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LANGUAGE ASSESSMENT OF BILINGUAL CHILDREN, OR "THE LINE FORMS TO THE RIGHT!"

Olga Romero

Within the public education system as well as in the hospital and university clinics of New York, there is an enormous backlog at the present time. Evaluators can hardly keep up with the number of bilingual children in need of language assessment. The large majority of these children are of Hispanic, Haitian or Chinese background but there are many other languages represented. Unfortunately, at the present time there are not enough bilingual language therapists to go around.

For the most part, bilingual language evaluations are recommended whenever a bilingual child displays a level of competence in English that is significantly lower than that of his peers. Since in these cases it would be erroneous to assume the presence of a language problem solely on the basis of the child’s performance in his second language, it is necessary to determine the child’s level of competence in the first language. Evaluations in the child’s first language are also called for whenever either parents or educators feel that the child’s language development in the first language is not proceeding according to schedule.

There are three possible outcomes of a bilingual language evaluation: First, the language therapist determines that the child’s languages are developing normally and that there is no pathology present. Second, the therapist determines that there is either a delay or a disorder in the child’s first language which is also impeding his second language development. Third, the diagnosis is that the child’s first language is developing normally but that he is having difficulty learning his second language. This problem may be due either to faulty methodology or to emotional factors that have to be explored further.
Because language evaluations are used to make decisions regarding the educational placement of children, such decisions have an enormous impact on their lives. The bilingual language evaluation will determine whether the child’s needs can be met by instruction and enrichment in his first language (in a bilingual classroom) before he receives formal instruction in English or by speech and/or language intervention several times a week in the first or second language. However, the recommendation may be for placement in a self-contained special education classroom.

There is a confusion between language diversity and language disorder. Because of this confusion many children are incorrectly labelled “language impaired.” Forty percent of children in New York City special education classes have Spanish as their first language. If many of these children are incorrectly labelled as language impaired, they are not only being misdiagnosed but miseducated as well and may never reach their full potential.

The question that we must ask ourselves is a simple one: when it comes to the language assessment and diagnosis of bilingual children, what are we doing wrong? The answer, on the other hand, is extremely complex. We need to reexamine the commonly held belief that bilingual children constitute a homogeneous group when in reality their very diversity is one of the main obstacles faced by the language evaluator. Factors such as country of origin, length and type of exposure to both languages, age at which the child began to learn the second language, educational level and socioeconomic status of parents, and the child’s educational experience play important roles in the degree and type of bilingualism that each child will attain.

In general, children who come to this country having already received some of their education in their first language have a higher probability of success in school than those who have not had that advantage. Barring existing problems in their first language, children of middle or upper middle class families also have an easier time learning English and adjusting to school than children who come from poor and uneducated backgrounds.

It may be possible that our expectations concerning the rate of acquisition of a second language by immigrant children are quite unreal-
istic. Based on extensive research, Cummins (1984) reported that “it took immigrant children who arrived in Canada at age 6-7 or later, between 5 and 7 years, on the average, to approach grade norms in English verbal academic skills,” which “is considerably longer than it takes children to acquire conversational fluency in English.”

The conversational fluency referred to by Cummins is what he calls BICS (Basic Interpersonal Communication Skills). He argues that because of children’s ability to acquire the phonology of a new language and the necessary elements to carry out an ordinary conversation around everyday topics and within very limited parameters, many evaluators are fooled into believing that a child has already learned the language. The evaluator may also falsely believe the child is ready to compete with his monolingual English-speaking peers in the academic realm when, in fact, very important aspects of his language competence are still lagging behind. Cummins’ contention is that the Basic Interactional Communication Skills acquired by the child are necessary but not sufficient to allow him to manipulate language in decontextualized academic situations. This type of language ability is what Cummins calls Conceptual-Academic Linguistic Proficiency (CALP), and which is at the core of academic success. The myth of the immigrant child who has no prior academic experience in his native language but nevertheless catches up with his monolingual English counterparts in a year or two is based on very superficial measurements of language proficiency. Our assessment of bilingual children ought to take this very important research into account.

Another reason why misdiagnoses seem to abound in this area may be that we are not as informed as we should be regarding bilingual language development and the role that the first language plays in the acquisition of the second language. Teachers often complain that immigrant children not only seem to lack competence in English but that their knowledge of their first language appears to be primitive and undeveloped. This condition of “semilingualism” is all too real among bilingual children. What educators are not aware of is that “semilingualism” is the natural consequence of our own educational system and not an inborn deficiency. Second language development is to a large extent based on first language acquisition. In order for the second language to grow and develop it needs to be grounded on a strong first language foundation. If the first language
is not nurtured, it is bound to decay and will fail to provide support for second language development. "Language attrition" (the slow decay and eventual loss of a language that is not developed beyond its most elementary, vernacular form) has other consequences. Clearly, a child whose first language has been allowed to wither away will not perform according to chronological age norms. Because of this, language attrition is often mistaken for a language disorder or delay. Language attrition not only affects the language that is being neglected; it may also prevent full development of the second language.

The Spanish language assessment instruments commonly employed are largely inadequate. Many of their norms are based on populations that are unrepresentative of the child being tested. Other instruments are merely translations of English tests. Most ignore important aspects of communicative competence such as the pragmatics of language. The English language tests we administer, having been standardized on monolingual English populations, simply compare the performance of children for whom English is a second language to that of monolingual English-speaking children. This constitutes a built-in disadvantage for the language-minority child, who is bound to be assessed as deficient in language. Another big drawback of the English tests is the fact that they are culturally biased in favor of native speakers of the language.

To compound the problem, tests are frequently administered to children with the help of translators. This is due to the shortage of qualified bilingual language pathologists. In many cases an untrained native speaker of the child’s first language (often a member of the school’s clerical staff) is asked to act as an interpreter during a language evaluation.

The role for the translator in the language evaluation of a child has not been properly understood. It is not sufficient for the translator to be able to speak the two languages in question or even to be able to translate from one language to the other. A language evaluation is a delicate task, in which every detail of the language has to be taken into account. It takes an incredibly astute and well-trained translator to be able to convey the nuances of a language problem while trying to preserve the integrity of the test that is being administered. In the absence of qualified speech and language pathologists, it may be useful to train bilingual individuals such as teachers’ aides or paraprofessionals to take on the role of interpreters.

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Finally, and most importantly, we may have preconceived ideas concerning the outcome of the language evaluation of language-minority children even before they are assessed. The label used by government agencies to describe bilingual children (Limited English Proficient children) already suggests a deficiency. The implied mandate in testing LEP (Limited English Proficiency) children, is to assess the degree of "limitation" involved. The progress that the child may have made in learning the second language is totally ignored.

Attitudes towards bilingual children and their capabilities are often colored by society's attitudes towards the groups that these children represent. Upper class children, whose parents have opted to give their offspring a bilingual education are often praised for their abilities and their efforts. Skutnabb-Kangas (1981) refers to this type of bilingualism as "elite bilingualism." It could also be termed "voluntary bilingualism." Immigrant children, on the other hand, coming from third world countries as migrants, refugees, or simply as people looking to improve their lot in life, are subjected to "forced bilingualism". Instead of admiring and encouraging their budding bilingualism, society tends to denigrate their efforts towards mastery of the majority language. Even the term "bilingual" has become a code word that denotes a deficiency in language competence. Many minority language children who are subconsciously aware of this fact, refuse to be identified as bilingual, denying that they speak or understand the language of their parents. The long term emotional consequences of this type of denial can be confirmed by many school counselors and school psychologists.

The problems surrounding bilingual language assessment are many and complex. There is an urgent need to train more bilingual language pathologists who are knowledgeable in the area of bilingual language development, and who are capable of going beyond mere test scores in their assessment of bilingual children. Meanwhile, we can start by identifying useful diagnostic tools as well as those that need to be eliminated. We can also work to inform teachers concerning the existing research in bilingualism and bilingual education. We can sensitize parents, teachers and administrators to the needs of bilingual children. Parents, for example, should know that being bilingual does not, in itself, cause language problems and that the best thing they can do for their
children is to use their first language at home. We should encourage parents to read to their children in their first language and to transmit to them the oral richness of that language. Teachers should know that “conversational fluency” in English is not a true indication of complete language competence, and that a delay in the first language can be caused by language attrition and not necessarily by a language problem. Administrators ought to know that it is necessary to implement a language enrichment program for potentially bilingual children in order to offset the dangers of language attrition as well as to insure success in the children’s acquisition of English.

Training language therapists is a long process. Until we have a sufficient number of qualified language therapists, any evaluation carried out with the help of an untrained translator should be considered suspect and be subject to revision at any time. In the meantime we could (should?) train bilingual individuals to become translators for language pathologists.

Above all, we must be aware that our attitudes concerning bilingualism and bilingual children are only a reflection of our attitude toward the minority groups that bilingualism represents. In the words of Skutnabb-Kangas (1981):

Bilingualism used to be and is still often associated with poverty, powerlessness, and subordinate social positions. Bilingualism, then, has come to be something you “get away from” if you succeed in climbing the social ladder. It has been regarded as something negative, as a halfway house in the process of transition from monolingualism in a little regarded, low status minority language, via bilingualism in the low status mother tongue and the high status majority language, to a final monolingualism in the majority language. In this view, bilingualism is seen as a necessary evil, as the means by which a minority speaker may come to have some part in the power and the glory of the majority culture and language and all the advantages associated with it. (p. 67)

As long as we consciously or subconsciously continue to view minority bilingualism as something negative, we shall continue to have a disproportionate number of bilingual students in our special education classes.
Notes
1. The term “Limited Language Proficient Child” (albeit grammatically suspect and semantically contradictory) is often used by federal, state, and city government agencies.

References