



Speech-Language Pathology
Assessment for Preschool English
Language Learners
Clinical Guide

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PURPOSE

The purpose of this guide is to support Alberta Health Services (AHS) speech-language pathologists (SLPs) to provide evidence-informed assessment, diagnosis and reporting for preschool children who are learning English as a second or subsequent language.

Children who are learning more than one language are at risk for both:

- Over-identification - with lack of proficiency in the second (subsequent) language being misidentified as an underlying language deficit (Hamayan, Marier, Sanchez-Lopez & Damico, 2007)
- Under-identification - with language difficulties incorrectly ascribed to learning a second or subsequent language. Underlying language learning deficit that impact all languages are missed (Kan & Winsor, 2010; Stow & Dodd, 2005; Maxwell & Shaw, 2012).

Evidence informed assessment and reporting of speech and language for this population are essential to mitigate the risk that children are misdiagnosed or do not receive the services they need.

Note: Expectations differ for children with *simultaneous* bilingual or multilingual development (learning both or multiple languages since birth) and those with *sequential* bilingual development (learning English as a second or subsequent language). This document focuses on assessment for children with *sequential* language development. “Additional language” is used as a descriptive term in some contexts. In these cases it is important to determine whether the child experienced simultaneous or sequential exposure.

PRINCIPLES OF ASSESSMENT

The following eight professional practice principles apply to all speech-language assessments for preschoolers learning English as a subsequent language:

1. The purpose of assessment is to understand and describe the child’s functional strengths and needs in their home language and how these may impact their ability to learn subsequent languages.
2. SLPs take the necessary time to gain a clear understanding of the child’s speech and language exposure and development in both or all of the child’s languages (Cattani et al., 2014). See Appendix A for a guide to help determine the presence of a language difference versus a delay or disorder.
3. Linguistic or cultural differences are considered distinct from underlying speech-language delays or disorders (Hamayan, et al., 2007) (See Appendix B). SLPs must understand normal processes and phenomena of subsequent-language acquisition to avoid identifying language delays or disorders where they do not exist [(American Speech & Hearing Association (ASHA), n.d.).]
4. Whenever possible and appropriate, trained interpreters assist in gathering assessment information (AHS, n.d.; ASHA, 2016a).

5. A variety of assessment strategies and tools are used. Assessment information such as developmental history, dynamic assessment, observations and parent-report inform clinical judgement. (Alberta Education 2009; Alberta Education Joint Advisory Committee 1993; Baldzion et al.; Kohnert 2010; AHS, 2011; Pena, Iglesias & Lidz, 2001; Lowry, 2016).
6. Standardized assessment tools must be administered and reported as intended. Quantitative scores are not reported for populations not included in the normative sample.
7. SLPs report only what the audience needs to know to understand the assessment results and to advance the child's care (AHS, 2016a & 2016b).
8. Home language use and bilingualism are explicitly valued and encouraged. Intense support for the child's home language helps both the home language and subsequent languages to develop (Canadian Language and Literacy Network Research, 2008).

ASSESSMENT COMPONENTS

Assessment for children who are learning English as a second or subsequent language focuses on the child's speech and language development in their home language. Information about English or subsequent language exposure is included to understand the child's language profile, to identify language differences, delays or disorders, and to guide intervention strategies. The following methods are included when assessing a child with non-English home language(s):

- Case history – including parent report; social, learning and health history; previous speech-language involvement
- Language history - including languages to which the child has been actively exposed and the time frame and contexts of exposure. Active exposure means that children not only hear other people using the language, but they are actively involved in using the language themselves (Genesee, 2007).
- Evaluation of home language proficiency. This may be completed using parent report. Criterion referenced tools (such as those listed in Appendix C) may be integrated if English proficiency is sufficient or an interpreter is available. Parent report that is not criterion referenced, such as Focus on Outcomes for Children Under Six (Thomas-Stonell, Oddson, Robertson, Walker & Rosenbaum, 2012) can also be used.
- Informal assessment (e.g., observation, language sampling, inventory of social language use)
- Dynamic measures (e.g., test-teach-retest, non-word repetition tasks and information processing), (Brandeker & Thorardottir, 2015; ASHA, 2016b; Topbas, Kacar-Kutukcu, & Kopkalli-Yavuz, 2014).
- Standardized assessment tools may be used to gather qualitative information and to inform clinical impressions. Performance data may be described in a narrative format, rather than using standard scores.

- A probe of speech sound production in the child’s first language (ASHA, 2017b)
- Oral mechanism examination
- Hearing screening
- Observation in a naturalistic context when possible

Using the above methods, the SLP will assess and report on the child’s social communication, shared interactions, use of non-speech communication such as gestures, and understanding and use of their home language (Roseberry-McKibbon, 2014).

Contextual factors such as cultural norms, the language proficiency of speaking models, active exposure to each language and language dominance are considered (Hamayan et.al. 2007). Refer to the AHS SLP Severity Guide for Preschool English Language Learners (See Appendix B).

Note: Children who are learning a second or subsequent language may go through a “silent period” in environments that use the new language (e.g., English) for a period of a few days to a year (Health Nexus Sante, 2014). Although these children may be reluctant to speak while they gain comfort in a new setting they continue to communicate in their home language with others who speak that language. Information obtained about use of the home language use will help to determine whether there is a language disorder.

REPORT COMPONENTS

The following guide outlines concepts and recommendations that may be applied to any report template.

- The information outlined below is required to support eligibility decisions by Alberta Education Special Education Early Childhood Services (ECS) program unit funding (PUF) based on a severe delay involving language (Code 47).
- Follow the guidelines in *Clear and Efficient Communication* (AHS, 2016).
- Refer to *Clear and Efficient Clinical Documentation* (AHS, 2016) and *AHS Clinical Documentation Framework* (AHS, 2017) as needed.
- When a referral is made or the child is accessing other services, the parent may take a copy of the report to the referral source or the report may be shared directly, at the parent’s request.

Background
<p>Include pertinent case history information to support the diagnosis.</p> <ul style="list-style-type: none"> • Parents’ and referral sources’ questions or concerns Note: parent and family perspective is included regardless of the referral source. • Social history, including typical interactions, participation in structured and unstructured

groups, and exposure to language models in all languages

- Learning history, including response to any applicable strategies used by the family and previous interventions
- Health history, including previous or other diagnoses (if necessary for the interpretation of assessment results & treatment plan)
- Clear description of the child's language background [e.g., home language(s), active exposure to English, if any]
- Information about the child's and family's perspectives, strengths, interests and resources to support successful programming

Assessment Summary

Include information to support understanding of the assessment methods and results.

- Speech-language diagnosis
- An outline of all assessment tools and methods used
- Clinical observations and impressions
- Information reported by the parent and family
- Observations reported by others (e.g., childcare providers, playschool teachers, early childhood educators, community group facilitators)
- Relative strengths, needs and resources in relation to speech and language development
- Personal or environmental considerations for the child and family that may impact speech and language (World Health Organization, 2001)
- A description of the child's current functioning as compared to expectations for children at that age

Notes:

- ➔ Relevant information collected that is not required in the report is kept in the health record.
- ➔ Summary information may be reported without including scores and results of each individual test or subtest.
- ➔ Clearly identify information that was observed versus what was reported by others.
- ➔ Any assessment results within or attached to the report need to be presented in a format that is meaningful for the family and target audience.
- ➔ Share the *Language Difference versus Language Delay/Disorder, SLP Severity Guide for English Language Learners* to support decision making if appropriate (see Appendix A and Appendix B).

- ➔ Consider including the following statement to clarify why test scores are not reported

Assessment information was gathered through (list specific methods such as parent report, language sampling, observations, and criterion referenced tools and repetition tasks). These methods were selected based on questions and concerns expressed by the family, the child's age, developmental history, language level and ability to participate in activities. Standardized test scores were not reported since these tools were not standardized for children who are learning English as a subsequent language.

Functional Impact

Describe how the speech-language diagnosis, strengths and needs currently impact the child's ability to function at home and in the community.

- Information from parents and others (e.g., childcare providers) about how the child's speech and language limitations affect:
 - the child's interactions, behaviour, social-emotional wellbeing, level of independence and/or safety and support needs at home and in the community (e.g., 'The child rarely plays with others.' or 'She frequently bangs her head on the floor when I don't understand her.')
 - the family and others in the child's environment (e.g., 'Though his auntie speaks the same language, I can't leave him with her because they both get frustrated when he does not understand.' or 'The other kids at the cultural centre ignore her.')
- Description of how identified speech and language difficulties may relate to these concerns

Notes:

- ➔ Personalize the description of the functional impact for each child based on observations and information collected from others.
- ➔ Clearly delineate direct observations from information reported by others.
- ➔ Include examples of the current impact in the child's home and community environments. For example, if the family is not able to participate in activities due to the concern.
- ➔ A statement of risk may also be included to describe the relationship between early language delays and expected outcomes. For example, "Due to her severe language disorder, Child is at risk for ongoing difficulties in her ability to interact with parents, friends, as well as difficulties with complex social behaviour, problem solving and literacy competence" (Speech-Language and Audiology Canada, 2012).

Recommendations

Provide information about next steps to further the child’s speech-language development and functional success. These include:

- The benefits of parents and family using their primary language when speaking to the child
- Strategies to support the primary language in the home and community
- Relative strengths to reinforce and build upon
- Potential areas of focus and strategies that support the child’s communication and participation in roles, relationships, and activities important to them
- Potential environmental modifications that will facilitate the child’s success (i.e., adult support in social settings, visual strategies)
- Potential partnerships and referrals such as other disciplines (social work, occupational therapy, etc.), community-based play groups, library programs, cultural community groups, ECS programs, Family Supports for Children with Disabilities services or other partnerships to support the family’s ability to address, cope with and adapt to the child’s condition
- Next steps for referral, planning or transition; outlining the role of the family and others in completing next steps
- SLP contact information

Service Summary Addendum

Include additional service information needed to support decision making.

For example, provide a brief outline of interventions in progress, highlighting the goals, strategies and outcomes.

SLP ROLE

The SLP provides and reports on assessment in order to:

- Respond to the family’s concerns to:
 - help the family understand and support the child’s speech and language development
 - support the child and family’s overall wellness
- Build on strengths and recommend modifications, strategies and areas of focus
- Identify potential partnerships and referrals – discussing these with the family and facilitating a holistic approach to health and wellness

- Provide recommendations that aim to facilitate the child’s speech-language development and participation in activities and relationships that are important to the child and family
- Coach parents about the importance of using and maintaining their home language
- Encourage parents to access a variety of suitable community-based preschool programs that offer language rich, play-based environments suitable for young children.
- Support parents to focus on programming opportunities and needs, rather than publically funded support, when discussing potential Early Childhood Services.

SLPs do not determine a child’s eligibility to receive specialized funding. The ECS provider and Alberta Education are responsible to determine a child’s eligibility for ECS programming and funding. It is also the ECS provider’s responsibility to address questions parents may have about eligibility decisions. When question arise, SLPs will redirect parents to the child’s ECS provider.

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Appendix A: Language Difference versus Language Delay/Disorder:

“Yes” answers indicate the child more likely presents with an underlying language delay/disorder that is not due to a lack of English proficiency or other cultural factors.

1. Do the child’s communication difficulties negatively impact the child in daily life, including at home; with siblings/peers and/or in the community?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	If the child is having difficulty adapting and functioning, the child may have an underlying language delay (Kohnert, 2013).
2. Are the parents (or others) concerned?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Evidence suggests that parents are typically able to provide accurate descriptions of their child’s expressive language development and that reported concerns are valid (Rescorla & Alley, 2001; Feldman et al., 2005).
3. Is the child delayed in their home language(s)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	A child who has delayed development in their home language (if ELL) (Genesee, Paradis & Crago, 2006, pg. 202) or any language to which the child is exposed to since birth (e.g., bilingual language learner) (Genesee, Paradis & Crago, 2006, pg. 196) may have an underlying language impairment.
4. Is there a family history of speech-language delays?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Relevant family history is a risk factor for children who are showing signs of delay/difficulty (Chodhury & Benasich, 2003).
5. Do teachers or professionals, who have experience with other dual language children, report that the child’s learning is delayed compared to peers?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Professionals with experience working with bilingual or subsequent language learners can be especially astute in noticing dual language learners with an underlying language impairment as they can compare child’s development with other typically developing with the same language background (Genesee et. Al, 2006, pg. 194; Roseberry-McKibbon, 2014).
6. Has the child shown delays in pre-language communication skills development, such as delays in play, gestures, initiating, responding, turn-taking, or attention?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Children with language delays and disorders often present with a history of delays in the important precursors to verbal communication development such as delays in interaction & attachment behaviours, play, pragmatic & gestural development, & intention to communicate

		(Weitzman, 2016).
7. Has the child shown delays in critical milestones for language , such as development of babbling, first words and word combinations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	All children pass through early critical milestones such as babbling, first words, & word combinations in the same amount of time, regardless of the languages that they speak (Genesee et. Al, 2006, pg. 77; Prath 2016; Bainbridge 2016).
8. Does the child present with any of the common risk factors observed in children with language impairment? (e.g., quiet as infant, limited babbling, ear infections...)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Dual language learners with underlying language delays often present with the same risk factors as monolingual children with language delays (Genesee et. Al, 2006, pg. 8, 147,199).
9. Based on clinical observation, is the child performing below expectations considering the child's amount and level of <i>exposure</i> to each language?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	The longer a child has been exposed to a language, the more proficient you'd expect them to be in that language. Any language a child has learned since birth should follow typical developmental milestones. Active exposure means that children not only hear other people using the language, but they are actively involved in using the language (Genesee, 2007).
10. Is the child's total vocabulary inventory (using all of the languages the child speaks), below what you would expect for the child's age and development?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Children who are English Language Learners with underlying language delays will likely show delays in vocabulary development in their home language(s) (as long as the home language(s) continues to be supported) and simultaneous bilingual language learners will show delays across both languages. (Kohnert, 2013).
11. Does the child present with a gap between receptive & expressive language development in their home language or in relation to bilingual peers?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Bilingual children who presented with underlying language delays presented with a significant gap in receptive & expressive language development compared to typically developing bilingual peers (Gibson et al., 2014).
12. Has the child demonstrated difficulty learning language with explicit instruction?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Typically developing children will learn language quickly with explicit instruction. If a child shows difficulty learning language, he/she may have an underlying language delay (Kohnert, 2010).

<p>13. Has the child demonstrated poor maintenance of learning or not consistently maintained gains targeted in intervention?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</p>	<p>Bilingual children with delayed language were not able to consistently maintain and build upon skills that were targeted and developed in therapy (Pena et. al., 2014). Typically developing children will benefit immediately from instruction (Laing & Kamhi, 2003).</p>
<p>14. Does the child demonstrate difficulty with Information Processing tasks such as non-word repetition, digit span, or rapid automatic naming tasks?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</p>	<p>Information Processing tasks have been found to differentiate children with language impairments from those with normal language independent of race or dialect (Rodekohr & Haynes, 2001).</p>
<p>15. Do the results of English Language Proficiency Assessment (Alberta Education, 2012) suggest a language delay/disorder rather than a typical language difference due to learning English as a subsequent language?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</p>	<p>A child's language proficiency in both/all language must be considered/compared as part of your differential diagnosis of language delay vs language difference. Use of formal (not standardized), informal, and criterion-referenced measures can tell us what linguistic forms and functions a child uses and understands (Paul, 1995, pg. 165).</p>
<p>16. Does the child have an additional diagnosis that impacts the child's speech-language development?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</p>	<p>Speech-language delays are symptomatic in many medical or developmental diagnoses (Child Speech & Language, 2017).</p>

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Appendix B: AHS Speech-Language Pathology Severity Guide for Preschool English Language Learners

The following guide outlines typical and atypical characteristics of children's language development to help SLPs determine *severity* of a child's underlying language delay/disorder. Information is based on sources outlined within the references at the end of this Appendix.

SLPs use a combination of standardized assessment tools, parent completed checklists and/or observational measures to make recommendations and report findings within the Principles of Assessment for Preschool Early Language Learners, AHS Components of Clinical Decision Making and [AHS Clinical Documentation Framework](#).

A child with a severe language delay or disorder has difficulty communicating with peers and/or adults. This may be characterized by function more than 15 months below expectations for the child's chronological age (Rossetti, 2006).

Determination is based on:

- the child's current development (difference between the child's reported or demonstrated skills and the skills expected for a child at that age),
- the functional impact on the child in daily life, and
- the degree of adaptation and accommodation needed for the child to participate in activities and communicate effectively.

According to Speech-Language and Audiology Canada (2014), the following factors indicate children are at high risk for a severe, persistent language disorder:

- Combined receptive and expressive language disorder
- Family history of speech and language problems
- Lower frequency of communication acts
- Less mature syllable structure
- Lower levels of symbolic or pretend play
- History of delayed or minimal use of gestures

Note that children with a severe speech-language delay or disorder may:

- Not present with all of these characteristics
- Not present with characteristics from every category
- Also present with other or additional areas of deficit not listed here
- Present a "scattered profile" of skill development (varied areas of strength and weakness across speech and language development)

Age: 2; 6 years – 3; 0

TYPICAL DEVELOPMENT: A child 2 years; 6 months typically has the following skills in any language that the child has consistently learned since birth (this list is not exhaustive)		
Receptive Language	Expressive Language	Speech/Phonology
<ul style="list-style-type: none"> ✓ Understands 2-step directions ✓ Consistently points to body parts and clothes and pictures in a book ✓ Consistently responds to name ✓ Listens to and enjoys stories 	<ul style="list-style-type: none"> ✓ Uses 300-400 words ✓ Says new words every week ✓ Use 2 words/ideas together ✓ Puts some 3-word/idea sentences together ✓ Does not need to use gestures to communicate ✓ Repeats what he/she hears ✓ Asks for or directs attention to objects by naming them 	<ul style="list-style-type: none"> ✓ Most vowel sounds are spoken correctly ✓ Is understood by parents between 50-75% of the time ✓ May say many different words that sound the same ✓ May omit final consonants or simply blends²
<p>Social Language: Assessment of pragmatic/social language development must be considered within the appropriate cultural context. It is important to confirm these expectations as culturally appropriate with the family or other native speaker of that culture.</p>		
<ul style="list-style-type: none"> ✓ Participates in verbal exchange of desired object ✓ Requests desired object with a word ✓ Requests help verbally when handing an object to an adult 	<ul style="list-style-type: none"> ✓ Requests continuation of an action with a word ✓ Responds to a greeting ✓ Protests with a word ✓ Will take verbal turns ✓ Expresses emotion 	

SEVERE LANGUAGE DELAY/DISORDER: Each item listed below is an example of a severe delay for that language task		
	Bilingual (Dual exposure to English & other language since birth)	English Language Learner (English learned as a subsequent or later language)
Area of Need	Severe	Severe
Receptive Language	In any language the child: <ul style="list-style-type: none"> <input type="checkbox"/> Does not follow 1-step directions <input type="checkbox"/> Does not consistently respond to 	Does not use in their home language: <ul style="list-style-type: none"> <input type="checkbox"/> Does not follow 1-step directions <input type="checkbox"/> Does not consistently respond to

	<p>name</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not consistently pause their activity when told “no” <input type="checkbox"/> Unable to identify 3 or more body parts or clothing items <input type="checkbox"/> Understand 50 words or less 	<p>name</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not consistently pause their activity when told “no” <input type="checkbox"/> Unable to identify 3 or more body parts or clothing items <input type="checkbox"/> Understand 50 words or less
Expressive Language	<ul style="list-style-type: none"> <input type="checkbox"/> Limited to no functional verbal communication in both languages <input type="checkbox"/> Limited to no use of gestures <input type="checkbox"/> Limited verbalization or vocalization (child is quiet much of the time) <input type="checkbox"/> Limited to no verbal imitation 	<ul style="list-style-type: none"> <input type="checkbox"/> Limited to no functional verbal communication in both languages <input type="checkbox"/> Limited to no use of gestures <input type="checkbox"/> Limited verbalization or vocalization (child is quiet much of the time) <input type="checkbox"/> Limited to no verbal imitation
Speech Sounds	<ul style="list-style-type: none"> <input type="checkbox"/> Limited sound inventory (less than#? Sounds) in sound inventory. <input type="checkbox"/> Speech is frequently unintelligible to most listeners <input type="checkbox"/> Speech is understood by parents less than 25% of the time <input type="checkbox"/> Omits initial and final sound in repetition tasks?? 	<ul style="list-style-type: none"> <input type="checkbox"/> Limited sound inventory <input type="checkbox"/> Speech is frequently unintelligible to most listeners to family, friends and community who speak the 1st language. <input type="checkbox"/> Speech in the home language is understood by parents less than 25% of the time <input type="checkbox"/> Child speech has extensive sound omissions and/or sound substitutions
Social Language	<ul style="list-style-type: none"> <input type="checkbox"/> Will not play away from familiar people <input type="checkbox"/> Does not request assistance from an adult <input type="checkbox"/> Will not point to, show, or give objects to others <input type="checkbox"/> Does not use words to protest <input type="checkbox"/> Will not consistently take turns by facial expression, gesture or word <input type="checkbox"/> Limited to no physical imitation of caregiver actions or movements 	<ul style="list-style-type: none"> <input type="checkbox"/> Will not play away from familiar people <input type="checkbox"/> Does not request assistance from an adult <input type="checkbox"/> Will not point to, show, or give objects to others <input type="checkbox"/> Does not use words to protest <input type="checkbox"/> Will not consistently take turns by facial expression, gesture or word <input type="checkbox"/> Limited to no physical imitation of caregiver actions or movements

Age: 3; 0 – 4; 0 years

TYPICAL DEVELOPMENT: A 3; 0 year old child typically has the following skills in any language that the child has consistently learned since birth (this list is not exhaustive)		
Receptive Language	Expressive Language	Speech/Phonology
<ul style="list-style-type: none"> ✓ Understands questions ✓ Understands feelings ✓ Follows two requests that are not directly related to each other (“Please take your coat off then find the puppy”) ✓ Shows interest to how and why things work⁵ ✓ Identifies parts of an object⁵ 	<ul style="list-style-type: none"> ✓ Use 3-4 words together ✓ Asks questions ✓ Tells simple stories ✓ Able to stay with the same topic for a number turns 	<ul style="list-style-type: none"> ✓ Speaks clearly ✓ Is understood by parents most of the time ✓ Uses vowels sounds correctly almost all of the time
<p>Social Language: Assessment of social language development must be considered within the appropriate cultural context. It is important to confirm these expectations as culturally appropriate with the family or other native speaker of that culture, involving an interpreter whenever possible.</p>		
<ul style="list-style-type: none"> ✓ Engaged in longer dialogues ✓ Assumes role of another person in play 	<ul style="list-style-type: none"> ✓ Uses more fillers to acknowledge partner’s message ✓ Terminates conversation appropriately 	
SEVERE LANGUAGE DELAY/DISORDER: Each item listed below is an example of a severe delay for that language task		
<p>If the child’s language development is consistent with a child that is 1; 9 – 2; 9 years old, or younger, the child may be described as having a severe delay (please consider above descriptions as guideline for age-related expectations).</p>		
	Bilingual (Dual exposure to English & other language since birth)	English Language Learner (English learned as a subsequent or later language)
Area of Need	Severe	Severe
Receptive Language	<p>Does not use in any language learned since birth:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not follow two-step directions <input type="checkbox"/> Does not understand new words rapidly 	<p>Does not use in their Home Language:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not follow two-step directions <input type="checkbox"/> Does not understand new words rapidly <input type="checkbox"/> Does not understand basic

	<ul style="list-style-type: none"> <input type="checkbox"/> Does not understand basic concepts <input type="checkbox"/> Does not consistently recognize names of family members <input type="checkbox"/> A gap between receptive and expressive language development is observed 	<p>concepts that are culturally important</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not consistently recognize names of family members
Expressive Language	<ul style="list-style-type: none"> <input type="checkbox"/> Not combining words <input type="checkbox"/> Does not use new words regularly <input type="checkbox"/> Uses 50 words or less <input type="checkbox"/> Unable to tell about a personal experience <input type="checkbox"/> Unable to consistently use words to express wants or needs 	<ul style="list-style-type: none"> <input type="checkbox"/> Not combining words <input type="checkbox"/> Does not use new words regularly <input type="checkbox"/> Uses 50 words or less <input type="checkbox"/> Unable to tell about a personal experience <input type="checkbox"/> Unable to consistently use words to express wants or needs
Speech Sounds	<ul style="list-style-type: none"> <input type="checkbox"/> Many articulation errors are present. Speech is frequently unintelligible to listeners 	<ul style="list-style-type: none"> <input type="checkbox"/> Many articulation errors are present in first language. Speech is frequently unintelligible to family, friends and community who speak the home language.
Social Language	<ul style="list-style-type: none"> <input type="checkbox"/> Does not engage in adult-like dialogue <input type="checkbox"/> Does not vocalize or use words during pretend play <input type="checkbox"/> Does not use words to interact with others <input type="checkbox"/> Does not consistently take turns talking during conversation 	<ul style="list-style-type: none"> <input type="checkbox"/> Does not engage in adult-like dialogue <input type="checkbox"/> Does not vocalize or use words during pretend play <input type="checkbox"/> Does not use words to interact with others <input type="checkbox"/> Does not consistently take turns talking during conversation

Age: 4; 0 – 5; 0 years

TYPICAL DEVELOPMENT: A 4 – 5 year old child typically has the following skills in any language that the child has consistently learned since birth (this list is not exhaustive)		
Receptive Language	Expressive Language	Speech/Phonology
<ul style="list-style-type: none"> ✓ Understands words for order, like first, next, and last ✓ Understands words for time, like yesterday, today, and tomorrow ✓ Follows longer directions, like "Put your pajamas on, brush your teeth, and then 	<ul style="list-style-type: none"> ✓ Uses sentences that have more than one action word ✓ Tells a short story ✓ Keeps a conversation going ✓ Talks in different ways depending on the listener and place 	<ul style="list-style-type: none"> ✓ Is easily understood by all listeners. May make some mistakes on harder, later developing sounds.

<p>pick out a book"</p> <ul style="list-style-type: none"> ✓ Follows classroom directions, like "Draw a circle on your paper around something you eat" ✓ Hears and understands most of what is said at home and in school 	<ul style="list-style-type: none"> ✓ May use short sentences with younger children or talk louder outside than inside 	
<p>Social Language: Assessment of pragmatic/social language development must be considered within the appropriate cultural context. It is important to confirm these expectations as culturally appropriate with the family or other native speaker of that culture.</p>		
<ul style="list-style-type: none"> ✓ Reacts positively when a new or unfamiliar activity is suggested ✓ Shows concern when other people are upset ✓ Keeps quiet in situations when someone else is trying to talk or concentrate ✓ Provides information that is relevant to the listener 	<ul style="list-style-type: none"> ✓ Shows flexibility in adapting to unexpected situations ✓ Talks about his or her friends. Shows an interest in what they do or say ✓ Talks to others about their interests ✓ Asks permission to use others' belongings 	
<p>SEVERE LANGUAGE DELAY/DISORDER:</p>		
<ul style="list-style-type: none"> ▪ Child presents with language development consistent with a child that is 2; 9 – 3; 9 years old or younger (please consider above descriptions as guideline for age-related expectations). ▪ Child cannot consistently complete Non-word repetition tasks. ▪ Child is unable to quickly learn new vocabulary or grammatical structures with explicit teaching. ▪ Child displays poor maintenance of learning 		
<p>Social Language</p>	<ul style="list-style-type: none"> ✓ Does not recognize when other people are upset or angry ✓ Tells people things that they know already ✓ Asks a question even though he or she has been given the answer already ✓ Difficult to make sense of what the child is saying even though the words are clearly spoken ✓ Shows interest in things or activities that most people would find unusual (e.g., washing machines) 	

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The following sources were used to compile and validate information included in Appendix B AHS Speech-Language Pathology Severity Guide for Preschool English Language Learners

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Appendix C: Assessment Resources for Young Children Learning More Than One Language

General Resources	
Resource	Notes
<p>Alberta Health Services Interpretation and Translation Services</p> <p>AHS Language Line - A certified interpretation service that is available to AHS employees. It is available 24/7 in over 240 languages with no pre-booking required.</p>	<p>Be aware of the risks of using untrained interpreters (including family members)</p> <p>Describe the role of the interpreter in the assessment report.</p> <p>To examine speech sound development SLP may have a trained interpreter/parent present words and the child imitates the interpreter/parent. SLP judges the match between the adult and child productions.</p> <p>An SLP may also collaborate with a trained interpreter gain parent input and administer appropriate portions of tools such as the Receptive Expressive Emergent Language Scale – 3 (Rossetti, 2006) .</p>
<p>Child English as a Second Language Resource Centre (CHESL)</p> <p>University of Alberta</p>	<p>The CHESL Centre is the outcome of a research program designed to compile resources to assist clinicians and educators in assessing the language development of children learning English as a subsequent language. Resources that provide information on the oral language skills of ESL children during their first three years learning English in a preschool or primary school classroom.</p> <p>Resources provide information on the oral language skills of ESL children during their first three years learning English in a preschool or primary school classroom.</p>
<p>First Words Project - 16 Gestures by 16 Months</p> <p>Florida State University (2015).</p>	<p>Online resource for parents and professionals outlining developmental norms and the importance of early gesture use. Can be downloaded into a handout format. However the photos in the online book are incredible! Currently translated in Spanish. Discusses that the gestures used in different cultures may vary but that their presence is an important developmental indicator.</p>
<p>Difference or Disorder: Understanding Speech and Language Patterns in Culturally and Linguistically Diverse Students</p>	<p>Text book. The framework used in this book makes it easy for any education professional to distinguish between language differences and language disorders, make referrals, and make goals regardless of your own language background.</p>

(Kester, 2014).	
<u>Online Search</u>	Online search to build background language. For example “difference between English and <i>Urdu</i> languages and cultures”
<u>International Guide to Speech Acquisition</u> (McLeod, 2007)	The International Guide to Speech Acquisition is a comprehensive guide for SLPs working with children from a wide variety of language backgrounds. Info on 12 English-speaking dialects and 24 languages other than English, helps develop age-appropriate prevention and intervention targets.
<u>First Words</u> (Ottawa Public Health, 2017)	Speech and language milestones, success sheets and fact sheets in a variety of languages from Ottawa’s Preschool Speech and Language program
Hanen e-Seminar <u>“Boosting Bilingual Environments for Young Children: What Research Says”</u> (Stein, 2017)	2 hour online seminar that discusses typical bilingual language development; provides answers to FAQ re: bilingualism and explores strategies to support bilingual preschool children (Hanan language facilitation strategies).

Quantitative and Qualitative Measures

Alberta Health Services Checklists, questionnaires and interview guides.	<p>A number of observational checklists, questionnaires and interview guides may contribute to the assessment. These resources may support conclusions around behavioral impacts of language concern, fluency disorders, social use of language, etc. AHS Edmonton Zone has created a range of functional tools, including a Speech-Language Addendum for Early Language Learners.</p> <p>When using non-standard resources such as these, please state the name and purpose of the resource as well as associated conclusions that support the overall diagnosis.</p> <p>AHS staff seeking access to such resources may contact their clinical practice lead, team lead, professional practice lead or practice.consultation@ahs.ca</p>
Alberta Language Development Questionnaire (ALDeQ)	An interview tool with questions for parents concerning the early and current development of the child’s first language . The purpose is to understand whether there may be evidence of delay or

<p>https://www.ualberta.ca/linguistics/ches/centre/questionnaires</p> <p>(Paradis, Emmerzael, & Sorenson Duncan, 2010)</p>	<p>difficulties in the first language. Appropriate for ages 4; 6 – 7.0 years.</p>
<p>Alberta Language Environment Questionnaire (ALEQ)</p> <p>https://www.ualberta.ca/linguistics/ches/centre/questionnaires</p> <p>Paradis (2011b)</p>	<p>Questionnaire to interview parents that examines the target child's language environments and provides English and mother tongue richness scores.</p> <p>The ALEQ has many rating scale responses and a scoring scheme which yields summary information on:</p> <ul style="list-style-type: none"> -language use among family members in the home -the richness of the target child's English and mother tongue environments
<p>Early Functional Communication Profile: A Dynamic Assessment for Communication Disorders.</p> <p>(Jensen, 2012)</p>	<p>This profile measures may be used to gather information that will help determine a starting point in therapy and show progress over time.</p>
<p>Edmonton Narrative Norms Instrument (ENNI)</p> <p>(Schneider, Dubé, & Hayward. 2005)</p>	<p>A tool to collect and analyze narrative samples for children aged 4-9 using a few simple codes for measures of language development like sentence length and expressive vocabulary.</p> <p>The ENNI and accompanying instruction manual are available for free download from the ENNI website.</p>
<p>Focus on the Outcomes of Communication Under Six</p> <p>(Thomas-Stonell,, Oddsen, Robertson, Walkder & Rausenbaum, 2012)</p> <p>Free download through: http://flintbox.com/public/project/25193/</p> <p>Individuals can download forms http://research.hollandblo</p>	<p>The tool helps parents to think about and describe their child's language skills and the impact these skills have on everyday life. Parents or SLP's answer questions to provide a current "snapshot" of a child's language skills and may then compare after a period of therapy to evaluate treatment change. Looks at all areas of communication in both activity and participation domains.</p> <p>The tool measures the child's profile only against their own scores, it is not normed therefore should be valid for ELL children (no discussion about this is contained in the manual).</p> <p>SLP's may rank skill areas in order to develop a profile of areas of strength vs. deficit for each particular child (e.g., speech, expressive language, receptive language, pragmatics, play, etc.).</p> <p>The FOCUS and FOCUS-34 Outcome Measures include the following FOCUS translations; French; FOCUS-F and FOCUS-34-F, Chinese, German, Hebrew, Spanish, Danish, Afrikaans; FOCUS-A</p>

<p>orview.ca/outcomemeasures/focus/forms%20and%20manuals</p>	<p>and FOCUS-34-A, Greek, Norwegian, Dutch, Tagalog and Portuguese are available for free download. Parent instructions sheets are translated into a number of additional languages.</p> <p>Instructions are available in multiple languages and the questions in a few different languages.</p>
<p>Home Language Profile, Vancouver Coastal Health (2015)</p>	<p>Helps to determine exposure to home language(s) versus majority language by estimating and describing the amount of time that the child spends with the speakers of the target languages.</p> <p>Shared with permission and available to AHS staff on request via practice.consultation@ahs.ca</p>
<p>Language Use Inventory (LUI) (O'Neill, 2009)</p>	<p>Standardized parent- report measure of pragmatic language development</p> <p>Looks at gesture use and communication with words and sentences.</p> <p>For 18-47 months of age</p> <p>Norms may be used with discretion if exposure to other languages is no more than 20% OR if child has been exposed to English for a minimum of 12 months.</p>
<p>Phonemic Inventories Across Languages http://www.asha.org/practice/multicultural/Phono/ (ASHA)</p>	<p>Languages across the world have unique phonemic systems. For individuals learning English as a subsequent language, it is common for the phonemic system of their first language to influence the production of sounds in English. This resource that outlines sound and syllable inventory for a number of languages and dialects.</p>
<p>Preschool Language Scales – 5th Edition (PLS-5) (Zimmerman, et.al., 2011)</p>	<p>May be used as a resource for describing skills rather than reporting scores</p> <p>May support examination of the developmental sequence of auditory comprehension and expressive communication to describe a child's language development</p> <p>A Spanish version is available for Spanish speaking SLP's.</p>
<p>Rossetti Infant Toddler Scale (Rossetti, 2006)</p>	<p>Criterion referenced instrument that assesses Interaction-Attachment, Pragmatics, Gesture, Play, Language Comprehension, and Language Expression. Behaviors can be directly elicited from the child, directly observed, or reported by parent or caregiver to credit the child's performance.</p>

	Note: be cautious of cultural bias and remove grammar items
<p>The Receptive-Expressive Emergent Language Test-Third Edition (REEL-3) (Bzoch, League, & Brown, 2003).</p>	<p>Designed to help identify infants and toddlers who have language impairments or who have other disabilities that affect language development. The <i>REEL-3</i> has two core subtests, Receptive Language and Expressive Language, and a new supplementary subtest, Inventory of Vocabulary Words. Results are obtained from a caregiver interview.</p> <p>May be used may be used with caution but do not quote scores and remove grammar items.</p>

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