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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

Karla N. Washington, PhD, CCC-SLP, S-LP(C)
Associate Professor
University of Cincinnati, OH, USA
Director, PedLLS Outcome Lab
Founder, Multilingual and Multicultural Experiences in Communication Sciences and Disorders, Education Abroad Program
Karla.washington@uc.edu

Presentation for SpeechPathology.com
Thursday, 21st September, 2017 12:00 – 1:00 pm

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"

UNESCO (2001). *Universal Declaration on Cultural Diversity*.
Retrieved from http://portal.unesco.org/en/ev.php-URL_ID=13179&URL_DO=DO_TOPIC&URL_SECTION=201.html

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)

McLeod, S., Verdon, S., Bowen, C., & International Expert Panel on Multilingual Children's Speech[+] (2013). International aspirations for speech-language pathologists' practice with multilingual children with speech sound disorders: Development of a position paper. *Journal of Communication Disorders, 46*(4), 375–387. doi 10.1016/j.jcomdis.2013.04.003.
[+]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**

Grosjean, F. (2012). Bilinguals in the United States. Psychology Today. Available online at: http://www.psychologytoday.com/blog/life-bilingual/201205/bilinguals-in-the-united-states.(Accessed August 2, 2017).
Ryan, C. (2013). Language use in the United States: 2011. Washington, DC: U.S. Census Bureau.
Skahan, S. M., Watson, M., & Lof, G. L. (2007). Speech-language pathologists' assessment practices for children with suspected speech sound disorders: Results of a national survey. *American Journal of Speech-Language Pathology, 16*(3), 246-259.

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"

International Expert Panel on Multilingual Children's Speech, 2012 adapted from Grech & McLeod, 2012, p. 121

Typology of Bilingualism

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

Davison, M. D. (2009). Defining bilingualism: Factors contributing to variability in language and literacy development of Spanish-Enlgish bilingual children. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations, 16,* 199-213.
Paul, R., & Norbury, C. F. (2012). *Language disorders from infancy through adolescence: Listening, speaking, reading, writing, and communicating*. St. Louis, MO: Mosby. *Table 5.5 (*p. 153)

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).

Kohnert, K. (2008). *Language disorders in bilingual children and adults.* San Diego, CA: Plural Publishing.

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"*

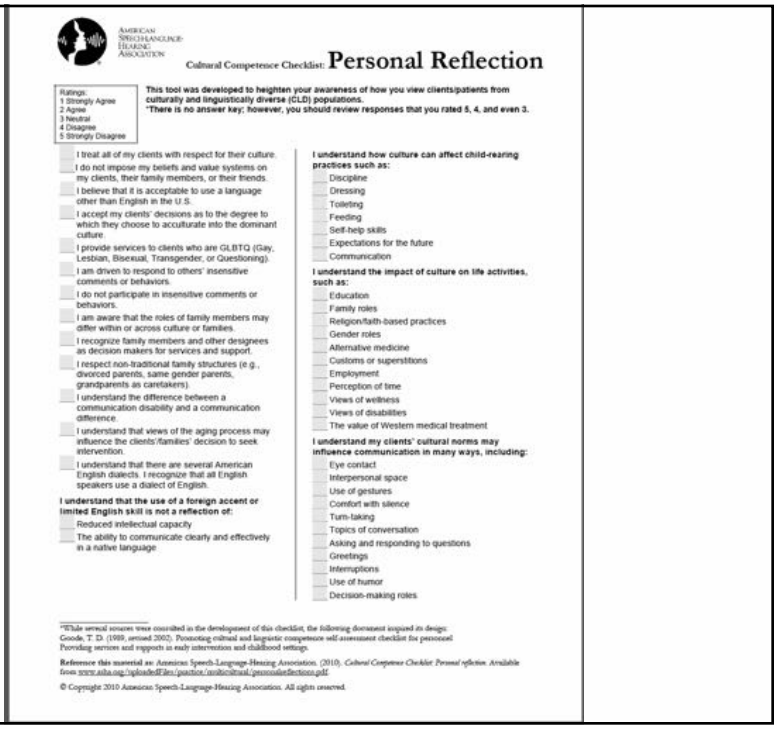
- Supportive of three ethical principles:
  1. Respect of persons
  2. Beneficence
  3. Justice

Georgetown University. (n.d.). Curricula Enhancement Module Series: A project of the National Center of Cultural Competence. Center for Child and Human Development

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

ASHA and Cultural Competence www.asha.org



AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Cultural Competence Checklist: **Personal Reflection**

Ratings:
1 Strongly Agree
2 Agree
3 Neutral
4 Disagree
5 Strongly Disagree

This tool was developed to heighten your awareness of how you view clients/patients from culturally and linguistically diverse (CLD) populations.
***There is no answer key; however, you should review responses that you rated 5, 4, and even 3.**

- I treat all of my clients with respect for their culture.
- I do not impose my beliefs and value systems on my clients, their family members, or their friends.
- I believe that it is acceptable to use a language other than English in the U.S.
- I accept my clients' decisions as to the degree to which they choose to acculturate into the dominant culture.
- I provide services to clients who are GLBTQ (Gay, Lesbian, Bisexual, Transgender, or Questioning).
- I am driven to respond to others' insensitive comments or behaviors.
- I do not participate in insensitive comments or behaviors.
- I am aware that the roles of family members may differ within or across culture or families.
- I recognize family members and other designees as decision makers for services and support.
- I respect non-traditional family structures (e.g., divorced parents, same gender parents, grandparents as caretakers).
- I understand the difference between a communication disability and a communication difference.
- I understand that views of the aging process may influence the clients'/families' decision to seek intervention.
- I understand that there are several American English dialects. I recognize that all English speakers use a dialect of English.

I understand that the use of a foreign accent or limited English skill is not a reflection of:

- Reduced intellectual capacity
- The ability to communicate clearly and effectively in a native language

I understand how culture can affect child-rearing practices such as:

- Discipline
- Dressing
- Toileting
- Feeding
- Self-help skills
- Expectations for the future
- Communication

I understand the impact of culture on life activities, such as:

- Education
- Family roles
- Religion/faith-based practices
- Gender roles
- Alternative medicine
- Customs or superstitions
- Employment
- Perception of time
- Views of wellness
- Views of disabilities
- The value of Western medical treatment

I understand my clients' cultural norms may influence communication in many ways, including:

- Eye contact
- Interpersonal space
- Use of gestures
- Comfort with silence
- Turn-taking
- Topics of conversation
- Asking and responding to questions
- Greetings
- Interruptions
- Use of humor
- Decision-making roles

*While several sources were consulted in the development of this checklist, the following document inspired its design:
Goode, T. D. (1989, revised 2002). Promoting cultural and linguistic competence self-assessment checklist for personnel Providing services and supports in early intervention and childhood settings.

Reference this material as: American Speech-Language-Hearing Association. (2010). *Cultural Competence Checklist: Personal reflection.* Available from www.asha.org/uploadedFiles/practice/multicultural/personalreflection.pdf

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Cultural Competence Continuum

	Level	Description
1	Culture Destructiveness	Intentional attitudes, policies, practices destructive to cultural
2	Cultural Incapacity	Impact of bias or paternal attitudes that reduces one's capacity to help those not of the mainstream
3	Cultural Blindness	Applying dominant cultural expectations in a universal manner, encouraging assimilation
4	Cultural Pre-Competency	Desire to deliver quality services and demonstration of commitment to diversity. Tokenism is a potential risk.
5	Cultural Competency	Acceptance and respect for difference, continued self assessment and knowledge expansion, attention to dynamics of differences
6	Cultural Proficiency	Engaging in research to influence approach to service provision and improving cultural relations

https://www.youtube.com/watch?v=_JNUxwHh7j8

Billy Deans (2013). Adapted from a paper by Terry Cross, *Through Indigenous Eyes: Rethinking Theory and Practice. 2007 SNAICC Conference Adelaide, South Australia.*

International Classification of Functioning, Disability and Health

27

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. (1948). Preamble to the constitution of the world health organization as adopted by the international health conference. New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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.

World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: Author.
World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

ICF-CY

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

WHO Development	Framework	Focus
1980	*International Classification of Impairments, Disabilities and Handicaps (ICIDH)*	Impairments and Handicaps
1999	*International Classification of Impairments, Disabilities and Handicaps (ICIDH-2)*	
2001	*International Classification of Functioning Disability and Health (ICF)*	Functioning and Health
2007	***International Classification of Functioning Disability and Health – Children and Youth Version (ICF-CY)***	

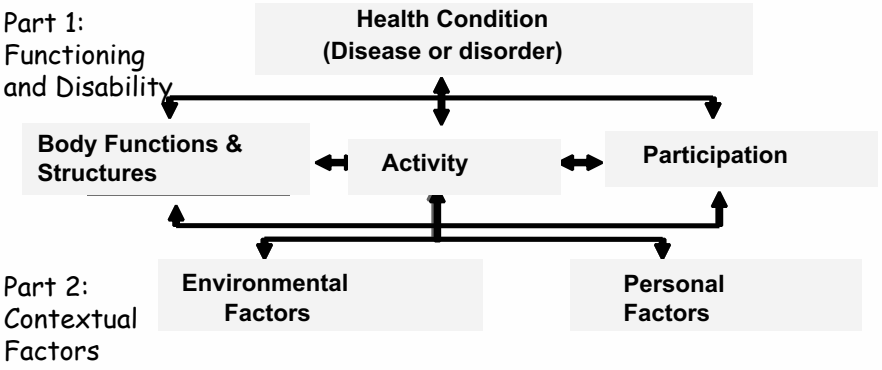
International Classification of Functioning, Disability and Health: Version for Children and Youth (2007) www.who.int/classification/icf

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

World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

ICF



World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: Author.
World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

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)

World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: Author.
World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

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

World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: Author.
World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

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

World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: Author.
World Health Organization (WHO Workgroup for development of version of ICF for Children & Youth). (2007). *International Classification of Functioning, Disability, and Health - Children and Youth Version (ICF-CY)*. Geneva: Author.

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"

Westby, C., & Washington, K. N. (2017). Using the ICF in assessment and intervention of children with language disorders: A tutorial. *Language, Speech, and Hearing Services in Schools*, *48,* 137-152

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

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

Children's Speech and Language: A Focus on Assessment

Washington, K., & Westby, C. (2015, November). Applying the ICF in Language Assessment, Intervention, and Goal-Selection for Pre/School-Age Children. Seminar, American Speech-Language-Hearing Association Convention, Denver, Colorado, USA.

Westby, C., & Washington, K. N. (2017). Using the ICF in assessment and intervention of children with language disorders: A tutorial. *Language, Speech, and Hearing Services in Schools*, *48,* 137-152

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

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

Personal Factors

	Barriers	Facilitators
•Dual language learner •Social background •Habits/ Attitudes •Health	•Losing first language •Family has limited financial resources •Enjoys late nights and resists bedtime, so frequently tired at school •Shy, somewhat fearful temperament	•Enjoys school •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. •Exhibits theory of mind: shows concern for his friends when they are sad, sick or hurt •Mom and grandma promotes literacy & storytelling •Good health

Body Functions and Structures

b1 Mental functions	s1 Structures of the nervous system
b2 Sensory functions and pain	s2 The eye, ear and related structures
b3 Voice and speech functions	s3 Structures involved in voice & speech
b4 Functions of the cardiovascular, hematological, immunological, & respiratory systems	s4 Structures of the cardiovascular, immunological & respiratory systems
b5 Functions of the digestive, metabolic, & endocrine systems	s5 Structures related to the digestive, metabolic, & endocrine systems
b6 Genitourinary & reproductive functions	s6 Structures related to the genitourinary & reproductive systems
b7 Neuromuscular and movement-related functions	s7 Structures related to movement
b8 Functions of the skin and related structures	s8 Skin and related structures

Speech and Language

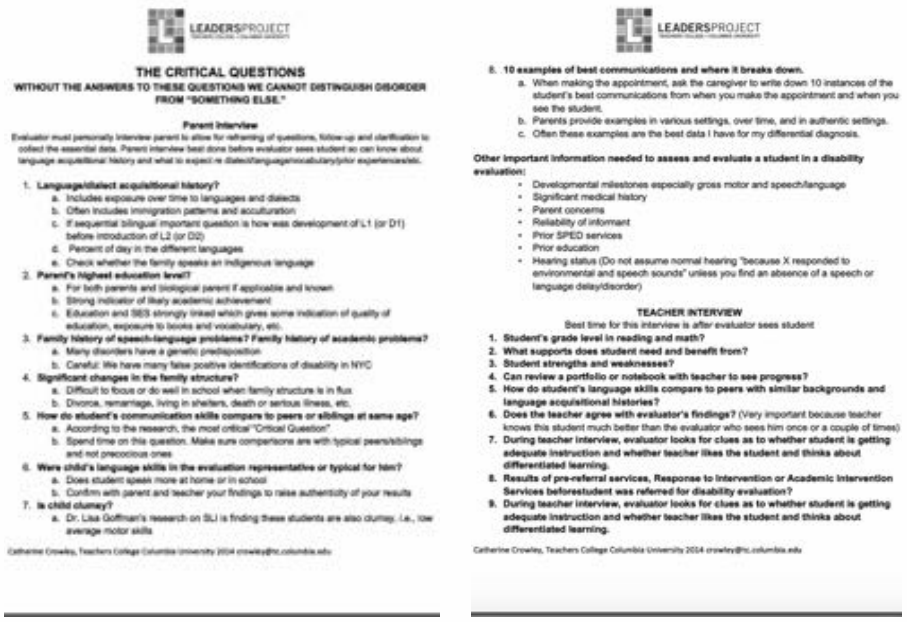
Evaluation	Information provided	Source
1. Developmental history	History of language acquisition	Parents
2. School history	History of schooling (US and non US; stable or interrupted; English instruction or home language)	Parents, teachers, school records
3. Language use history	Use of primary and secondary language at home with parents, siblings, extended family, friends	Parents, student/child
4. Dynamic assessment	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	Test, teach, test procedure with student/child
5. Language sampling	Child's connected speech in less structured, social/interactive tasks	Story telling or retelling; conversation
6. Behavioral observation	Connected speech in social (low structure) vs academic (high structure); pragmatic language patterns	Classroom observations and cooperative learning with peers

Paul, R., & Norbury, C. F. (2012). *Language disorders from infancy through adolescence: Listening, speaking, reading, writing and communicating*. St. Louis, MO: Mosby.

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
  - Acquistional history, family Hx, parental education
- Interview questions for **teacher**
  - Complete *after* seeing/evaluating the child
  - Beneficial supports
  - Language/communication in relation to peers

Crowley, C. (2014). The Critical Questions. LeadersProject. Teachers College Columbia University. crowley@tc.columbia.edu
http://www.leadersproject.org/files/2016/12/THECRITICALQUESTIONShandoutFinalCopy-10wy296.pdf



LEADERSPROJECT

THE CRITICAL QUESTIONS

WITHOUT THE ANSWERS TO THESE QUESTIONS WE CANNOT DISTINGUISH DISORDER FROM "SOMETHING ELSE."

Parent Interview

Evaluator must personally interview parent to allow for reframing of questions, follow-up and clarification to collect the essential data. Parent interview best done before evaluator sees student so can know about language acquisitional history and what to expect re dialect/language/vocabulary/prior experiences/etc.

1. **Language/dialect acquisitional history?**
   a. Includes exposure over time to languages and dialects
   b. Often includes immigration patterns and acculturation
   c. If sequential bilingual important question is how was development of L1 (or D1) before introduction of L2 (or D2)
   d. Percent of day in the different languages
   e. Check whether the family speaks an indigenous language
2. **Parent's highest education level?**
   a. For both parents and (biological parent if applicable and known
   b. Strong indicator of likely academic achievement
   c. Education and SES strongly linked which gives some indication of quality of education, exposure to books and vocabulary, etc.
3. **Family history of speech-language problems? Family history of academic problems?**
   a. Many disorders have a genetic predisposition
   b. Careful: We have many false positive identifications of disability in NYC
4. **Significant changes in the family structure?**
   a. Difficult to focus or do well in school when family structure is in flux
   b. Divorce, remarriage, living in shelters, death or serious illness, etc.
5. **How do student's communication skills compare to peers or siblings at same age?**
   a. According to the research, the most critical "Critical Question"
   b. Spend time on this question. Make sure comparisons are with typical peers/siblings and not precocious ones
6. **Were child's language skills in the evaluation representative or typical for him?**
   a. Does student speak more at home or in school
   b. Confirm with parent and teacher your findings to raise authenticity of your results
7. **Is child clumsy?**
   a. Dr. Lisa Goffman's research on SLI is finding these students are also clumsy, i.e., low average motor skills

Catherine Crowley, Teachers College Columbia University 2014 crowley@tc.columbia.edu

LEADERSPROJECT

8. **10 examples of best communications and where it breaks down.**
   a. When making the appointment, ask the caregiver to write down 10 instances of the student's best communications from when you make the appointment and when you see the student.
   b. Parents provide examples in various settings, over time, and in authentic settings.
   c. Often these examples are the best data I have for my differential diagnosis.

Other important information needed to assess and evaluate a student in a disability evaluation:

- Developmental milestones especially gross motor and speech/language
- Significant medical history
- Parent concerns
- Reliability of informant
- Prior SPED services
- Prior education
- Hearing status (Do not assume normal hearing "because X responded to environmental and speech sounds" unless you find an absence of a speech or language delay/disorder)

TEACHER INTERVIEW

Best time for this interview is after evaluator sees student

1. **Student's grade level in reading and math?**
2. **What supports does student need and benefit from?**
3. **Student strengths and weaknesses?**
4. **Can review a portfolio or notebook with teacher to see progress?**
5. **How do student's language skills compare to peers with similar backgrounds and language acquisitional histories?**
6. **Does the teacher agree with evaluator's findings?** (Very important because teacher knows this student much better than the evaluator who sees him once or a couple of times)
7. **During teacher interview, evaluator looks for clues as to whether student is getting adequate instruction and whether teacher likes the student and thinks about differentiated learning.**
8. **Results of pre-referral services, Response to Intervention or Academic Intervention Services beforestudent was referred for disability evaluation?**
9. **During teacher interview, evaluator looks for clues as to whether student is getting adequate instruction and whether teacher likes the student and thinks about differentiated learning.**

Catherine Crowley, Teachers College Columbia University 2014 crowley@tc.columbia.edu

Crowley, C. (2014). The Critical Questions. LeadersProject. Teachers College Columbia University. crowley@tc.columbia.edu http://www.leadersproject.org/files/2016/12/THECRITICALQUESTIONShandoutFinalCopy-10wy296.pdf

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

Washington, K., & Westby, C. (2015, November). Applying the ICF in Language Assessment, Intervention, and Goal-Selection for Pre/School-Age Children. Seminar, American Speech-Language-Hearing Association Convention, Denver, Colorado, USA.

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

http://www.proedinc.com/customer/productView.aspx?ID=4213

Bilingual Spanish-English Assessment (BESA)

- Can be administered in Spanish and English

https://www.northernspeech.com/assessment-tests-screening-tools/besa-bilingual-english-spanish-assessment-kit/

- **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

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

Dollaghan, C., & Campbell, T. (1998). Nonword repetition and child language impairment. *JSHR, 41*, 1136-1146.

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.

http://www.leadersproject.org/2013/06/07/preschool-disability-evaluations-module-34-language-sample-subway-photo/

http://www.leadersproject.org/2015/03/17/slam-bunny-goes-to-school-cards-school-aged-language-assessment-measure/

SLAM Subway Picture

by Leaders Project | Mar 18, 2015 |

http://www.leadersproject.org/2015/03/17/slam-bunny-goes-to-school-cards-school-aged-language-assessment-measure/

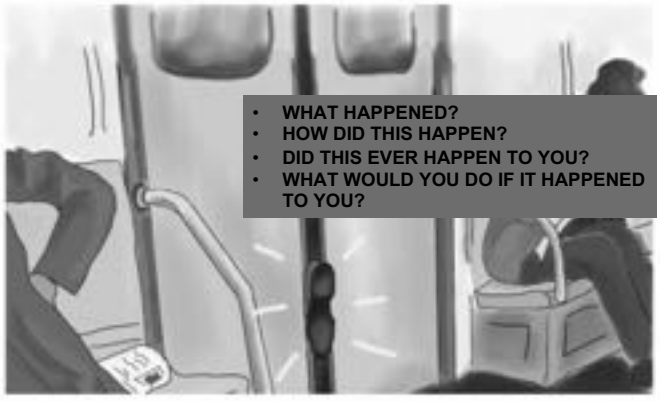
Download: SLAM Subway Picture

This language elicitation card and questions were designed as a tool to be used in assessing language for preschool and elementary school aged children.

SLAM Subway Picture

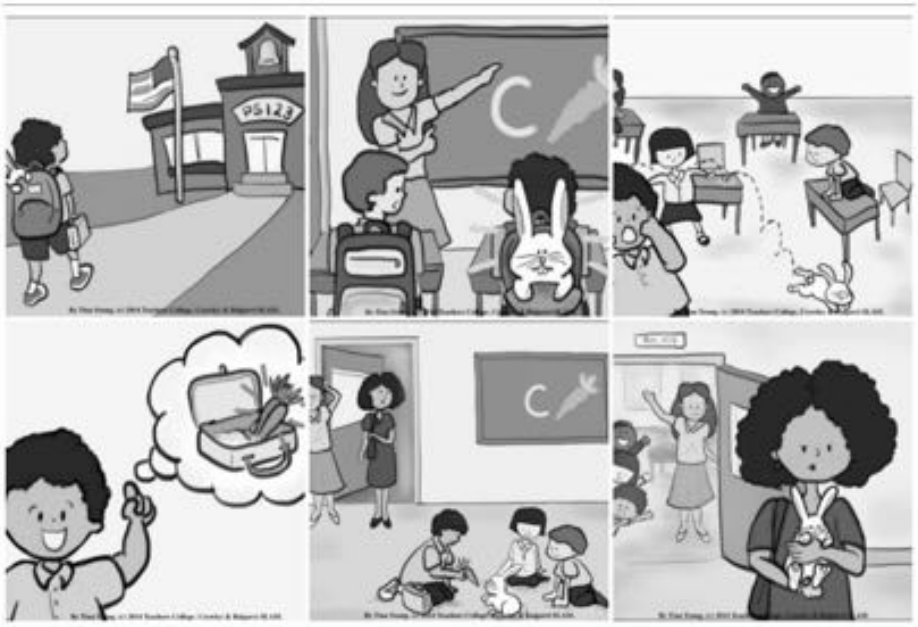
by Leaders Project | Mar 18, 2015 |

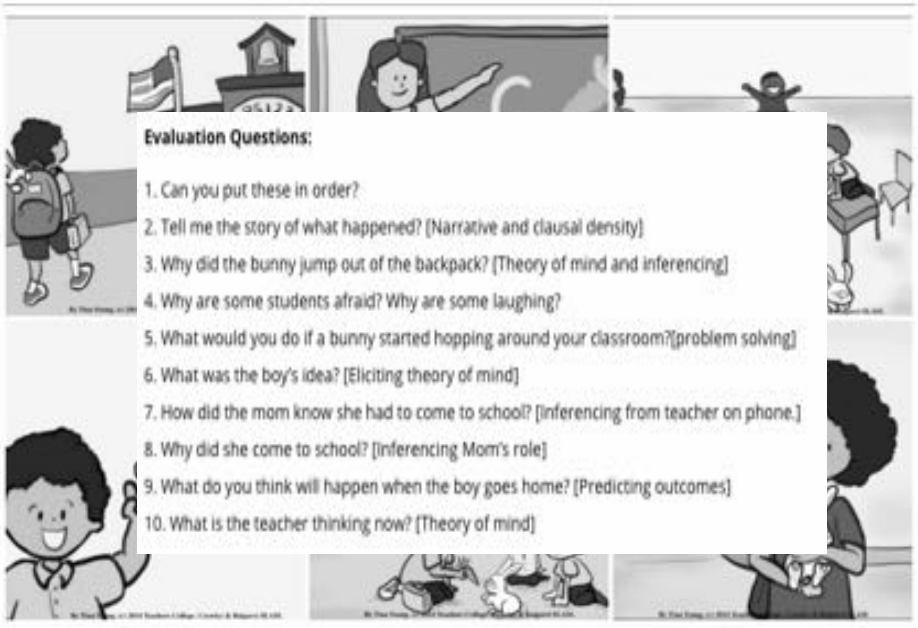
http://www.leadersproject.org/2015/03/17/slam-bunny-goes-to-school-cards-school-aged-language-assessment-measure/



Download: SLAM Subway Picture

This language elicitation card and questions were designed as a tool to be used in assessing language for preschool and elementary school aged children.





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]

Applebee's Stages of Narrative Development

Stage	Age	Description
1. Heap Stories	2-to-3-years old	• No central theme or organization • Stories consist primary of labels and descriptions of actions and events
2. Sequence Stories	3-years old	• 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
3. Primitive Narratives	4-to-4½ - years old	• 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
4. Chain Narratives	4½-to-5-years old	• 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
5. True Narrative	5-to-7-years old	• 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

Applebee, A. (1978). *The child's concept of a story: Ages 2 to 17.* Chicago, LI: University of Chicago Press
Klecan-Aker, J., & Kelty, K. (1990). An investigation of oral narratives of normal and language-learning disabled children. *Journal of Childhood Communication Disorders, 5(3),* 46-54
Westby, C. (1984). Development of narrative language abilities. In G. Wallach & K. Butler (Eds). *Language learning disabilities in school-age children* (pp. 103-217

Story Map/GRID

WHO is in the story	**WHERE** it happened
WHAT happened	**WHEN** it happened

WHY and HOW

Print Concepts: Capacity

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

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

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

Nine Ducks Nine by Sarah Hayes

Justice, L., & Ezell, H. (2001). Word and print awareness in 4-year-old children. *Child Language Teaching and Therapy, 17*, 207-226.

Additional Literacy Skills: Capacity

Task	Fall	Spring
Name Writing		
Upper-case Alphabet Recognition		
Lower-case Alphabet Recognition		
Letter sounds		
Beginning Sound Awareness		
Print and Word Awareness		
Rhyme Awareness		
Nursery Rhyme Awareness		

Phonological Awareness Literacy Screening (PALS)

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

Invernizzi, M., Juel, C., Swank, L., & Meier, C. (2004). Phonological awareness literacy screening: Pre-Kindergarten. Charlottesville, VA: University of Virginia.

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

Dodd, B., Hua, Z., Crosbie, S., Holm, A., & Ozanne, A. (2006). *Diagnostic Evaluation of Articulation and Phonolog (DEAP)*. London: Psychological Corporation.

.

Resources

- http://blog.asha.org/2014/05/01/dynamic-assessment-how-does-it-work-in-the-real-world-of-preschool-evaluations/
- https://www.youtube.com/watch?v=o95SFhO4Ujk
- http://www.cal.org/twi/pdfs/assessments.pdf
- http://www.leadersproject.org/disability-evaluation/school-age-language-assessment-measures-slam/
- https://www.youtube.com/watch?v=68g0NEi1Mc8

Theme: _____

We are collecting different ways of saying these words in English and in other languages. Please help with your child to teach us how you say these words at home and/or in a different language.

Examples:

WORDS	Language	How you write it:	How you say it: (i.e. how it sounds)
mother	French	mère	mair
father	English	papa	pahpah

Home Language: _____

WORDS	How you write it:	How you say it: (i.e. how it sounds)

NAME: _____

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

Thomas-Stonell, N., Oddson, B., Robertson, B., Walker, J. & Rosenbaum, P. © 2012

Name of Child _____

Date Completed Year _____ Month _____ Day _____

Date of Birth Year _____ Month _____ Day _____

Chronological Age Year _____ Month _____

Name of Person Completing Form _____

FOCUS Completion # _____

Name of Speech-Language Pathologist _____

FOCUS TOTAL SCORE ☐

Administration Instructions

The FOCUS is an outcome measure that takes a 'snapshot' of your child's skills as they are today. Some items may not apply to your child right now. If so, please select "*Not at all like my child*". Your child may begin to learn some of these skills during therapy and choosing this option will let us measure all of the changes that your child is making. Please be sure to answer every question. Thank-you.

Definitions:

"*Talking*", "*tell*", "*speaks*", "*speech*" and "*words*" refer to verbal speech. (e.g. "*My child talks a lot.*")
"*Communicating*", "*conversations*", "*participates*" and "*asking*" can be any form of communication (pecs, AAC, sign). (e.g. "*My child will ask for help.*")

PARENT Holland Bloorview Kids Rehabilitation Hospital Thomas-Stonell, N., Oddson, B., Robertson, B., Walker, J. & Rosenbaum, P. © 2012

Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2010). Development of the FOCUS© (Focus on the Outcomes of Communication Under Six): A Communication Outcome Measure for Preschool Children. Developmental Medicine and Child Neurology, 52:47-53.
Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2013). Validation of the FOCUS© (Focus on the Outcomes of Communication Under Six) Outcome Measure. Developmental Medicine & Child Neurology, 55(6), 546-552. DOI: 10.1111/dmcn.12123

Clinicians

The FOCUS: Clinician Form

Focus on the
Outcomes of
Communication
Under
Six

Thomas-Stonell, N., Oddson, B., Robertson, B., Walker, J. & Rosenbaum, P. © 2012

Name of Child _____

Date Completed Year _____ Month _____ Day _____

Date of Birth Year _____ Month _____ Day _____

Chronological Age Year _____ Month _____

Name of Person Completing Form _____

FOCUS Completion # _____

Name of Speech-Language Pathologist _____

FOCUS TOTAL SCORE ☐

Administration Instructions

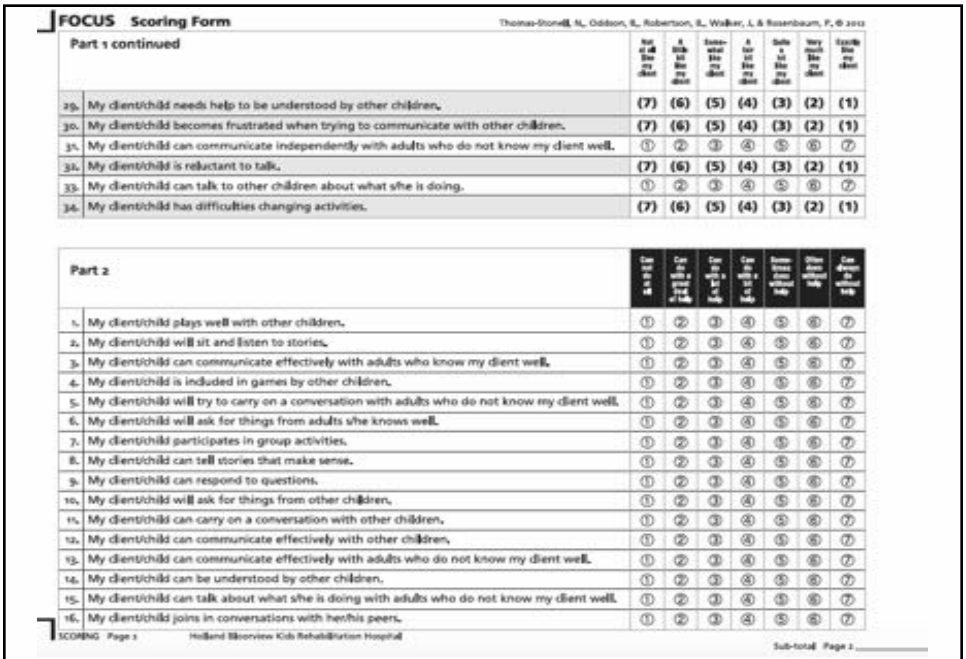
The FOCUS is an outcome measure that takes a "snapshot" of your client's skills as they are today. Some items may not apply to your client right now. If so, please select "*Not at all like my client*". Your client may begin to learn some of these skills during therapy and choosing this option will let us measure all of the changes that your client is making. Please be sure to answer every question. Thank-you.

FOCUS Definitions:

When reading FOCUS items, the words "*talking*", "*tell*", "*speaks*", "*speech*" and "*words*" refer to verbal speech.
FOCUS items that refer to "*communicating*", "*conversations*", "*participates*" and "*asking*" apply to any form of communication (pecs, AAC, sign).

CLINICIAN Holland Bloorview Kids Rehabilitation Hospital Thomas-Stonell, N., Oddson, B., Robertson, B., Walker, J. & Rosenbaum, P. © 2012

Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2010). Development of the FOCUS© (Focus on the Outcomes of Communication Under Six): A Communication Outcome Measure for Preschool Children. Developmental Medicine and Child Neurology, 52:47-53.
Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2013). Validation of the FOCUS© (Focus on the Outcomes of Communication Under Six) Outcome Measure. Developmental Medicine & Child Neurology, 55(6), 546-552. DOI: 10.1111/dmcn.12123



FOCUS Scoring Form

Thomas-Stonell, N., Oddson, B., Robertson, B., Walker, J. & Rosenbaum, P. © 2012

Part 1 continued

29.	My client/child needs help to be understood by other children.	(7)	(6)	(5)	(4)	(3)	(2)	(1)
30.	My client/child becomes frustrated when trying to communicate with other children.	(7)	(6)	(5)	(4)	(3)	(2)	(1)
31.	My client/child can communicate independently with adults who do not know my client well.	①	②	③	④	⑤	⑥	⑦
32.	My client/child is reluctant to talk.	(7)	(6)	(5)	(4)	(3)	(2)	(1)
33.	My client/child can talk to other children about what s/he is doing.	①	②	③	④	⑤	⑥	⑦
34.	My client/child has difficulties changing activities.	(7)	(6)	(5)	(4)	(3)	(2)	(1)

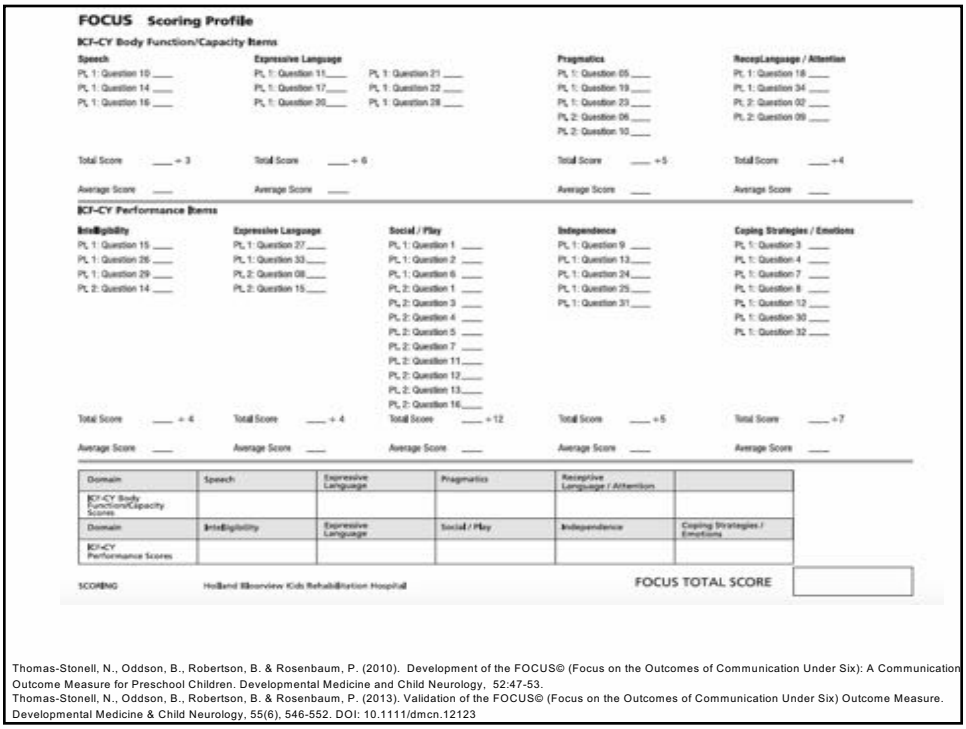
Part 2

1.	My client/child plays well with other children.	①	②	③	④	⑤	⑥	⑦
2.	My client/child will sit and listen to stories.	①	②	③	④	⑤	⑥	⑦
3.	My client/child can communicate effectively with adults who know my client well.	①	②	③	④	⑤	⑥	⑦
4.	My client/child is included in games by other children.	①	②	③	④	⑤	⑥	⑦
5.	My client/child will try to carry on a conversation with adults who do not know my client well.	①	②	③	④	⑤	⑥	⑦
6.	My client/child will ask for things from adults s/he knows well.	①	②	③	④	⑤	⑥	⑦
7.	My client/child participates in group activities.	①	②	③	④	⑤	⑥	⑦
8.	My client/child can tell stories that make sense.	①	②	③	④	⑤	⑥	⑦
9.	My client/child can respond to questions.	①	②	③	④	⑤	⑥	⑦
10.	My client/child will ask for things from other children.	①	②	③	④	⑤	⑥	⑦
11.	My client/child can carry on a conversation with other children.	①	②	③	④	⑤	⑥	⑦
12.	My client/child can communicate effectively with other children.	①	②	③	④	⑤	⑥	⑦
13.	My client/child can communicate effectively with adults who do not know my client well.	①	②	③	④	⑤	⑥	⑦
14.	My client/child can be understood by other children.	①	②	③	④	⑤	⑥	⑦
15.	My client/child can talk about what s/he is doing with adults who do not know my client well.	①	②	③	④	⑤	⑥	⑦
16.	My client/child joins in conversations with her/his peers.	①	②	③	④	⑤	⑥	⑦

SCORING Page 2 Holland Bloorview Kids Rehabilitation Hospital

Sub-total Page 2 _____

Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2010). Development of the FOCUS© (Focus on the Outcomes of Communication Under Six): A Communication Outcome Measure for Preschool Children. Developmental Medicine and Child Neurology, 52:47-53.
Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2013). Validation of the FOCUS© (Focus on the Outcomes of Communication Under Six) Outcome Measure. Developmental Medicine & Child Neurology, 55(6), 546-552. DOI: 10.1111/dmcn.12123



FOCUS Scoring Profile

ICF-CY Body Function/Capacity Items

Speech
Pt. 1: Question 10 ____
Pt. 1: Question 14 ____
Pt. 1: Question 16 ____
Total Score ____ ÷ 3
Average Score ____

Expressive Language
Pt. 1: Question 11 ____
Pt. 1: Question 17 ____
Pt. 1: Question 20 ____
Pt. 1: Question 21 ____
Pt. 1: Question 22 ____
Pt. 1: Question 28 ____
Total Score ____ ÷ 6
Average Score ____

Pragmatics
Pt. 1: Question 05 ____
Pt. 1: Question 19 ____
Pt. 1: Question 23 ____
Pt. 2: Question 06 ____
Pt. 2: Question 10 ____
Total Score ____ ÷ 5
Average Score ____

RecepLanguage / Attention
Pt. 1: Question 18 ____
Pt. 1: Question 34 ____
Pt. 2: Question 02 ____
Pt. 2: Question 09 ____
Total Score ____ ÷ 4
Average Score ____

ICF-CY Performance Items

IntelEligibility
Pt. 1: Question 15 ____
Pt. 1: Question 26 ____
Pt. 1: Question 29 ____
Pt. 2: Question 14 ____
Total Score ____ ÷ 4
Average Score ____

Expressive Language
Pt. 1: Question 27 ____
Pt. 1: Question 33 ____
Pt. 2: Question 08 ____
Pt. 2: Question 15 ____
Total Score ____ ÷ 4
Average Score ____

Social / Play
Pt. 1: Question 1 ____
Pt. 1: Question 2 ____
Pt. 1: Question 6 ____
Pt. 2: Question 1 ____
Pt. 2: Question 3 ____
Pt. 2: Question 4 ____
Pt. 2: Question 5 ____
Pt. 2: Question 7 ____
Pt. 2: Question 11 ____
Pt. 2: Question 12 ____
Pt. 2: Question 13 ____
Pt. 2: Question 16 ____
Total Score ____ ÷ 12
Average Score ____

Independence
Pt. 1: Question 9 ____
Pt. 1: Question 13 ____
Pt. 1: Question 24 ____
Pt. 1: Question 25 ____
Pt. 1: Question 31 ____
Total Score ____ ÷ 5
Average Score ____

Coping Strategies / Emotions
Pt. 1: Question 3 ____
Pt. 1: Question 4 ____
Pt. 1: Question 7 ____
Pt. 1: Question 8 ____
Pt. 1: Question 12 ____
Pt. 1: Question 30 ____
Pt. 1: Question 32 ____
Total Score ____ ÷ 7
Average Score ____

Domain	Speech	Expressive Language	Pragmatics	Receptive Language / Attention	
ICF-CY Body Function/Capacity Scores					
Domain	**IntelEligibility**	**Expressive Language**	**Social / Play**	**Independence**	**Coping Strategies / Emotions**
ICF-CY Performance Scores					

SCORING Holland Bloorview Kids Rehabilitation Hospital

FOCUS TOTAL SCORE

Thomas-Stonell, N., Oddson, B., Robertson, B. & Rosenbaum, P. (2010). Development of the FOCUS© (Focus on the Outcomes of Communication Under Six): A Communication Outcome Measure for Preschool Children. Developmental Medicine and Child Neurology, 52:47-53.
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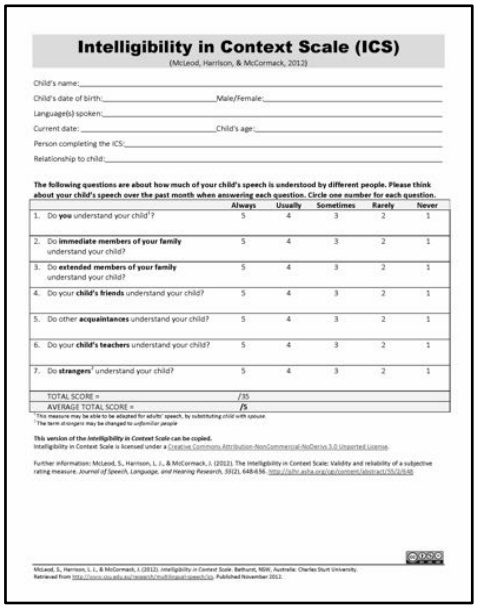
Escala de Inteligibilidad en Contexto: Español

Intelligibility in Context Scale (ICS): Spanish

[McLeod, Harrison, & McCormack, 2012]



Intelligibility in Context Scale (ICS)

(McLeod, Harrison, & McCormack, 2012)

Child's name:_____

Child's date of birth:_____ Male/Female:_____

Language(s) spoken:_____

Current date:_____ Child's age:_____

Person completing the ICS:_____

Relationship to child:_____

The following questions are about how much of your child's speech is understood by different people. Please think about your child's speech over the past month when answering each question. Circle one number for each question.

	Always	Usually	Sometimes	Rarely	Never
1. Do **you** understand your child[1]?	5	4	3	2	1
2. Do **immediate members of your family** understand your child?	5	4	3	2	1
3. Do **extended members of your family** understand your child?	5	4	3	2	1
4. Do your **child's friends** understand your child?	5	4	3	2	1
5. Do other **acquaintances** understand your child?	5	4	3	2	1
6. Do your **child's teachers** understand your child?	5	4	3	2	1
7. Do **strangers**[2] understand your child?	5	4	3	2	1
TOTAL SCORE =	/35				
AVERAGE TOTAL SCORE =	/5				

[1] This measure may be able to be adapted for adults' speech, by substituting *child* with *spouse*.

[2] The term *strangers* may be changed to *unfamiliar people*

This version of the *Intelligibility in Context Scale* can be copied.

Intelligibility in Context Scale is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.

Further information: McLeod, S., Harrison, L. J., & McCormack, J. (2012). The Intelligibility in Context Scale: Validity and reliability of a subjective rating measure. *Journal of Speech, Language, and Hearing Research, 55*(2), 648-656. http://sohr.asha.org/cgi/content/abstract/55/2/648

McLeod, S., Harrison, L. J., & McCormack, J. (2012). *Intelligibility in Context Scale*. Bathurst, NSW, Australia: Charles Sturt University. Retrieved from http://www.csu.edu.au/research/multilingual-speech/ics. Published November 2012.

The Intelligibility in Context Scale

	Always	Usually	Sometimes	Rarely	Never
1. Do **you** understand your child?	5	4	3	2	1
2. Do **immediate members of your family** understand your child?	5	4	3	2	1
3. Do **extended members of your family** understand your child?	5	4	3	2	1
4. Do your **child's friends** understand your child?	5	4	3	2	1
5. Do **other acquaintances** understand your child?	5	4	3	2	1
6. Do your child's teachers understand your child?	5	4	3	2	1
7. Do **strangers** understand your child?	5	4	3	2	1

McLeod, S., Harrison, L. J., & McCormack, J. (2012). The Intelligibility in Context Scale: Validity and reliability of a subjective rating measure. *Journal of Speech, Language, and Hearing Research, 55*(2), 648-656. doi: 10.1044/1092-4388(2011/10-0130)

Resources

- http://www.csu.edu.au/research/multilingual-speech/ics
  - 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
  - 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)

Campbell, W. N. & Skarakis-Doyle, E. (2007). School-aged children with SLI: the ICF as a framework for collaborative service delivery. *Journal of Communication Disorders, 40* (6), 513-535.
Cunningham, B. J., & Rosenbaum, P. L. (2015). A Bioecological framework to evaluate communicative participation outcomes for preschoolers receiving speech–language therapy interventions in Ontario, Canada. *International Journal of Language and Communication Disorders, 50*(4), 405-415.
Cunningham, B., Washington, K. N., Binns, A., Rolfe, K., Robertson, B., & Rosenbaum, P. (2016). Current methods of evaluating speech-language outcomes for pre-schoolers with communication disorders: A scoping review using the ICF-CY. *Journal of Speech, Language, and Hearing Research, 60*, 447-464.
Washington, K. N. (2007). Using the ICF within speech-language pathology: Application to developmental language impairment. *International Journal of Speech-Language Pathology, 9*(3), 242-255.
Washington, K., Thomas-Stonell, N., McLeod, S., & Warr-Leeper, G. (2015). Outcomes and predictors in preschoolers with speech-language and/or developmental mobility impairments
Westby, C. (2007). Application of the ICF in children with language impairments. *Seminars in Speech and Language, 28* (1), 265-272.

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

Summary and Q & A

Peer-reviewed Publications

1. McLeod, S., Verdon, S., Bowen, C., & International Expert Panel on Multilingual Children's Speech[+] (2013). **International aspirations for speech-language pathologists' practice with multilingual children with speech sound disorders: Development of a position paper**. *Journal of Communication Disorders, 46*(4), 375–387. doi 10.1016/j.jcomdis.2013.04.003.
2. McLeod, S., Verdon, S., International Expert Panel on Multicultural Children's Speech[+]. (2017). **Speech assessment for multilingual children who do not speak the same language(s) as the speech-language pathologist: A tutorial**. *American Journal of Speech-Language Pathology.* Doi10.1044/2017
3. Westby, C., & Washington, K. N. (2017). **Using the ICF in assessment and intervention of children with language disorders: A tutorial**. *Language, Speech, and Hearing Services in Schools*, *48,* 137-152

[+]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

- http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf
- http://www.asha.org/practice/multicultural/self.htm

International Resources to Develop Cultural Competence

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