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Children's Speech and Language in a Pluralistic Society: Application of the ICF

Karla N. Washington, PhD, CCC-SLP, S-LP(C)

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com

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Children's Speech and Language in a Pluralistic Society: Application of the ICF

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University of Cincinnati, OH, USA
Director, PedLLS Outcome Lab
Founder, Multilingual and Multicultural Experiences in Communication Sciences and Disorders, Education Abroad Program
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Overview

1. Introduction and disclosure – 1-minute
2. Bilingualism and multiculturalism – 5-minutes
3. Cultural (and clinical) competence – 5-minutes
4. International Classification of Functioning, Disability, and Health (ICF) – 8-minutes
5. Children’s speech and language: A focus on assessment – 35-minutes
6. Summary (Listing of resources) – 2-minutes
7. Q & A – 4-minutes
Learner Outcomes

1. Define and describe the concepts of cultural competence, bilingualism, and multiculturalism.
2. Identify resources for use in diverse contexts, including the ICF framework.
3. List resources that support clinical and cultural competence.

Disclosure Statement

• Financial Disclosures:
  • The presenter is employed by the University of Cincinnati
  • The presenter will receive an honorarium for today’s presentation

• Non-Financial Disclosures:
  • The presenter is a translator for one of the clinical tools outlined in this presentation
  • The presenter supported the validation of two clinical tools outlined in this presentation
  • The presenter is a member of the International Expert Panel on Multilingual Children’s Speech
Acknowledgement

• Cate Crowley, PhD, Columbia University
• Sharynne McLeod, PhD, Charles Sturt University
• Carol Westby, PhD, Bilingual Multicultural Services
• Rachel Wright, MA., University of Cincinnati

Bilingualism and Multiculturalism
UNESCO Universal Declaration on Cultural Diversity (2001)

“Affirming that respect for the diversity of cultures, tolerance, dialogue and cooperation, in a climate of mutual trust and understanding are among the best guarantees of international peace and security”


ASHA Expectation

“Speech-language pathologists and audiologists need to understand cultural and linguistic influences on communication in order to:”

• Distinguish difference (rule-governed style that deviates from the ambient culture) from disorder (significant discrepancy in skill relative to that expected)
• Provide clinically appropriate services

http://www.asha.org/Practice/multicultural/International-Resources-to-Develop-Cultural-Competence/
Throughout the world there are almost **7000** languages

The majority of people speak a number of languages

How many languages do you: **Speak? Write? Understand?**

*Individuals and societies benefit when children are supported to become competent communicators. Most children learn to speak one, two, or multiple languages competently. However, not all children learn to communicate effectively* (International Expert Panel on Multilingual Children’s Speech, 2013)


*International Expert Panel is comprised of a group of equally contributing researchers who work with multilingual and multicultural children. Karla Washington is an invited member of this group.*

-Bilingualism (multiculturalism) is increasingly the norm in the United States

-At least **20% of Americans are bilingual**

-Linguistic and cultural changes create new challenges in speech-language pathology

-Approximately **6% of SLPs are bilingual** to support accurate diagnostic decisions

-A study of 309 SLPs in the United States reported that **48% of caseloads** included **non-native speakers of English**


Defining Multilingualism

- Considerations
  1. Number of languages known
  2. Age and timing of acquisition
  3. Proficiency
  4. Domains of knowledge and use (comprehension/perception vs. production)
  5. Output mode (oral vs. signed vs. written)
  6. Languages spoken in the community (majority versus minority)

-Multilingual people …

Defining Multilingualism

“People who are multilingual are able to comprehend and/or produce two or more languages in oral, manual, or written form [with at least a basic level of functional] proficiency or use, regardless of the age at which the languages were learned”

## Typology of Bilingualism

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additive</td>
<td>A second language is learned without any adverse effect on the first language</td>
</tr>
<tr>
<td>Subtractive</td>
<td>A second language is acquired, but the first declines</td>
</tr>
<tr>
<td>Dominant</td>
<td>An individual speaks two languages, but has a higher degree of proficiency in one language than the other</td>
</tr>
<tr>
<td>Balanced</td>
<td>An individual has equivalent competence in two languages</td>
</tr>
<tr>
<td>Simultaneous</td>
<td>A child is exposed to two languages from birth</td>
</tr>
<tr>
<td>Sequential</td>
<td>A child is exposed to one language from birth; second language acquisition occurs later in child development</td>
</tr>
</tbody>
</table>


---

## Cultural Competence
Culture is “... the shared, accumulated, and integrated set of learned beliefs, habits, attitudes and behaviors of a group or people or community ... the context in which language is developed and used and the primary vehicle by which it is transmitted” (Kohnert, 2008, p. 28).

Cultural Competence

- “Is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations”

- Supportive of three ethical principles:
  1. Respect of persons
  2. Beneficence
  3. Justice


ASHA and Cultural Competence

• SLPs make important contributions to ensure that all students receive quality, culturally competent services
• SLPs have the expertise to distinguish language disorder from “something else”. That “something else” might include:
  • cultural and linguistic differences,
  • socio-economic factors,
  • lack of adequate prior instruction,
  • the process of acquiring the dialect of English used in the schools
• This expertise leads to more accurate and appropriate identification of student needs
## Cultural Competence Continuum

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Culture Destructiveness</td>
</tr>
<tr>
<td>2</td>
<td>Cultural Incapacity</td>
</tr>
<tr>
<td>3</td>
<td>Cultural Blindness</td>
</tr>
<tr>
<td>4</td>
<td>Cultural Pre-Competency</td>
</tr>
<tr>
<td>5</td>
<td>Cultural Competency</td>
</tr>
<tr>
<td>6</td>
<td>Cultural Proficiency</td>
</tr>
</tbody>
</table>

[https://www.youtube.com/watch?v=_JNUxwHh7j8](https://www.youtube.com/watch?v=_JNUxwHh7j8)


---

## International Classification of Functioning, Disability and Health
Definition of Health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Medical model + Social model = Bio-psycho-social model


World Health Organization

1. In 2001
   • the International Classification of Functioning, Disability and Health (ICF)

2. In 2007
   • the ICF-Children and Youth (ICF-CY)

In 2012, a resolution was passed to merge the ICF-CY into the ICF, but there is no indication that this was ever done/completed. There had been no new coding manual published since the ICF-CY in 2007.
ICF-CY

- The result of an iterative process within the World Health Organization (WHO)

<table>
<thead>
<tr>
<th>WHO Development</th>
<th>Framework</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>International Classification of Impairments, Disabilities and Handicaps (ICIDH)</td>
<td>Impairments and Handicaps</td>
</tr>
<tr>
<td>1999</td>
<td>International Classification of Impairments, Disabilities and Handicaps (ICIDH-2)</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>International Classification of Functioning Disability and Health (ICF)</td>
<td>Functioning and Health</td>
</tr>
<tr>
<td>2007</td>
<td>International Classification of Functioning Disability and Health – Children and Youth Version (ICF-CY)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Codes – Activities and Participation

- d131. Learning through actions with objects
- d133. Acquiring language
- d137. Acquiring concepts
- d161. Directing attention
- d331. Pre-talking
- d332. Singing

ICF

Part 1: Functioning and Disability

Health Condition (Disease or disorder)

Body Functions & Structures

Activity

Participation

Environmental Factors

Personal Factors

Part 2: Contextual Factors


ICF – Part 1

• **Body functions** are the physiological functions of body structures (including psychological functions)

• **Body structures** are the anatomical parts of the body

• **Impairments** are the problems in body function or structure,

"Functioning of Body Structures"
- specific mental functions
- Expression of language (grammar)
- Articulation (speech sound production)
- Reception of written language (emergent literacy)


ICF – Part 1

• **Activity** is the execution of a task or action by an individual
• **Activity limitations** are difficulties an individual may have executing activities
• **Participation** is involvement in a life situation
• **Participation restrictions** are problems an individual may experience in involvement in life situations

- Initiating a conversation
- Partaking in school or community activities
- Taking appropriate turns
- Engaging in classroom learning


ICF – Part 2

• **Environmental factors** make up the physical, social, and attitudinal environment in which people live and conduct their lives

• **Personal factors** are the particular background of an individual that are not part of a health condition or health states. These factors may include gender, age, other health conditions, etc

- Societal – (agency practices e.g., Use of technology in intervention)
- Computer-assisted intervention
- Individual
- Bilingual Home environment

ICF Rationale

• Useful framework for functioning and disability
• Considers the whole person (factors operating within and outside of the individual)
• Considers interactions between the person and the environment
• Highlights performance “does do” and capacity “capable of doing”


Scope of Practice Document

• Scope of Practice in Speech-Language Pathology (ASHA, 2016), advocates the use of the World Health Organization’s (WHO) conceptual framework, the ICF (WHO, 2001) and (ICF-CY; WHO, 2007) in clinical and research activities for adults and children.

• This document states that the, “ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions” (ASHA, 2016, p. 5).

http://www.asha.org/policy/SP2007-00283/
Application of the ICF

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Material</th>
<th>Description</th>
<th>ICF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Questionnaire</td>
<td>Demographic information, Language use at home Language Proficiency Speech intelligibility, Strengths and Weaknesses, Home reading Functional Communication</td>
<td>Functioning and Disability Activity and Participation Contextual Factors</td>
</tr>
<tr>
<td>Teacher</td>
<td>Questionnaire</td>
<td>Speech, language, behaviour</td>
<td>Functioning and Disability</td>
</tr>
<tr>
<td>Clinician</td>
<td>Questionnaire</td>
<td>Functional Communication, Literacy</td>
<td>Functioning and Disability</td>
</tr>
<tr>
<td>Child</td>
<td>Direct Assessment</td>
<td>Oral motor, cognition, hearing, speech, language, Feelings about talking</td>
<td>Functioning and Disability</td>
</tr>
</tbody>
</table>

Children’s Speech and Language: A Focus on Assessment


Case Study
Luca moved to the United States from Guatemala at 2½ and entered an English daycare within 6-months. He started kindergarten at 4-years; 9-months and is shy.

- Parent and teacher concerns regarding:
  - Speech intelligibility
  - Vocabulary
  - Story-telling
  - Grammar
  - Literacy
  - Playing/interacting/socializing with others

Contextual Factors: Environmental

<table>
<thead>
<tr>
<th></th>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Products &amp; Technology</td>
<td>• e125 for communication</td>
<td>• School funding for computers and iPads</td>
</tr>
<tr>
<td></td>
<td>• e130 for education</td>
<td>• Pictello app for creating personal stories</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td>• Mother and grandmother follow through on suggestions</td>
</tr>
<tr>
<td>Support &amp; Relationships</td>
<td>• e310 Immediate family</td>
<td>• Supportive classroom teacher</td>
</tr>
<tr>
<td></td>
<td>• e355 SLP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• e360 - Educator</td>
<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• e410 Immediate family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• e450 SLP</td>
<td></td>
</tr>
<tr>
<td>Service, Systems, and Policies</td>
<td>• e585 education systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Children in noisy classroom; difficult to hear teacher in parts of room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extended family not available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inconsistent RtI services</td>
<td></td>
</tr>
</tbody>
</table>
## Personal Factors

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dual language learner</td>
<td>• Enjoys school</td>
</tr>
<tr>
<td>• Social background</td>
<td>• Formed friendships with peers and seeks interactions, misses them when they are absent and asks where his friends; participates and tries new activities, knows school and classroom routine.</td>
</tr>
<tr>
<td>• Habits/Attitudes</td>
<td>• Exhibits theory of mind: shows concern for his friends when they are sad, sick or hurt</td>
</tr>
<tr>
<td>• Health</td>
<td>• Mom and grandma promotes literacy &amp; storytelling</td>
</tr>
<tr>
<td>• Losing first language</td>
<td>• Good health</td>
</tr>
<tr>
<td>• Family has limited financial resources</td>
<td></td>
</tr>
<tr>
<td>• Enjoys late nights and resists bedtime, so frequently tired at school</td>
<td></td>
</tr>
<tr>
<td>• Shy, somewhat fearful temperament</td>
<td></td>
</tr>
</tbody>
</table>

## Body Functions and Structures

<table>
<thead>
<tr>
<th>b1 Mental functions</th>
<th>s1 Structures of the nervous system</th>
</tr>
</thead>
<tbody>
<tr>
<td>b2 Sensory functions and pain</td>
<td>s2 The eye, ear and related structures</td>
</tr>
<tr>
<td>b3 Voice and speech functions</td>
<td>s3 Structures involved in voice &amp; speech</td>
</tr>
<tr>
<td>b4 Functions of the cardiovascular, hematological, immunological, &amp; respiratory systems</td>
<td>s4 Structures of the cardiovascular, immunological &amp; respiratory systems</td>
</tr>
<tr>
<td>b5 Functions of the digestive, metabolic, &amp; endocrine systems</td>
<td>s5 Structures related to the digestive, metabolic, &amp; endocrine systems</td>
</tr>
<tr>
<td>b6 Genitourinary &amp; reproductive functions</td>
<td>s6 Structures related to the genitourinary &amp; reproductive systems</td>
</tr>
<tr>
<td>b7 Neuromuscular and movement-related functions</td>
<td>s7 Structures related to movement</td>
</tr>
<tr>
<td>b8 Functions of the skin and related structures</td>
<td>s8 Skin and related structures</td>
</tr>
</tbody>
</table>
## Speech and Language Evaluation

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Information provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developmental history</td>
<td>History of language acquisition</td>
<td>Parents</td>
</tr>
<tr>
<td>2. School history</td>
<td>History of schooling (US and non US; stable or interrupted; English instruction or home language)</td>
<td>Parents, teachers, school records</td>
</tr>
<tr>
<td>3. Language use history</td>
<td>Use of primary and secondary language at home with parents, siblings, extended family, friends</td>
<td>Parents, student/child</td>
</tr>
<tr>
<td>4. Dynamic assessment</td>
<td>Ability of child to learn new tasks in structured learning environment; Assists in differentiating child who has not had opportunity to learn a language skill from one who has difficulty learning new skills</td>
<td>Test, teach, test procedure with student/child</td>
</tr>
<tr>
<td>5. Language sampling</td>
<td>Child’s connected speech in less structured, social/interactive tasks</td>
<td>Story telling or retelling; conversation</td>
</tr>
<tr>
<td>6. Behavioral observation</td>
<td>Connected speech in social (low structure) vs academic (high structure); pragmatic language patterns</td>
<td>Classroom observations and cooperative learning with peers</td>
</tr>
</tbody>
</table>


## Critical Questions

- Distinguishing disorder from “something else”
- Interview questions for **parent**
  - Complete before seeing/evaluating the child
  - Personally interview parent – reframing of questions
  - Follow-up and clarification
  - Acquisitional history, family Hx, parental education
- Interview questions for **teacher**
  - Complete after seeing/evaluating the child
  - Beneficial supports
  - Language/communication in relation to peers


crowley@tc.columbia.edu
Mental Functions

• Language (b167)
  - b 1670 Reception of language (decoding messages to obtain meaning) spoken or written
  - b 1671 Expression of language (producing meaningful messages) spoken or written
• Temperament (b126)
• Attention (b140)
• Memory (b144)
• Intellectual functions (b117)
• Articulation functions (b320)

Preschool Assessments

• Intellectual: Primary Test of Nonverbal Intelligence
• Language: Bilingual English-Spanish Assessment
• Language-general: Nonword Repetition Test
• Language-general: COST (Multilingual Assessment Instrument for Narratives)
• Language-general: Cate Crowley School Assessment Language Measures SLAM
• Literacy: Phonological Awareness Literacy Screening/ Preschool Word and Print Awareness Test
• Articulation: Diagnostic Evaluation of Articulation and Phonology- Oral Motor

Primary Test of Nonverbal Intelligence
• Can be administered in Spanish and English (+ other languages)
• SLPs can administer
• Quick and easy response format (5 to 15-minutes)
• Affordable
• Appropriate for CLD populations


Bilingual Spanish-English Assessment (BESA)
• Can be administered in Spanish and English

• Developed by:
  Elizabeth D. Peña, PhD, CCC-SLP
  Vera F. Gutiérrez-Clellen, PhD, CCC-SLP
  Aquiles Iglesias, PhD, CCC-SLP
  Brian A. Goldstein, PhD, CCC-SLP
  Lisa M. Bedore, PhD, CCC-SLP

• Provides Assessment of:
  Phonology, morphosyntax, semantics

• Description:
  4:0 through 6:11
  BESA differentiates limited English exposure from any underlying language impairment that may impede learning of either language.
  BESA was designed specifically for the bilingual client and was normed with a national sample that includes 16 dialects.

Non-word repetition: Capacity

<table>
<thead>
<tr>
<th>1 syllable</th>
<th>2 syllables</th>
<th>3 syllables</th>
<th>4 syllables</th>
</tr>
</thead>
<tbody>
<tr>
<td>naib</td>
<td>tay vock</td>
<td>chee noy taub</td>
<td>vay tah chi doyp</td>
</tr>
<tr>
<td>vope</td>
<td>cho vag</td>
<td>nai cho vabe</td>
<td>da vi noy cheeg</td>
</tr>
<tr>
<td>touge</td>
<td>va chipe</td>
<td>doy tau vab</td>
<td>nai choy tau vube</td>
</tr>
<tr>
<td>Doif</td>
<td>noi towf</td>
<td>tae voy chaig</td>
<td>ta vah chee naig</td>
</tr>
</tbody>
</table>


School-age Assessment Language Measures

Cate Crowley

- These cards are meant to elicit a language sample that can be analyzed in the context of typical language development as well as the child’s background (e.g., educational experiences, family, linguistic and cultural background, etc.).

- For this reason, no scores are included here. The cards and set of questions are included in the PDF which can be downloaded. The images should be printed, cut apart and pasted onto cardstock with the questions on the back for the evaluator to read.

- You can also use the cards straight from your tablet or phone by swiping through the images in the gallery.

WHAT HAPPENED?

HOW DID THIS HAPPEN?

DID THIS EVER HAPPEN TO YOU?

WHAT WOULD YOU DO IF IT HAPPENED TO YOU?
Evaluation Questions:

1. Can you put these in order?
2. Tell me the story of what happened? [Narrative and clausal density]
3. Why did the bunny jump out of the backpack? [Theory of mind and inferencing]
4. Why are some students afraid? Why are some laughing?
5. What would you do if a bunny started hopping around your classroom? [problem solving]
6. What was the boy's idea? [Eliciting theory of mind]
7. How did the mom know she had to come to school? [Inferencing from teacher on phone]
8. Why did she come to school? [Inferencing Mom's role]
9. What do you think will happen when the boy goes home? [Predicting outcomes]
10. What is the teacher thinking now? [Theory of mind]
<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heap Stories</td>
<td>2-to-3-years old</td>
<td>No central theme or organization • Stories consist primary of labels and descriptions of actions and events</td>
</tr>
<tr>
<td>2. Sequence Stories</td>
<td>3-years old</td>
<td>Events labeled around a central theme, character, or setting • Stories include a description of what the character has done • Event do not flow temporally or causally</td>
</tr>
<tr>
<td>3. Primitive Narratives</td>
<td>4-to-4½ - years old</td>
<td>Stories have a central person, object or event • Stories contain three of the story grammar elements: initiating event, an attempt or action, a consequence • No real resolution or ending</td>
</tr>
<tr>
<td>4. Chain Narratives</td>
<td>4½-to-5-years old</td>
<td>Stories show some evidence of cause-effect and temporal relationship • Weak plot • Ending may not flow logically from the events and may be very abrupt</td>
</tr>
<tr>
<td>5. True Narrative</td>
<td>5-to-7-years old</td>
<td>Stories have a central theme, character, or plot • Stories include motivations for characters’ actions, as well as logical and temporally ordered sequences of events • Stories have at least five story grammar elements, including an initiating event, an attempt or action, a consequence • Ending indicates a resolution to the problem</td>
</tr>
</tbody>
</table>

### Print Concepts: Capacity

The 14 print concepts evaluated on the Preschool Word and Print Awareness Test

<table>
<thead>
<tr>
<th>Item</th>
<th>Print Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Front of the book</td>
</tr>
<tr>
<td>2</td>
<td>Title of the book</td>
</tr>
<tr>
<td>3</td>
<td>Role of the title</td>
</tr>
<tr>
<td>4</td>
<td>Identification of print versus picture</td>
</tr>
<tr>
<td>5</td>
<td>Directionality – left to right identification</td>
</tr>
<tr>
<td>6</td>
<td>Counterintuitive print – narrative text</td>
</tr>
<tr>
<td>7</td>
<td>Directionality of print – book organization</td>
</tr>
<tr>
<td>8</td>
<td>Directionality of print (top line)</td>
</tr>
<tr>
<td>9</td>
<td>Directionality of print (bottom line)</td>
</tr>
<tr>
<td>10</td>
<td>Print function – purpose of narrative text</td>
</tr>
<tr>
<td>11</td>
<td>Letter concept</td>
</tr>
<tr>
<td>11a</td>
<td>First letter</td>
</tr>
<tr>
<td>11b</td>
<td>Capital letter</td>
</tr>
<tr>
<td>12</td>
<td>Print function – narrative text meaning</td>
</tr>
</tbody>
</table>

*Note: Items and print concepts as administered in the Print Concepts evaluation. Information abstracted from the article by Justice & Ezell (2001).*


---

### Additional Literacy Skills: Capacity

#### Task

<table>
<thead>
<tr>
<th>Task</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Writing</td>
<td></td>
<td></td>
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<td>Upper-case Alphabet Recognition</td>
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<td>Lower-case Alphabet Recognition</td>
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<tr>
<td>Letter sounds</td>
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<tr>
<td>Beginning Sound Awareness</td>
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<td>Print and Word Awareness</td>
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<td>Rhyme Awareness</td>
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<td>Nursery Rhyme Awareness</td>
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*Phonological Awareness Literacy Screening (PALS)*

https://pals.virginia.edu/tools-prek.html

Diagnostic Evaluation of Articulation and Phonology – Oral Motor Screen
Barbara Dodd, Zhu Hua, Sharon Crosbie, Alison Holm, Anne Ozanne

• **Areas Evaluated for Oral Motor Skills (5-minutes)**
  1. Phoneme sequencing
  2. Intelligibility
  3. Verbal fluency


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**Resources**


- [https://www.youtube.com/watch?v=o95SFhO4Ujk](https://www.youtube.com/watch?v=o95SFhO4Ujk)
- [http://www.cal.org/twi/pdfs/assessments.pdf](http://www.cal.org/twi/pdfs/assessments.pdf)
- [https://www.youtube.com/watch?v=68g0NEi1Mc8](https://www.youtube.com/watch?v=68g0NEi1Mc8)
Activities and Participation

Descriptors

**d1 Learning and Applying Knowledge**
- Basic learning: Acquiring grammar
- Learning to read: Emergent literacy – print concept knowledge

**d3 Communication** Focus on the Outcomes of Communication Under Six (FOCUS)
- Comprehending complex spoken messages
- Speaking spoken messages with literal, e.g., telling/retelling story
- Conversations (simple and complex)
- Speaking – intelligibility – Intelligibility in Context Scale (ICS)

**d7 Interactions and Relationships**
- Complex interpersonal: forming, maintaining, regulating relationships
- Informal social relationships with peers/friends

**d9 Community Social, and Civic Life**
- Play
- Sports, games
- Community involvement and activities
Parents

The FOCUS: Parent Form

Focus on the Outcomes of Communication Under Six

Name of Child:

Date Completed: Year Month Day

Date of Birth: Year Month Day

Chronological Age: Year Month

Name of Person Completing Form:

Administration Instructions:
The FOCUS is an outcome measure that takes ‘snapshots’ of your child’s skills as they are today. Some items may not apply to your child right now. This allow the clinician to see how your child has improved or diminished in these skills during the year and choose the option that shows the best measure of change. Once you have reviewed the questions, please make your best guess at answering every question. Thank you.

Definitions:

“Talking”, “talking”, “speech” and “words” refer to verbal speech, e.g., “My child talks a lot.”

“Communication” includes speech and signing (or gesturing), use of any form of communication (e.g., AAC, writing, use of any sign system)

“PARTNER” refers to any person, specific or general.

Correction:

FOCUS Total Score

Clinicians

The FOCUS: Clinician Form

Focus on the Outcomes of Communication Under Six

Name of Child:

Date Completed: Year Month Day

Date of Birth: Year Month Day

Chronological Age: Year Month

Name of Person Completing Form:

Administration Instructions:
The FOCUS is an outcome measure that takes ‘snapshots’ of your child’s skills as they are today. Some items may not apply to your child right now. This allow the clinician to see how your child has improved or diminished in these skills during the year and choose the option that shows the best measure of change. Once you have reviewed the questions, please make your best guess at answering every question. Thank you.

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Correction:

FOCUS Total Score


SpeechPathology.com                            September 2017
## The Intelligibility in Context Scale

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Do immediate members of your family understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Do extended members of your family understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Do your child’s friends understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Do other acquaintances understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Do your child’s teachers understand your child?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Resources

  - Valid and reliable and is freely downloadable
  - Available in 60 languages in addition to English
  - Manual Administration (normative data for English-speaking children)
    - **Validation studies** for: Croatian, Korean, Jamaican Creole, Traditional Chinese, among others
    - Total score out of 35 (divide by 7 to reveal total average score)
    - Administer in each language to compare intelligibility proficiency across languages and for different listeners (e.g., parent vs. stranger)
    - Creative Common License

- [www.focusoutcomemeasurement.ca](http://www.focusoutcomemeasurement.ca)
  - Free download and is valid and reliable
  - Available in English (also translated into 12+ languages)
  - Score out of 238 (compare pre-post and by parent/clinician)

Assess Participation

- Research within speech-language pathology suggests that we need to consider children’s **communicative participation outcomes** in addition to their mental functions!

  “**the child’s communication and interaction in real world situations at home, school, or in the community**”
  
  *(Eadie et al., 2006)*

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Assess Participation

- Parent and Teacher responses to questions re:
  1. Pre-schooler's play with siblings/neighborhood children
  2. Pre-schooler’s ability to make friends
  3. Pre-schooler’s ability to relate a past experience to a familiar (or unfamiliar) person
  4. Pre-schooler’s ability to retell major components from a short story
  5. Pre-schooler’s participation in classroom large and small group activities
  6. Pre-schooler’s ability to communicate independently with unfamiliar adults

Activity/Participation

Functional goals – Performance building

Interactions and Relationships/Community & Social Life

1. Share a recent experience in “show and tell” (e.g., Going to the grocery story)
2. Take turns, make requests, and initiate a conversation with friends during snack time
3. Ask friends to play; encourage Luca to talk about what he is doing
4. Ask friends what they are doing and join into their play
5. Problem solve and negotiate with peers during play on the playground – “Look I have the ______, it can help”; “how does it work” – the WH-Map
Peer-reviewed Publications


*International Expert Panel is comprised of a group of equally contributing researchers who work with multilingual and multicultural children. Karla Washington is an invited member of this group.
Websites with Free Resources

- **American Speech-Language-Hearing Association**
  - Multicultural affairs and resources
    http://www.asha.org/practice/multicultural/

- **Leaders Project – Professor Cate Crowley**
  - Systematic and Engaging Early Literacy (SEEL)
    http://education.byu.edu/seel/

- **Speech-Language Therapy** – Caroline Bowen
  - speech-language-therapy.com

- **Multilingual Children’s Speech**
  - www.csu.edu.au/research/multilingual-speech/
    - Languages
    - Typical speech acquisition
    - Assessments
    - Intelligibility in Context Scale

ASHA Resources

**Cultural Competence Checklists**


**International Resources to Develop Cultural Competence**

- http://www.asha.org/Practice/multicultural/International-Resources-to-Develop-Cultural-Competence/