

should be assessed in both languages to determine language dominance.... The most appropriate language for intervention would be determined from this assessment.”

CSHA

The California Speech-Language-Hearing Association (CSHA), as the officially recognized professional association for California SLPs and audiologists by ASHA, supports ASHA’s position statement. However, the passage of California Proposition 227 has led CSHA to create its own position statement in order to address this issue in relation to Prop. 227. CSHA’s *Prop. 227 Position Statement* (2000) states the following:

“Proposition 227 affects only the language used for instruction in general education in California. Students with special needs are exempted... Intervention may be provided in the student’s primary language. The IEP team determines which language or languages will be used to facilitate the student’s communication skills for access to the core curriculum and meeting standards....If the IEP team decides to place an ELL student in English-language instruction, a speech-language pathologist is not limited to the language used in the classroom.”

Research-based Recommendations

Legal and ethical practice guidelines require that the language of intervention for an individual receiving speech-language services be based on that individual’s language abilities and needs. Research, too, supports the guidelines as it has shown that “the native or home language is the best medium for working with children” (Brice, 2000, p.2) as individuals progress at a faster rate in their learning when instructed in their primary language (Perozzi & Swisher, 1992). In addition, Collier (1989) theorized that individuals may experience negative cognitive effects in development of their second language when development of the first language is discontinued before it is completed, while research shows that mediation in the native language does not slow development or learning of a second language (Gutierrez-Clellen, 1999, p. 299).

References

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- Perozzi, J.A., & Sanchez, M.L.C. (1992). The effect of instruction in L1 on receptive acquisition of L2 for bilingual children with language delay. Language, Speech, and Hearing Services in Schools, 23, 348-352.

IDEA:

<http://www.edlaw.net/service/ideacont.html>
California Special Education Law: <http://www.cde.ca.gov/spbranch/sed/lawsreg2.htm#top>

ASHA Position Statement:

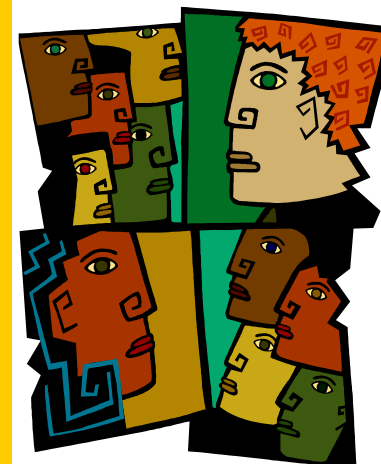
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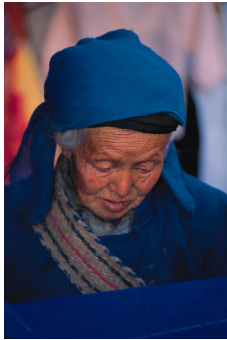
Language of Intervention Issues: A Brochure for Professionals

**Diversity Committee
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Language of Intervention

In California, 25% of school-age children are classified as English Lan-



guage Learners (ELLs) and 36.8% of adults speak a language other than English. Due to the unique training speech-language pathologists (SLPs) receive in language development and acquisition, SLPs

are often solicited by other professionals and clients' family members regarding the most appropriate methods for teaching, assessing, and treating linguistically diverse clients who are receiving speech-language services.

Federal Law

No federal laws exist for regulating the practices of SLPs except the Individuals with Disabilities Education Act (IDEA), which covers individuals from birth until the age of twenty-one. This law mandates that "Each local educational agency shall ensure that...tests and other evaluation materials used to assess a child ...are provided and administered in the child's native language or other mode of communication, unless it is clearly not

feasible to do so..." (Section 614 B. 3., 1997). However, IDEA does not directly address language of intervention. IDEA simply mandates that during "Development of IEP...The IEP team shall...in the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP" (Section 614 D.3.B., 1997).

California Law

California's legal regulations for SLPs are those imposed by the Speech-Language Pathology and Audiology Board (SLPAB) and the California Special Education Code. However, only the latter addresses issues of language as it states that: "...assessments shall be administered by qualified personnel who are competent in both the oral or sign language skills and written skills of the individual's primary language or mode of communication and have a knowledge and understanding of the cultural and ethnic background of the pupil. If it clearly is not feasible to do so, an interpreter must be used, and the assessment report shall document this condition and note that the validity may have been affected" (Section 3023, 2001). However, regarding language of intervention, the law merely states: "the individualized education program shall also include:...For individuals whose primary language is other than English, linguisti-



cally appropriate goals, objectives, programs and services" (Section 56345, 2001).

Because the language to be used in intervention is not specified by federal nor state law, SLPs in both educational and clinical settings require practice guidelines in order to comply with these laws and to service individuals in a linguistically appropriate manner.

ASHA

The American Speech-Language-Hearing Association (ASHA), a professional, scientific, and credentialing association for more than 110,000 audiologists, speech-language pathologists, and speech, language, and hearing scientists, continually develops research-based position statements that establish the professional standards of care for the field of speech-language pathology. SLPs who are certificated through ASHA must adhere to these standards. ASHA's position statement *Clinical Management of Communicatively Handicapped Minority Language Populations* (1984) clearly addresses this issue by stating:

"[For clients who] are proficient in their native language but not in English, assessment and intervention of speech and language disorders of limited English proficient speakers should be conducted in the client's primary language."

"[For clients who are] possessing limited communicative competence in both languages... speech and language