

The Assessment of African American Children: An Update on Larry P.

California Speech-Language and Hearing Association Task Force
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Chapter I – Background Information

Introduction

The Larry P. v. Riles (1979) court case is the basis for the law that disallows the administration of standardized intelligence quotient (IQ) tests for the placement of African American children into classes for the Educable Mentally Retarded (EMR) or its substantial equivalent. The case represented a class action lawsuit of African American parents in San Francisco who challenged the over-representation of African American children in special education classes based on scores derived from standardized tests. Not only were the children placed into special education classes where they had no access to the regular curriculum, the placement tended to be permanent. The case resulted in a 1979 ruling by Judge Robert Peckham that banned the use of IQ tests for the identification and placement of African American children into EMR classes. He ruled that IQ tests were biased and were invalid for African American children. He further ruled that the children's constitutional right to equal education had been violated. In 1986 the Californian State Superintendent of Public Instruction, Bill Honig, expanded the prohibition of using standardized IQ tests for placement of African American children into all special education services.

The Larry P. decree has been challenged many times since its inception. One challenge was initiated in 1988 by African American parents who argued that their children were being denied access to IQ tests (Crawford v. Honig, 1992). The parents further argued that the Larry P. case applied only to EMR class placement which no longer existed. The plaintiffs claimed that their children had a constitutional right to IQ tests that the parents believed would benefit the education of their children. The courts denied the plaintiffs' motion to make the case a class action and allowed one African American student to take an IQ test.

The Larry P. court ruling continues to be debated in California and has widespread implications that affect all African American children receiving speech-language and other special education services. Since many standardized speech-language tests are validated against IQ and achievement tests, they may result in the identification of normal linguistic behaviors as disordered based on cultural and racial differences.

The History of Intelligence Testing with African American Children

In a chapter from Larry P. revisited entitled "They Still Don't Get It," Robert Williams (2000) provides a historical overview of IQ tests. The concept of 2b8besting was initially introduced by an Englishman named Sir Francis Galton. In 1869 Galton presented the notion of measuring individual differences of abilities and devised some of the first techniques of mental measurements. He also introduced the term eugenics, the science of the improvement of the human race through better breeding.

The first IQ test was developed in France in 1905 by Alfred Binet, who had been previously commissioned by the Minister of Public Education to develop instruments to identify students with special education needs. His scale became the forerunner to what is currently known to be the IQ test. However, Binet stated that his scale did not permit the measure of intelligence nor did it support a theory of intellect or innate abilities. This 'disclaimer' was disregarded by American psychologists such as Henry Herbert Goddard who translated and brought the test to America and Lewis Terman of Stanford who developed the Stanford Binet Scale as a measure of innate intelligence. Since then, many controversial pieces of literature have been advanced attempting to correlate IQ with race and mental abilities. The validity of IQ tests has also been debated. Some of the commonly cited flaws with IQ tests are as follows:

- 1) IQ tests have very little practical use and do not predict actual performance in the classroom and more importantly, make a less accurate prediction of performance for African Americans than for whites (Affeldt, 2000);
- 2) IQ tests do not take into consideration class issues and experiences afforded to children because of class differences (Brazziel, 2000);
- 3) IQ tests initially did not include diversity in field testing (Green, 2000);
- 4) IQ tests do not consider differences in the quality of education which significantly influences one's performance on those tests (Brazziel, 2000); and
- 5) IQ tests do not consider the effect of culture and language in mental measurement (Nelson, 2000).

Additionally, IQ tests have been used to label and place African American children disproportionately in special education classes (Affeldt, 2000). An example of this can be traced to the early 1970's when it was found that African American children made up 25% of the students in EMR classes in the state of California while they represented only 10% of the total student population. This labeling and placement resulted in the over-representation of African American children in special education classes. This same disparity is evident today with African American children continuing to represent a disproportionate number of students in special education compared to their representation in the general student population.

Cognitive Referencing and the Assessment of Children from Culturally and Linguistically Diverse

Backgrounds

When discussing the relevance of IQ testing to speech and language pathologists involved with the assessment of African American children, it is important to address the issue of cognitive referencing (CR). According to the American Speech-Language and Hearing Association's (ASHA) Special Interest Division on Language Learning and Education July 2000 newsletter on cognitive referencing:

Cognitive referencing (CR) involves the comparison of measures of language functioning and cognitive functioning to determine the amount of discrepancy between a child's language and mental age, respectively. When language functioning is significantly below cognitive functioning, the child is said to be eligible for speech-language pathology services (Rhyner, 2000, p.1).

Cognitive referencing has been widely used for years within the field of speech-language pathology for establishing the eligibility of a child for language learning disabilities services. According to statistics quoted by Casby (1992), as cited in Nelson (2000, p. 9), in the early 1990s, 31 states had policies which advocated the use of cognitive referencing procedures for identifying language impairment in children. According to Frankenbeger and Fronzaglio (1992), also cited in Nelson (2000), 35 states used cognitive referencing for determining learning disability.

Although many state laws require cognitive referencing for establishing eligibility, it is important to note that federal law (e.g., Individuals with Disabilities Education Act) does not. In fact, in its summary of Individuals with Disabilities Education Act (IDEA), ASHA (ASHA, 2000) emphasizes that the use of cut-off scores to determine frequency, duration, or format of services is inconsistent with IDEA's mandate that services be decided on an individual basis.

One possible explanation for the wide use of this practice is that it helps to fulfill an important gate-keeping function in determining how many and which children qualify for special education support. As stated in Ehren (2000), cognitive referencing "has served in many places to reduce the numbers of students identified as language impaired." (p. 4) Ehren (2000) also points out that this can be beneficial to states and school districts that are often "under directives from legislatures to only spend a specified amount of money on speech and language services." (p. 4)

Speech-language pathologists (SLPs) have also found the use of cognitive referencing formulas useful for weeding out those 'slow learners' who are performing poorly in school but are not eligible for special education services. Increasingly SLPs are being asked to serve more and more of these students. The use of cognitive referencing helps to eliminate students who might otherwise qualify for this extra support.

However, as discussed by Nelson (2000), the use of intelligence tests for determining intellectual ability can be problematic because of the influences of culture and language on test performance. This is particularly difficult when assessing children with suspected language difficulties. Many of the standardized IQ tests used for establishing eligibility rely heavily on language ability (Nelson, 2000). This is a problem when testing children with language disorders who may score low on a standardized intelligence test because of the various aspects of language ability (particularly on verbal subtests) that overlap with intelligence (Whitmire, 2000). The issue of culture is problematic because, as with other standardized measures, there is bias that can affect the validity and interpretation of test results when such tests have been primarily developed for and standardized on children from more mainstream, Standard American English (SAE) speaking backgrounds.

The issues of culture and language are particularly important to take into consideration when assessing African American children who are predominately speakers of African American English (AAE) or whose language socialization experiences may cause them to test differently on standardized measures of intelligence and language. Such differences make the use of cognitive referencing for establishing eligibility doubly problematic.

ASHA (2000) has also begun to re-examine the validity of using cognitive referencing for determining a child's eligibility for speech and language services. According to ASHA (1989, as cited in ASHA 2000), the practices of excluding students with language problems from eligibility for services when language and cognitive scores are commensurate has been challenged and criticized for more than a decade. Some of the criticisms are based on the problems associated with the use of norm-referenced tests (e.g., that they may not always provide an accurate, valid and reliable assessment of what they claim to assess). In addition, there are concerns regarding the perceived relationship between cognition and language. Cognitive referencing is based on the assumptions that: 1) cognitive skills are pre-requisites for language development; 2) intelligence measures are a meaningful predictor of whether a child will benefit from services (ASHA, 2000); and 3) language functioning cannot surpass cognitive levels (Whitmire, 2000). However, at a recent meeting of the National Joint Committee for the Communicative Needs of Persons with Severe Disabilities, of which ASHA is a partner, it was concluded that relationship between cognition and language is "neither straightforward nor static" (Whitmire, 2000, p. 14). Recent research is also beginning to demonstrate that children with cognitive limitations and flat profiles can benefit from intervention to the same degree as children with normal cognition/delayed language (Nelson, 2000). In addition, cognitive referencing formulas do not provide qualitative information about the nature of a child's communication disorder (Whitmire, 2000).

In response to these concerns, ASHA, child language researchers and SLPs are beginning to advocate moving away from the use of standardized IQ testing, language testing, and cognitive referencing for determining a child's eligibility for language services. Greater emphasis is being placed on the use of criterion-referenced, descriptive, dynamic assessment, parent interview,

observation, and other alternative assessment procedures. Although this creates challenges for SLPs serving large caseloads (Ehren, 2000), determining eligibility is a process that needs to be highly individualized. Regardless of the size of a SLP's caseload, it is important to use methods of assessment that provide the most valid and detailed information on what a child needs in order to be a successful communicator at home, at school, and with peers. In many cases, alternative assessment procedures provide the most valid means for achieving this objective when testing children from non-mainstream cultural or language backgrounds. While this method of assessment may not represent the most preferred procedure for some SLPs (e.g., those with large caseloads), the alternative assessment process, once understood, can be streamlined and prioritized to provide a very accurate and valid assessment of the African American child's speech and language abilities and needs.

The Position of Black Psychologist Associations on Intelligence Testing with African American Children

As early as 1969, the Association of Black Psychologists called for a moratorium on the testing of African American children using IQ tests which were used to place African American children in special education settings (Williams, 1974 as cited in Williams, 2000). In California, African American psychologists are united with educators and parents who have challenged this practice. It is their belief that these tests under-represent the intelligence of African American children.

The Larry P. case was significant in that the court in 1979 concurred with those who questioned the validity of testing as it pertained to African American children. It determined that IQ tests cannot truly define nor measure intelligence and that those tests examined by the court were racially and culturally biased against African Americans because they were normed on white, middle class children. Thus they were invalid for African American children who were from a non-middle class background. It further determined that the tests were not ever validated for placing African Americans in special education programs, particularly EMR classes. The Larry P. case and other class action suits nationwide worked to eliminate IQ tests as the sole determinant for the

placement of minority students in EMR classes. While EMR is no longer used as a placement category, those students have been shifted into learning disabled classrooms which may offer little more hope.

Current data indicates that in California, African American children are two times more likely to be identified as having a specific learning disability than white students. When all disability types are taken into consideration, African American children are 1 3/4 times more likely to be identified as being eligible for special education services compared to white students. California also ranks seventh highest in the nation for the over-representation of blacks among students with specific learning disabilities. Relative to the United States (US), California also does a poor job of mainstreaming students with specific learning disabilities which results in special education as a dead end process (Losen, 2001, February).

Black psychologists continue to fight against traditional testing and suggest a need to shift the paradigm from testing with the intent of identifying children with disabilities and issuing them a label, to a paradigm which assesses a child with the intent of determining how a child learns and constructs meaning. This would ultimately enable school professionals to develop an educational strategy around teaching the child in a unique way.

Current California Department of Education and Individuals with Disabilities Education Act Guidelines for the Assessment of Children from Culturally and Linguistically Diverse Backgrounds
California Department of Education Guidelines

In the past few years, the California Department of Education (CDE) has established several different directives addressing the importance of using alternative or non-biased assessment procedures with children from culturally and linguistically different backgrounds.

According to the CDE's (1989) Program guidelines for language, speech, and hearing specialists providing designated instruction and services, school professionals often "rely heavily on test scores" for determining the eligibility of children for speech and language services. (p. 17) According to these guidelines, however, caution must be followed when using tests and test scores that may be invalid. According to CDE guidelines, eligibility "cannot be accomplished on the basis

of invalid test scores." (p.17) The issue of validity is specifically addressed with respect to students from non-English speaking backgrounds with limited English proficiency. However, the issue of validity also has relevance for other groups of students, including some African American students for whom cultural test bias may be an issue. For such students, CDE guidelines state that "less emphasis should be placed on test scores and more on professional judgment until appropriate tests are developed" (p.17). In addition, whenever test norms are determined to be inappropriate, test results should be reported as patterns of strength and weakness, with an analysis of items missed. (p.17)

The importance of using alternative assessments for a given student "when standardized tests are considered to be invalid" (p. 69) is further addressed in Section 3030 (c) of California's Title 5 regulations. According to these regulations, "when standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan" (CDE, 1989, p. 69).

Practicing SLPs and administrators need to be familiar with these guidelines. Specifically, they need to recognize that while eligibility guidelines for designating students as having severe learning disabilities (SLD) or a language disorder refer to the use of scores from standardized tests, CDE guidelines allow for the use of alternative means of assessment whenever standardized tests are considered to be invalid. Individual Education Program (IEP) teams are allowed to determine eligibility for children diagnosed as having severe learning disability and language disorders even when standardized testing does not reveal a 1.5 standard deviation discrepancy under Title 5 of the California Code of Regulations (Winget, 1992).

The following is a list of additional CDE regulations as they pertain to the assessment of children from diverse backgrounds:

- 1) In lieu of IQ tests, districts should use alternative means of assessment. Alternative means of assessment should also be used whenever there is a professional concern about the validity of a test [5 CCR 3030(c)(B)(4), 5 CCR 3030(j)(2)(B)];

- 2) Nondiscriminatory techniques, methods and materials should be used for ethnic and culturally diverse children [5 CCR 3022, Education Code (EC) 56320 (a)];
- 3) Assessment personnel must be competent and appropriately trained to administer and interpret test results and, when necessary, be knowledgeable of and sensitive to the cultural and ethnic backgrounds of students [5 CCR 3023; EC 56320(b) (3), 56322; 56324];
- 4) When an assessment has been completed, a written report must be developed which addresses any effects of environmental, cultural, or economic disadvantages, where appropriate [EC 56327]; and
- 5) When appropriate, the IEP should contain linguistically appropriate goals, objectives, programs, and services [5 CCR 3001(s); EC 56345].

For the most current listing of CDE regulations addressing the special education assessment of children from diverse backgrounds, readers are directed to CDE's Special Education Division's website at www.cde.ca.gov/spbrance/scd.

CDE Compliance Review Procedures and the Assessment of African American Children

To ensure compliance with the Larry P. mandate, the CDE has established compliance review procedures to evaluate how well school districts are meeting this mandate in their assessment of African American students. Current compliance review standards being used by the CDE for evaluating how well districts comply in their development and implementation of appropriate assessment plans include questions such as:

- 1) Does the plan include a description of alternative means that will be used to assess language impairment or specific learning disabilities when standard tests are considered invalid?
- 2) Is there evidence that the assessment will be comprehensive? Do tests and other assessment materials meet the following requirements:
 - a. Are materials selected and administered that are not racially, culturally or sexually discriminatory?
 - b. Do assessment procedures ensure that IQ tests are not administered to African American students?

- c. Do assessments result in a written report or reports, which include the findings of each assessment and contain the required information?
- 3) To what extent is the assessment varied from standard conditions? and
- 4) What effects do environmental, cultural, or economic conditions have on the child's performance?

Legal Ramifications for Assessing Children from African American Backgrounds

Failure to comply with the Larry P. mandate and existing CDE guidelines not only places African American children in jeopardy of being misdiagnosed and placed inappropriately into special education, it can also place an individual SLP and/or school district at risk of legal actions by parents of African American children who disagree with assessment procedures, findings and/or placement recommendations.

Some school districts have attempted to get around the issue of standardized testing by providing African American parents with the opportunity to sign a waiver granting the school district the right to use standardized test results. In some cases, professionals have wrongly led African American parents to believe that the only way to effectively determine the educational needs for their child is to give a standardized test. In these same cases, discussions about the use of possible alternative assessments may also not take place. Such conditions explain clearly why some African American parents are willing to sign a waiver (e.g., if they were led to believe that signing a waiver was the only means for obtaining the appropriate services for their child).

This type of approach, while possibly well-intentioned, is in direct violation of existing CDE compliance standards. Consider the following true compliance review case. The name of the school agency involved has been withheld for confidentiality purposes.

Background information.

In 1993, a special education complaint was filed pursuant to the CCR: 5 CCR 4650(a) (ii) and (a) (viii) (A) (CDE Compliance report, March 9, 1993). In the complaint, African American parents alleged that a local education agency (LEA) (a school district, county office or other public education entity) told them that a standardized IQ test could be administered to their son to

determine special education eligibility if they signed a parental consent form provided by the LEA. Complainants disputed the legality of the consent form and asserted that the LEA's assessment procedures were in violation of the Larry P. court ruling, and other pertinent laws.

Ruling of the CDE.

After reviewing the case, the consent form and process by which the forms were offered to parents were determined by the CDE's legal counsel to be in violation of Judge Peckham's original decision in the Larry P. court case which prohibits the use of standardized IQ tests for making placement decisions with African American children when they may be at risk for being misclassified as mentally retarded due to possible cultural or racial test bias influences.

This ruling was based, partly, on extensive expert testimony at the 1979 court trial revealing how African American students score, on the average, one standard deviation (about 15 points) below white children on such standardized tests. Another 15 percent of African American children (compared to 2 percent of the total US population) fell below the two standard deviation cut-off point often used for making placement decisions in classes for children labeled as EMR. Based on these and other findings, the court made a final determination that no IQ test may be used for identifying African American children as EMR or "its substantial equivalent" unless they have been validated by the court. To date, no test publisher has ever asked to have a test validated for the purpose of determining whether African American students are mentally retarded.

In its compliance review findings of this case, the CDE made several important observations and conclusions:

- 1) That, as discussed in the original Larry P. court ruling, any African American child referred for any form of special education testing is at risk for misclassification as mentally retarded when standardized IQ tests are used. This involves "all African American school children referred for assessment including those who have learning disabilities that may affect their academic performance" (Memorandum and Order, p. 10, August 31, 1992, as cited in CDE Compliance Report, March 9, 1993).
- 2) This risk of mis-classification cannot be alleviated by parental consent.

- 3) LEAs may not engage in a process whereby African American children are tested but the results are disregarded, if they happen to fall within the mentally retarded (MR) range.
- 4) The CDE is obligated to prohibit the administration of IQ tests which have not been validated for the purpose of identifying African American children as MR or which have not been reviewed for evidence of racial and cultural bias by the Federal Court of Appeals.

The CDE Legal Advisory team also determined that the LEA's consent form was not only in violation of Larry P. but also in violation of "the Individual with Disabilities Education Act (IDEA; U.S.C. §1400 et. seq.), IDEA regulations (34 CFR §300, Part 300), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §706 (8)), the Civil Rights Act of 1964 (42 U.S.C. §1983), and the Constitutions of the United States and State of California" (as cited in CDE Compliance Report, 3/9/93, p. 4). Specifically, the Rehabilitation Act of 1973, Civil Rights Act of 1964 and IDEA prohibit legally inappropriate procedures that result in discrimination and a denial of an appropriate special education. Furthermore, the Civil Rights Act of 1964 prohibits African American children from being removed from regular classes because of special education assessment practices which involve the use of standardized intelligence tests which have been declared racially and culturally discriminatory (CDE compliance report, 1993).

As a result of the CDE's findings, the LEA was required to make a number of corrective actions. Specifically, the LEA was asked to immediately discontinue:

- 1) The implementation of special education referral and assessment procedures that include obtaining parental consent to administer IQ tests that have not been approved by the State Board of Education or ratified by the court;
- 2) Administering IQ tests that have not been validated for the purpose of identifying African American students as MR; and
- 3) Administering any racially or culturally biased IQ tests that have a discriminatory impact on African American students.

In its final concluding remarks, the CDE legal advisory counsel indicated that the CDE takes seriously its responsibility to ensure that LEAs adhere to the original 1979 Larry P. court

ruling. It was also stated that the CDE, which has the authority to interpret and carry out the IDEA according to "state educational standards," believes that the administration of IQ tests which have never been validated for the African American population continues to have an adverse and discriminatory educational impact upon African American children being considered for educational placements.

IDEA and the Assessment of Children From Diverse Backgrounds

The potential problems of using standardized tests and recommendations for increased use of other forms of assessment are also addressed by federal regulations under IDEA (1999, 34 C.F.R. Part 300). A review of these regulations reveals that IDEA regulations:

- 1) Mandate that no single criteria be used for making eligibility determinations [Section 300.532(f)];
- 2) Emphasize the importance of using multiple sources for determining a child's eligibility for special education services. Specifically, a variety of assessment tools and strategies should be used to gather relevant functional and developmental information about a child, including information provided by the parent, teacher, and information obtained from classroom-based assessments and observations [Sections 300.532(b), 300.533 (a)(1) (i, ii, iii); 300.535(a)(1)];
- 3) States that tests and other evaluation materials used to assess any child must be: a) selected and administered so as not to be discriminatory on a racial or cultural basis, b) be administered in a child's native language, c) measure the extent to which a child demonstrates a true disability rather than a child's level of language proficiency in English [Sections 300.532(a) (1) (i), 300. 532(a) (1) (ii), and 300.532(a) (2)];
- 4) Specifies that any standardized tests given to a child: a) be validated for the specific purpose for which they are used, b) be administered by personnel who are trained and knowledgeable, c) involve evaluation procedures that are tailored to assess specific areas of educational need, d) not merely be used to provide a single general intelligence quotient, and e) if given under non-standardized conditions, be followed up with a description of how

- the test administration varied in the final evaluation report [Sections 300.532 (c) (1) (i, ii), 300.532(2), 300.532(2)(d)]; and
- 5) Stresses that no child is eligible for special education services if the determinate factor for eligibility is lack of instruction in reading, math or limited English proficiency [Section 300.534 (b) (1) (i, ii)].

Although the issue of dialect differences and proficiency in SAE is not directly addressed by IDEA, ASHA (2000) suggests that in accordance with regulations found in Section 300.532 of IDEA regulations (1999), it is important to make sure that tests for children who speak a non-SAE dialect are selected and administered so as to measure the extent of a child's disability rather than his/her level of proficiency in SAE. For African American and other children who are speakers of non-SAE varieties, eligibility should not be "based solely on the language difference between the student and the school setting or mainstream SAE speaking community" (ASHA, 2000, p. 13).

In addition to the regulations cited above, IDEA suggests that as part of the assessment battery, evaluators can also draw information from aptitude and achievement tests (along with other pieces of information). The latter is somewhat problematic, given the current Larry P. ruling, since it applies to African American children in California for reasons stated later in this document.

The focus on determining the impact of a child's language difficulties on educational performance is a particularly important issue addressed by IDEA. According to ASHA (2000), "the decision that a condition adversely affects educational performance requires an understanding of a child's ability to function in the educational setting" and "rarely rests solely on standardized test results. Instead diagnostic information from parents and teachers, observations, in classroom or social settings, and an analysis of samples of student work may be more revealing." Furthermore, "the decision concerning eligibility is somewhat independent of severity." The most significant issue is the extent to which an identified disorder (mild or severe) interacts with curricular demands of the classroom. (p. 9)

Although the issue of dialect differences is not explicitly addressed by IDEA, ASHA (2000) concluded that the same reasoning applied to issues of limited English proficiency applies to students who speak two distinct languages and/or who speak varieties of dialects.

Finally, in his presentation to the California Advisory Commission of Special Education, Daniel Losen (2001, February) discussed how IDEA regulations address the need for greater efforts in preventing “the intensification of problems connected with mislabeling and high dropout rates among minority children with disabilities.” According to Losen, at least one new provision of IDEA requires that every state seriously examine racial over-representation in special education identification and placement procedures. Under federal statute 20 U.S.C. 1418, if deemed appropriate, states must provide for “the revision of policies, procedures, and practices used in compliance.” As part of this provision, Congress requires monitoring and enforcement at the state level to address both the over-representation of minorities in the identification for special education services and the placement in overly restrictive education environments.

Fair Testing Practices

In 1988, the American Psychological Association's (APA) Joint Committee on Testing Practices established a set of standards known as its “Code of Fair Testing Practices” to guide the test development practices of major test publishers and the test administration practices of test users. This year, a new set of standards that are currently in draft for comment were established by the Joint Committee on Testing Practices which is comprised of a number of national organizations heavily involved with the use of standardized tests. Current members include the APA, ASHA, the American Educational Research Association (AERA), the National Council on Measurement in Education (NCME), the National Association of School Psychologists (NASP), the American Counseling Association (ACA), and the National Association of Test Directors (NATD) (APA, 2001). This code of fair testing practices is “intended to guide professionals in fulfilling their obligation to provide tests that are fair to all test takers regardless of age, disability, race/ethnicity, gender, national origin, religion, sexual orientation, diverse linguistic backgrounds, or other personal characteristics that may affect test scores” (APA, 2001b, p. 1). These standards list recommended

practices for ensuring fairness in the construction, standardization, selection, utilization and interpretation of standardized tests. A complete listing of these practices can be obtained by either accessing the APA's Joint Committee on Testing Practices website at www.apa.org/science/code-draft.html or by requesting a hard copy of this document from the Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First St., NE, Washington, D.C. 20002-4242.

In this document, a number of standards are relevant to the use of standardized tests with children from culturally and linguistically diverse backgrounds. Examples include the following:

Test developers should:

- 1) Investigate and provide evidence on the performance of test takers of diverse subgroups and enact procedures that help to ensure that differences in performance are related primarily to the skills being assessed rather than to irrelevant factors;
- 2) Provide guidelines on reasonable accommodations for individuals from diverse linguistic backgrounds;
- 3) Encourage users to base their decisions about test-takers on multiple sources of information and not only on a single test score; and
- 4) Interpret scores, taking into account any major differences between the norms or comparison groups and the actual test takers. Also take into account any differences in test administration practices or familiarity with the specific questions in the test.

Test users should:

- 1) Select tests that meet the purpose for which they are to be used and that are appropriate for the test taking population;
- 2) Evaluate the available evidence on the performance of test takers of diverse subgroups;
- 3) Provide and document reasonable accommodations for test takers from diverse linguistic backgrounds;

- 4) Interpret the meaning of the test results taking into account the nature of the content, norms or comparison groups, limitations of the results, etc.,
- 5) Avoid using a single test score as the sole determinant of decisions about test takers.

SLPs are encouraged to adopt these standards and practices whenever reviewing, selecting, and using standardized tests with children from African American and other cultural backgrounds where differing cultural linguistic socialization practices and language use patterns may affect test performance and/or interpretation of test findings.

Chapter II-Assessment Considerations

California Speech-Language and Hearing Association's 1994 Recommendations for Assessing African American Children

The CDE (1989) and the California Speech-Language and Hearing Associations (CSHA) (1994) task forces recommended three questions be asked to determine whether a standardized language test is appropriate to identify speech-language disorders of African American children. These questions are reiterated here to remind the SLP to examine each test for suitability in advance of inclusion in the assessment plan.

- 1) Is the test standardized and does it purport to measure intelligence (cognition, mental ability, or aptitude)?
- 2) Are the test results reported in the form of IQ or mental age (MA)? and
- 3) Does evidence of the (construct) validity of the test rely on correlations with IQ tests? (CDE, 1989 as cited in CSHA 1994, p. 4)

To answer these three questions, the SLP should look for information in a test's manual on its intended purposes. If, according to information provided within the manual, a test is purported to serve as a measure of intelligence or cognition, then the test is not appropriate for use with African American students according to current CDE Larry P. guidelines. Tests are also considered to be in violation of existing guidelines if the answer to the second two questions is an affirmative "yes." In the case of the last item (e.g., establishment of construct validity through correlations with standardized tests), if a test under consideration is validated with speech and language tests that are themselves correlated with standardized IQ tests, the test under consideration should be considered to be "suspect" and should not be used with African American children.

SLPs are encouraged to use alternative assessment procedures to examine the speech and language abilities of AAE speaking children. Such procedures would result in the collection of more accurate data and reduce bias in assessment and misidentification. Assessment plans should include interviews with teachers and parents, observations by the SLP of the child in various settings, and review of school records and reports. In addition, the SLP should use various forms of

assessment that may include standardized tests administered in non-standardized ways without reporting scores or tests that are not prohibited by the Larry P. decision. The task forces recommended using curriculum-based, dynamic, portfolio/authentic, criterion-referenced and/or naturalistic assessments (CSHA, 1994).

Evaluating Tests for Use with African American Children

The first step of the evaluation process when working with African American children is to identify those assessment procedures which are most appropriate for determining the child's special language needs, if any, and for making appropriate placement recommendations. Reviewing potential standardized tests is a key part of this process. When reviewing standardized tests for possible use in a child's assessment plan, SLPs should consider the following:

- 1) the norming/standardization group;
- 2) possible forms of test bias; and
- 3) how well the test complies with standards established by the CDE's original 1989 Larry P. task force.

The first consideration when evaluating a standardized test is the norming group. In the technical manual of every test, the population the test developer used to establish the standardized scores is presented. This information typically includes items such as the age and racial or ethnic backgrounds of participating subjects, their geographic region of residence, family income and/or parental educational background, and race. In very rare instances, information on the percent of individuals speaking non-standard English dialects such as AAE is included. The most common normative profile reflects national population statistics; hence, for tests developed in the 1990s, African American subjects usually comprise approximately 15% of the standardization group. If this is the case, the test may not be appropriate for use with African American pupils because they do not make up a significant portion of the standardization population. When using tests with African American children from AAE speaking communities and low socio-economic backgrounds, one must also carefully consider the percentage of African American subjects participating in the standardization sample who were from similar backgrounds. Unfortunately, in most cases test

developers do not provide this type of information on their African American subjects. Therefore, it is often difficult to determine whether the African American children involved within the standardization process are from similar backgrounds as the African American child being given a specific test.

The next facet of the test review process is to look for possible sources of test bias. Taylor and Payne (1994, as cited in ASHA, 2000) discuss the various forms of test bias that can occur during the test administration and/or scoring process when testing children from diverse backgrounds:

- 1) Situational bias addresses the pragmatic mismatches that occur between SLP and student during the testing experience. These mismatches may include “rules of who may speak to whom, appropriate elicitation procedures, appropriate language behaviors, what behaviors serves as communication, and rules of production and interpretation” (Taylor & Payne, p. 97, as cited in ASHA, 2000, p.13).
- 2) Format bias involves the degree of familiarity with a certain testing framework or format. Format bias is most likely to occur when students are unfamiliar with or have had little experience with some of the tasks used in tests.
- 3) Value bias considers how differing cultural experiences can shape students' values. When a correct response in a test item depends on culturally based knowledge or acceptance different from the student's experience, there is a mismatch.
- 4) Linguistic bias occurs when the test does not take into consideration the student's communication systems, such as their first language or dialect use.

The following are examples of how each of the above listed biases might impact the test performance of African American children from more traditional African American homes and communities where their cultural or language socialization experiences may differ from those of children from more mainstream, acculturated, and assimilated American backgrounds.

- 1) It is highly possible that some African American children who are raised in more traditional homes may respond less elaborately to questions posed by adult examiners during the

- testing process. According to research findings reported by Heath (1982), Schieffelin and Eisenberg (1984), and Ward (1971), in some more traditional African American communities, children learn to respond to the questions or comments of adults by saying the absolute minimum (Wyatt, 1999). This may result in a situation where some African American children may respond less elaborately to adult questions during standardized testing. This would represent an example of situational bias.
- 2) In addition, African American adults from traditional backgrounds are less likely to ask known information questions. This may explain why some children respond less elaborately or differently to known information questions such as those typically used on tests using a label quest format (Wyatt, 1999). This would represent an example of situational bias.
 - 3) In some of the studies already cited, researchers have found that in some traditional African American communities, adults rarely ask known information questions. Such questions are a common procedure used in standardized tests that use a picture labeling or identification format. According to research conducted by Peña and Quinn (1997), African American children perform less well on language tasks involving a single word labeling v. description format. In addition, the use of culturally and religiously familiar holidays should be examined, as should the vocabulary, pictures and tasks reflected in the test. The SLP should review the above to determine if those items are generally familiar to all children, including those from urban as well as suburban and rural environments. The types of tasks used are yet another aspect to check. All of the above are important considerations with respect to the issue of format bias.
 - 4) Often, beliefs and values that may be implicitly (and sometimes explicitly) reflected in test items are not always those held by the child taking a test. For example, on the Preschool Language Scale-Third Edition (PLS-3, Zimmerman, Steiner & Pond, 1992), test developers state that for the item that asks “Why should you brush your teeth?” a response such as “Cause my mom tells me to.” should be scored as incorrect. The correct response is one

that provides explanations such as “If you don’t, you’ll get cavities” and “so they’ll be clean.” However, African American children who are raised in homes and communities where children are expected to follow through on requests from adults (e.g., to brush their teeth) when they are asked without additional explanation given (e.g., “because you might give cavities”) may give the type of response that test developers state should be scored as incorrect. To do so places more value on the types of responses provided by children from mainstream cultural backgrounds, even though children from other backgrounds may fully understand the question being asked and may be giving a response appropriate given their socialization experiences. This would be an example of value bias.

- 5) To determine whether or not a test contains linguistic bias, a SLP should examine carefully both the language of test items and what is deemed a “correct” response. If any of the test items or the “correct” responses are potentially affected by normal dialect differences (e.g., correct responses are only those which are considered to be correct within SAE), the test being reviewed may not be appropriate for AAE child speakers or alternative scoring might be necessary. This is most likely to be the case when the norming population for the test has only a small percentage of non-standard English speakers included within the sample.

Readers are directed to Appendix A for a summary of potential test bias issues with African American populations and implications for the assessment process.

Test bias is an issue that is not unique to African American child populations. Test bias is likely to occur with any group of child test takers whenever a SLP selects a test that is primarily normed on children from a different cultural, social (e.g., socio-economic status [SES]), or language background. In the case of African American children, test bias is likely to occur when using tests or other assessment procedures that have been primarily normed on or developed for use with non-African American child populations. Test bias can also occur when testing AAE child speakers with tests that evaluate language using a SAE grammar perspective/orientation (e.g., where non-standard English responses are likely to be scored as “incorrect”) and/or theories of

language development that do not take into account differences between the language development of SAE and AAE speakers.

As with any other child, SLPs should also attempt to select tests that can provide the most useful information on the African American child's specific speech and language needs within the classroom setting. The type of test used should help to identify how a child's suspected speech and language difficulties adversely affect educational performance. The tasks included within a selected test should also mirror as closely as possible the types of language tasks required for success with the academic curriculum.

Reviewing tests for forms of test bias and compliance with Larry P.

As recommended in CSHA's (1994) position paper, SLPs should ask some of the following questions when reviewing a test manual for forms of possible test bias:

- 1) Does the child fit the sampling profile (i.e., age, gender, SES, diverse cultural and linguistic groups)?
- 2) Do differences exist in test performances across cultural groups?
- 3) Is the vocabulary culturally or region specific?
- 4) Is the knowledge being assessed representative of knowledge typically within the child's culture (e.g., phonemic repertoire, English syntax, narrative skills)?
- 5) Are topics or picture stimuli included that are culture specific? and
- 6) Are vocabulary and/or sounds included having dialectal variations within this child's culture?

(p. 10)

In addition, SLPs should determine whether the knowledge being assessed is being examined in a manner (e.g., using a test format) that is familiar within the cultural and language socialization experiences of the child.

To answer these questions, SLPs should review test manuals (e.g., the examiner's manual, technical manual, stimulus manual) as well as test protocols for the following:

- 1) Information on the demographic characteristics of the standardization sample to determine whether the test was primarily standardized on African American children and/or AAE child

- speakers from the same social class or family income/parental educational background as the child being tested;
- 2) Information on the performance of African American/AAE child sub-groups within the standardization sample if the test was primarily standardized on non-African American children with separate information being provided for African American sub-groups from differing dialect and/or class backgrounds; and
 - 3) Evidence of possible linguistic, cultural, value, and/or format bias.

An example of how this analysis format can be applied to the review of standardized tests can be found in Appendix B which provides an analysis of the Clinical Evaluation of Language Fundamentals, Third Edition (CELF-3, Semel, Wiig, & Secord, 1995) using the questions and guidelines presented above. As one can see from the final analysis of this test, while the developers of the CELF-3 do provide important information on the demographic and linguistic characteristics of their standardization sample, it is clear from the information provided that African American children, and AAE child speakers made up only a small percentage of the sample. In addition, certain subtests on the CELF-3 such as the “Word Structure” subtest contain a number of items that can be affected by normal dialect differences. Children who are typically developing AAE speakers may have their responses scored as incorrect on several of the grammatical items included within this subtest if dialect differences are not taken into account. Examples include items like the following:

- #8. Here is one foot. Here are two _____ (child might say “feets”)
der. Here the children _____ (child might say “swinging,” with no “is”)
- #17. The children are playing a game. This is the game the children _____ (child might say “play”)
- #31. The boy is looking in a mirror. The boy is looking at _____ (child might say “hisself”)

There are also other items in other parts of the test (e.g., “Sentence Structure”) where possible differences in a child’s cultural exposure and/or socialization experiences could put them at a disadvantage and lead to incorrect responses to some items (e.g., “Show me ‘The woman is

putting up the tent and the man is chopping wood.”). Children who live in more urban communities with little opportunity to have participated in camping experiences may potentially miss an item like this for reasons other than language processing difficulties. Finally, the use of standardized IQ tests to validate the CELF-3 as well as references to the CELF-3 as an indirect measure of intelligence makes the test inappropriate for use with African American children in California according to existing CDE 1989 task force recommendations. According to the developers of the CELF-3, the CELF-3 is “useful for identifying individuals who show inadequacies in word meanings,...word structure,...sentence structure,...and recall (*memory*).” (p. 2) Authors also state that the eleven subtests provide “differentiated measures of selected receptive and expressive language skills in the areas of morphology, syntax, semantics, and *memory*.” (p. 1)

An evaluation of other recently published or revised SLP tests using the above stated evaluation criteria can be found in Appendix C. It is beyond the scope of this document to evaluate all possible speech and language assessment tools in terms of how well they comply with the Larry P. mandate. Appendix C contains only a few selected examples of recently published tests (e.g., tests published after 1990) as a demonstration of how currently available speech and language tools can be evaluated with respect to Larry P. Although Appendix C contains only a few examples of currently available tools, it helps to establish a framework for evaluating how other tests meet important Larry P. criteria.

As can be seen from the review of tests in Appendix C, the following is typical of standardized speech and language tests developed for use with child populations in the field of speech-language pathology. Specifically, results from the review revealed that:

- 1) None of the currently existing standardized tests typically used by SLPs is primarily standardized on African Americans. In most cases, tests include only 12-15% African American children in its standardization population. This means that the norms generated for all of the tests reviewed are based primarily on the test performance of children from non-African American backgrounds.

- 2) None of the tests reviewed provide information on the family income, parental income or SES and/or language/dialect status of participating African American subjects. This type of information is only provided for the sample as a whole. The omission of this information has significant consequences for African American children who, as a group, are disproportionately represented in lower SES, and family income brackets. In addition, the average level of parental education for African American children, as a group, is lower than that of the average population. It is not clear from the information provided by test-developers like those of the Test of Language Development-Primary, Third Edition (TOLD-P:3, Newcommer & Hammill, 1994) and Test of Early Language Development, Third Edition (TELD-3, Hresko, Reid, & Hammill, 1999), the types of children who are represented in their African American sample. This means that claims of minimal or controlled bias by the authors of these tests and others should be viewed with caution. The claim of non-bias may have limited relevance if the African American and other minority children included within the standardization samples of these tests are from the same family income, SES, and parental education backgrounds as those of non-minority children in the sample.
- 3) None of the tests reviewed, with the exception of the CELF-3, provides information on the language or dialect background of children. In the case of the CELF-3, the authors do point out that 30% of the standardization sample spoke a dialect of English other than SAE. Of that 30%, however, only 32% were reported to be speakers of AAE. As a result, even though non-standard English dialect speakers were represented in the sample, the CELF-3 is primarily standardized on children from SAE speaking backgrounds. In addition, those tests making claims of controlled or little bias provide no statistical analyses of the performance of AAE v. SAE speakers. It is quite possible that all of the African American children participating in the standardization of the tests like the TOLD-P:3 and TELD-3 were SAE speakers. As a result, this may explain why their performance seemed to vary little from that of other children in the sample.

4) All of the tests reviewed contained some form of cultural, linguistic, format or value bias. The degree of possible bias, however, ranged from minimal on tests like the Word Test-R, Elementary (Word Test-R, Huisinger et. al., 1990) where only a couple of items on the test involved some form of bias to those such as the TOLD-P: 3 and the Test of Adolescent and Adult Language, Third Edition (TOAL-3, Hammill et. al., 1994) where the potential for possible linguistic and/or cultural bias was much higher for African American children from AAE speaking and/or more traditional African American homes and communities. This is likely to be the case in spite of author claims that this test has been proven to be non-biased for African American children. Again, the question becomes non-biased for what kinds of African American children? Specific examples include the following:

- a) Linguistic bias: On the TOLD:P-3 "Sentence Imitation" task, examiners are told to consider the use of *ain't* for *aren't* as an error which should be scored with a "0." On the TOLD-P:3 "Word Articulation" task, a substitution of *f* for *th* is to be recorded as an error. On the TOAL-3, "Speaking/Grammar" subtest, examiners are told that "local non-standard dialect such as *anyways* for *anyway* and *gonna* for *going to* is not acceptable." (p. 21) On the CELF-3 "Word Structure" subtest and TELD-3 "Sentence Completion" items, there are numerous opportunities for AAE child speakers to not receive credit for an item if grammatical forms such as the auxiliary *is* are omitted. Test examiners who do not adjust for possible dialect differences are likely to penalize some AAE child speakers. On some of the tests measuring vocabulary skills, words such as *fresh* and *hood* may have different meanings for students coming from certain African American communities.
- b) Format bias: The majority of tests reviewed used picture labeling or sentence completion formats which may be less familiar to younger African American children coming from homes where these types of questioning formats are rarely used. One exception is the WORD Test-R: Elementary which also used word definition tasks.

In addition, many of the vocabulary tests examined contained vocabulary which may be less familiar due to differing cultural experiences of some children (e.g., *archery*,

opera, fencing, snorkel, saddle) or geographical residence (e.g., *acorn, lake, meadow, vine, sailboat*).

c) Value bias: One test which potentially contains a great deal of value bias for some African American children is the Test of Pragmatic Language (TOPL, Phelps-Terasaki, & Phelps-Gunn, 1992) which gives points for more indirect v. direct responses to questions. Examples include: responses such as “Would you like to play with us?” “Could you repeat that?” “Excuse me,” “This is not what I ordered” which, according to developers, should be scored as correct. More direct responses such as “You can play if you want to,” “Talk louder,” and “You brought me the wrong thing!” are to be scored incorrect. This is likely to penalize some African American children who grow up in traditional communities where communicative requests are generally more directive in nature than those produced in more mainstream communities.

When tests were reviewed in light of existing Larry P. and CDE criteria, the following results were obtained:

- 1) There were only a few cases where tests were explicitly described as tests of cognitive or intellectual ability. However, test authors make statements suggesting a close relationship between test performance on some subtest or test items and results from standardized IQ tests. For example, on page 105 of the examiner’s manual for the TELD-3, authors of this test state that “because the TELD-3 measures an important cognitive ability, its scores should correlate significantly with IQ tests.” The Receptive One-Word Picture Vocabulary Test (ROWPVT, Brownell, 2000) which is described by the authors as a measure of “English hearing vocabulary” (p. 10) identifies vocabulary as the “single best predictor of cognitive ability.” (p. 11) Another example is the Comprehensive Receptive and Expressive Vocabulary Test (CREVT, Wallace & Hammill, 1994) which is defined as a test of “oral vocabulary.” Later in the test manual, however, authors discuss the strong relationship between vocabulary and measures of aptitude, intelligence, and school achievement. One final example is the TOPL, which according to authors, “measures language skills (e.g., skills that are highly cognitive in

nature).” As a result, the authors conclude that “one would expect the results of the test to correlate with measures of general mental ability.” (p. 25)

- 2) One criterion which was met by all tests reviewed was the one which examined whether tests could be used to generate IQ or MA scores. None of the tests reviewed generated such scores. However, there are some tests used frequently within the field of speech-language pathology such as the Test of Language Development-Intermediate, Revision 3 (TOLD-I: 3, Hammill & Newcommer, 1997), which is not included within the review, but allows for the plotting of IQ test scores obtained from other tests. The developers even recommend certain IQ tests for accomplishing this purpose.
- 3) At least some of the tests reviewed had construct validity and/or other forms of validity (e.g., criterion) established through correlations with standardized IQ tests. Examples include the TELD-3, Peabody Picture Vocabulary Test-III (PPVT-III, Dunn & Dunn, 1997), and ROWPVT-2000 (Brownell, 2000) which are validated with standardized IQ tests such as the Weschler Intelligence Scale for Children-III, Third Edition (WISC-III, Weschler, 1991), Stanford Binet Intelligence Scale (Thorndike, Hagen, & Sattler, 1986) and Kaufman Adolescent and Adult Intelligence Test (Kaufman & Kaufman, 1993). This puts these tests clearly in violation of the criteria established by the CDE’s 1989 Larry P. Task Force. In addition, some tests such as the ROWPVT-2000 and TOPL, use a number of scholastic aptitude measures such as the Woodcock-Johnson Psycho-Educational Battery-Revised (Woodcock & Johnson, 1990), Stanford Achievement Test-Ninth Edition and Scholastic Aptitude Scale (Bryant & Newcommer, 1991) to establish construct and/or other forms of validity. According to the original 1989 task force recommendations, any measures of cognition or “aptitude” were equated with intelligence.

There are also others such as the CREVT, PPVT-III and Clinical Evaluation of Language Fundamentals, Revised (CELF-R, Semel, Wiig, & Secord, 1987) that are themselves standardized on IQ tests as measures of criterion and/or construct validity. This places such tests in a “gray” area with respect to existing CDE Larry P. test evaluation because measures of validity are at least indirectly linked to standardized IQ test instruments. As a result, if SLPs

decide to use scores from the latter (tests that are indirectly linked with IQ scores), a caution statement regarding the interpretation of findings should be included.

On the other end of the spectrum are tests like the Test of Adolescent and Adult Word Finding (TAWF, German, 1990) which are validated on outcome performance measures that do not involve standardized intelligence tests.

In summary, a review of existing tests finds few to be undeniably “acceptable” under existing CDE and Larry P. criteria. Those that do meet existing CDE criteria still remain questionable with respect to issues such as potential test bias and subject standardization procedures. These findings suggest that if SLPs wish to consider standardized tests for use with African American children, they should attempt to identify and select tests that:

- 1) Provide evidence of including a significant percentage of African American children in the field-test development and standardization process;
- 2) Provide evidence of including a significant percentage of African American children from AAE as well as SAE speaking backgrounds involved in the field testing and standardization process;
- 3) Provide evidence of including a significant percentage of African American children from lower SES, family income and parental education backgrounds;
- 4) Provide individual sub-group analyses of African American children whenever the percentage of African American children within the standardization sample is less than 50%. The performance of children from non-SAE speaking backgrounds and lower SES communities should be analyzed separately from that of children from mainstream backgrounds;
- 5) Contain minimal evidence of potential linguistic, format, cultural and/or value bias;
- 6) Are not directly or indirectly defined by authors and/or publishers as measures of intelligence, cognition, or aptitude;
- 7) Do not generate scores that can be even indirectly viewed as measures of MA and/or intellectual ability; and
- 8) That are not validated in any way with standardized tests of intelligence, measures of scholastic aptitude and/or speech and language tests validated themselves on existing tests of IQ.

In summary, standardized tests should never be used if they are in obvious violation of Larry P. and CDE guidelines. In those cases where standardized tests are used, test items should be administered and scored in a non-standardized fashion. Descriptive analyses of relative language strengths and weaknesses should be used instead of test scores. When test scores are used, they should be accompanied by statements of caution (e.g., "Caution should be used when interpreting results from this test as it was standardized on children from a different cultural community and/or possible language socialization experiences than _____[name of child]).

In addition, SLPs should avoid using tests that fall in a "gray" area (e.g., tests that are validated through the use of speech and language tests that are validated with IQ tests or tests that include items identified as measuring some aspect of cognition). If such tests are used, SLPs should include an appropriate caution statement.

In those cases where SLPs choose to use standardized tests containing potential test bias, SLPs should consider using the following modified test administration and scoring procedures:

- 1) Rewording test instructions;
- 2) Increasing the number of practice items and allowing for delays in responding when the test format may not be familiar to the child;
- 3) Continuing to test beyond the ceiling if the SLP perceives the failure on some test items to be the result of underlying bias;
- 4) Recording a child's entire response and also asking the child to explain the rationale for their response(s) so that response(s) can be reviewed at a later date by someone who is familiar with the cultural views, beliefs, language use patterns and practices within the African American community; and
- 5) Using alternative scoring procedures where responses that are culturally and linguistically (dialect) appropriate are scored as correct even though they are listed as unacceptable or incorrect within the test manual.
- 6) Developing local norms that help to more accurately identify those children within a given community who differ significantly from their peers in their test performance.

Alternative Assessment with African American Children

As a final note, SLPs need to seriously consider, until appropriate tests are developed, placing greater emphasis on the use of non-standardized, alternative assessment procedures as already delineated in the CDE's (1989) guidelines for Language, Speech, and Hearing specialists.

As previously stated, when a test has been considered to be invalid or inappropriate for use with a given student, SLPs should use alternative assessment procedures in place of or as a supplement to standardized testing. There are several alternative assessment procedures that can provide a more accurate inventory of a student's linguistic behaviors while reducing and/or filtering out cultural bias. In order to conduct a least biased assessment, examiners "must be sensitive to potential cultural biases of a test, possess the ability to be flexible in testing and have the knowledge to derive sufficient information from non-standardized testing to make professional judgments about the child's language capabilities" (CSHA, 1994, p. 10).

Dent (2000) outlines the following as important criteria for determining alternative assessment models for use with African American children. Assessment models must:

- 1) meet federal legislative requirements that instruments used be properly validated and non-discriminatory;
- 2) be sensitive to the experiences of African American children, particularly to the linguistic cultural style of African Americans;
- 3) yield data which will identify specific problems in learning and will identify specific instructional remediations; and
- 4) not involve standardized, norm-referenced tests. (p. 58)

Some of the most useful alternative assessment procedures include:

- 1) Using parent and teacher reports (in those instances where teachers have had experience working with African American students) to accurately identify those children who seem to be developing differently from other child family members and peers in their home community as well as to identify those patterns of communication that distinguish a child from typically developing peers;

- 2) Observing peer interactions in the classroom and other language interaction situations to identify those children who are experiencing obvious difficulties communicating with peers;
- 3) Using commercially available observation checklists, if appropriate, to evaluate classroom language performance (e.g., general attending/listening skills, language processing abilities, problem solving skills);
- 4) Relying more on the use of language sample data collected within a variety of naturalistic communication contexts with a variety of conversational partners (e.g., children who are speakers of both SAE and AAE);
- 5) Using more criterion-referenced v. norm-referenced testing procedures as a means for identifying relative language strengths and weaknesses across various domains of language;
- 6) Using dynamic assessment procedures where the focus is on examining a child's language learning potential (e.g., degree of improvement in performance on a given language task after a brief period of mediated learning); and
- 7) Using portfolio assessment procedures where authentic schoolwork samples help to provide additional information on a child's developing language skills and dialect use patterns over time.

It is important to recognize that, when using commercially available/published criterion-referenced measures, language sample analysis protocols, and observational checklists, SLPs need to look for possible sources of bias. Some of these tools may still contain forms of possible cultural, value or linguistic bias similar to standardized assessment tools. SLPs must also know how to determine what is "normal" without the assistance of pre-established scores. This can only be achieved by ensuring that they have received appropriate university or continuing education training in the use and interpretation of alternative assessment measures.

When examining and analyzing data obtained from testing (both standardized and non-standardized), SLPs should:

- 1) Look for evidence of dialect markers that help to clearly distinguish children as possible AAE speakers (e.g., markers such as "been had," "be jumpin'," and "ain't" that cannot be confused with normal developmental or disorder influences);

- 2) Look for evidence of dialect use patterns that do not represent normal patterns of AAE or SAE dialect use (e.g., omission of articles, omissions of prepositions like "with," speech sound substitutions such as s/th, omissions of AAE forms such as the copula in contexts where absence should not occur such as at the ends of sentences or after it/that/what pronouns);
- 3) Focus on the more universal aspects of language development for identifying patterns of possible disorder (e.g., looking for restricted semantic and/or pragmatic category use in children who are less than 3 years of age or lack of complex sentence structure use in children older than 4 years of age);
- 4) Look at the case history information shared by parents and teachers for evidence of obvious medical or health risk concerns (e.g., history of frequent ear infections or seizures, premature birth, diagnosis of sickle cell anemia);
- 5) Look for information obtained through parent/teacher interview and/or observation that suggests a child may be having more than the normal amount of difficulty processing information, expressing needs and thoughts, problem solving, and following through with tasks (e.g., directions) during daily school or home routines when compared to peers or siblings from similar cultural and language backgrounds; and
- 6) Take cultural communication style differences into consideration (e.g., diverted eye gaze during listening) when attempting to diagnosis disorders such as autism and avoidance behaviors associated with stuttering.

Examples of key behaviors that can be used for differentiating difference from disorder in African American children can be found in Appendix D.

Least-Biased Report Writing

Finally, when writing up test results, SLPs should use more descriptive, criterion-referenced, qualitative analyses of a child's test performance. SLPs should also:

- 1) Indicate when modified testing procedures have been used;
- 2) Use caution statements when reporting test data that is potentially biased;
- 3) Provide a detailed analysis of the child's relative language strengths and weaknesses;

- 4) If test scores are reported, they should be reported using the widest confidence interval possible (90%) to adjust for possible test bias influences; and
- 5) Clearly delineate those aspects of speech and language development that appear to be the result of disorder instead of normal dialect influences (e.g., problems with aspects of speech and language behavior that are non-dialect specific).

Examples of culturally sensitive report writing can be found in Appendix E. Examples of case study profiles of children using culturally sensitive report writing procedures can be found in Appendix F.

Chapter III-Responsibilities and Competencies of Speech-Language Pathologists, Non-Public Agencies, Paraprofessionals and Administrators Working with African American Children

SLPs

As clearly outlined in the CSHA position paper on the Assessment of the African American Child (1994), the primary responsibility of SLPs as it relates to the assessment of African American children is to follow the law, using available guidelines (see section on IDEA and CDE guidelines) to select appropriate tests, analyze results carefully as well as use alternative assessment techniques as needed. A part of this responsibility includes reporting results and observations with care and sensitivity. As professionals, SLPs must become familiar with the cultural aspects of any child from a culture other than that of the SLP, along with the linguistic characteristics of AAE. Continuing education courses along with professional reading are some of the avenues available to stay current. When supervising speech assistants and aides, in accordance with ASHA's Guidelines for the training, credentialing, use, and supervision of Speech-Language Pathology Assistants (1996), SLPs need to ensure that tasks assigned to that paraprofessional are appropriate and within their scope of responsibilities. SLPs also need to ensure that they provide the appropriate training and supervision of all support personnel. In addition, SLPs are responsible (as are administrators) for ensuring that parents are fully informed of their rights, of the laws and regulations being applied to the assessment of their child, and are given a copy of their rights, written in an understandable manner. SLPs need to know how to sensitively and accurately discuss with parents Larry P. and the role that dialect and cultural influences may play in testing.

Non-Public Agencies

SLPs in both the public schools and non-public agencies (NPAs) must collaborate with one another to ensure the best possible assessment and treatment (as necessary) of African American children. Employees of NPAs must be knowledgeable regarding the laws affecting public schools, particularly as they relate to the assessment and identification of African American children for special education services. The SLP in a NPA must also be able to analyze a test for bias in the same manner that applies to the public school SLP (see section on evaluating tests for use with

African American children). In addition, SLPs in the NPA setting must be familiar with the laws and guidelines affecting public school SLPs, and be able and willing to conduct alternative assessments for measuring the communicative competence of an African American child. Assessment reports emanating from a NPA must reflect the cultural and linguistic considerations involved in the assessment process.

Speech-Language Assistants and Aides

As previously stated, when working with speech assistants and aides, SLPs need to make sure that they provide the appropriate supervision, training and assignment of clinical tasks (ASHA, 1996). According to existing ASHA guidelines, SLPs should provide at least 30% direct and indirect supervision during the first 90 days of an assistant's work responsibilities. At least 20% of that supervision should be direct. Direct supervision is defined as "on-site, in-view observation and guidance while a clinical activity is performed." (p. 28) After the initial 90 hours, paraprofessionals should be supervised at least 20% of the time, with 10% of that being direct.

SLPs also need to recognize that even though they may delegate certain tasks to support personnel, they "retain the legal and ethical responsibility for all services provided or omitted." (p.

23) They are also the ones who are responsible for conducting the following types of tasks:

- 1) Performing standardized or non-standardized diagnostic testing;
- 2) Conducting parent conferences;
- 3) Developing and modifying a child's treatment plan; and
- 4) Making all clinical decisions, including determining patient/child selection for services.

Those responsibilities considered to be within the scope of a speech-language pathology assistant include:

- 1) Conducting speech-language screenings;
- 2) Providing direct treatment according to a treatment plan established by a SLP with appropriate credentials; and
- 3) Assisting with the assessment of children and informal documentation.

When working with African American children, all of the above conditions should apply. SLP assistants and aides should be appropriately trained for the tasks that they are to conduct. This means that they should have sufficient knowledge of cross-cultural differences in communication style and dialect differences to adequately carry out certain clinical tasks. They should also be supervised by personnel who are knowledgeable about the children with whom they work.

Administrators

When examining district level practices, there are some very basic questions that administrators and others involved in the special education process might ask themselves. They are as follows:

- 1) Are the test(s) used to determine placement for African American and other minority students developed with their experiences in mind such as language, vocabulary, values, and examples of everyday life?
- 2) Are the individuals administering the test(s) qualified to give, interpret, and use the test and what direct experiences have they had with African Americans and other minority groups?
- 3) Are there alternative assessment approaches which may be employed such as criterion assessments, curriculum-based assessments, dynamic assessments, interactive assessments, or cognitive assessments?
- 4) Has the child been observed in a variety of academic and non-academic environments?
- 5) Is the examiner aware of cultural differences as well as intra-group variations? and
- 6) Have other factors in addition to test data been considered in making determinations, such as input from the parents and classroom teachers?

The role of administrators in monitoring compliance with Larry P. and current IDEA and CDE guidelines includes:

- 1) Ensuring that qualified, credentialed SLPs are conducting appropriate assessments;
- 2) Providing appropriate assessment tools, where available;

- 3) Ensuring that SLPs and support staff are trained and regularly updated on changes in the law;
- 4) Putting appropriate processes and procedures into practice to ensure that all laws and guidelines are being implemented on a regular basis; and
- 5) Monitoring the use of paraprofessionals to ensure that they are being used appropriately, as well as providing training for paraprofessionals.

In addition to asking the above questions, administrators need to ensure that African American parents have been appropriately informed of their rights to due process.

SLP Responsibilities with Parents

Both prior to and following the diagnostic evaluation process, SLPs and special education administrators have a responsibility to ensure that parents are fully informed of their rights as parents and full participants in the decision making process as it applies to their children. SLPs also have a responsibility to ensure that parents are fully informed about the Larry P. court ruling, the CDE's position on that ruling, and the general problems associated with the use of standardized tests with African American children. Therefore, it is important that prior to the evaluation process, SLPs:

- 1) Provide parents with written or verbal information on the history and summary of Larry P. and the CDE's current guidelines with respect to the assessment of African American children;
- 2) Provide a brief description of the basis for the ruling (the historical over-representation of African American children in special education and the issue of cultural test bias);
- 3) When discussing the issue of test bias, SLPs need to explain that cultural test bias can occur when testing any child (not just African American children) whenever using a test that is primarily standardized on children from differing geographic, language, social, and/or cultural backgrounds or communities than that of the child with whom a test is used. State that subtle forms of test bias can even occur when testing African American and other children from mainstream cultural backgrounds;
- 4) Assure parents that appropriate special education and placement decisions can be made with the use of alternative assessment procedures; and

- 5) Familiarize parents with new federal regulations (e.g., IDEA) emphasizing the importance of moving away from the exclusive use of standardized tests towards the use of assessment data from multiple sources (e.g., parent interview, language sampling, observation, teacher observation).

After completing the evaluation process, SLPs need to:

- 1) Carefully review assessment findings so that parents have a complete understanding of their child's speech and language strengths and weaknesses;
- 2) Inform parents about any standardized test and/or observational data that should be viewed with caution because of possible test bias and/or problems with test validity;
- 3) Provide parents with an opportunity to respond to the assessor's evaluation of their child's strengths and weaknesses;
- 4) Be clear in explaining the rationale for final report findings and recommendations;
- 5) Provide parents with a range of alternative placement options and make sure that they are aware of their right to be provided with the opportunity to make a final decision regarding their child's educational program and needs; and
- 6) Provide parents with a fair opportunity to express any concerns and/or to ask questions as they pertain to the findings of the assessment.

Summary

The Larry P. v. Riles (1979) court case has important implications for how SLPs assess the language skills of African American children in California public schools. Until standardized assessment tools that are designed for and/or primarily standardized on African American child populations from diverse language and socio-economic backgrounds are developed, SLPs must continue to carefully scrutinize the appropriateness of existing tests. At present, there is at least one test being developed by child language researchers from the University of Massachusetts, Amherst (UMass), in collaboration with the Psychological Corporation, with funding from the National Institutes of Health, that is being designed for use with African American child populations. However, the UMass/Psychological Corporation test project is at least three years from completion.

Test developers and publishers are also becoming increasingly aware of the need for identifying and controlling for test bias in standardized assessment tools. Test developers still need to do a better job, however, of providing information that allows SLPs to reliably evaluate the appropriateness of a test for use with African American children. For example, it is insufficient to include only information on the racial backgrounds of children participating in the standardization sample without also delineating the language (e.g., dialect use patterns), geographical residence and socio-economic backgrounds of African American participants. Test developers and publishers also need to be more comprehensive in their use and reporting of statistical measures when examining the performance of children from different backgrounds in the standardization sample for evidence of possible test bias and group differences. Finally test publishers need to employ greater use of test bias review panels who can consider not only potential linguistic bias but potential cultural and format bias influences in standardized assessment tools.

Until the field is able to generate at least some instruments that can be reliably used to achieve all of the above, SLPs must and can learn to effectively use alternative assessment procedures. For the present time, these procedures are likely to provide the most accurate and valid information for determining a child's eligibility status and speech and language needs when that child is from a differing racial and/or language background than children from mainstream SAE speaking backgrounds.

This document was developed to provide a preliminary introduction and overview of basic principles associated with the speech and language assessment of African American children. The skills necessary to implement some of these principles may require training beyond that acquired in the university setting. SLPs who have never received formal training on alternative assessment and least biased assessment procedures as part of their normal university coursework are encouraged to continue to expand their knowledge and competencies in this area by enrolling in ASHA, CSHA and other professional association-sponsored continuing education workshops and inservices. Such training is valuable for working not only with African American child populations but for many other child populations as well. Being informed about alternative assessment procedures also helps to

ensure compliance with current CDE and IDEA regulations concerning the use and interpretation of non-discriminatory assessment data from multiple sources. Obtaining this type of assessment data is crucial for generating functional IEP goals that are appropriate for the classroom as well as home setting for all children, regardless of their cultural and language backgrounds.

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Appendix A

Recommendations for Minimizing Test Bias with African American Children During the Assessment Process

Possible Forms of Test Bias

Situational bias

Key concerns: Some African American children may come from homes where they have been trained to respond to questions asked by adults and other authority figures with non-elaborated responses that only contain the most essential information requested. They may also divert eyegaze during listening as a sign of respect and attentive listening.

Implications for the Assessment Process: Clinicians must be careful not to mis-interpret limited verbal responding from more traditional African American language users as a sign of language deficit. It may represent evidence of social communicative competence (understanding their home cultural rules for adult-child discourse). Clinicians must be careful not to interpret certain nonverbal communication behaviors such as limited sustained eyegaze during listening as a sign of pragmatic difficulty, disrespect or disinterest. It may signal instead the opposite (respect and attentive listening). Clinicians should avoid pragmatic test protocols that place a strong emphasis on some of these cultural specific communication patterns as evidence of pragmatic competence.

Possible Forms of Test Bias

Format bias

Key Concerns: Due to differing life experiences and language socialization practices, some African American children may be less familiar with topics, picture stimuli, and some traditional testing formats used during the assessment process (e.g., tests that use a label quest format, ask known information questions). Tests may also involve pictures or questions about objects, events and topics on which some African American children have had little or no exposure.

Implications for the Assessment Process: Clinicians should carefully evaluate the topics and content of pictures and test items for possible vocabulary and/or topics that may not be common to the experiences of the African American children to whom a test is being given. On

tests that use a great deal of picture labeling or other tasks with which children may have limited experience, clinicians should include more practice items before administering actual test items.

Possible Forms of Test Bias

Value bias

Key Concerns: The ways in which some children have been raised to communicate with others can lead to cross-cultural differences in the types of responses that they give to questions such as “What should you do when...?” and “Why should you...?” These responses are closely tied to what is valued in their home community. Children may also differ in the ways in which they carry out various speech acts due to differences in communication style. For example, in the African American community, the communication style may be more direct than that typically used among mainstream American communicators.

Implications for the Assessment Process: Clinicians may have to adjust their scoring of some items to accommodate cross-cultural differences in beliefs concerning the most appropriate way to respond in a given situation. They should attempt to look for tests that assess values and/or communicative responses that are likely to be given by communicators in all communities.

Possible Forms of Test Bias

Linguistic Bias

Key Concerns: Some African American children may use dialect language use patterns that differ from SAE. Specifically, sentences and word production patterns may include:

- Variable absence of certain grammatical features such as past tense “-ed,” plural “-s,” and copula/auxiliary “be”
- Differing irregular verb and plural forms (e.g., “seen/saw,” and “mens/men”)
- Differing patterns of negation such as multiple negatives (e.g., “...don’t have no...”) and the use of “ain’t” for “didn’t,” “haven’t” and “isn’t/aren’t”
- Differing productions of some sounds found in AAE such as d/th, f/th
- Variable absence of certain sounds in some word positions (e.g., postvocalic “r,” “l,” and “n”)

Implications for the Assessment Process: Clinicians need to avoid tests that do not give credit for responses considered to be normal in AAE. Alternatively, they should consider using alternative scoring of grammatical or phonological productions that might differ between SAE and AAE. Credit should be given to those responses that are acceptable in AAE when a test is being used with a native AAE speaker.

Appendix B

An Examination of the CELF-3 According to Commonly Used Test Bias Criteria

1. *Is the CELF-3 exclusively or primarily standardized on children from African American and/or AAE speaking backgrounds?*

An examination of the CELF-3 technical manual (p. 34) indicates that only 30% of the standardization sample spoke a dialect of English other than SAE. Of that 30%, only 32% were reported by examining SLPs to be AAE speakers. In addition, only 15% of the standardization sample included African American children. (p. 37)

2. *Does the CELF-3 contain any forms of potential linguistic bias?*

Yes, there are some subtests on the CELF-3 where dialect differences can affect the scoring of individual test items and where alternative scoring of the child's responses may be necessary (e.g., the "Word Structure" and "Formulated Sentences" subtests). It is for this reason that the test developers have included information on non-standard English dialect features in Appendix C of the Examiner's manual. Separate norms are not provided for AAE speakers for either of the CELF-3 subtests.

3. *Are there any other sources of potential test bias other than linguistic bias that exist in this test?*

Yes, there are some items which may be potentially failed by African American and other children (e.g., "Point to.. 'The woman is putting up the tent and the man is chopping wood'") due to differing cultural exposure and socialization experiences. This would be an example of format bias. Although the test developers attempted to minimize such sources of bias by having the CELF-3 evaluated by a test bias review panel before publication (see page 32 of the technical manual), items such as the one above may still be problematic for some African American children. Such items may be missed by children, for example, who have lived their entire lives in urban communities where they have had relatively little exposure to hiking, camping, or wood chopping experiences.

4. Do test developers explicitly or indirectly describe the CELF-3 as a standardized measure of intelligence/cognitive abilities?

Yes. On page one of the technical manual, the test developers state that the CELF-3 contains "11 subtests that provide differentiated measures of selected receptive and expressive language skills in the areas of morphology, syntax, semantics, and memory." The manual goes on further to state on page 3, "The specific role of memory in language is as difficult to quantify as any other aspect of cognition. Nevertheless, it is widely accepted that memory plays a critical role in the understanding and expression of language."

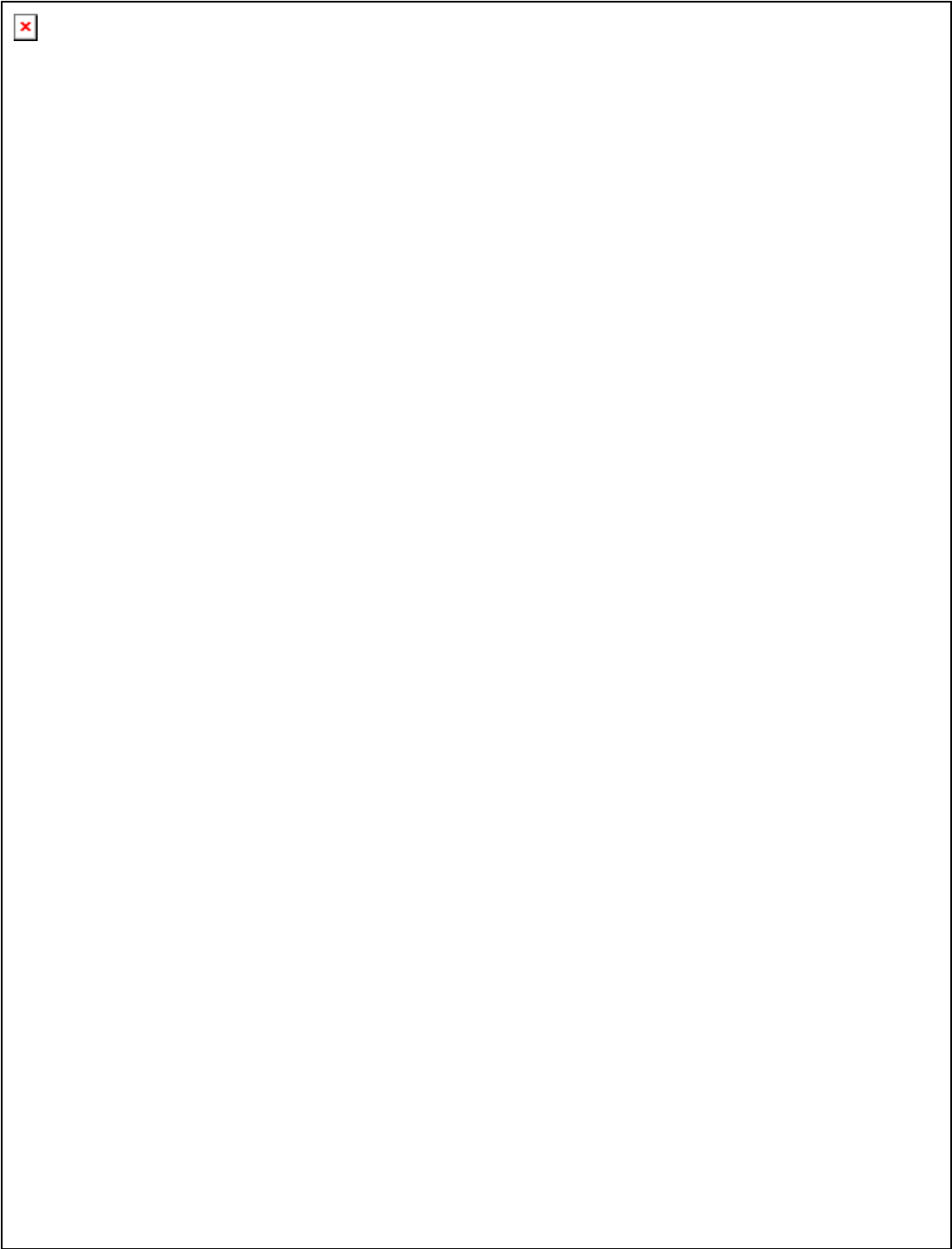
5. Are test results reported in the form of IQ or mental age?

No.

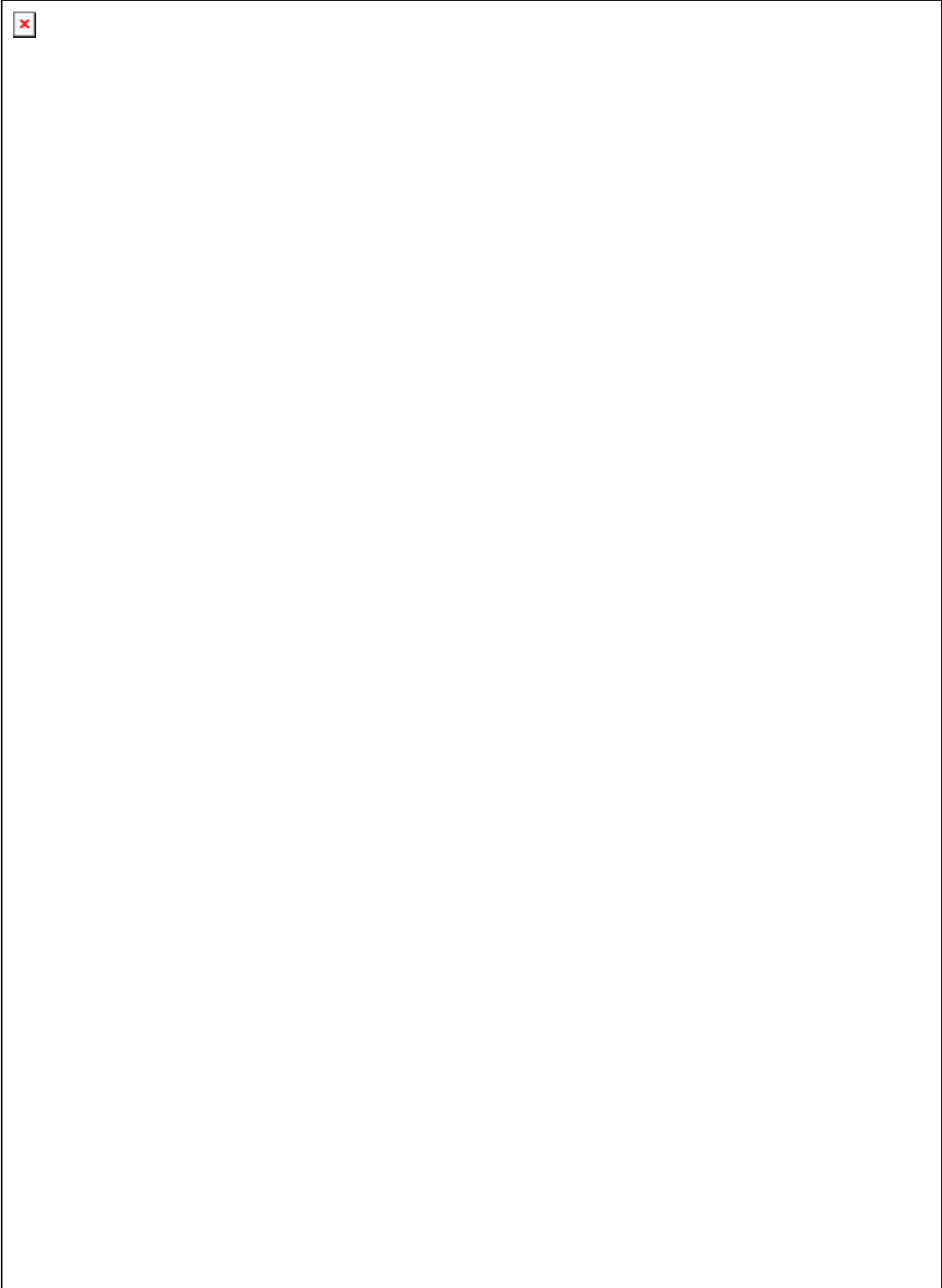
6. Does evidence of the test's (construct) validity rely on correlations with IQ tests?

Partially. On page 60 of the technical manual, the test developers report statistical findings from a factor analysis which was conducted to examine construct validity. Overall, they report that findings indicate the "CELF-3 has a general factor that measures a skill called general language ability." However, the manual goes on to state that the "fundamental elements of language" assessed by the CELF-3 include "form (syntax, morphology, and phonology), content (semantics), and memory which cannot be separated and examined independently of each other."

In addition, other measures of validity (concurrent validity) were conducted (see pp. 64-71) to establish the CELF-3 as a valid measure of language abilities. Validation measures included correlations between the CELF-3 and one well known standardized IQ test, the WISC-III. According to the authors, patterns in the means were "remarkably similar for the two tests" and "Correlations of WISC-III Verbal and Full Scale IQs with the three CELF-3 composite scores are virtually identical." (p. 71)



TEST NAME	Year of Pub	Author(s)	Publisher	Age Range	COMMENTS
CELF-3	1995	E. Semel, E. Wiig, & W. Secord	The Psychological Corporation	6;0 to 21;11 yrs	*See Appendix A
CREVT	1994	G. Wallace & D. Hammill	Pro-Ed	4;0 to 17;11 yrs	Defined as a test of oral vocabulary however discusses the strong relationship between vocabulary and aptitude, intelligence, oral language, and school achievement; Construct validity established based on correlations between expressive and receptive subtests and analysis of group/age differentiation; Criterion validity established via correlations with PPVT, EOWPVT-R, CELF-R, TOLD-P-2; Some of these tests validated with IQ tests. Delta scores used to support claim of non-bias. Examined Black vs. White subject group resemblances w/respect to rank order of item difficulty; No analysis of group differences in overall test performance; However, no description of African American sample (e.g., family income, dialect). Contains a few items which may be missed dependent on child's cultural exposure and experience. Examples include <i>archery</i> , <i>opera</i> , <i>harpichord</i> , <i>safron</i> . Also some outdated words such as <i>range (stove)</i> , <i>locornative (Artrack)</i> , <i>ruffles</i> , <i>bodice</i> , etc.
PLS-3	1992	I. Zimmerman, V. Steiner, and R. Pond	The Psychological Corporation	2 wks to 6;11 yrs	Described as a tool that measures children's receptive and expressive language skills; Some items, however, identified as tapping "integrative thinking skills"; Construct validity assessed using discriminative analysis and correlations between two subtests; Concurrent validity established via correlations with Denver II, PLS-R, and CELF-R; Latter test validated with IQ tests. Linguistic bias possible on some sentence repetition items for AAE speakers. Some items such as <i>wheelbarrow</i> and <i>parachute</i> may be less familiar to some children. Value bias possible on some "What do you do when..." and "Why..." questions.



TEST NAME	Year of Pub	Author(s)	Publisher	Age Range	COMMENTS
TAWF	1990	D. German	Pro-Ed	12 yrs to 80 yrs	<p>According to the authors, this test is designed to assess word-finding in middle and secondary students and adults. No references to cognitive/intellectual abilities are made. Construct validity established by examining age and grade level differences in test performance, making correlations between accuracy raw scores and average item response items; Criterion validity established with Upper extension of the EOWPVT, and Boston Naming Test. Uses sentence completion as well as picture labeling format may be less familiar to some children; Also uses description format which may be less biased. Several test items which may be missed due to differences in cultural experience and exposure such as <i>dart, acorn, igloo, starfish, unicorn, harmonica, thimble, blimp, saddle, peak, jockey, lullaby</i>, etc.</p>
TELD-3	1999	W. Hresko, D. Reid, D. Hammill	Pro-Ed	2;0 to 7;11 yrs	<p>According to the developers, the TELD-3 measures "the development of spoken language in young children. On p. 105 of the examiner's manual, however, the authors also state that "because the TELD-3 measures an important cognitive ability, its scores should correlate significantly with IQ tests." Construct validity established via correlations with several intelligence tests such as the WISC-II, Stanford Binet Intelligence Test and Woodcock-Johnson Psychoeducational Battery-Revised: According to the authors, "these correlations can be accepted as evidence of the test's construct identification validity." (p. 108-109). Authors cite evidence of controlled bias due to no statistical differences in rank order of item difficulty for African American vs. non-African American subjects. However, no background info re: African American sample (except for age) provided. Also, no scoring adjustments for possible dialect differences on some sentence completion items. Some items (e.g., <i>lake, meadow, barge</i>) may be missed by children due to differing experience/exposure. Scoring for narrative construction task based on topic centered framework. Some African American children may use topic-centered style.</p>

TEST NAME	Year of Pub	Author(s)	Publisher	Age Range	COMMENTS
TOAL-3	1994	D. Hammil, U. Brown, S. Larsen, & J. Weiderholt	Pro-Ed	12;0 to 24; 11 yrs	<p>According to the authors of this test, the TOAL-3 is designed to identify adolescents and adults who might need some form of intervention to improve "language proficiency...." (p. 3). According to authors, because the abilities tapped by TOAL-3 subtests are greatly influenced by cognition, "TOAL values should correlate strongly with tests of intelligence." Construct validity established via correlations with California Short Test of Academic Aptitude. Criterion validity established via TOAL, TOLD-I, PPVT, DTLA, Comprehensive Test of Basic Skills (CTBS), and Test of Written Language. Test developers warn "caution" in using the TOAL-3 with children who "speak English poorly." It is not clear whether or not this refers to speakers of non-standard English dialects. Vocabulary which may be missed due to differences in experience and/or community used word meanings include: "fencing" (the sport), "fresh," "canoe." Only accommodates certain dialect variations on Speaking/Grammar subtest (e.g., "gonna" for "going to" is considered unacceptable). Children who respond using reduced verbal elaboration may be penalized for some responses on "Writing/Grammar" subtest.</p>
TOPL	1992	D. Phelps-Teraski & T. Phelps-Gunn	Pro-Ed	5;0 to 12;0 yrs	<p>According to developers, this test "measures children's ability to use language in social situations" (protocol,p.8). However, on p. 25 of the manual, authors state that "because the TOPL measures language skills (i.e., skills that are highly cognitive in nature), one would expect the results of the test to correlate with measures of general mental ability. " Construct validity based on age and group differentiation measures, item discrimination measures and correlations with the SCREEN and Scholastic Aptitude Scale. Criterion validity established via teacher ratings. Several items which contain possible value bias for some African American children because of the value placed on indirect vs. direct response to pragmatic items, with direct responses often scored "O."</p>

TEST NAME	Year of Pub	Author(s)	Publisher	Age Range	COMMENTS
WORD Test-R (Elementary)	1990	K. Huisingsh et. al.	Lingui-Systems	7;0 to 11;0 yrs	Defined as a test of expressive vocabulary and semantics; Validity established via correlations between WORD-R and original WORD test. Uses variety of test formats for eliciting vocabulary knowledge. Doesn't use labeling tasks. Uses word association, definition, and multiple choice tasks. The first two types likely to have less bias. Only a couple of items that might be affected by bias due word familiarity and child experience (e.g., "The river flooded during the drought. ").
TOLD-P: 3	1994	P. Newcomer & D. Hammill	Pro-Ed	4;0 to 8;11 yrs	Described as a test designed to assess listening (receptive), organizing (integrative-mediating), and speaking (expressive) skills. Test generates 6 quotient scores, one of which measures cognitive abilities (e.g., "Organizing Quotient"). According to authors, this quotient is associated with an "individual's capacity to organize linguistic information by categories....an ability that facilitates memory...." Authors provide partial evidence of content validity by discussing how the format used for subtests is similar to those used by other "popular or seminal tests" (p. 64). The format for some subtests (e.g., "Relational Vocabulary," "Oral Vocabulary," "Grammatical Completion," described as similar to that used in tests like ITPA and WISC-III. Criterion and construct validity established via use of correlations with Bankson Language Test-2nd ed., factor analysis and age/group differentiation measures. Authors report statistical findings of controlled "gender or racial bias." However, no info on income or dialect status of individual racial sub-groups provided. Some items which may be missed due to differing cultural experiences include: <i>igloo-teepee, cleaver-ax, kayak</i> . No adjustment for dialect differences that may affect performance on Grammatical Completion, Sentence Imitation and Word Discrimination tasks. For example, according to scoring guidelines, "errors" such as the use of "ain't" for "aren't" and "th" for "th" should be scored as incorrect.

Appendix D

Checklist for Identifying Possible Communication Disorders in African American Children

Infants and toddlers (0-3 year olds)

Articulation

_____ Child did not progress through the normal stages of babbling and cooing around four to six months of age.

_____ Child does not display use of the following minimal core consonants in the initial positions of words: /m, n, p, b, t, d, k, g, f, s, h, w, j, r, l/ (Stockman & Settle, 1991; Stockman, 1996).

Expressive Language

_____ Child is not displaying any use of communicative gestures, vocalizations, and/or words by 12 months of age.

_____ Child is more than two years of age and has not yet begun to combine two or more words in utterances; is still primarily using gestures to communicate basic needs and desires.

_____ Child does not display the range and types of semantic and pragmatic functions in the first one- to two-word utterances delineated by Lahey (1988) and Stockman & Vaughn-Cooke (1982). Examples of expected semantic categories include existence, non-existence, recurrence, locative action, action, locative state.

Examples of expected pragmatic categories include comment, inform, request.

_____ Child does not have a vocabulary of at least 10-15 words by 18 months of age .

Language Comprehension

_____ Child has difficulty following simple commands (eg. "give me") involving familiar objects and routines.

Preschoolers (3-5 year olds)

Articulation

_____ Child displays omissions or substitutions of sounds that cannot be attributed to normal dialect or developmental influences (e.g., t/k, d/g, p/f, omission of initial /h/, substitutions of s/th).

Syntax

_____ Child's sentences are shorter in length than those of same-aged peers from similar backgrounds (e.g., two to three words v. three to five words).

_____ Child displays no emerging use of complex sentence forms (e.g., infinitives, conjunction "and").

_____ Child never uses plurals or past tense verb forms.

_____ Child continues to use negative "no" or "not" for other later developing negatives such as "can't" and "don't."

_____ Child's sentences are characterized by inappropriate use of grammatical forms that cannot be explained by dialect or developmental influences such as substituting pronouns (e.g., "her" for "she," "him" for "he"), inappropriately using pronouns (e.g., "a trees") after the age of 4 years.

_____ Child consistently omits grammatical forms such as the copula/auxiliary "am" after the pronoun "I," articles, or the contracted copula "-s" after "what/that/it" subject pronouns, prepositions such as "with, to, at, in" after the age of four years.

Language Comprehension

_____ Child has difficulty following simple one- and two- step commands in the classroom and at home.

_____ Child has difficulty correctly responding to simple "wh-" and "yes/no" questions.

School aged children (5 years old and older)

Articulation

_____ Child displays omissions or substitutions of sounds that cannot be attributed to normal dialect or developmental influences (e.g., w/r, j/l, th/s) after the age of six or seven years.

Syntax

_____ Child displays little or no use of complex sentence structure forms (e.g., infinitives, relative clauses, subordinate clauses).

_____ Child consistently uses nouns instead of pronouns to refer to characters in a story or subjects of a sentence.

Narratives

_____ Child has difficulty producing a narrative that is organized and cohesive (easy to follow) from the perspectives of others in his/her home community (e.g., pronouns used inappropriately to reference key characters).

_____ Stories are shorter than what would be produced by school-aged children from the same community.

_____ Stories lack evidence of explicitly or implicitly stated temporal and causal links between events.

Universal signs of disorder (Children aged 3 years or older)

Articulation

_____ Parents report that they and/or others frequently have difficulty understanding their child's speech (e.g., understood less than 90% of the time).

_____ Parents report that they frequently have to ask the child to repeat.

Vocabulary/Semantic Development

_____ Child frequently uses general or vague v. specific words to refer to objects, people and events (e.g., "this, that, doing, getting, those").

_____ Child displays frequent use of interjections (e.g., "um"), pausing, hesitation when attempting to express him/herself.

_____ Child often uses words incorrectly (uses the wrong word, uses a word incorrectly given the semantic context).

Pragmatic Development

_____ Child frequently talks off topic or conversation is difficult to follow from the perspective of listeners from the same cultural community as the child.

Language Comprehension

_____ Child rarely responds to questions appropriately (e.g., responses are unrelated to question).

_____ Child frequently repeats questions instead of responding with appropriate answer.

_____ Child frequently says “huh?” or does not respond to questions from others.

_____ Parents report that the child understands but “hears what he/she wants to hear,” “hears when he or she wants to hear,” or ignores parent.

_____ Parents report that they often have to repeat directions to their child.

_____ Child frequently requires repetition or rewording of test instructions and items during testing.

_____ Child’s teacher reports that the child has more difficulty processing and following through on school related tasks when compared to peers from similar backgrounds.

Fluency

_____ Child displays frequent use of atypical dysfluencies (e.g., blocking, prolongation).

_____ Child diverts eye gaze or turns away from others during stuttering moment.

_____ History of stuttering in the family.

Additional Warning Signs

_____ Child has history of clinically significant medical condition(s) that puts children at risk for speech and language development such as frequent ear infections, prenatal drug exposure, premature birth, history of seizures, sickle cell trait.

_____ Parents report family history of speech and language problems.

- _____ Teacher reports that the child seems to be learning new concepts more slowly when compared to other children from similar backgrounds.
- _____ Parents report that the child's development was slower or more delayed than that of siblings.
- _____ Observations of peer interactions and comments made by peers reveal that peers from similar backgrounds are having difficulty understanding what the child is trying to say.
- _____ Observations of peer and family interactions suggest that the child has difficulty effectively using language to communicate with others; difficulties impact the child's development of effective social relationships (e.g., has few friends).
- _____ Family and teacher both report that the child is having difficulties getting ideas across in the classroom and home settings.
- _____ Parents report that the child is beginning to display signs of frustration when attempting to communicate or is not understood (e.g., crying, walking away, saying "never mind," withdrawing).
- _____ Observations or parent/teacher report suggest possible problems with attending (e.g., both parent and teacher report that the child seems to have difficulty attending to or staying on task for more than a few minutes).
- _____ Teacher reports that the child seems to be learning new concepts more slowly than other children in the class.

Appendix E

Case Study Profiles of African American Children: Least Biased Report Writing

Reporting the Use of Test Modifications

Sample Report #1 (6 Year Old Child)

The Preschool Language Scale-3 (PLS-3) was administered to obtain a general measure of expressive and receptive language skills. Test scores are not reported since this test was standardized primarily on children from a different cultural background than A. In addition, testing was also continued below the basal on the first subtest ("Auditory Comprehension") to obtain a more comprehensive view of A.'s language strengths and weaknesses.

Criterion-Referenced and Descriptive Analysis of Test Performance

Sample Report #1 (11 Year Old Child)

D. followed 19/26 directions (73%) correctly on the "Concepts and Directions" subtest of the CELF-3. She had the most difficulty with two-level commands with assumed left-right orientation. She also had a great deal of difficulty with directions containing inclusion or exclusion terms.

Sample Report #2 (6 Year Old Child)

Analysis of test results revealed that A. was able to successfully follow one- and two-step commands with 70% and 80% accuracy respectively. Three-step commands were more difficult, with A. achieving only 50% accuracy. In addition, A. performed best on commands involving spatial concepts (75% accuracy), but demonstrated difficulty with commands containing coordination (and), inclusion/exclusion (one, or, all, either), temporal relation/order (first, and then, after, before), and quantitative (all except, all, except) vocabulary terms.

Reporting Standardized Test Scores using the 90% Confidence Interval

Sample Report #1 (3 Year Old Child)

The "Expressive Communication" subtest of the Preschool Language Scale-3 (PLS-3) was administered to assess T.'s general expressive language abilities. She received a raw score of 18

which corresponds to a standard score of 72 (64 to 80, 90% confidence interval), a percentile rank of 3% (1st through 9th percentile, 90% confidence interval) and an age-equivalent score of 1-11 (1-4 to 2-9, 90% confidence interval).

Citing Potential Test Bias Influences; Using Caution Statements

Sample Report #1 (3 Year Old Child)

Standardized test scores should be interpreted with caution, however, given the fact that the PLS-3 is standardized on children who come, primarily, from other cultural backgrounds and communities. It is felt though, that even when potential test bias influences are taken into account, standardized test results provide a fairly accurate profile of T.'s relative language strengths and weaknesses.

Sample Report #2 (6 Year Old Child)

No formal tests of semantic knowledge, outside of the Preschool Language Scale-3 were given due to existing California Department of Education (CDE) restrictions against the use of standardized IQ tests with African American children in California public schools for special education placement decisions. These guidelines apply to tests such as the PPVT-III and EOWPVT-2000, that either purport to directly or indirectly assess intelligence and/or attempt to establish construct/criterion validity through correlations with other standardized IQ tests such as the Stanford-Binet Scale and the Weschler Intelligence Scale for Children-Revised (WISC-R).

Sample Report #3 (11 Year Old Child)

Even though scores appear to be a fairly accurate estimate of D's receptive and expressive language strengths, caution should be used when interpreting scores since the CELF-3 was primarily standardized on children from a different social-cultural background than D. As a result, test bias influences are possible and reported test scores should only be used as a general measure of D's receptive and expressive language abilities.

Distinguishing Difference v. Disorder

Sample Report #1 (11 Year Old Child)

When the Photo Articulation Test (PAT) was administered to assess D's production of speech sounds, results revealed only occasional speech sound errors such as the devoicing of final /z, v/, substitutions of d/ in all word positions, and vowel substitutions of / , / , and / . It is possible that some or all of these productions are the result of normal English dialect differences since the pronunciation of / /, final voiced sounds and vowels such as / / can vary in different English speaking communities.

Sample Report #2 (6 Year Old Child)

A whole word transcription analysis of A.'s speech errors revealed the presence of several persisting phonological processes including.... Although A.'s productions seem to be influenced by the presence of several persisting phonological processes, it is important to note that the majority of A's speech sound errors occurred on later developing sounds such as /t?d , ? , z , r, , /.

These sounds typically emerge between the ages of 5 to 7 years. However, it is also important to note that the majority of A.'s speech errors, with the exception of those occurring on / /, / /, and final / /, occurred on non-dialect specific sounds (sounds found in all English dialects).

Recommending Non-dialect Specific Therapy Goals and Targets

Sample report #1 (6 Year Old Child)

Recommendation #1: Therapy using contrastive minimal word pair approaches should be considered for eliminating A.'s persisting use of inappropriate phonological processes. Processes which should be targeted as a first priority include: gliding, stopping of fricatives (with the exception of / / and / /), fronting and backing of sounds due to assimilation..... glottalization of final stops, and the insertion of intrusive medial /t/.... Second priority should be given to omission of final voiced sounds and deletion of unstressed syllables since the use of these two processes can vary between different dialects of English and A.'s dialect status is not clearly discernible at this time....

Recommendation #2: Emphasis should be placed on increasing A.'s MLU and production of age-appropriate morpho-syntactic forms through the use of naturalistic language activities conducted within a functional communication context. First priority should be placed on the

stabilization of English grammar forms that are non-dialect specific (obligatory in all dialects of English) such as articles “a” and “the.”

Appendix F

Case Study Profiles of African American Children

The following case studies are taken from actual reports of African American children with suspected speech and language difficulties. All of the reports contain examples of how case history information can be used along with descriptive test and alternative assessment information to provide a comprehensive overview of speech and language weaknesses, strengths, and needs. The first case study also provides an example of how test scores, if reported (e.g., for tests that are considered to be in the "grey" area according to Larry P. or other bias criteria) should be presented using confidence intervals that adjust for possible bias and appropriate test interpretation criteria.

African American Child Profile #1: B.D. (CA=3-3)

Background Information

Pregnancy and Birth History

Ms. H. did not have any information about B.'s birth mother's pregnancy but stated that according to medical birth and social worker information, he was prenatally exposed to drugs.

Speech and Language Development

Ms. H. stated that B. did not go through the normal babbling and cooing stages as an infant and that he did not begin saying his first words until he was approximately 18 months old. He began putting two words together at about two years of age. Ms. H. felt that she was unable to give a reliable estimate of B.'s sentence length due to his significantly reduced speech intelligibility because "the majority of the time his words are not clear." Ms. H. reported that she can understand about 50% of B.'s speech, but that others understand less.

When asked how well B. understands what is said to him and how well he follows directions, Ms. H. stated that he "understands what he wants to" and that he will often ignore what is being said to him. She also stated that sometimes he doesn't remember everything that you ask him to do and that it "takes awhile for him to catch on" to things or for new information "to soak in."

Medical History

According to Ms. H., B. has a history of seizures (his first occurred at approximately one year of age) and abnormal EEGs.... Up until about a year ago, B. was taking Phenobarbital for his seizures.

Motor Development

Ms. H. stated that B. was "slow" in walking and did not begin to walk until after he was a year old. She describes his present motor skills as "clumsy" at times and stated that he falls often. When asked about his chewing and swallowing skills, Ms. H. reported that B. has always had a preference for softer foods and that he doesn't like to chew his food.

Speech and Language Testing

Oral Peripheral Speech Mechanism Examination

An examination of B.'s oral motor skills and structures revealed considerable difficulties with a number of oral motor movements. B. demonstrated a lot of difficulty with tongue lateralization, elevation and lowering tasks. He also had difficulty using his tongue to lick most areas of his lips. He was unable to maintain a strong lip seal against the pressure of a tongue depressor. He exhibited weakened repetitions of multi-syllable sequences (e.g., repetitions of /bada/ and the word "buttercup"). In addition, the word /buttercup/ was produced as /kakaka/. Retraction of lips during production of /i/ was limited in range.

Articulation

The Goldman-Fristoe Test of Articulation (GFTA) was administered to assess B.'s English speech sound production skills. Results revealed frequent final consonant omissions, several missing sounds in his phonetic repertoire, and the frequent occurrence of assimilation and stopping processes. The most common error was the omission of sounds in final word position. Examples include: /k/ in "duck," /t/ in "carrot," /s/ in "house," /ʔ/ in "brush," /tʃ/ in "church," /d / in "orange," / / in "bath..... Frequent stopping of fricatives and affricates was also noted as well as several instances of persisting speech sound assimilation processes. Examples include.....

The following sounds were never observed in word contexts targeted by the GFTA: /g, k, f, z, s, , d , tʃ/. However, when whole word transcription data was analyzed, emerging use of /k, f, s/ was observed.

Expressive Language

The "Expressive Communication" subtest of the Preschool Language Scale-3 (PLS-3) was administered to assess B.'s general expressive language abilities. He received a raw score of 21 which corresponds to a standard score of 78 (70 to 86, 90% confidence interval), a percentile rank of 7% (2nd through 18th percentile, 90% confidence interval) and an age-equivalent score of 2-4 (1-8 to 3-1, 90% confidence interval)....These tests

scores should be interpreted with caution given the fact that the PLS-3 was primarily standardized on children from a differing cultural background than B. In addition, in light of current CDE Larry P. criteria, test scores should be viewed with caution because some items tap "integrative thinking skills" which can be possibly equated with measures of intelligence.

A conversational sampling of B's expressive language abilities was also completed during colorform construction, play and picture description activities. Results revealed an average sentence length of two to four words, with the longest sentence measuring six words (e.g., "I wanna stick it right there"). Pronoun substitution errors of "her/she", occasional absence of present progressive "-ing," and frequent use of uninflected verbs (e.g., "I get my stickers") was observed.

Language Comprehension

The "Auditory Comprehension" subtest of the PLS-3 was also administered to evaluate B.'s receptive language abilities. Results revealed a raw score of 25 which corresponds to a standard score of 83 (74 to 92, 90% confidence interval), percentile rank of 13% (4th through 30th percentile, 90% confidence interval) and an age-equivalent score of 2-6 (1-10 to 3-6, 90% confidence interval), indicating moderate weaknesses in receptive language abilities. Items of difficulty at or below age level included comprehending descriptive concepts such as "wet," part/whole relationships.... Once again, test scores should be interpreted with extreme caution.

African American Child Profile #2: A.M. (CA=6-4)

Statement of the Problem

A. is a six year, four month old boy who was referred to the California State University, Fullerton (CSUF) Speech, Language and Hearing Multicultural Clinic by his private SLP..... The purpose of this evaluation was to provide further information on A.'s speech and language strengths and weaknesses and to ensure that normal cultural and/or linguistic differences could be ruled out as the source of A.'s apparent communication difficulties. Although A.'s private SLP and parents, Mr. and Mrs. G. M. believe that A. displays a true speech and language disorder, they are also aware of the fact that most traditional speech and language assessment measures provide an inaccurate reflection of the communicative abilities of children from minority backgrounds. This evaluation was therefore conducted in response to A.'s parents' and SLP's request for a diagnostic

consultation. According to Mr. and Mrs. M., who both attended today's evaluation, A.'s speech is "sometimes hard to understand." They also stated that A. has problems putting sentences together and that his sentences sometimes "sound like Spanish" because he often reverses the word order of adjectives and nouns such as saying "car orange" for "orange car."

Background Information

Speech and Language Development

Mr. and Mrs. M. first became concerned about A.'s speech when he was approximately 18 months. According to both parents, A. went through the normal babbling and cooing stages and said his first words at 12 months. Shortly thereafter, however, his speech and language development appeared to stop for a period of time. Until he was approximately three years of age, Mr. and Mrs. M. stated that A. primarily used gestures instead of words to communicate and that it seemed as if he "wouldn't try to speak." As a consequence, A.'s brother often spoke for him. A. did not begin using 1 to 2 word phrases until he entered preschool.

Pertinent Medical History

They also consider his hearing to be good, but have noticed that he seems very hypersensitive to loud sounds such as sirens and firecrackers.....

Family Constellation and History of Speech and Language Problems

When asked about the family's history of speech and language problems, Mrs. M. reported that A. had an uncle who "couldn't speak clearly" and who had to attend a speech class for three to four years because no one could understand him. According to Mrs. M., A.'s uncle's speech was so difficult to understand that up until the third grade, he had to carry notes when sent on errands and "eventually it just got to the point where he refused to talk."

Results of Evaluation

Articulation

The Goldman-Fristoe Test of Articulation was administered to assess A.'s production of speech sounds in single words. Substitution and omission errors were consistently noted on the following..... A whole word transcription analysis of A.'s speech errors revealed the presence of

several persisting phonological processes including.... Although A.'s productions are influenced by the presence of several persisting phonological processes, it is also important to note that the majority of A's speech sound errors occurred on later developing sounds such as /t? d , s, z, r, , / which typically emerge between the ages of five to seven years. In addition, the majority of A.'s speech errors, with the exception those occurring on / /, / /, and final / /, occurred on non-dialect specific sounds (sounds found in all English dialects). It is still too early in A.'s language development to determine whether different productions of these latter three sounds are the result of dialectal differences or true disorder.

Language Assessment

Preschool Language Scale.

The Preschool Language Scale-3 (PLS-3) was administered to obtain a general measure of expressive and receptive language skills. Test scores are not reported since this test was standardized primarily on children from a different cultural background than A.. In addition, testing was also continued below the basal on the first subtest ("Auditory Comprehension") to obtain a more comprehensive view of A.'s language strengths and weaknesses. On the "Auditory Comprehension" subtest of the PLS-3, A. demonstrated strengths in grouping objects (i.e., "Show me all the things we eat"), and identifying colors. A. demonstrated difficulty, however, with comparisons (i.e., "Which one is heavier?") and the labeling of small body parts.

Language sample analysis.

A language sample was obtained during administration of the PLS-3. Fifty consecutive spontaneous utterances were collected to evaluate A.'s expressive language skills. A. displayed an MLU of 2.7 which corresponds to Brown's (1973) Stage III level of language development and is most characteristic of the language development of children between the ages of 2-1to3-3 (Miller, 1981). Utterances ranged in length, however, from one to seven words. The longest produced utterance was "Frog tried to eat the....(eat) caterpillar butterfly". A distributional analysis of utterance length revealed the majority of A.'s sentences to be one (n=13), two (n=12) or three (n=11) words in length.

A grammatical analysis of spontaneous language produced during structured testing and unstructured play revealed use of the following grammatical forms: nouns (i.e., "dog," "cookie"), verbs (i.e., "wait," "do," "is," "go"), adjectives ("blue," "three").....There were several instances, however, when many of these forms were also missing in A.'s utterances. Missing forms included: articles "a" and "the" (i.e., "Dog chase goat"), possessive "-s" (i.e., "Caterpillar hair is black"), personal pronouns (i.e., "Let do that"),.... Substitutions of pronouns were also noted (i.e., "Me see") as well as several instances of word order errors (i.e., "Kitten three" and "a book, read it"). As with many of A.'s phonological productions, it is too early to determine whether some of A.'s grammatical omissions such as the absence of plural "-s" and third person singular "-s" are the result of language delay or emerging dialect differences.

Clinical Evaluation of Language Fundamentals-Revised.

Sentence stimuli from the "Recalling Sentences" subtest of the Clinical Evaluation of Language Fundamentals-Revised (CELF-R) were informally administered to assess A.'s auditory memory and sentence imitation skills. Results revealed difficulties imitating sentences of increasing length. Several errors consisting of word substitutions and omissions of articles, auxiliary verbs, prepositions, past tense "-ed" endings, and contracted negatives were noted....

Stimuli from the "Linguistic Concepts" subtest of the Clinical Evaluation of Language Fundamentals-Preschool (CELF-P) were also informally administered to evaluate A.'s auditory comprehension of basic concepts and verbal commands. Analysis of test results revealed that A. was able to successfully follow one- and two-step commands with 70% and 80% accuracy respectively. Three-step commands were more difficult, with A. achieving only 50% accuracy. In addition, A. performed best on commands involving spatial concepts (75% accuracy), but demonstrated difficulty with commands containing coordination ("and"), inclusion/exclusion ("one," "or," "all," "either"), temporal relation/order ("first," "and then," "after," "before"), and quantitative ("all except," "all," "except") vocabulary terms.

Diagnostic Impressions

A. displays a moderate to severe speech and language disorder characterized by a severe phonological disorder and delayed expressive language skills. Problems in attention, auditory comprehension, expressive and receptive vocabulary, and memory were also noted.

Recommendations

It is recommended that speech therapy and classroom goals continue to focus on improving A.'s receptive language, expressive language and speech production skills. Additional considerations are as follows:

a. Therapy using contrastive minimal word pair approaches should be considered for eliminating A.'s persisting use of inappropriate phonological processes. Processes which should be targeted as a first priority include: gliding, stopping of fricatives (with the exception of / / and / /), fronting and backing of sounds due to assimilation..... glottalization of final stops, and the insertion of intrusive medial /t/.... Second priority should be given to omission of final voiced sounds and deletion of unstressed syllables since the use of these two processes can vary between different dialects of English and A.'s dialect status is not yet known.

b. Emphasis should be placed on increasing A.'s MLU and production of age-appropriate morpho-syntactic forms through the use of naturalistic language activities conducted within a functional communication context. First priority should be given to the stabilization of forms that are non-dialect specific (obligatory in all dialects of English) such as articles "a" and "the."

African American Child Profile #3: D.G. (CA=10-11)

Background Information

Pregnancy and Birth History

Mrs. G. reported that when D. and her twin sister were born, her labor had to be induced because she was one week past her due date. In addition, the doctor had to perform a cesarean operation because of "stress on one of the baby's hearts." There were no other complications.....

Speech and Language Development

According to Mrs. G., D. went through the normal stages of babbling and cooing as an infant. However, she reported that D. did not begin saying her first words until she was about two

years old. She began putting two words together at about the age of two and one-half years. When D. was about three years old, Mrs. G. stated that she began noticing that she had to frequently "clarify" D.'s speech for family members and unfamiliar listeners. However, Mrs. G. did not become concerned about D.'s language development until about the fourth grade (approximately one year ago). At that time, Mrs. G. was beginning to feel that D.'s language skills "stood out" from those of other children her age. She feels that D.'s language and communication skills have improved only slightly since that time.

At present, Mrs. G. reports that D. still has occasional difficulty communicating with others. She tends to share "more information than needed" when telling stories and relaying information about her day. Mrs. G. also reported that D. has difficulty initiating casual conversations with people, particularly those whom she doesn't know. She initiates more often with family and/or friends when "she wants to know something."

In addition to being concerned about D.'s conversational skills, Mrs. G. reported that she is equally concerned about D.'s vocabulary skills. She feels that D.'s vocabulary skills need "further development" but does not believe that D.'s vocabulary weaknesses interfere with her ability to express her thoughts. Mrs. G. also stated that D. does not always "enunciate" her words and sounds clearly, which affects her intelligibility approximately 10 to 15% of the time. According to Mrs. G., D.'s speech is least intelligible when she becomes "emotional" (e.g., gets upset).

On those occasions when Mrs. G. has difficulty understanding D., she reported she will ask D. to either "slow down" or repeat D.'s message back to her to make sure she understood her correctly. Mrs. G. stated that these strategies are generally helpful. Mrs. G. also stated that D. will often "restate" herself or "use another word" to get the message across. She will do this once or twice before becoming "frustrated." After that she will usually "extract" herself from the situation.

Motor Development

At present, Mrs. G. describes D.'s walking as "a little awkward" and "not precise." She also stated that she doesn't "see a lot of coordination" in D.'s motor skills while playing sports.

Medical History

Mrs. G. reported that D. is a generally healthy child and is currently not taking any medications. However, she does suffer from allergies. When she was younger, she also had frequent respiratory difficulties including bronchitis and pneumonia....

Educational History

Mrs. G. also commented that D.'s grades "are holding" steady but she scores "below grade level on comprehension tasks" during standardized testing. In addition, Mrs. G. stated that D. sometimes has difficulty comprehending written directions on her homework assignments. As a result, Mrs. G. stated that D. often needs to have directions explained to her....

Family History

D. lives at home with her mother, father, twin sister, and five year old brother. Mrs. G. reported that D. interacts well with both her sister and brother. Mrs. G. did note that D.'s verbal communication skills are "less explicit" than her brother's...and that his speech is clearer than that of both his sisters.

Evaluation Results

Oro-facial Examination

An oro-facial examination was administered to assess the structural and functional integrity of D.'s speech mechanism. All structures were determined to be intact.... Some denasality was also perceived.....

Articulation

The Photo Articulation Test (PAT) was administered to assess D.'s speech production. Results revealed only occasional speech sound errors. For example, she devoiced the final /z/ in her production of "keyz" (/kiz/) and other plural words such as "stars", "scissors", "matches", and "jars". Substitutions of d/O in the initial position (e.g., "thumb") and d/ in all positions.....It is not clear whether some of D.'s substitutions and final sound devoicing patterns can be attributed to normal English dialect differences since the pronunciation of the /O, / sound, final voiced sounds like /v/, and vowels like /? / can vary in different English speaking communities. D. was also

observed to display a moderate level of denasality, resulting in the distortion of some speech sounds and decreased speech intelligibility during connected speech.

Language

Several subtests of the Clinical Evaluation of Language Fundamentals-3 (CELF-3) were administered to assess different receptive and expressive language skills. Three subtests (“Sentence Structure,” “Concepts and Directions,” and “Word Classes”) were administered to assess receptive language and two subtests (“Word Associations” and “Recalling Sentences”) were administered to assess expressive language. The results from the subtests are as follows:

Sentence structure.

D. correctly pointed to 18 out of 20 pictures (90%) during the “Sentence Structure” subtest.... Missed items included those assessing infinitive structures (e.g., “is going *to help*”) and verb phrase structures (e.g., “*have dressed*”).....

Concepts and directions.

D. followed 19 out of 26 directions (73%) correctly during the “Concepts and Directions” subtest. She had the most difficulty following two-level commands with assumed left to right orientation. She also had the most difficulty with directions containing inclusion or exclusion phrases, such as “*either/or*,” “*neither/nor*,” “*but...not*,” and “*all but one*.”.....

Word classes.

D. correctly identified word pairs in 18 out of 29 items (62%) on the “Word Classes” subtest. She had the most difficulty with synonyms.... Errors were also observed with some antonyms (e.g., D. chose “*private*” and “*national*” from “*private*,” “*academic*,” “*national*,” and “*public*”) and words representing part/whole relationships (e.g., D. chose “*hour*” and “*decade*” from “*hour*,” “*decade*,” “*minute*,” and “*winter*”).

Word associations.

D. was given 60 seconds to think of as many words as she could within three different categories (i.e., animals, foods people eat, and jobs or occupations). On all three trials, D. used appropriate grouping strategies.... to test age norms.

Recalling sentences.

D. repeated ten out of 22 sentences (45%) without error. Of the 12 sentences produced in error, D. made two to three errors in nine of the sentences (41%) and four or more errors in the remaining three sentences (14%). Errors generally involved the omission or substitution of one or more words, but did not significantly impact on meaning....

In five of the 12 sentences produced in error, D. also changed the tense or form of some verbs. For example, when asked to repeat the sentence "*If the cook had baked some cookies, they would have been eaten by now.*" D. changed the verb phrase "*have been*" to "*be*".

Informal conversational samples.

Conversational skills.

D.'s conversational skills were informally assessed under three different speaking situations: (1) with her mother and sister, (2) with only her sister, and (3) with the SLP..... During all three speaking situations, D. generally used complete sentences and was able to adequately express her thoughts the majority of the time.... D. was also observed to use a fairly large number of complex sentence structures. Examples include simple infinitive clauses (e.g., "I would like to learn"), relative clauses (e.g., "Let me see what this one is"), coordinating conjunctions such as "and," "but," "so," and "for."

During conversational exchanges, however, there were several instances when D. was observed to change topics suddenly. Shifts often seemed to involve a change in time reference. For example, when talking about the topic of trying to shoot the basketball from different parts of the court D. said, "*One time* I tried it from the left side and I shot it pretty good. (Shift to another day) And I, *one day* me and my sister, and my brother, and my dad, we went to the park and we had a contest." Pronominal reference was also sometimes unclear. There were also several times during her conversation with the SLP when D. changed the referents within a sentence. These sudden shifts in topic sometimes made her discourse difficult to follow.

In addition to the above, there were instances when D. seemed to be having word finding and/or verbal expression difficulties as evidenced by frequent pauses, hesitations, and interjections (e.g., "umm"). For example:

But one time when I went to *umm umm* a ball place *umm* I hit the ball pretty far/ And *umm* and I like the catching as long as I don't catch with my real hand because it would make it red/ .../ *Umm* I think I'm pretty good at catching/

On the few occasions when D. did display apparent word finding difficulties, she was observed to use appropriate self-cueing strategies. For example, when talking to the SLP about gymnastics, D. could not think of the word "beam" so she attempted to describe the object to the SLP (i.e., "*It's like a little skinny board*"). This self-cueing strategy was effective in facilitating D.'s retrieval of the word.

Narrative skills .

D.'s narrative skills were informally assessed during a story re-telling task where she was asked to retell the story, JoJo's Flying Sidekick. She retold the story without using pictures. D.'s retold narrative falls within Lahey's Level 3 as a single-based causal chain with an obstacle (Lahey, 1988) with the following story grammar components observed: setting, initiating event, complication, internal response, attempts, and consequence....

Overall, D. followed the sequence of the original story and used most of the subcategories associated with narratives during both episodes. D. also did a fairly good job in establishing original referents before using pronouns. However, there were also several instances where she was observed to revise referents (e.g., "And so when her granddad picked her up from school *she, he, she* told *her, him* about the test and he said that *he, she* should..."). There were also times when the incorrect pronoun (e.g., "she didn't like what *she/he* was saying") was used.

Diagnostic Impressions

D. demonstrates mild receptive language difficulties characterized by difficulties following complex commands and making word associations (e.g., choosing two synonyms from a group of four words). She also seems to display occasional problems with word retrieval during

conversational tasks as well as difficulties with the use of pronominal and time referents during conversational and story retelling tasks. Additionally she demonstrates mild articulation difficulties characterized by reduced speech intelligibility during spontaneous speech primarily due to the use of denasal voice quality and occasional "mumbling."

Recommendations

It is recommended that D. be considered for regular classroom-based academic language support services with optional speech therapy and/or pull-out academic support services to improve her overall academic language and conversational discourse skills.

Possible goals and objectives include:

Goal 1: Improving expressive language skills

Objective 1: Improving overall verbal expression skills during conversational discourse and story re-tell tasks .

Objective 2: Decreasing the frequency of pauses, hesitations, and revisions during conversation and story retell tasks.

Objective 3: Improving D's referencing skills (e.g., pronominal and time referents) during conversation and story re-tell tasks .

Goal 2: Improving receptive language skills

Objective 1: Improving D's ability to follow one- to two-step directions or commands involving inclusion/exclusion terms (e.g., "either/or," "neither/nor," "but not," "all but one").

Objective 2: Improving D's ability to pair associated words involving synonyms, antonyms, and part/whole relationships.

In addition, it is recommended that D. be referred to an Ear, Nose, and Throat (ENT) specialist to assess her denasality and determine if medical intervention would be helpful in decreasing her denasality and improving her overall speech intelligibility.

Appendix G

Questions and Answers for SLPs

What is the Larry P. v. Riles court case and what implications does it have for the use of standardized speech and language tests with African American children?

The Larry P. v. Riles court case is a case that was filed against the state of California in 1979 by African American parents who argued that the administration of culturally biased standardized intelligence tests resulted in the disproportionate identification of African American children as mentally retarded and inappropriate placement in special education classes for the Educable Mentally Retarded (EMR). In response to parental concerns, the court ruled against the use of intelligence tests for African American children for placement in EMR classes or their substantial equivalent. In 1986, the injunction was extended to include the use of such tests for all special education purposes. In 1992, Judge Peckham rescinded his 1986 ban which prevented the use of standardized IQ tests for all special education settings. However he did not reverse Larry P., his original 1979 ruling that banned the use of IQ tests for placing children in classes for the EMR.

Although the original ruling applies to the use of standardized IQ tests with African American children, many standardized speech and language tests also fall under the Larry P. mandate because they directly or indirectly purport to measure IQ and their construct validity is partially or fully determined through correlations with other IQ tests.

What is the CDE's current stand on Larry P. court ruling?

The CDE continues to assert that the use of standardized IQ tests continues to place many African American children at risk for possible misidentification and/or classification as mentally retarded. This refers to "all African American school children referred for assessment including those who have learning disabilities" (Memorandum and Order, p. 10, August 31, 1992). As a result, the CDE takes the responsibility for making sure that LEAs are thoroughly informed about the Larry P. mandate. The CDE is also obligated to prohibit the administration of IQ tests which have not been validated for the purpose of identifying African American children as mentally retarded or which have not been reviewed for evidence of racial and cultural bias by the Federal Court of Appeals.

If parents request it, may I provide them with a waiver?

No. According to a recent memorandum from the CDE (Memorandum and Order, p. 10, August 31, 1992, as cited in CDE Compliance Report, March 9, 1993,) the risk of mis-classification cannot be alleviated by parental consent. In addition, local education agencies may not even engage in a process whereby African American children are tested but the results are disregarded, if they happen to fall within the mentally retarded range.

If test developers states that their test has been standardized on African American children and has been proven to be "unbiased," does that automatically make the test safe to use under the Larry P. mandate?

Not necessarily. A speech and language test that does not violate the Larry P. mandate, must not: a) be standardized or purport to measure intelligence (cognition, mental ability, or aptitude), b) generate IQ or mental age scores, or c) have evidence that its validity (e.g., construct) relies on correlations with other IQ tests. In addition, tests should technically either be developed for use with African American children or primarily standardized on children from African American backgrounds.

What types of things should I look for when evaluating standardized tests for their compliance with Larry P?

As outlined in Appendix C, SLPs should examine the test using the following information when attempting to determine whether a standardized test is appropriate to give to children from African American backgrounds: a) whether the test is primarily standardized on African American and/or AAE speaking children, b) whether the test contains possible forms of test bias, c) whether the test is defined as a standardized measure of IQ, d) whether or not the test generates IQ or MA scores, and e) whether the test's validity is based on correlations with standardized IQ tests or other measures of scholastic aptitude/cognitive ability.

What can I use in lieu of standardized tests to determine whether an African American child qualifies for speech and language services?

There is a number of alternative assessment procedures that can be used effectively for identifying African American children in need of speech and language services. They include, but are not limited to the use of parent/teacher interviews, observational checklists, language sampling, criterion-referenced testing, dynamic and portfolio assessment procedures. Modified standardized administration and scoring procedures can also be useful to a more limited extent for providing a valid assessment of a child's speech and language abilities.

How does the use of alternative assessment procedures comply with existing CDE compliance standards, eligibility criteria and IDEA regulations?

According to existing CDE guidelines, school professionals should always use caution whenever using tests and/or test scores that are invalid. According to the CDE, "eligibility cannot be determined on the basis of invalid test scores" (1989, p. 17). When tests are considered to be invalid for determining speech and language eligibility for a student, CDE guidelines state that "the expected language performance level shall be determined by alternative means as specified in the assessment plan." (p. 89) The CDE also states that SLPs should put "less emphasis on test scores and more on professional judgement until appropriate tests are developed." SLPs should also be aware that IEP teams may find a child eligible for special education services even when standardized testing does not measure a 1.5 discrepancy under Title 5 of the CCR (Winget, 1992).

To ensure compliance with Larry P. and other CDE regulations pertaining to the assessment of children from diverse backgrounds, the CDE has established review procedures which evaluate how well districts are in compliance with existing standards. A list of typical compliance questions addressed within the review can be found on page 13 of this document.

IDEA similarly stresses the importance of using more than standardized test data for making eligibility decisions. Under IDEA, it is important to use tests and other evaluation procedures that are not discriminatory on a racial or cultural basis and that provide a true measure of disability v. language proficiency.

How do I identify those African American children who are truly in need of speech and language services?

When examining and analyzing data obtained from testing and other sources of data, SLPs should :

a) look for evidence of dialect use patterns that do not represent normal patterns of speech and language development/use, b) look carefully at universal aspects of speech and language development that should be present in all children, regardless of cultural or language background, c) listen carefully to case history information shared by parents or teachers which provide evidence of obvious medical or health concerns as well as evidence of differences in the development of a child when compared to children from similar backgrounds. Examples of these and other diagnostic criteria can be found in Appendix D.

Appendix H

Questions and Answers for Parents About Larry P. and the Testing of African American Children

What is the Larry P. v. Riles (1979) court case?

The Larry P. v. Riles court case is a case that was filed against the state of California in 1979 by African American parents who argued that the administration of culturally biased standardized intelligence tests resulted in the disproportionate identification of African American children as mentally retarded and inappropriate placement in special education classes for the Educable Mentally Retarded (EMR). In response to parent concerns, the court ruled against the use of intelligence tests for African American children for placing children in EMR classes or their substantial equivalent. The judge made his ruling based on research and evidence provided by expert witnesses such the following: a) In the 1970s, African American children made up 10% of the public school population but 25% of students enrolled in EMR classes, 2) African American students scored, on the average, one standard deviation (15 points) lower than white children on standardized IQ tests being used to place children in EMR classes, 3) Another 15% of African American children had scores that fell two standard deviations below the mean (compared to only 2% of the total US population). Based on these and other cited findings, the court made the final determination that standardized IQ tests should not be used to identify African American children as EMR or "its substantial equivalent," unless they have been validated by the court. In 1986, the injunction was extended to include the use of such tests for all special education purposes.

What other relevant court cases have occurred since the Larry P. v. Riles court case?

In 1988, in a court case known as Crawford v. Honig, a second group of African American parents who had children with special education needs requested a re-examination of Judge Peckham's original 1979 ruling because they felt that the ban prevented their children from receiving appropriate special education services. They also asserted that any ruling, based solely on racial differences, was discriminatory. In response, Judge Peckham rescinded his 1986 ban preventing

the use of standardized IQ tests for any special education setting. He did not reverse, however, his original 1979 ruling banning the use of IQ tests for placing children in the classes for the EMR.

What is the California Department of Education's current stand on the ruling?

In 1992, the CDE re-affirmed that, as addressed in the original Larry P. court ruling, many African American children are at risk for being misidentified as mentally retarded when standardized IQ tests are used. This refers to "all African American school children referred for assessment including those who have learning disabilities" (Memorandum and Order, p. 10, August 31, 1992). As a result, the CDE prohibits the administration of IQ tests which have not been validated for the purpose of identifying African American children as mentally retarded or which have been reviewed for evidence of racial and cultural bias by the Federal Court of Appeals.

How does the Larry P. ruling apply to speech and language tests?

There are many standardized speech and language tests used by SLPs which directly or indirectly purport to measure intelligence. As a result, some speech and language tests may provide an inaccurate determination of a student's speech and language abilities in the same manner that many intelligence tests sometimes provide an inaccurate assessment of a child's cognitive/intellectual abilities. Many of these tests also contain various forms of "test bias" that may cause some African American children with differing life experiences to test differently from other children who were included in the initial development of a test.

Does this ruling apply to all African American children?

At the present time, it does. However, it is important to recognize that, as with any other group of children, African American children come from a diverse range of pre experiences. However, even today, there are many African Americans who may perform differently on a test (e.g., score lower than the average) even though they have normally developing language skills. This is also a concern for non-African American children who may not come from the same background as the children in the normative sample.

Isn't giving a standardized test the only way that my child can be considered for speech and language services? How do I make sure that my child gets the services that he or she needs if a standardized test is not given?

There are a number of alternative assessment procedures that can be used effectively for identifying African American children in need of speech and language services. Standardized tests are not the only way. It is not necessary for children to have a test score or a certain test score discrepancy to qualify for most special education services. They simply have to display evidence of having verifiable communication difficulties that adversely affect a child's educational performance in the school setting. Other methods for determining a child's speech and language needs, regardless of background, include, but are not limited to parent/teacher interviews, observations of the child's natural language abilities in a variety of different speaking and play interaction situations, and modified test scoring and administration procedures. Speech and language pathologists who have received the appropriate training in these methods of assessment can reliably determine whether or not a child needs speech and language services without the use of a standardized test score.