



Assessing English Language

This past summer Utah State University was honored to have Dr. Li-Rong Lilly Cheng as a speaker at our Summer Institute Series. Dr. Cheng, a leading expert in the assessment and management of communicative disorders in multilingual/multicultural populations, gave a very informative talk, while introducing us to R.I.O.T. assessment procedure. Dr. Cheng has developed this procedure as a means of meeting the needs for unbiased assessment of the ELL (English Language Learner) in the public school system. R.I.O.T. is an acronym for the process of reviewing, interviewing, observing and testing a child.

When I was asked to write a statement on my perception of the role of the SLP in the assessment of an ELL student, I immediately reached for Dr. Cheng's presentation, a copy of Dr. Celeste Roseberry-McKibbin's reference book, *Multicultural Students with Special Language Needs*, and a copy of Dr. Brian Goldstein's reference book, *Cultural and Linguistic Diversity Resource Guide for Speech-Language Pathology*. I consider these resources to be indispensable in my work with children of non-English language backgrounds, and I highly recommend them for the libraries of all SLPs.

Even a cursory glance at these resources will make it clear that all three authors firmly believe in the teaming process as the least biased means of assessing an ELL student. The first step in Dr. Cheng's R.I.O.T. procedure instructs us to *review* all pertinent documents and background information. This includes school reports, medical

records, teacher's comments, linguistic/social/cultural family background information, and previous therapy or testing materials. To obtain this information data must be collected from extant files, teachers, peers, caretakers, extended family members, team members, and medical personnel. Such a task would clearly be overwhelming for one individual. In addition, it is highly unlikely that one individual, whether an ESL specialist, a classroom teacher, or an SLP, would have the specific linguistic, cultural, technical and educational background to collect and analyze this information in a structured and systematic manner.

If, on the other hand, a pre-referral team was assembled to review documents, establish a systematic procedure for collecting assessment data, involve the caretakers and the classroom teacher, and evaluate the resulting pre-assessment portfolio, the opportunities for inappropriate referrals would be greatly diminished.

A pre-referral team should, at a minimum, include an ESL specialist, a classroom teacher, a school psychologist, an SLP, and an interpreter and/or community liaison. This team should meet to determine the data to be collected and the procedures to be used in that collection process. The preassessment data includes a thorough listing of background information (educational, social and cultural) of the student and the student's caretakers. This information is usually incomplete in a student's file and often requires the help of an interpreter or a community liaison to obtain.

This data collection step coincides with the *interview* step of the R.I.O.T procedure. Both structured and unstructured interviews should be set up with caretakers and extended family members to determine how the student functions in his/her native language within the home community context. Both Roseberry-McKibbin's and Goldstein's books offer forms, formats and suggestions for collecting this data.

The third R.I.O.T step involves *observation*. Several systematic classroom observations of the student's language usage, across language contexts, and with varied conversational partners are needed. Dr. Roseberry-McKibbin gives a plethora of options for collecting language data including: checklists; criterion-referenced testing; language samples; dynamic assessment; portfolios; and teacher, self, and peer assessments. Dr. Cheng instructs that the team should be analyzing data for type of language input, type of language output, language preference, discourse style, interactional style, peer interaction and family dynamics. Roseberry-McKibbin has developed the *Bilingual Classroom Communication Profile* which allows the team to collect information on the student's

medical/physical background, acculturation and social/emotional profile, home and community language usage, special education needs and opportunities to learn.

The collection of this wide range of data ensures that the team has adequate information about the BICS (basic interpersonal communication skills) and the CALP (cognitive academic language proficiency) of the student, in addition to information on first and second language acquisition processes and affective factors.

Dr. Goldstein notes that this method of data collection and systematic evaluation is highly superior to the use of any single test in determining a student's language competency. He further suggests that a systematic portfolio of informal and formal assessments be used to reduce the possibility of Type I (over-diagnosis) and Type 2 (under-diagnosis) errors. He also argues against the use of translated tests, and suggests caution in using any norm-referenced test or single language sample as a means of qualifying (or not qualifying) a child for services.

The testing phase of the R.I.O.T procedure does not preclude the use of a standardized test, as long as the test has been shown to be valid and reliable for the student to which it is administered. Reliability and validity data should be available. The student being tested should be represented in the standardization groups. Administration time and scoring procedures should be appropriate to the cultural background of the student and his/her language development level. Finally, alternative testing procedures and scoring procedures should be clearly given in the testing manual with support standardization data.

Once all of this information has been assembled, it is the role of the collective team to evaluate the linguistic data and make formal recommendations for a Special Education referral, an English as a

Second Language referral, counseling, tutoring, medical or physical intervention, family education or involvement or continued placement in the regular classroom.

While it might be conceivable that one very talented individual could accomplish the data collection, testing and evaluation all alone; it is highly doubtful that this individual could meet Dr. Cheng's recommended competencies for carrying out assessment and intervention with multilingual/multicultural populations. A partial list of those recommendations is given below:

- Knowledge of the culture, language, discourse style, learning style, cognitive style of the student and the student's caretakers
- Knowledge of the family, community and support systems
- Understanding of the cultural similarities and differences
- Understanding of regional variations
- Familiarity with subtleties of both (all) languages
- Being non-biased
- Practicing the Code of Ethics
- Having training in translation and interpretation
- Having the ability to describe the process of normal speech and language acquisition
- Having the ability to administer and interpret formal and informal assessment procedures
- Being sensitive to verbal and nonverbal (proxemics, gestures, kinesics) communication
- Having multicultural literacy and world knowledge
- Having cross-cultural communicative competence

Thus, the long answer to the short question of should an SLP be part of the assessment team for an ELL student? Yes! SLP's bring important perspectives to the team, as do all the other members. This type of comprehensive evaluation is the only way to carefully separate differences from disorders, and is only possible when carried out in a team context. ■

References available upon request from the Utah Personnel Development Center.



Learners