

New York City Department of Health

CULTURALLY AND LINGUISTICALLY APPROPRIATE EVALUATIONS: WHAT EVERY EI EVALUATOR IN NYC NEEDS TO KNOW

Module 6: Bilingual evaluations: Who is entitled to one? Why? & How to work with an interpreter.

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HOW TO DETERMINE WHEN A BILINGUAL [OR MULTILINGUAL] EVALUATION IS NEEDED

The team determines whether a bilingual evaluation is required based on the child's language acquisitional history.

CAN A PARENT WAIVE A BILINGUAL EVALUATION?

NO!

IT IS THE CHILD'S CIVIL RIGHT TO BE ASSESSED IN THE CHILD'S NATIVE LANGUAGE[S].

https://www.health.ny.gov/community/infants_child/en/early_intervention/memoranda/2005-02/docs/memorandum_2005-02.pdf

Can Agency or MDE Decide that Under a Certain Age Children are not Entitled to a Bilingual Evaluation Under a Certain Age?

NO!

IT IS THE CHILD'S CIVIL RIGHT TO BE ASSESSED IN THE CHILD'S NATIVE LANGUAGE[S].

Why spend the money on a bilingual evaluation if the child is nonverbal?

Within 24 hours of birth, newborns prefer to listen to the voice of their mothers than to the voice of another woman speaking to them. (DeCasper & Fifer, 1980).

Why spend the money on a bilingual evaluation if the child is nonverbal?

Infants only two months old can distinguish utterances in their native language from those in a foreign language. (Mehler, et al, 1988)

Why spend the money on a bilingual evaluation if the child is nonverbal?

Around the age of 10-12 months old, monolingual babies' babbling begins to reflect certain features of the input language. In one study a bilingual infant's babbling reflected specific features of each language. So the baby's babbling was distinct when with his French-speaking father in comparison to when babbling with his English-speaking mother. (Maneva & Genesee, 2002)

Newest Research on Babies and Bilingualism

<http://mic.com/articles/139885/scientific-proof-bilingual-kids-are-smarter#.7npuYIQWG>

This underscores the importance of providing bilingual babies with bilingual evaluations. No agency can deny a bilingual baby a bilingual evaluation because they are "too young."

WHAT SKILLS DOES NYSDOH REQUIRE FOR A BILINGUAL EVALUATOR?

Evaluators must:

provide “competent” bilingual evaluations, the standard to maintain the NYSED license;

possess knowledge and skills including an understanding of normal second language acquisition, and the impact of socio-economic status, culture, and linguistic background on the child’s performance during the evaluation.

have significant skills in both languages to determine whether a disorder exists and to have a sophisticated conversation with the child’s caregiver.

WHEN IS IT APPROPRIATE TO USE AN INTERPRETER IN A BILINGUAL EVALUATION?

The team must determine whether a bilingual evaluator is available and demonstrate the extent the team went to to identify a bilingual evaluator.

Who should be the EVALUATOR when an interpreter is needed for an evaluation?

1. It is assumed that for bilingual speech-language evaluations in Spanish, a Spanish-English bilingual evaluator can be found.
2. For other bilingual evaluations done with an interpreter, it is preferable to use a bilingual evaluator with a bilingual extension rather than a monolingual evaluator.

WHAT KNOWLEDGE AND SKILL DOES THE INTERPRETER NEED?

The awareness of early childhood development;

The features of normal second language acquisition;

An understanding of how culture and individual backgrounds may impact the child’s performance; and

The ability to share observations and other information relevant to the child’s performance and the parent interview to inform the evaluator’s clinical opinion.

**Knowledge and Skills of Evaluator
Using an Interpreter:**

Must at least have the knowledge and skills needed by the interpreter to do a quality evaluation, except for proficiency in the child's native language.

NORMAL SECOND LANGUAGE ACQUISITION

A bilingual is not two monolinguals stuck together.

POP QUIZ!

How is it possible that some children who need an evaluation in another language are not bilingual?

SIMULTANEOUS BILINGUAL DEVELOPMENT

Generalizations regarding development

(Leopold 1949, Volterra & Taescher, 1978)

High percentage of mixed-language utterances (12-24 mths);

Slow separation of languages and awareness of bilingualism (30 mths);

Depending on input, one language influences other;

Avoidance of difficult words and constructions in the weaker language.

Virtually all EI children are simultaneous bilinguals.

Why?

For many researchers the cutoff for simultaneous bilinguals is 3.

But for some researchers it is 18 months.

This difference doesn't really matter in EI evaluations in culturally and linguistically appropriate evaluations the child's exposure to dialects and languages over time--the language acquisitional history--is explored, described, and considered in the evaluation process.

LANGUAGE ACQUISITION IS NOT INSTANTANEOUS OR ERROR FREE

Some errors are universally made by all children acquiring any human language.

Other errors are specific to all children learning the same language.

Children recover from developmental errors without explicit instruction or correction.

Spanish English bilingual

We are an English/Spanish household. When my son was about 15 months old, he pointed to a plate that has a floral pattern on it. I said "Si! Es una flor!" He proceeded to throw the plate and all his food on the floor. It took a minute before my husband realized that flor (spanish for flower) and floor ("piso" in Spanish) sound the same to a 15 month old.

German English bilingual

When my daughter started to count in english she would go: one, two.....-eight, no, ten!! it took me quite some time until i realised that "nine" sounds like the german "nein" (no) so she just translated.

Spanish English bilingual

“My 26 month old likes to comb my hair and says ‘I paining you’.... Spanish ‘peinar’ is ‘to comb’, so he he translates it as ‘paining’.”

German English bilingual

When my daughter was about 1 1/2 she would always kiss the pillows because "Kissen" is German for pillow.

Russian English bilingual

In Russian, the imperative form of the verb “мыть” (to wash) sounds very similar to the English possessive pronoun "my". Sofia, 22 months, is playing with a baby doll. She puts it in a plastic bathtub and pours water in from a teapot. Sofia’s mother prompts her: “Теперь МОЙ куколку” (“Now WASH the baby”). Sofia takes the baby doll out of the bathtub and puts it to her chest: “No, MY!”

*Thanks to Natalia Rowe for this example

English Arabic bilingual

We are an Arabic/English speaking family and we are in the UK for an extended holiday, so our 2.5 year old boy is getting more English exposure than usual (we live in Egypt). When his dad reads him a story in Arabic, our toddler has started getting upset over the names of things, for example when reading about stars, his dad will say 'nogoum' and our son will say 'No, no, they're called stars Daddy!'.

**Caitlin. 18 mths to 36 months
Monolingual/English speaker of Standard
American English**

“Mommy I ran!”
 “Mommy I runned!”
 “Mommy I ranned!”
 “Mommy I ran!”



4 year old monolingual English speaker of SAE

Is that your I-Touch?
 “No it’s usses”
 Meaning it belongs to
 the whole family

**Knowledge and Skills of Evaluator
Using an Interpreter:**

Best Resource:
 Paradis, J., Genesee, F., Crago, M. (2011) Dual
 Language Development and Disorders: A
 Handbook on Bilingualism and Second Language
 Learning. (2nd Ed.) Paul H. Brookes.

**CAN A FAMILY MEMBER SERVE AS AN
INTERPRETER?**

Yes, a family member or friend may be used as an interpreter if requested or agreed to by the parent, and such a person does not compromise the effectiveness of services, violate confidentiality, and the parent has been advised that, if feasible, an interpreter is available at no cost to the family.

[10 NYCRR §69-4.8(a)(9)(v)] ...
http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/addendum_memo_2005-02.htm

IS THE INTERPRETER'S ROLE PRIMARILY TO TRANSLATE AND ADMINISTER A TEST?

ABSOLUTELY NOT!

WHY ARE TRANSLATED TESTS PROHIBITED AS DIAGNOSTIC INSTRUMENTS BY NYSED, NYSDOH, ASHA, AND APA?

Translated tests cannot take into account cultural, linguistic, and socio-economic differences. The use of scores from translated tests whether norm-referenced or criterion-reference violates NYSED, NYSDOH, ASHA and APA policies and regulations.

No matter what the child's background, every child is entitled to a **culturally and linguistically appropriate evaluation by a competent evaluator** who knows how to:

1. Include data on each child's family, cultural, and linguistic background.
2. Illustrate a child's functioning level by gathering a wide range of data appropriate for the child's age and experiences.
3. Bring this particular child to life (aka: vignettes/holograms).
4. Determine functional levels by using informed clinical opinion considering the child's background and prior experiences.
5. Distinguish a significant delay sufficient to qualify for EI services.

What you may be asking...

Question 1: Will BEI accept MDEs in which there was no standardized test used to establish a development delay?

YES. However NYSDOH EI regulations and guidance state that an evaluator should use a standardized instrument when it is appropriate to the child's culture, language and developmental concern and the instrument has appropriate levels of sensitivity and specificity. It is incumbent on the MDE team to determine whether specific instruments meet the above requirements in relation to the unique characteristics of the child.

NYCDOH BEI Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES.

Regardless of whether a standardized instrument is used or not, all evaluators must

- Provide detailed clinical observations, informed clinical opinion and parent perceptions and observations about their child's development and any other pertinent information such as medical history, family history, etc. to support the child's reported level of functioning and developmental domain status.
- Reference developmental milestones and clinical clues/risk factors from *NYSDOH Clinical Practice Guidelines*.

NYCDOH BEI Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES

When a standardized instrument is used, scores should not be used in isolation to establish a child's eligibility status.

Special attention should be given to whether test/instrument items or skills presented are appropriate to assess given specific knowledge of the individual child's prior experiences, the relevance for the individual family's culture and background and the functional relevance and the individual child's ability to acquire skills.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child?

No. If an evaluator determines that a standardized test is not appropriate to the child's culture, language and developmental concern, or the instrument does not represent the child's developmental level, evaluator should provide written justification in the evaluation report why such instrument or instruments are not appropriate or available for the child.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child? No.

Evaluators should provide detailed information based on informed clinical opinion, parent interview and behavioral observation to support the child's developmental level and developmental domain status.

Evaluators must document procedures and methods of how developmental delay status and eligibility is determined in accordance with NYSDOH regulations and guidance documents.

NYCDOH BEI Q and A, March 2016

www.LEADERSproject.org

Grammar Fundamentals for a Pluralistic Society

Differential Diagnosis in a Preschool Evaluation

Disorder, Difference, or Gap? A School-Age Disability Evaluation

Model Speech-Language and Psychological Evaluations

Test Reviews of most commonly used tests

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