community” (Wolfram, Adger, & Christian, 1999, p. 165).

Universal Developmental Milestones are reached ~same age for both bilingual & monolingual children (Clark, 2009)

1. **Development of early language comprehension** (e.g., response to name) develops from ~4+ months (De Houwer, 2009b). By ~13 months children understand ~250 different words combined in both languages (De Houwer, 2013).
2. **Babbling** develops around ~6 to 7 months of age (Cruz-Ferreira, 2006; Pearson, Navarro, Oller, & Cobo-Lewis, 2010) and is not clearly linked to a particular language (Pearson et al., 2010).
3. **First word production** develops between 8 and 15 months (De Houwer, 2009b). Many bilinguals produce at least one word in at least one language by 12 or 13 months and may say early words in one or both languages (Águila, et al, 2005; De Houwer, et al, 2013)
4. **Phrase Production (50+ words)** while findings vary significantly (e.g., Nakamura & Quay, 2012 found 50 different words at 20 months; De Houwer et al., 2013 found combined number of words in 2 languages at 20 months to be ~254; Hoff et al. (2012) found ~200 words at 22 months; etc.), most bilingual children will produce 50-words before 20 months of age (David & Li, 2003)
5. **Sentence Production** begins approximately between 15 and 23 months (De Houwer, 2009b). Most bilinguals combine words by 24 months (Hoff et al., 2012; Marchman, et al, 2004; Patterson, 1998. Early word combinations vary and may include two words from the same language or one word from each language. (De Houwer, 2012).

Translanguaging is IN – Code Switching is OUT

Rather than code-switching (old term) bilingual individuals “translanguage”. Translanguaging is a term coined by Cen Williams (1994) which refers to an “ability of multilingual speakers to shuttle between languages, treating the diverse languages that form their repertoire as an integrated system” (Canagarajah, 2011, p. 401). The complex multiple language practices of bilingual individuals involving flexible use of linguistic resources to make meaning of their lives and their complex worlds (Celic & Seltzer, 2011). Languages are switched to adjust to daily needs. Different languages may be spoken to different individuals. Music may be listened to in one language, while TV in another, etc. Bilinguals have one linguistic repertoire from which they select features strategically to communicate effectively vs. using two

separate monolingual codes that could be used without reference to each other. Bilinguals utilize complex language and cultural practices that are fluid and changing depending on the particular situation and the local practice. Translanguaging is an asset as it supports metalinguistic awareness by allowing students to compare language practices and to explicitly notice language features.

How Children Learn a Second Language (Valdez & Figueroa, 1994):

Additive Bilingualism occurs when the first culture is valued and second language is added to the birth language. The first language continues to be developed and maintained at high level.

Subtractive Bilingualism on the other hand occurs when a second language is introduced at the expense of the first language and culture, which diminish as a consequence (Cummins, 1994). Circumstantial bilinguals (e.g., children of immigrants), who learn L2 because they need it attend school. Typically, their L1 skills decrease or may even be lost in favor of gaining L2. Children with no schooling in birth language and less frequent use in the home more likely to lose their first language (Eilers et al., 2006). The attitudes of parents, siblings and peers toward the minority language can add value to, or subtract value from, the language.

Advantages of Bilingualism (Genesee et al, 2011)

- Improved metalinguistic ability
- Strong word knowledge
- Superior utterance and word segmentation
- Improved executive function abilities
- Bilingual person's mental dictionary (stores word meanings and spelling-sound information) incorporates items from all known languages (Jiang, 2004)
- Both the L1 and L2 are activated simultaneously when adults read in L1 or L2 (Dijkstra & van Heuven, 2002).

Disadvantages of losing a language (e.g., adhering to the erroneous recommendation of "English only" in the home)

- Immediate and/or extended family members not speaking the same language with a child with adversely affect caregiver/parent-child relationship and interactions (Portes & Hao, 1998)

Sequential Bilingualism occurs in stages when acquisition of the second language (L2) occurs after the first language (L1) is established typically after 1 year of age (DeHower, 2005). For school aged children, basic proficiency is attained after ~ 2 years, intermediate proficiency takes 3-5 years and advanced proficiency may take between 5-7 years (Cummins, 1996)

- Basic Interpersonal Communication Skills (BICS)
- Cognitive Academic Language Proficiency (CALP)

All references for the above information are available upon request.

Checklist for Identification of Speech Language Disorders in Bilingual and Multicultural Children

DIRECTIONS

Purpose: This checklist was created to assist Speech Language Pathologists (SLPs) and Teachers in the decision-making process of how to appropriately identify bilingual/multicultural children who present with speech language delay/deficits (vs. a language difference), for the purpose of initiating a formal speech-language-literacy evaluation.

The goal is to ensure that educational professionals are appropriately identifying bilingual children for assessment and service provision due to legitimate speech language deficits/concerns, and are not over-identifying students because they speak multiple languages or because they come from low socioeconomic backgrounds.

SLPs should provide parts of this form to both caregiver/s and classroom teacher to fill out. This is done in order to determine relevant family/background history as well as to ensure that the deficit areas are consistent across all individuals dealing with the child on daily basis. SLPs should also observe the child in a variety of settings in order to establish their own clinical hypothesis of the nature of the student's difficulties.

Finally, it is very important to understand that true language impairment in bilingual children will be evident in **both languages** from early childhood onwards, and thus will adversely affect the learning of both languages.

Select Free Resources

- [Children's Speech Acquisition \(English\)](#)
- [Phonetic Inventories of Various Languages](#)
- [Multilingual Children's Speech Resources Pertaining to Different Languages](#)
- [Speech Assessment Resources for Different Languages](#)
- [Leader's Project Assessment Resources](#)
- [Language Transfer Errors](#)
- [Language Transfer Errors in Depth](#)

CHECKLIST FOR IDENTIFICATION OF SPEECH-LANGUAGE-LITERACY DISORDERS IN BILINGUAL AND MULTICULTURAL CHILDREN

PURPOSE: To determine whether the student presents with a language difference or a language disorder and requires a speech-language-literacy assessment

I. STUDENT INFORMATION:

Date: _____ Student's Name: _____ Sex: ____ Student's Age: _____ DOB _____
 Referred by: _____ Educational Classification: _____
 Language(s) spoken in the house (please list): _____
 Student functionally understands the following languages _____
 Student functionally speaks the following languages _____
 Current Medical Diagnoses: _____

II. AT RISK FAMILY HISTORY (place \checkmark next to applicable areas)

If answered 'Yes' to any of the below, please specify details (family member/s and diagnoses)

- ___ Family history of speech-language-literacy delays
 ___ Family history of learning deficits (e.g., reading problems, dyslexia, etc.)
 ___ Family history of special education placements
 ___ Family history of psychiatric impairments (e.g., ASD, ADHD, anxiety, depression, etc.)
 ___ Family history of drug and/or alcohol abuse
 ___ Family history of intellectual disability

III. AT RISK DEVELOPMENTAL HISTORY (place \checkmark next to applicable areas as pertaining to child)

- ___ Adoption/Foster Care
 ___ Intellectual disability
 ___ Early Intervention (EI) services
 ___ Preschool Disabled Program Attendance
 ___ **Late language development¹**
 ___ **Language comprehension and expression difficulties**

IV. BEHAVIORAL MANIFESTATIONS (place \checkmark next to applicable areas)

- ___ Child easily frustrates during speaking/listening tasks when not understood/cannot understand others
 ___ Child easily frustrates during academic/learning tasks
 ___ **Child presents with social immaturity (as compared to same aged peers)²**
 ___ **Social awkwardness (difficulty interpreting social cues/body language of others)**
 ___ **Acts as a class clown (attempts to entertain peers with antics)**
 ___ Difficulty making and keeping friends (lacks or has few friends)

¹ Please note that if there's a reported **history of past/present language difficulties** it is **strongly recommended** that caregivers and teachers fill out the **Speech Language Assessment Checklist for School-Aged Children** to determine the need for **supplemental language testing**.

² Please note that if there's a reported **history of past/present social communication difficulties** it is **strongly recommended** that caregivers and teachers fill out the **Social Pragmatic Deficits Checklist for School Aged Children** to determine the need for **supplemental social pragmatic testing**.

- ___ Low self-esteem
- ___ Low motivation (especially during school-related tasks)
- ___ Lacks confidence during learning tasks
- ___ Poor/negative self-image
- ___ Frequent somatic complaints (physical complaints such as stomachache, headache, fatigue, etc.)
- ___ Aggression
- ___ Anxiety
- ___ Frequently distracted and unfocused
- ___ Other

V. DIFFERENTIAL DETERMINATION (place a \surd next to affected areas as compared to peers)

A. Cognition

- ___ Impaired memory
- ___ Decreased processing speed
- ___ Decreased attention
- ___ Easily distractible
- ___ Frequently daydreams/“tunes out”
- ___ Poor visual perception
- ___ Exhibits frequent confusion
- ___ Complaints that others “speak too fast”
- ___ Poor orientation to time, self, and location (e.g., doesn’t know birthday, days of the week, full address, etc.)
- ___ Requires frequent repetition/clarification
- ___ Does not/rarely asks questions when does not understand something (highlight one)
- ___ Poor reasoning skills

B. Phonology

- ___ Child presents with errors not developmentally appropriate for his/her L1
- ___ Child presents with errors not due to L1 transference to L2
- ___ Child presents with errors not developmentally appropriate for any language

C. L1 Deficits

- ___ Overreliance on gestures to communicate
- ___ Difficulty expressing basic needs
- ___ Limited comprehension
- ___ Limited expression
- ___ Difficulty with sequencing tasks (e.g., describing order of events)
- ___ Decreased vocabulary
- ___ Word retrieval deficits
- ___ Poor syntax and grammar
- ___ Impaired social skills (not culturally acceptable in L1 community)

D. L2 Deficits

- ___ ***Child shows impairment learning both languages**
- ___ Slow learning pace as compared to bilingual peers
- ___ Child shows low academic gains even with assistance (e.g., RTI, ESL, Resource Room)
- ___ Frequent use of off-topic comments (e.g., raises hand when doesn’t know a response)

- ___ Immature/limited vocabulary
- ___ Poor grammar not due to L1 transference errors
- ___ Immature syntax not due to L1 transference errors
- ___ Speaks primarily in short simple sentences despite *adequate English exposure
- ___ Provides related but not targeted responses
- ___ Poor storytelling skills not related to cultural impact of L1
- ___ Poor phonological awareness abilities as compared to peers despite extensive attempts by the teacher
- ___ **Difficulty learning to read as compared to peers despite extensive attempts by the teacher**³
- ___ **Difficulty learning to spell as compared to peers despite extensive attempts by the teacher**
- ___ **Difficulty learning to write as compared to peers despite extensive attempts by the teacher**
- ___ Impaired socializations with others
- ___ Limited initiation of verbal interactions with peers
- ___ Difficulty maintaining conversations with peers and adults
- ___ Shows communication difficulties in a variety of settings (e.g. school, home, community) and with a variety of people (e.g. peers, teachers, parents)
- ___ Ineffectively responds to [sample dynamic assessment tasks](#)

E. ADDITIONAL INFORMATION

Does the child have any medical concerns: _____ If so, please list: _____

Are the language/literacy difficulties affecting the child on daily basis? ___ Yes ___ No

If so, how? (write how in a descriptive paragraph)

Do you suspect the child may have other delays? _____

If so, in what area(s)? (Please highlight below)

Intellectual/Cognitive

Speech

Motor

Activities of Daily Living

Social/Emotional

Sensory

Behavioral

Other (specify)_____

Conclusion: *The predominance of marked off areas of difficulty is indicative of a presence of a primary speech-language-literacy disorder rather than a difference and as such TARGETED ASSESSMENT OF DEFICIT AREAS IS WARRANTED.*

³ Please note that if there's a reported **history of past/present literacy difficulties** it is **strongly recommended** that caregivers and teachers fill out the [Comprehensive Literacy Checklist for School-Aged Children](#) to determine the need for **supplemental language testing**.

New Smart Speech Therapy

- *Comprehensive Assessment and Treatment of Literacy Disorders in Speech-Language Pathology*
- *Best Practices in Bilingual Literacy Assessments and Interventions*
- *Comprehensive Literacy Checklist For School-Aged Children*
- *Dynamic Assessment of Bilingual and Multicultural Learners in Speech Language Pathology*
- *Differential Assessment and Treatment of Processing Disorders in Speech Language Pathology*
- *Practical Strategies for Monolingual SLPs Assessing and Treating Bilingual Children*
- *Creating Translanguaging Classrooms and Therapy Rooms*
- *Improving Critical Thinking Skills via Picture Books in Children with Language Disorders*

Other Helpful Smart Speech Therapy Materials

- [The Checklists Bundle](#)
- [General Assessment and Treatment Start Up Bundle](#)
- [Multicultural Assessment Bundle](#)
- [Narrative Assessment and Treatment Bundle](#)
- [Social Pragmatic Assessment and Treatment Bundle](#)
- [Psychiatric Disorders Bundle](#)
- [Fetal Alcohol Spectrum Disorders Assessment and Treatment Bundle](#)
- [Assessment Checklist for Preschool Aged Children](#)
- [Assessment Checklist for School Aged Children](#)
- [Speech Language Assessment Checklist for Adolescents](#)
- [Differential Diagnosis of ADHD in Speech Language Pathology](#)
- [Creating Functional Therapy Plan](#)
- [Selecting Clinical Materials for Pediatric Therapy](#)
- [Social Pragmatic Deficits Checklist for Preschool Children](#)
- [Social Pragmatic Deficits Checklist for School Aged Children](#)
- [Language Processing Deficits Checklist for School Aged Children](#)