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SPEECH-LANGUAGE PATHOLOGIST'S PERSPECTIVES ON THE EFFICACY OF
BILINGUAL EDUCATION PROGRAMS IN SOUTH TEXAS PUBLIC SCHOOLS
FOR ENGLISH AS A SECOND LANGUAGE LEARNERS

A Thesis

by

ALEXANDRA ROSAS

Submitted to the Graduate College of
The University of Texas Rio Grande Valley
In partial fulfillment of the requirements for the degree of

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May 2018

Major Subject: Communication Sciences and Disorders

SPEECH-LANGUAGE PATHOLOGIST'S PERSPECTIVES ON THE EFFICACY OF
BILINGUAL EDUCATION PROGRAMS IN SOUTH TEXAS PUBLIC SCHOOLS

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ABSTRACT

Rosas, Alexandra, Speech-Language Pathologist's Perspectives on The Efficacy of Bilingual Education Programs in South Texas Public Schools for English as a Second Language Learners.

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Current research in regard to the assessment and treatment of ESLs is limited. Other problems found within the school setting, is that fact that SLPs have very limited resources and large caseloads. Hence, the fact that previous studies have found that SLPS working the school setting do not feel competent in serving ESL students.

The aim of this study is to investigate the efficacy of bilingual programs and explore the factors that impact English as a second language learners (ESLs), in public schools across the Rio Grande Valley. School based speech-language pathologists were surveyed for information concerning their perceptions and experiences in working with ESLs in the public schools.

DEDICATION

The completion of my graduate studies and thesis would not have been possible without the love, support, and motivation from my family and friends. My husband, Juan, thank you for being my rock, my best friend, my shoulder to cry on, and for supporting me in accomplishing my dreams and goals. Thank you for never letting me give up. This is for all the anniversaries, birthdays, and family time I missed. My kids, Elizandro and Carlos, thank you for being my number one reason to pursue my degree, I love you both, and know that all those school events, sick days, and family nights I missed, were all for you both to have a better future. My parents, Homero and Noelia, thank you both for teaching me and inspiring me to pursue my dreams, no matter how impossible they seem. Thank you for the never-ending support and love. My brother, Homero, thank you for supporting me in my success and for always encouraging me to continue. Tio Juan and Tia Estella, thank you for motivating to continue in my education, and for all those late-night talks where I wanted to give up, and you encouraged me to keep going. Thank you for providing me a place to stay during my last semester of externship, and the place where the majority of this thesis was written. My COMD classmates, thank you all for your wonderful friendship, and unbreakable bond, and for forming treasurable memories. To my thesis chicas (Patty, Ivon, Annette, & Irene), thank you for the emotional support! Jackie and Roxana, thank you both being my best friends, and being there for me, when I needed to vent, and keeping me with a positive attitude. And thank you to everyone else not mentioned, who played an important role to help me get to where I am.

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CHAPTER I

INTRODUCTION

A speech-language pathologist (SLP), is a health care provider, who is educated and trained to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults (ASHA, 2007). SLPs receive extensive training and knowledge for normal language development and language disorders. According to the American Speech-Language Hearing Association (ASHA, 2007), speech-language pathologists (SLPs) practice in a wide variety of work settings. These work settings include schools, hospitals, clinics, private homes, and skilled nursing facilities.

School SLP

One of the most common work settings for an SLP is the schools. The role of the school based SLP, is to evaluate and treat students with educationally or functionally relevant communication problems. In addition, the school SLP participate on committees, complete procedural compliance paperwork and engage in many activities to support ALL students in achieving Adequate Yearly Progress (AYP). As cited by Chirui (2012), other services provided by the SLPs include: identification and diagnosis of children with speech or language impairments, referring children for medical or other professional attention necessary for the habilitation of speech or language impairments, providing individual therapy for the children, consulting with the children's teachers about the most effective ways to facilitate the children's communication in the class setting, and working closely with the family to develop goals and

techniques for effective therapy in class and at home (National Dissemination Center for Children with Disabilities, 2011). Moreover, within the school setting, SLPs work to assess and treat English as a second language learners (ESLs) or English Language Learners (ELLs). While SLPs are highly trained and skilled in the development of normal language and language disorders, the majority are trained only on the English language.

There has been little information or training for SLPs on the process of second language acquisition or bilingualism, and a dearth of research on assessment and intervention methods to use with English language learners (Koning, 2006). Current research in regard to the assessment and treatment of ESLs is limited. In a study, conducted by Koning (2006), results revealed a frustration among SLPs in their ability to serve the ESL students on their caseloads. Other problems found within the school setting, are the very limited resources. Hence, the fact that previous studies have found that SLPs working the school setting do not feel competent in serving ESL students. This study will examine the perceptions and experiences of school based SLPs working with ESLs.

General Demographics

The United States (U.S.), who has the highest immigration rate in the world, has always been a multicultural society. A multicultural society is one where people from many distinct ethnic backgrounds have come together and form a society as a whole. People from other countries view the United States citizens as living the American Dream. Due to the American Dream, so many people migrate to the United States. Because these immigrants come from various countries, they speak different languages and have many different cultures. Consequently, the U.S. has a mixture of these languages and cultures. Although the U.S. does not have an official language, immigrants learn English much faster than they did in past

generations. According to the Census Bureau, around 93 percent of the U.S. population today, speak at least some English. The U.S. Census Bureau (2010) indicated that the number of people speaking a language other than English at home increased by 40% from 1980 to 2007 (Smalligan, 2007). In a future projection, the U.S. Census Bureau (2008) reported that the minorities were expected to become the majority by the year 2042, and by the year 2050, it was projected that minorities will account for 54% of the U.S. population. (Chiuri, 2012). During the period between 2008 and 2050, the U.S. Census Bureau (2008) projected that the Hispanic population will more than triple in size accounting for 30% of the total population, up from 15%. In addition, people identifying themselves as being of two or more races will be expected to more than triple from 5.2 million to 16.2 million. The U.S. Census Bureau (2008) also projected that the minority children will comprise 62% of the total population by the year 2050. A previous study from Gandara, Maxwell-Jolly and Driscoll (2005) found that there has been a continuous increase in the number of English language learners in particular regions of the United States. The National Center for Education Statistics (2011), reported that the enrollment of minority children in schools increased in each region of the U.S. between 1989 to 2009.

Arizona, California, Colorado, Florida, Illinois, New Mexico, New Jersey, New York, and Texas have had the largest consistent number of Hispanics; however, the Hispanic population has begun to disperse (Caesar, 2011). According to the U.S. Census Bureau, it is estimated that the total U.S population is 324.9 million. Of the total United States population, 55 million (17%) reported to be part of the Hispanic population as of July 1, 2014, making people of Hispanic origin the nation's largest ethnic or racial minority (U.S. Census Bureau, 2016). Currently, one out of every six Americans is Hispanic (Caesar, 2012). Hispanics comprise a significant majority of the population; therefore, it is imperative that researchers explore

language disorders in this minority group. According to the National Center for Educational Statistics: In 2013 through 2014, the number of public school students, ages 3 to 21 years, receiving special education services was 6.5 million, about 13 percent of all public-school students. Among these 6.5 million students, 35 percent had specific learning disabilities, and 21 percent of these students had a speech or language impairment. Of the 6.5 million students, 12 percent were identified as being Hispanic (U.S. Department of Education, 2015).

As reported by the U.S. Census Bureau (2016), the total U.S. population is estimated to be 325 million, while the total population in Texas is estimated to be 25 million, of which 10.4 million are reported to be Hispanic. The Rio Grande Valley (RGV), located in the south Texas region, was the focus of this study. The RGV is made up of four counties: Starr, Hidalgo, Willacy, and Cameron. The RGV has an estimated total population of 1.4 million (Texas Workforce, 2015). Out of the 1.4 million, it was estimated that 1.2 million individuals were reported to be Hispanic. Making the total population of the RGV 91% Hispanic. As the population becomes more diverse, it is essential that SLPs have cultural competence and confidence in serving clients with culturally-linguistically diverse backgrounds (Cooley, 2012).

ASHA (2017), stated in a recent demographic profile that there are currently 179,692 speech-language pathologists, speech and hearing scientists, and audiology and speech language pathology support personnel. Of these 179,692 individuals, ASHA reported that 10,683 are ASHA certified and provide bilingual services. In Texas, there are 12,399 speech-language pathologists reporting to be ASHA certified. Of these individuals, 1,817 of these speech-language pathologists reported to be ASHA certified and provide bilingual services

The significant gap between the number of speech-language pathologists who are ASHA certified and provide bilingual services and the growing number of minority populations shows

the increasing need for bilingual services to meet the growing number of bilingual patients in the schools. This indicates that further research is needed in the area of speech and language disorders in Spanish-speaking children who are Hispanic. The largest English language learning population in US schools comprises Latin-Americans, most of whom speak Spanish as a first language (Greico, 2003). For the purpose of this research, the focus will be in the Texas school population.

ESL Demographics

According to the National Center for Education Statistics (2011), the changing racial and ethnic distribution of children enrolled in prekindergarten through 12th grade is one of the factors contributing to the changing composition of school enrollment (Chiuri, 2011). The number of bilingual individuals who require speech and language therapy services continue to grow. These bilingual growth will continue to increase, which will additionally extend to children within the schools that require therapy (Smalligan, 2015). Not only is there an overall increase in population diversity in the U.S., there is also an increase in the diversity within the student population in the schools. These students come from many different cultural and linguistic backgrounds, however are placed in English-only classroom instruction. These ESL students require specific assistance and guidance through their transition so that they are able to achieve academic excellence.

According to the Texas Education Agency (TEA), in the 2014-2015 school year, there were approximately 949,074 English language learners. Of those 949,074 students, approximately 533,600 were reported to be bilingual. Approximately 397,776 students were reported to be English as a second language learners. A reported 90% (852,855) of students were Spanish speakers. The implications of the increasing diversity in the schools will impact school-

based clinicians, who will likely have increasingly diverse caseloads. Thus, these increasing numbers indicate that SLPs will be providing more services to bilingual children (Smalligan, 2015). According to the National Center for Education Statistics, in the years 2013 through 2014, the number of public school students, ages 3 to 21 years, who were receiving special education services was 6.5 million. This number was 13% of the total number of students enrolled in public schools. Of those 6.5 million students, 12% were identified as being Hispanic.

ASHA Guidelines

ASHA has standards that have been established that state what is expected of the SLP when providing services to all individuals, including ESLs. All SLPs that are ASHA certified or are ASHA members must follow the ASHA Code of Ethics. The Code of Ethics is in place, to ensure the highest quality of service possible to all patients. As indicated in the ASHA Code of Ethics, regardless of the clinician's culture, practice settings, and/or caseload demographics, audiologists and SLPs are obligated to provide culturally and linguistically appropriate services for their patients (ASHA, 2010). Individuals shall not discriminate in the delivery of professional services (ASHA Principles of Ethics I, Rule C). SLPs must be able to competently assess and treat individuals from diverse linguistic backgrounds (Smalligan, 2015). This includes the appropriate selection and interpretation of culturally and linguistically assessment materials and treatment interventions. In addition, the SLP must recognize all the influences, including the dialectal differences that may influence the English language. Thus, ASHA has several guidelines in place for the assessment and treatment of bilingual patients, which are based on both the patient's language dominance and language competency. In some cases, in which the client is neither proficient in English nor in their native language, the client should be given an

assessment in both languages. This is important in order to determine the client's dominant language, for the purposes of both assessment and treatment.

In a situation where a patient is determined to be bilingual proficient, with a language dominance in English, the SLP would not be required to be proficient in the client's native language (ASHA, 2010). In this case, the SLP may choose to provide both assessment and treatment of the patient in the English language. If the client is determined to be limited English proficient, which means that the patient is proficient in his/her native language, not in English, the SLP would have to have cultural sensitivity and proficiency in the client's native language. The SLP must have competencies in the minority language to understand the dialectal differences between the native language and English to appropriately assess and determine the learner's language proficiency (ASHA, 1985). In addition, the client must receive assessment and treatment intervention in his/her native language. Hence, making it important to consider how well those who are working with the ESL population currently meet these requirements. As per IOWA (2005), ASHA recommends that all SLPs have the following competencies: language proficiency, normative processes, assessment, and intervention.

“In order for the SLP to have language proficiency, the SLP must have native or near native fluency in both the minority language and English language. The SLP must also have the ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals. In addition, the SLP must know how those processes are manifested in oral and written language. The SLP must have the ability to administer and interpret formal and informal assessment procedures to distinguish between communication difference and communication disorders. Moreover, the SLP must have the ability to apply intervention strategies for treatment of communicative

disorders in the minority language. Lastly, in order for the SLP to have competence in cultural sensitivity, the SLP must have the ability to recognize cultural factors which affect the delivery of speech-language pathologist and audiology services to minority language speaking community” (ASHA, 1985) & (IOWA, 2005).

Cultural Competence

In a self-reported study, 83% of the SLPs who responded to Campbell & Taylor’s (1992) study, indicated that they were not competent when evaluating bilingual speakers and 80% indicated that they were not competent when treating bilingual speakers (Smalligan, 2015). Adequate quality of service begins with the SLP being culturally competent. Battle (2000), defined culturally competence as a process which one develops an understanding of self, while developing the ability to develop responsive, reciprocal, and respectful relationships with others. Cultural competence requires standards, characteristics, awareness, and skills to work successfully with cross-cultural individuals (ASHA, 2011). Zebrowski (2007) stated that clinician’s perceptions of confidence are critical to the therapeutic process, as high perceptions of confidence in providing services leads to better therapy outcomes. According to ASHA, a clinician must adjust the services rendered to accommodate the cultural and linguistic diversity that exists in clients to ensure the efficacy and quality of services (ASHA, 2010). As per ASHA, it is the SLP’s professional responsibility to assess their own minority language proficiency, clinical knowledge base of skills for evaluating language dominance, and cultural sensitivity in meeting competencies to provide appropriate services for ESLs (ASHA, 1985).

As cited by Cooley (2012), according to the National Center for Cultural Competences (2011b), some reasons SLPS should be culturally competent include: (a) to respond to the changing demographics in the U.S., (b) to stop the continued inequality of health status of people

from different cultural backgrounds, (c) to provide better services and health outcomes, (d) to meet required mandates, (e) to obtain a competitive advantage in the marketplace, and (f) to decrease the likelihood of being sued for malpractice.

In order for this to be possible, all clinicians must become aware of their own cultural background and influences. According to ASHA (1985), SLPs must know their limitations in language proficiency and knowledge of diverse cultures that may restrict their competence to serve these minority populations. Once the clinician becomes aware of their own cultural background and influences, the clinician should research more and become knowledgeable of their patient's culture. No generalizations should be made by the clinician in regard to other cultures, this includes stereotypes. On the contrary, the clinician should remain aware of the client's individual needs. The clinician must do this without letting their own biases impact the quality of service. According to ASHA, every clinician should complete ASHA's Cultural Competency Checklist: Service Delivery (2010), and ASHA's Cultural Competency Checklist: Personal Reflection (2010), before initiating any assessment and treatment of a client who comes from a different cultural background. These two checklists help the clinician become knowledgeable regarding any biases they may have.

According to ASHA, a person who is culturally competent will be able to recognize the significance of an individual's culture, evaluation of cross-cultural associates, the dynamics resulting from cultural variations, the increase of cultural knowledge, and lastly, the modification of services to meet cultural needs (ASHA, 2011). Both of these resources are listed in the Appendix A. The following chapter will discuss laws and regulations that are currently in place in regard to the assessment and intervention of English language learners.

CHAPTER II

LAWS AND REGULATIONS

Not only do SLPs need to become familiar with ASHA's code of ethics, but in addition, must become familiar with federal and state laws and regulations that are in place for the assessment and intervention of English Language Learners (ASHA, 1998). The Individuals with Disabilities Education Act (IDEA) (2006), addresses regulations about serving culturally-linguistically diverse students with disabilities (IDEA, 2006). According to ASHA, the current IDEA PART B regulations, continue to support appropriate service delivery to culturally and linguistically diverse populations. The following information was gathered from ASHA (2013). IDEA was enacted to ensure that everyone, including those with disabilities, receive a free and appropriate public education. In addition, IDEA supports nondiscriminatory service delivery and also defines steps that states must take to address the problem of disproportionality in special education. According to IDEA, the State must prevent the inappropriate over identification or disproportionate representation by race and ethnicity of children as children with disabilities (U.S. Department of Education, 2007). Moreover, IDEA states that a student cannot meet eligibility requirements for any disability category if the determinant factor is limited English proficiency (ASHA, 2013).

When SLPs are assessing ESL students, it is important for the SLP to carefully review the student's language history in order to determine the language of assessment. In the case that the student's language is determined to be a language other than English, it is the SLP's responsibility

to use all available resources to appropriately assess the student without any bias. IDEA states that non-standardized assessment procedures can be used to provide qualitative data on the child's communication skills. This may mean the use of an interpreter. IDEA also recommends an interpreter to be present for Individualized Education Plan (IEP) meetings in order to interpret for the academic guardians if they do not speak English (Cooley, 2012). Most importantly, the SLP needs to take into account the child's lack of proficiency in English, when developing the child's IEP (ASHA, 2006).

CHAPTER III

BILINGUALISM

Bilingualism refers to one's ability to communicate with others in more than one language (Smalligan, 2015). Although studies have defined bilingualism in numerous ways, bilingualism refers to one's ability to communicate with others in more than one language. In addition, ASHA defines bilingualism as the use of at least two languages by an individual (ASHA, 2004). When considering speech-language services, it is crucial that the SLP keep in mind that there are three groups of speakers: bilingual English proficient, limited English proficient, and limited in both English and the minority language (ASHA, 1985). Those that are bilingual English proficient have a greater fluency or control of English than the minority language. In addition, they may be fluent in English and in their first language. Those who are limited English proficient, are those who are proficient in their native language but are not proficient in English. Moreover, those who are limited in both English and their native language are considered communicatively handicapped. ESLs receive English as a second language services because of their language difference as standard practice in the public schools (Cooley, 2012).

While the SLP's competencies may vary depending on the student's English proficiency, in order for an SLP to be competent in servicing ESLs, the speech-language pathologist must understand exactly how dual languages are acquired. It is important to note, that the process of second language acquisition will have an effect on the person's ability to not only follow

classroom instruction, but with interaction with peers. The school SLP needs to be familiar with the definitions of bilingualism and the variability that occurs when an individual is acquiring a second language to be able to recognize the target areas the student needs help with (Koning, 2006).

As per Rosberry-Mckibbin (2002), when discussing the language abilities of an individual, there are three terms that are frequently used: primary language, dominant language, and language proficiency. Primary language is the language an individual learns first, which is frequently used during the early stages of language acquisition; it is also referred to as one's home language and/or first language (Goldstein, 2000 & Rosberry-McKibbin, 2002). The individual's dominant language, refers to the language the individual speaks the most fluently (Iowa, 2005). Lastly, language proficiency refers to the level of skills an individual has in the use of a specific language (Iowa, 2005). The speaker's proficiency in the languages may vary depending on different conversational settings and partners, among other variables. For the purpose of this study, bilingualism includes: simultaneous bilinguals and sequential bilinguals.

Simultaneous Bilinguals

Individuals who are simultaneous bilinguals, are those who learn two languages at the same time. These persons build their linguistic skills in both their first and second languages. According to ASHA, simultaneous bilingualism occurs when a young child has had a significant and meaningful exposure to two languages from birth. Ideally, the child will have equal, quality experiences with both languages prior to the age of three (ASHA, 2004).

Sequential Bilinguals

Individuals who are sequential bilinguals, are those who don't begin to learn their second language, until establishing the foundations of their first/native language. According to ASHA,

sequential bilingualism occurs when a person has had significant and meaningful exposure to their second language, after their first language is well established (ASHA, 2004). This usually occurs after the individual is 3 years or older. These individuals are referred to as English as a second language learners (ESLs).

Bilingual Education Programs

There are different bilingual education programs and models used across the United States. However, each state has its own programs and policies in place in regard to bilingual education. According to the Texas Education Agency (TEA), there are 6 types of bilingual education programs/models in Texas, used to serve limited English proficiency (LEP) students (TEA, 2015). The following are the different types of bilingual education programs and models used across Texas public schools.

Dual Language Immersion/Two-Way

The dual language immersion/Two-Way program, is a biliteracy program that integrates English proficient students and LEP students in both English and Spanish and then transfers the LEP student to English-only instruction (TEA, 2015). Instruction is provided to both English and non-English speakers in an instructional setting where language learning is integrated with the content instruction. All subjects are taught through both English and their native language. No student can exit the dual language immersion/two-way program until six or seven years after the student enrolls in school.

Dual Language Immersion/One-Way

The dual language immersion/one-way program serves only those students who have been identified as LEP in both English and Spanish (TEA, 2015). This program transfers the students to English-only instruction. All academic subjects are taught in English and their native

language. No student can exit the program until at least 6 years after the student is enrolled in school.

Transitional Bilingual/Early Exit

The transitional bilingual/early exit program serves students who have been identified as LEP in both English and Spanish, or another language (TEA, 2015). This program transfers students to English only instruction. This program provides literacy and academic instruction through the use of the student's native language, with additional instruction in English for oral and academic language development. The students in this program may have non-academic subjects taught in all English instruction. A student may exit this program by the end of first grade. However, if the student enrolls in school during or after their first-grade year, they must remain in the transitional bilingual/early exit program for at least two to five years.

Transitional Bilingual/Late Exit

The transitional bilingual/late exit program serves students who have been identified as LEP in both English and Spanish (TEA, 2015). The program transfers the students to English-only instruction. Unlike the other programs, this program's academic growth is accelerated through cognitively challenging work, provided with through the use of the student's native language. The academic work is supplemented through meaningful content in English. The ultimate goal of this program is to promote high levels of achievement and full academic language proficiency in the student's native language, as well as in English. Students can exit this program after being enrolled in school for at least 6 years.

Content-Based ESL

Content-based ESL is an English program that serves limited English proficiency (LEP) students. This program provides a full-time teacher, that is responsible to provide any

supplementary instruction. This program helps the student use their native language to learn academic subjects. A student may exit this program by the end of first grade (TEA, 2015). However, if the student enrolls in school during or after their first-grade year, they must remain in the transitional bilingual/early exit program for at least two to five years.

Pull-Out ESL

The pull-out program, is an English program that is used for English proficiency (LEP) students (TEA, 2015). Students are provided a certified teacher that is responsible for providing English language arts instruction, while the student remains in a mainstream classroom for the rest of the academic subjects. A student may exit this program by the end of first grade. However, if the student enrolls in school during or after their first-grade year, they must remain in the transitional bilingual/early exit program for at least two to five years.

CHAPTER IV

COMMUNICATION DISORDER VS COMMUNICATION DIFFERENCE

ASHA (2010) defines a communication disorder and a communication difference as follows: a communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts of verbal, nonverbal, and graphic symbol systems. In addition, a communication disorder may be evident in the processes of hearing, language, and/or speech (Iowa, 2003). A communication difference is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors (ASHA, 2010). A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language (Iowa, 2003).

Moreover, the normal acquisition of a second language must be understood if one is to differentiate between a communication disorder and a communication difference. It is important that SLPs and educators understand an ESLs communication may be a reflection of the second language acquisition stage rather than a communication disorder (Iowa, 2003). A language difference means the student's first language is developing normally, but there is a noticeable difference in the second language, typical for normal acquisition of that language (Cooley, 2012). Roseberry-McKibbin, Brice, & O'Halon (2005), found in their study that there is a lack of second language acquisition knowledge. This chapter will focus on the normal developmental patterns of acquiring a second language.

ESL Language Behaviors

Every language has its normal pattern of development. Those who do not follow the pattern of normal language development, may present with a language delay and/or disorder. However, the phases and stages that the majority of ESLs go through, while acquiring English, tend to often resemble the signs of a language delay and/or disorder. This process makes it difficult for teachers and SLPs to determine if the student is actually experiencing a language difference or language disorder. Understanding normal processes of second-language acquisition is important when ensuring accurate assessment of bilingual individuals (ASHA, 2013). The normal acquisition of a second language should be understood by both SLPs and teachers, in order to be able to distinguish if it is truly a communication disorder or a communication difference. In fact, it is necessary that the SLP understand first and second language acquisition to determine whether or not the ESL student will need speech and language services in addition to ESL services (Cooley, 2012). Both students with language disorders and language differences produce common characteristics which may resemble an articulation disorder. Omissions, substitutions, and additions can be observed in both an articulation disorder and an articulation difference.

Many school teachers and specialists assume that the characteristics produced by the ESL student are the result of the articulation disorder (Paradis, 2005; Paradis & Crago, 2000; Rodriguez & Higgins, 2005), hence, it is important to understand the difference between a language difference and a language disorder. During their study, Limbos and Geva (2001), found that teachers were highly inaccurate in the identification of a language disability in ESL students. Due to this, teacher referrals alone are not sufficient enough to determine ESL students who have

a language disorder. The SLP must be competent enough to determine if the student is actually experiencing a language difference or a language disorder.

Many researchers agree that those individuals going through second language acquisition follow a very consistent developmental pattern and sequence (Iowa, 2003). The process of acquiring a second language follows a normal process that frequently results in differences that can impede an individual's form of communication. These differences need to be recognized not only by teachers, but by SLPs as normal behavior for individuals who have not yet reached proficiency in English (Roseberry-McKibbin, 2002). There are several processes that are most commonly observed during second language acquisition, such as the silent period, code switching, and language loss. Individuals learning a second language, go through a silent period, in which there is much listening and observing, however, very little output (Roseberry-McKibbin, 2002). During the silent period, it is believed that individuals are learning the rules of the second language. This period is estimated to last anywhere from three to six months. The problem with this period, is that educators may believe that the ESL student has an expressive language delay, when in fact, the student is just focusing on learning the language (Iowa, 2005). The next normal process of second language acquisition is code-switching. Roseberry-McKibbin (2002), defined code-switching as alternating or switching between two languages at the word, phrase, or sentence level. During the early stages of second language learning, an ESL student may substitute structures, forms, or lexical items from the first language for forms in the second language that have not yet been learned (Iowa, 2005).

In addition to the silent period and code-switching, an ESL student may experience language loss. Language loss is when an ESL student loses their native language as opportunities to hear and use their native language decrease. Many English language learners hear and speak

only English when they come to school. Bilingual Education may be nonexistent, especially for less common languages. An ESL student may appear to have a communication disorder but may only be experiencing loss of language. For example, the ESL student's first language skills may appear delayed (Iowa, 2005).

BICS and CALP

According to Roseberry-Mckibbin & Brice (2008), individuals from linguistically and culturally diverse backgrounds may develop conversational English that appears fluent and adequate for everyday communication yet, may experience difficulty in areas such as reading, writing, spelling, and other subject areas when there is little context to support the language being heard or read (Frediberg, Sondag, & Thormann, 2013). Cummins (1984) identified two types of language proficiency skill levels that linguistically and culturally diverse students acquire at different time intervals. Cummins (1984) identified these as BICS (basic interpersonal communication skills) and CALP (cognitive academic language proficiency) skills. BICS are the language skills necessary to function in everyday interpersonal context such as greetings, maintaining a conversation, taking turns, and other conversational skills. BICS has minimum relation to academic achievement, it is very informal, and generally takes about two years of exposure to the individual's second language (Freiberg, Sondag, & Thormann, 2013). CALP are language skills necessary for communicating thoughts and ideas with clarity and efficiency in academic subject areas. CALP skills require students to derive understanding exclusively from the language used to convey the message where situational cues are limited or absent. Meaning, individuals have to decontextualize and use higher-level language skills (hypothesizing, summaries, and inferencing). CALP skills may take about five to seven years or more, depending on the individual (Frieberg, Sondag, & Thormann, 2013).

Over and Under Representation

When ESLs struggle academically, teachers often believe the student has special education needs. A challenge faced universally is that educators need more information to distinguish between normal variability in bilingual language learners and language impairment or other learning disabilities, in order to prevent over and under representation (Bedore & Pena, 2011). There is a problem of both over and under representation of learners who are linguistically diverse in special education (Jitendra & Rohena-Diaz, 1996). Over and underrepresentation of Hispanic children, particularly ELLs is a persistent problem within the special education context (Artiles et al., 2005). Often a student who lacks English language skills may be referred for special education services simply because of differences in language. Students will qualify for speech-language services if they have disorders where there are comprehension and/or production impairments in both of the students spoken languages (Sietel & Garcia, 2009). However, bilingual students do not qualify for special education services, specifically speech-language pathology services, if assessments indicate that they have a language difference rather than a disorder (Cooley, 2012). Hence, why according to Kritikos (2003), the knowledge and understanding of assessment for culturally linguistically diverse students greatly affects how SLPs interpret data and which students receive services. Assessment of linguistically and culturally diverse students must be conducted so as to distinguish between a language difference and language impairment. This will ensure that SLPs determine a student's communication difficulties result from a speech and language impairment, and not from a social dialect, learning English as a second language, or a combination of these (Frediberg, Sondag, & Thormann, 2013).

According to Bedore (2011), Latino overrepresentation has persisted throughout the 1980s through the 1990s. There has been a disproportionate representation of minority students that has haunted the special education field for more than 3 decades (Artiles, Trent, & Palmer, 2004). Therefore, it is important that SLPs as specialists assessing communication skills address the unique needs of ESLs, since there is both under identification and over identification of minority speakers receiving speech-language services. The fact that ESL students have continued to be heavily overrepresented in special education programs is testament to the need for a clearer understanding of the factors that educators must consider prior to referring an ESL student for special education services (Case & Taylor, 2005).

CHAPTER V

LITERATURE REVIEW

Search Method

An extensive search for the concept of speech-language pathologist's perceptions was conducted across six databases, including ComDisDome, ProQuest, EBSCOHost, Google Scholar, and the ASHA Journal. Scholarly peer-reviewed journals that spanned over the last ten years were reviewed. Due to limited information being found, the time range was later extended to include any time frame. However, limited information was found, even when the search time frame was extended. A continued effort was made to identify anything in regard to research on SLPs' perception or experiences with the ESL population. Additional search terms (effectiveness of bilingual education programs, Speech Therapy on ESLs, SLPs working with Hispanic population) were used.

This search identified a total of 15 scholarly articles that completed investigations in the perceptions and experiences of SLPs working with the Hispanic or ESL population. In addition, exclusionary criteria included monolingual English-speaking children, adults, and SLPs working in clinics, rehabs, or other settings other than schools. The purpose of this study was to investigate the perceptions and experiences of school-based SLPs in regard to working with the ESL population. Other exclusionary criteria, were articles that pertained to ESLs and the efficacy of bilingual programs in terms of stuttering.

After reviewing the literature review, various commonalities were found. The commonalities found included:

Common Themes	Authors
SLP Challenges/Roles	Roseberry-Mckibbin et al., 2004 Edgar & Lugo, 2007 Kimble, 2013 Schetz & Billingsley, 1992 Koning, 2006 Petrasko, 2015 Kritikos, 2009 Hammer et al., 2003 Smalligan, 2015 Roseberry-Mckibbin et al., 1994 Bedore, 2011
Growing number of ESL/Culturally diverse populations	Roseberry-Mckibbin et al., 2004 Stockman, 2008 Smalligan, 2015 Koning, 2006 Eck, 2006 Hammer et al., 2003 Kimble, 2013 Roseberry-Mckibbin et al., 1994
Lack of materials	Roseberry-Mckibbin et al., 2004 Koning 2006 Eck, 2016
Lack of training/continue education	Roseberry-Mckibbin et al., 2004 Edgar & Lugo, 2007 Kimble, 2013 Koning, 2006 Kritikos, 2000 Hammer et al., 2003 Smalligan, 2015 Eck, 2016 Hammer, Detweiler, Blood, & Qualls, 2004 Roseberry-McKibbin, 2005
Collaboration among professionals	Spicko, 2007 Koning, 2006
	Spicko, 2007 Eck, 2016 Kritikos, 2000

SLP Perceptions	Kognert et al., 2003 Smalligan, 2015
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SLP Challenges/Roles

Speech-language pathologists (SLPs) across the United States are experiencing the challenge of providing services to an increasingly diverse population of students (Goldstein, 2000; Huer & Saenz, 2003; Kritikos, 2003; Moore-Brown & Montgomery, 2001; Roseberry-McKibbin & Eicholtz, 1994). Speech-language pathologists who work in the school setting, are being held responsible to provide culturally appropriate services to a growing culturally diverse caseload. The SLP is required to have adequate knowledge and training in regard to working with second language acquisition. As described by IDEA (2005), it is important for the SLP to provide support to children in need of special education services (Bedore, 2011). For example, SLPs must give assessments in a child's native language without any bias (Cooley, 2012). As cited by Cooley (2012), the SLP must understand the rules of different dialects and languages, recognize patterns of typical use and communication breakdown in languages, recognize dialects of children on their caseload, and understand the impact of the English language on the development and use of other languages in typical and atypical communicators (Kohnert, Kennedy, Glaze, Kan, & Carney, 2003).

It was noted that school-based SLPs who had not taken an entire course on bilingualism had more challenges working with linguistically diverse students, than those SLPS, who had taken an entire course on bilingualism (Cooley, 2012). According to ASHA (1998), SLPs must be skilled at choosing appropriate assessment materials and intervention techniques while working with culturally-linguistically diverse families and other professionals who serves ESL students (Cooley, 2012).

Growing Number of Culturally Diverse Populations

In the last decade, the Hispanic population in the U.S. has grown by 43% to exceed 50 million people (Cooley, 2012). This expanding diversity increases the likelihood that SLPs will have clients with culturally-linguistically diverse backgrounds on their caseloads (Hammond, Mitchell, & Johnson, 2009). The population of children in the United States who require English as a second language (ESL) instruction increases every year (Case & Taylor, 2005). In addition, in a survey conducted by the U.S. Department of Education's Office of English Language Acquisition, Language Enhancement, and Academic Achievement for Limited English Proficient Students (OELA, 2002) found that in 2000–2001, an estimated 4,584,946 limited English proficient (LEP) students were enrolled in public schools across the United States (Roseberry-McKibbin, Brice, & O'Halon, 2005).

Lack of Materials

Restropo & Silverman (2001), stated that language assessments that claim to be normed on bilingual populations lack reliability and validity, and are often based on small sample sizes with little weight given to dialectical differences. In addition, Roseberry-McKibbin, Brice, & O'Halon (2005), found in their study that there is a lack of appropriate assessment materials.

Lack of Training/Continuing Education

There is a growing demand for bilingual services in speech-language pathology and audiology. To meet this growing demand, and given their critical role in the recruitment of more bilingual professionals, higher education institutions need to know more about bilingual students' impression of Communication Sciences and Disorders (CSD) as a major (Keshishian, 2014). ASHA (1998) required that undergraduate and graduate level communication sciences and disorders programs and audiology programs include multicultural issues as a part of their

academic course work. In addition, additional requirements were added in 2005 that required programs to give students opportunities to have practicum experiences working with multicultural clients (Cooley, 2012). When SLPs had not received sufficient training to serve English language learners, there was a substantial risk of providing inadequate services (Roseberry-McKibbin, 2005). Furthermore, Hammer, Detweiler, Blood, & Qualls (2004) found that one third of school-based clinicians had not received multicultural and/or multilingual training during their undergraduate or graduate education. ASHA encourages SLPS to develop skills throughout their careers in order to be competent and to provide culturally and linguistically appropriate services to ESLs on their caseloads (Cooley, 2012). The notion that lack of bilingualism training may be the primary concern, is consistent with the conclusions of Hammer et al.'s (2004) study that indicated that the clinicians received little training in multicultural issues, and thus were not confident in assessing and treating bilingual children.

In Hammer et al.'s study, the differences in confidence levels as they relate to the clinician's language abilities were of special interest. Hammer and colleagues found that monolingual SLPS lacked confidence to assess bilingual children whose primary language is Spanish and when interacting with parents who do not speak English. In contrast to these monolingual clinicians their survey reported that bilingual SLPs reported higher confidence when assessing bilingual children whose primary language is Spanish or English, and working with parents who do not speak English (Smalligan, 2015).

Collaboration Among Professionals

While ASHA (1998) states it is not mandatory that the SLP and teachers collaborate it is an option that would most likely benefit the ESL student (Cooley, 2012). It is important that SLPs and educators collaborate to assess the skills of ESLs to provide appropriate educational

programs, including special education services. Furthermore, while the skill set of SLPs is very different from that of an ESL teacher, SLPs can provide indirect instruction and collaborate with the teacher during the student's pre-assessment, assessment, and intervention (Cooley, 2012). Every SLP shares information with clients and caregivers and therefore must form a working partnership with patients and family members as well. Since SLPs work in close collaboration with such a wide variety of individuals, it is important to understand the relationships between the practicing SLP and their co-workers (Spicko, 2007).

SLP Perceptions

Presently, there is limited to no information regarding SLPs' perceived confidence and competence when providing services to bilingual students (Smalligan, 2015). In Hammer's (2004) study, of the 213 school-based SLPs, many reported little or no confidence with assessing and serving bilingual Hispanic children. According to Smalligan (2015), the confidence levels of clinicians should presumably increase as they receive more specific training, education, and clinical practice with bilingual speakers. SLPs demonstrated confidence when assessing and serving bilingual students whose primary language was English, but they had less confidence when assessing and serving students whose primary language was Spanish (Cooley, 2012). Smalligan (2015), found in her study, that despite improvements in training in multicultural issues in recent decades, the clinicians continued to not feel that they had received sufficient training in this area. Kritikos (2003) study found 85% of the participants of the study reported that they were not competent even with the aid of an interpreter to assess a culturally diverse individual.

CHAPTER VI

SIGNIFICANCE

Despite the increasing numbers of bilingual speakers in the U.S., there is limited information about the clinician's preparedness to provide services to bilingual speakers and about clinician's perceived confidence and beliefs about such services (Smalligan, 2015). There is a growing gap between the significantly growing culturally diverse caseload and competence in service delivery for ESL students. The battle of having appropriate assessment tools and intervention techniques for English as a second language learners (ESLs) in the public-school systems has been going on for decades. According to the U.S Department of Education, in 2013, there was approximately 4.4 million students identified as ESLs in public schools across the United States. Although there is a growing number of ESL students and a growing need of bilingual service providers, only about 5% of ASHA members are identified as bilingual service provider, meaning there are few SLPs, who speak multiple languages or who are from diverse cultural/ethnic backgrounds. This includes speech-language pathologists and audiologists. During a survey, ASHA (2014), found that only 43 percent of those 5% bilingual service providers work within a school district. This means that the majority of school based SLPs are monolingual English speakers.

With the increasing number of ESL students in the public schools, the number of ESL students that are being referred to the SLP has increased as well. This is concerning, since the

increase of cultural and language diversity, is not being matched by the number of bilingual speech-language pathologists available. There is limited materials, training, and resources to distinguish a typically developing student, from a student who has an actual language disorder. Not only is there a lack of assessment resources, there is also a lack of treatment resources as well. This shows the drastic need for bilingual SLPs and materials to be developed for the assessment and treatment of ESL students. There are not enough resources for SLPs to feel competent in providing speech and language services to ESL students. ASHA states cultural competence is crucial, in order to provide the best quality of service. Although the impact of these perceptions on practice has not been systematically studied, there is evidence that perceptions of inadequacy may negatively impact delivered services (Zebrowski, 2007). It is possible that Hispanic students with poor English proficiency are misclassified, when adequate bilingual programs are not available.

There are several resources available in Spanish, or that are bilingual. However, the majority of these resources are normed on different populations who have different dialects, then that of the patient. Many of these resources, especially the assessments have faulty translations, that are incorrect, and/or lack reliability and validity. Restrepo & Silverman (2001), stated that language assessments that claim to be normed on bilingual populations lack reliability and validity, and are often based on small sample sizes with little weight given to dialectical differences. For example, there are some assessments that are normed on the populations of Puerto Rico, and are used to assess Hispanics that are not of the Puerto Rican culture, making the assessment content unreliable. The current standardized tests may be biased in their assumption that bilingual students have been exposed to similar concepts and vocabulary of their peers, and

that they have the same life experiences as the population the test was normed on (Gillam & Pena, 2004).

Once it has been determined that an ELL child has a language disorder, SLPs often do not have the resources or training to implement effective intervention (Holm et al., 1999). The significant gap between the number of speech-language pathologists who are ASHA certified and provide bilingual services and the growing number of minority populations shows the increasing need for bilingual services to meet the growing number of bilingual patients in the schools. This indicates that further research is needed for bilingual populations, specifically in the area of speech and language disorders in children who are Hispanic and Spanish-speaking. In addition to the scarce materials and resources, there is a decreased confidence level when providing services to ESL individuals. Rosen and Weiss (2007) found in their study that 81.5% of participants felt they were not proficient enough to provide adequate services to ESL students. In addition, SLPs reported a lack of confidence in assessing Spanish-English bilingual students who primarily spoke Spanish, and whose parents did not speak English (Cooley, 2012).

CHAPTER VII

METHODOLOGY

Current Study

Nippold (2010) stated that it is the job of both the SLP and classroom teachers to work collaboratively in order to help children with speech-language disorders achieve their academic potential. According to Chiuri & Saxon (2012), understanding SLPs' perspectives on service delivery to children with speech-language disorders from culturally linguistic diverse backgrounds will result in forging a better intervention philosophy between the SLPs, administrators, and teachers for providing services to these children. However, currently there are very few studies that have actually examined how speech-language pathologists actually assess and intervene or treat ESLs. The current study surveyed both current and former school based speech-language pathologists, across the Rio Grande Valley. This study is significant due to its insight regarding the effectiveness of bilingual education programs and current speech-language intervention and assessment procedures for ESLs across the public schools in the Rio Grande Valley. The researcher examined the SLPs' perspectives and beliefs on the assessment and intervention practices of ESLs. It is hypothesized that SLPs believe more training is needed for teachers who work with ESLs.

Participants

The Institutional Review Board (IRB) at The University of Texas Rio Grande Valley approved this study and all materials used to collect data prior to the start of this investigation.

The researcher accessed SLPs' emails through public school districts' staff directories on the school districts' websites. This process helped limit the survey to those who met the survey criteria, which were current or former school based speech-language pathologists, currently working within the Rio Grande Valley region.

The participants of this study were 17 current and former school based speech-language pathologists, who work or have worked in the public schools across the Rio Grande Valley. The study subjects were recruited via an email recruitment script. Participants were asked to participate in an online survey regarding the perceptions and experiences of school based SLPs.

Materials

An online survey was created through the use of Qualtrics Software in order to identify SLPs' perceptions and experience in regard to bilingual education programs across the Rio Grande Valley. The survey was developed to provide information on the training background of school based SLPs and in addition, to provide information in regard to ESLs on the SLPs' caseloads. The survey was then emailed to the speech-language pathologists. Email addresses were obtained through public records on school district websites and in addition, through the University of Texas Rio Grande Valley Communication Sciences & Disorders (COMD) department. After receiving approval from the COMD Department Chair, a list of alumni addresses was given to the researcher.

The instructions and consent form on the email script informed all participants about the confidentiality of the survey and that no record of identifying information was recorded. In addition, the instructions indicated all answers to all questions were voluntary and that participants could end their participation at any time.

The Survey

The study's survey consisted of 7 sections: *Demographics, Background Information, Experience, ESL Demographics, Training, Self-Perception on Competency, and School District Bilingual Education Information*. The survey consisted of 40 questions, which took about 10-20 minutes for completion, depending on the individual. Some of the survey's questions were modified from two studies with permission from Terril Saxon (2012) and Alaina Eck (2016). The following is a description for each section.

Demographics

The demographics section consisted of 5 questions that gathered demographic information about the participants, such as their gender, age, ethnicity, and languages spoken by the participant.

Background information

The background information section of the survey consisted of 5 questions that gathered information in regard to the participant's current position title, highest degree earned, ASHA certification, and years working as an SLP.

Experience

The experience section of the survey consisted of 6 questions that gathered information in regard to the participant's experience in the school setting.

ESL demographics

The ESL demographics section of the survey consisted of 4 questions designed to gather more information in regard to the number of ESLs in each of the participant's caseloads.

Training

The training section of the survey consisted of 6 questions designed to gather more information in regard to the participant's training levels.

SLP self-perception on competency

This section of the survey consisted of 3 questions designed to have the participants rate their competency for several areas, such as the assessment and treatment of ESL students.

School District Bilingual Education Program

This section of the survey consisted of 10 questions designed to gather information about the types of support available to SLPs at their school district.

CHAPTER VIII

RESULTS

This chapter presents the analysis of data collected from the study's participants' responses. A total of 258 surveys were sent via email through the Qualtrics software. The data was analyzed quantitative and qualitative through the use of Microsoft Excel. From the 258 surveys, a total of 17 (n = 17, 6.6%) participants took part in this study. The majority of the participants were female (n = 16, 94.1%). The majority of participants identified themselves as Hispanic (n = 16, 94.1%). The participants' ages ranged from 30 to 60 years of age. The largest age group was 40-48 years of age (n = 7, 41.1%), followed by 30-38 year olds (n = 5, 29.4%), 50-58 year olds (n = 4, 23.5%), and 60-68 years of age (n = 1, 5.8%). Sixteen participants identified themselves as bilingual (n = 16, 94.1%), while 1 participant identified themselves as trilingual (n = 1, 5.9%). All 17 participants identified themselves as speaking Spanish (n = 17, 100%), aside from speaking English. A total of 16 participants identified themselves as speech-language pathologists (n = 16, 94.1%), and 1 participant identified themselves as a speech-language pathologist CFY (n = 1, 5.9%). All but one participant identified themselves as being ASHA certified (n = 16, 94.1%). The years that participants acquired ASHA certification ranged from 1995 to 2016. The largest group was 2006-2010 (n = 5, 29.4%), followed by 2011- 2015 (n = 4, 23.5%), 2000-2005 (n = 4, 23.5%), 1995-1999 (n = 3, 17.6%), and 2016 (n = 1, 5.8%).

Experience

A total of 13 participants identified themselves as currently working the school setting ($n = 13$, 76.5%), while 4 participants identified themselves as formerly working the school setting ($n = 4$, 23.5%). *Table 1* shows the number of years each of the participant had worked as an SLP. The years varied from 1 to 40 years. The largest group was 6 to 15 years ($n = 8$, 47%), followed by 16 to 20 years ($n = 2$, 11.7%), 21 to 25 years ($n = 2$, 11.7%), 26 to 30 years ($n = 11.7\%$), 31 to 35 years ($n = 5.8\%$), 36 to 40 years ($n = 5.8\%$), and 1-5 years ($n = 1$, 5.8%).

The participants' years of working in the school settings varied as well, from less than 1 year to 25+ years. *Table 2* shows the variation of the participant's years working in the school setting. The largest group was 1-3 years ($n = 3$, 17.6%), followed by 25+ years ($n = 3$, 17.6%), less than 1 year ($n = 3$, 17.6%), 10-15 years ($n = 2$, 11.7%), 15-20 years ($n = 2$, 11.7%), 20-25 years ($n = 11.7\%$), 4-7 years ($n = 1$, 5.9%), and 8-10 years ($n = 1$, 5.9%).

The participants were asked to indicate what service delivery models their school district implements. The participants indicated that their school districts used consultation model ($n = 11$, 28.21%), pull-out model ($n = 15$, 38.4%), co-teaching/collaboration model ($n = 5$, 12.8%), self-contained ($n = 7$, 17.9%), and other types of models ($n = 1$, 2.5%).

ESL demographics

The participants were asked to indicate how many students were currently on their caseload. *Table 3* represents the number of students in the participant's caseloads. The participants' caseload ranged from 50 to 160 students. The largest caseload group was 60 to 69 students ($n = 5$, 29.4%), followed by 70 to 79 students ($n = 4$, 23.5%), 90 to 99 students ($n = 3$, 17.6%), 100+ students ($n = 3$, 17.6%), 50 to 59 students ($n = 1$, 5.9%), and 80 to 89 students ($n = 1$, 5.9%).

The participants were asked to indicate what bilingual education models their school district implements. The models identified were early transition, dual-language, ESL bilingual, and early exit. Nine participants stated they did not know what bilingual education model their school district implemented, making this the largest group ($n = 9$, 52.9%), followed by the ESL bilingual model ($n = 4$, 23.5%), early transition model ($n = 2$, 11.7%), dual-language ($n = 1$, 5.9%), and early exit ($n = 1$, 5.9%). A total of 12 of the participants indicated that they have worked with students of diverse cultural backgrounds ($n = 12$, 70.5%), and a total of 5 participants indicate they had not work with students of diverse cultural backgrounds ($n = 5$, 29.4%). All 17 participants indicated they worked with Hispanic students, however 4 participants indicated they also worked with African-American students and Caucasian students ($n = 4$, 23.5%). Table 4 represents the number of ESLs on the participants' caseload. The number of ESLs on the participant's caseload ranged from 1 to 80, however a total of 6 participants stated they were not sure on the number of ESLs on their caseload ($n = 6$, 35.3%). The largest group was 21 to 30 ESL students ($n = 6$, 35.3%), followed by 1 to 20 ESL students ($n = 3$, 17.6%), 40 to 45 ESL students ($n = 1$, 5.9%), and 70 to 80 ESL students ($n = 1$, 5.9%).

Training

A total of 14 participants indicated they feel competent in the treatment and assessment of students from culturally diverse backgrounds ($n = 14$, 82.4%). However, 3 of the participants indicated that they did not feel competent in the treatment and assessment of students from a culturally diverse background ($n = 3$, 17.6%), represented in *table 5*. In addition, when participants were asked if they received any training and/or education on culturally linguistic backgrounds, 14 of the participants stated that they had ($n = 14$, 82.4%), while 3 of the participants stated they hadn't received any training and/or education ($n = 3$, 17.6%), represented

in *table 6*. All of the participants stated they used standardized assessments to assess and evaluate ESL students ($n = 17$, 100%). In addition, some of the participants also indicated they used criterion referenced, dynamic assessments, or other materials to assess and evaluate ESL students. When participants were asked if they had took continuing education for the assessment and/or treatment of ESLs, 11 participants stated they had ($n = 11$, 64.7%), and 5 participants stated they had not taken any continuing education ($n = 5$, 35.3%). All of the 17 participants ($n = 17$, 100%), stated they used informal testing to evaluate ESL students, such as dynamic assessment, case history, parent interview, school records, teacher records, classroom observation, and language sample analysis.

When the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate treatment independently, 14 participants stated they were very qualified ($n = 14$, 82.4%), and 3 participants stated they were somewhat qualified ($n = 3$, 17.6%). When the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate assessment independently, 14 of the participants stated they were very qualified ($n = 14$, 82.4%), and 3 participants stated they were somewhat qualified ($n = 3$, 17.6%). When the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate treatment with aid, 10 of the participants stated they were very qualified ($n = 10$, 58.8%), and 7 participants stated they were somewhat qualified ($n = 7$, 41.2%). When the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate basic assessment independently, 14 of the participants stated they were very qualified ($n = 14$, 82.4%), and 3 participants stated they were somewhat qualified ($n = 3$, 17.6%).

Self-perception

A scale ranging from *strongly disagree*, *disagree*, *somewhat disagree*, *neither disagree or agree*, *somewhat agree*, *agree*, and *strongly agree* was used to assess the levels the participants felt competent in, when working with ESL students. When the participants were asked if they felt competent in obtaining a translator to perform an assessment, 4 of the participants stated they disagreed ($n = 4$, 23.5%), 7 of the participants stated they neither disagree or agree ($n = 7$, 41.1%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 1 of the participants stated they agree ($n = 1$, 5.8%), and 3 of the participants stated they strongly agree ($n = 3$, 17.6%). When the participants were asked if they felt competent educating a translator on assessment procedures, 4 of the participants stated they disagreed ($n = 4$, 23.5%), 2 of the participants stated they neither disagree or agree ($n = 2$, 11.8%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 3 of the participants stated they agree ($n = 3$, 17.6%), and 6 of the participants stated they strongly agree ($n = 6$, 35.3%).

When the participants were asked if they felt competent in obtaining a parent survey or home language assessment, 5 of the participants stated they neither disagree or agree ($n = 5$, 29.4%), 5 of the participants stated they agree ($n = 5$, 29.4%), and 7 of the participants stated they strongly agree ($n = 7$, 41.1%). When the participants were asked if they felt competent in collaborating with ELL instructors and professionals, 6 of the participants stated they somewhat agree ($n = 6$, 35.3%), 3 of the participants stated they agree ($n = 3$, 17.6%), and 8 of the participants stated they strongly agree ($n = 8$, 47.1%). When the participants were asked if they felt competent in recognizing typically developing long patterns in emergent bilinguals, 4 of the participants stated they neither disagree or agree ($n = 4$, 23.5%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 6 of the participants stated they agree ($n = 6$, 35.3%), and 6 of the participants stated they strongly agree ($n = 6$, 35.3%). When the participants were asked if they

felt competent in developing non-standardized assessment materials, 4 of the participants stated they somewhat disagree (n = 4, 23.5%). 2 of the participants stated they neither disagree or agree (n = 2, 11.8%), 4 of the participants stated they somewhat agree (n = 4, 23.5%), 4 of the participants stated they agree (n = 4, 23.5%), and 3 of the participants stated they strongly agree (n = 3, 17.6%).

When the participants were asked if they felt competent in using classroom activities/monitoring to inform assessment decisions, 5 of the participants stated they neither disagree or agree (n = 5, 29.4%), 2 of the participants stated they somewhat agree (n = 2, 11.8%), 6 of the participants stated they agree (n = 6, 35.3%), and 4 of the participants stated they strongly agree (n = 4, 23.5%). When the participants were asked if they felt competent in finding the latest research related to the issue, 6 of the participants stated they neither disagree or agree (n = 6, 35.3%), 2 of the participants stated they somewhat agree (n = 2, 11.8%), 4 of the participants stated they agree (n = 4, 23.5%), and 5 of the participants stated they strongly agree (n = 5, 29.4%). When the participants were asked if they felt competent in establishing the best practice based on scientific research, 6 of the participants stated they neither disagree or agree (n = 6, 35.3%), 3 of the participants stated they somewhat agree (n = 3, 17.6%), 3 of the participants stated they agree (n = 3, 17.6%), and 5 of the participants stated they strongly agree (n = 5, 29.4%). When the participants were asked if they felt competent in advocating for their clients to school district administration, 3 of the participants stated they neither disagree or agree (n = 3, 17.6%), 6 of the participants stated they somewhat agree (n = 6, 35.3%), 4 of the participants stated they agree (n = 4, 23.5%), and 4 of the participants stated they strongly agree (n = 4, 23.5%).

Self-Perception II

A scale ranging from *strongly disagree*, *disagree*, *somewhat disagree*, *neither disagree or agree*, *somewhat agree*, *agree*, and *strongly agree* was used to assess the self-perceptions of participants in a series of questions. When participants were asked to rate if they included the clients and their families as partners determining outcomes for treatment, 8 of the participants stated they strongly agree ($n = 8$, 47%), 2 of the participants stated they agree ($n = 2$, 11.8%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 1 of the participants stated they neither agree or disagree ($n = 1$, 5.8%), 1 of the participants stated they somewhat strongly disagree ($n = 1$, 5.8%), and 4 of the participants stated they strongly disagree ($n = 4$, 23.5%). When participants were asked to rate if they recognize the difference in narrative styles and pragmatic behaviors that vary across cultures, 3 of the participants stated they strongly agree ($n = 3$, 17.6%), 8 of the participants stated they agree ($n = 8$, 47%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), and 5 of the participants stated they strongly disagree ($n = 5$, 29.4%). When the participants were asked if they take the time to learn about acceptable behaviors and customs that are prevalent in their patients' cultures, 4 of the participants stated they strongly agree ($n = 4$, 23.5%), 5 of the participants stated they agree ($n = 5$, 29.4%), 3 of the participants stated they somewhat agree ($n = 3$, 17.6%), and 5 of the participants stated they strongly disagree ($n = 5$, 29.4%).

When participants were asked to rate if they consider their patients' beliefs in both traditional and alternative medicine when prescribing treatment regimens, 1 of the participants stated they strongly agree ($n = 1$, 5.8%), 7 of the participants stated they agree ($n = 7$, 41.2%), 4 of the participants stated they neither agree or disagree ($n = 4$, 23.5%), and 5 of the participants stated they strongly disagree ($n = 5$, 29.4%). Participants were asked if they respect their client's decision to seek alternative treatments such as a holistic practitioner, 1 of the participants stated

they strongly agree ($n = 1$, 5.8%), 8 of the participants stated they agree ($n = 8$, 47%), 2 of the participants stated they neither agree or disagree ($n = 2$, 11.8%), 3 of the participants stated they disagree ($n = 3$, 17.6%), and 3 of the participants stated they strongly disagree ($n = 3$, 17.6%).

Participants were asked to rate themselves if they understand that some children may have different reading levels in English when compared to their reading levels in their native language, 6 of the participants stated they strongly agree ($n = 6$, 35.3%), 5 of the participants stated they agree ($n = 5$, 29.4%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 2 of the participants stated they somewhat strongly disagree ($n = 2$, 11.8%), and 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%).

When participants were asked if they provide written information for clients to take home in their preferred language, 4 of the participants stated they strongly agree ($n = 4$, 23.5%), 7 of the participants stated they agree ($n = 7$, 41.2%), 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%), and 3 of the participants stated they strongly disagree ($n = 3$, 17.6%).

When participants were asked if they seek assistance from bilingual coworkers and/or individuals in related professions who are bilingual and can help interpret as needed, 5 of the participants stated they strongly agree ($n = 5$, 29.4%), 6 of the participants stated they agree ($n = 6$, 35.3%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 4 of the participants stated they neither agree or disagree ($n = 4$, 23.5%), and 1 of the participants stated they strongly disagree ($n = 1$, 5.8%).

One of the questions asked if the participants school district or agency provided a list of interpreters if a patient should need one, 1 of the participants stated they strongly agree ($n = 1$, 5.8%), 4 of the participants stated they agree ($n = 4$, 23.5%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 4 of the participants stated they neither agree or disagree ($n = 4$, 23.5%), 4 of the participants stated they disagree ($n = 4$, 23.5%), and 2

of the participants stated they strongly disagree ($n = 2$, 11.8%). Participants were asked if they had trained an interpreter using clearly defined roles and responsibilities to assist in providing services to linguistically diverse populations, 9 of the participants stated they neither agree or disagree ($n = 9$, 53%), 1 of the participants stated they disagree ($n = 1$, 5.8%), and 7 of the participants stated they strongly disagree ($n = 7$, 41.2%).

Participants were asked if they know how to train bilingual interpreters or speech-language assistants for appropriate assessments and treatment, 3 of the participants stated they strongly agree ($n = 3$, 17.6%), 3 of the participants stated they agree ($n = 3$, 17.6%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 4 of the participants stated they neither agree or disagree ($n = 4$, 23.5%), and 6 of the participants stated they strongly disagree ($n = 6$, 35.3%). Participants were asked if they always ask questions about the client's language history, 7 of the participants stated they strongly agree ($n = 7$, 41.2%), 3 of the participants stated they agree ($n = 3$, 17.6%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%), and 2 of the participants stated they strongly disagree ($n = 2$, 11.8%). The participants were asked if they ask their patients' family members and friends about the native language at home, 5 of the participants stated they strongly agree ($n = 5$, 29.4%), 2 of the participants stated they agree ($n = 2$, 11.8%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%), and 5 of the participants stated they strongly disagree ($n = 5$, 29.4%). Participants were asked if they asked the patients' friends and family members about the before and after the client came to the USA, 9 of the participants stated they strongly agree ($n = 9$, 52.3%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 5 of the participants stated they neither agree or disagree ($n = 5$, 29.4%), and 1 of the participants stated they strongly

disagree ($n = 1$, 5.8%). The survey's participants were asked if their school district or agency uses only the results of standardized tests as referral criteria for SLP services, 7 of the participants stated they neither agree or disagree ($n = 7$, 41.2%), 2 of the participants stated they somewhat disagree ($n = 2$, 11.8%), 5 of the participants stated they disagree ($n = 5$, 29.4%), and 3 of the participants stated they strongly disagree ($n = 3$, 17.6%).

Participants were asked if they use assessments and materials that are not biased against culturally and linguistically diverse populations, 4 of the participants stated they strongly agree ($n = 4$, 23.5%), 3 of the participants stated they agree ($n = 3$, 17.6%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 2 of the participants stated they neither agree or disagree ($n = 2$, 11.8%), 1 of the participants stated they somewhat disagree ($n = 1$, 5.8%), and 5 of the participants stated they strongly disagree ($n = 5$, 29.4%). Participants were asked if they consider the cultural and linguistic background of their patients when selecting treatment materials so that the materials are relevant to the client, 6 of the participants stated they strongly agree ($n = 6$, 35.3%), 3 of the participants stated they agree ($n = 3$, 17.6%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%), 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%), 1 of the participants stated they somewhat disagree ($n = 1$, 5.8%), and 2 of the participants stated they strongly disagree ($n = 2$, 11.8%). Participants were asked if their school district or agency actively recruits employees who can speak languages in addition to English, 1 of the participants stated they strongly agree ($n = 1$, 5.8%), 2 of the participants stated they agree ($n = 2$, 11.8%), 1 of the participants stated they somewhat agree ($n = 1$, 5.8%), 6 of the participants stated they neither agree or disagree ($n = 6$, 35.3%), 2 of the participants stated they somewhat disagree ($n = 2$, 11.8%), 3 of the participants stated they disagree ($n = 3$, 17.6%), and 2 of the participants stated they strongly disagree ($n = 2$, 11.8%). Participants were asked if they

are interested in multicultural or multilingual speech-language services overall, 6 of the participants stated they strongly agree (n = 6, 35.3%), 5 of the participants stated they agree (n = 5, 29.4%), 4 of the participants stated they neither agree or disagree (n = 4, 23.5%), and 2 of the participants stated they strongly disagree (n = 2, 11.8%).

District Bilingual Education Program

Participants were asked if they receive support in the assessment and treatment of ESL students from other teachers and staff at their school district, 13 of the participants said yes (n = 76.5%), and 4 of the participants stated no (n = 4, 23.5%), represented by table 7. The participants that indicated yes as their answer, stated they receive support from teachers, administrators, supervisors, special education staff, counselors, and diagnosticians.

Participants were asked to indicate the number of referrals for speech and language evaluations they have had this school year. The number of referrals ranged from 5 to 35. The largest group ranged from 5 to 15 referrals (n = 10, 58.8%), followed by 16 to 25 referrals (n = 5, 29.4%), and 2 of the participants left this question blank (n = 2, 11.8%). Participants were asked to give an approximation of the amount ESL students that were on the referrals indicated above. The number of ESL students ranged from 2 to 15, with the largest group being 0 to 5 ESL students (n = 6, 35.3%), followed by 6 to 10 ESL students (n = 5, 29.4%), and 11 to 15 ESL students (n = 4, 23.5%). 2 of the participants left this question blank (n = 2, 11.8%). The participants were asked if they believed teachers are trained to distinguish between a language difference and a language disability, 2 of the participants indicated yes (n = 2, 11.8%), and 15 of the participants stated no (n = 15, 88.2%), represented by table 8. Participants were also asked to indicate if they believed teachers should receive more training in regards to working with ESL students, and distinguishing the difference between a language difference and a language

disability, the majority of the participants indicated teachers should receive more training (n = 16, 94.1%), and 1 participant stated that teacher should not receive more training (n = 1, 5.8%), represented by table 9.

Participants were asked to indicate what their primary concerns about providing services to ESL students. The participants' answers were collected as written comments. One of the participants stated "the district does not have a true bilingual program for the students", another stated "different cultural backgrounds are a problem for me since I am Puerto Rican", "my concern is that support of their dominant language in the classroom", "the student's limited vocabulary", "the loss of the student's home language, and the inability to communicate with family members", "their dominant language must be valued and supported", and lastly "my concern is decreasing the gap between CALPS for L1 and L2". The majority of the participants left this question blank (n = 12, 70.6%). Participants were asked if they believed they have sufficient resources to work with ESL students, the majority of the participants stated that they have sufficient resources (n = 10, 58.8%), however, 7 of the participants stated they do not have sufficient resources (n = 7, 41.2%), represented by table 10. Lastly participants were asked what resources they wished they had available to work with ESLs. Participants' answers were collected as written comments. The majority of participants left this answer blank, 1 participant however indicated they wished they had more evidence based language development programs (n = 1, 5.8%).

CHAPTER IX

DISCUSSION

The aim of this study is to investigate the efficacy of bilingual programs and explore the factors that impact English as a second language learners in public schools across the Rio Grande Valley. School based SLPs were surveyed for information concerning their perceptions and experiences in working with ESLs in the public schools. Current research in regard to the assessment and treatment of ESLs is limited. Other problems found within the school setting, is that fact that SLPs have very limited resources and large caseloads. Hence, the fact that previous studies have found that SLPs working the school setting do not feel competent in serving ESL students. According to Cooley (2012), it is estimated that Hispanics could make up a third of the population by 2040. Meaning, as the Hispanic population continues to rise in United States, more and more states will start to see an increase in permanent Hispanic populations. A more permanent Hispanic population means more children will likely be enrolled in public schools (Cooley, 2012). Consequently, these schools will need appropriate resources to provide adequate services to Hispanic children (Hijalmarson, 2011).

Speech-Language Pathologists in the South Texas public school setting are responsible for providing services to an increasing diverse population. These school based SLPs must have adequate knowledge of how second language acquisition. In addition, with increasing ESL student populations, SLPs must have appropriate resources for the evaluation and treatment of

ESL students. Many experts in the field of speech-language pathology have emphasized the importance of improved service delivery to ELL students with communication disorders. There has especially been an emphasis on the need for more valid, reliable methods and materials for less biased assessment of ELL students (Roseberry-Mckibbin, Brice, & O'Halon, 2005). In addition, although it is crucial to train SLP students on matters regarding cultural and linguistic diversity during their academic and clinical preparation, findings from the present study demonstrated that there is lack of training. Future awareness on training may also be provided through other means, such as, in-service courses, workshops, conferences, or seminar (Chiuri, 2012).

Moreover, a future change should happen in regard to multicultural content taught to communication sciences and disorders programs. This study demonstrated that additional training and coursework is needed at the undergraduate and graduate level that addresses bilingualism in general. In addition, research has shown that academic programs have faced many challenges meeting standards placed by ASHA. Many faculty members do not have an educational background on multicultural content because most completed their education before this curriculum was taught (Stockman, Boulton, & Robinson, 2004). Stockman and colleagues (2008), surveyed 731 faculty and clinical supervisors at programs that are ASHA accredited in the U.S. and Puerto Rico. Their study found many professors reported difficulties teaching multicultural content. In addition, the participants of their study requested better guidelines for including multicultural content in classes and clinical settings and access to instructional resources. More recently, Cooley's (2012) study of 46 fully certified SLPs reported that 24% of participants did not receive any undergraduate or graduate training that addressed bilingualism and that the clinicians did not feel confident with providing services to bilinguals.

Interesting Findings

The research gathered interesting findings from the data gathered. All the data was analyzed using quantitative and qualitative methods and excel. The following describes some interesting findings. While, sixteen participants identified themselves as bilingual ($n = 16$, 94.1%) and all seventeen participants identified themselves as speaking Spanish ($n = 17$, 100%), aside from speaking English, some discrepancies were still found during data analysis. The survey asked participants to indicate the year they acquired their ASHA certification. This is important to know, since ASHA did not start to push for the requirement of multicultural courses, until after 1991. Three participants indicated they had acquired they ASHA certification between the years 1995 and 1999.

Experience

A total of 13 participants identified themselves as currently working the school setting ($n = 13$, 76.5%), while 4 participants identified themselves as formerly working the school setting ($n = 4$, 23.5%). *Table 1* shows the number of years each of the participant had worked as an SLP. The years varied from 1 to 40 years. The largest group was 6 to 15 years ($n = 8$, 47%), followed by 16 to 20 years ($n = 2$, 11.7%), 21 to 25 years ($n = 2$, 11.7%), 26 to 30 years ($n = 11.7\%$), 31 to 35 years ($n = 5.8\%$), 36 to 40 years ($n = 5.8\%$), and 1-5 years ($n = 1$, 5.8%).

The participants' years of working in the school settings varied as well, from less than 1 year to 25+ years. *Table 2* shows the variation of the participant's years working in the school setting. The largest group was 1-3 years ($n = 3$, 17.6%), followed by 25+ years ($n = 3$, 17.6%), less than 1 year ($n = 3$, 17.6%), 10-15 years ($n = 2$, 11.7%), 15-20 years ($n = 2$, 11.7%), 20-25 years ($n = 11.7\%$), 4-7 years ($n = 1$, 5.9%), and 8-10 years ($n = 1$, 5.9%).

The participants' years of working in the school settings varied as well, from less than 1 year to 25+ years. The largest group was 1-3 years ($n = 3$, 17.6%), followed by 25+ years ($n = 3$, 17.6%), less than 1 year ($n = 3$, 17.6%), 10-15 years ($n = 2$, 11.7%), 15-20 years ($n = 2$, 11.7%), 20-25 years ($n = 1$, 5.9%), 4-7 years ($n = 1$, 5.9%), and 8-10 years ($n = 1$, 5.9%). Although some of the participants had worked in the school settings for 25+ years, many did not know the type of bilingual program and/or model their school district uses, nor did they know how many ESLs were on their caseload, as will be discussed further below.

ESL demographics

There are various bilingual education programs and models implemented in schools across the U.S. Each school district offers different bilingual education programs and/or models, and it is important to know what program or model is being used, since each has its own set of rules/processes involved for the students. The participants were asked to indicate what bilingual education models their school district implements. The models identified were early transition, dual-language, ESL bilingual, and early exit. Nine participants stated they did not know what bilingual education model their school district implemented, making this the largest group ($n = 9$, 52.9%), followed by the ESL bilingual model ($n = 4$, 23.5%), early transition model ($n = 2$, 11.7%), dual-language ($n = 1$, 5.9%), and early exit ($n = 1$, 5.9%). A total of 12 of the participants indicated that they have worked with students of diverse cultural backgrounds ($n = 12$, 70.5%), and a total of 5 participants indicate they had not work with students of diverse cultural backgrounds ($n = 5$, 29.4%).

Training

A total of 14 participants indicated they feel competent in the treatment and assessment of students from culturally diverse backgrounds ($n = 14$, 82.4%). However, three of the

participants indicated that they did not feel competent in the treatment and assessment of students from a culturally diverse background ($n = 3$, 17.6%). In addition, when participants were asked if they received any training and/or education on culturally linguistic backgrounds, 14 of the participants stated that they had ($n = 14$, 82.4%), while 3 of the participants stated they hadn't received any training and/or education ($n = 3$, 17.6%). Findings show that those who said that they had not received any training on diversity matters had years of experience ranging from 5-20, and these years were also represented in the group that reported to have received specific training on issue of diversity. When participants were asked if they had taken continuing education for the assessment and/or treatment of ESLs, 11 participants stated they had ($n = 11$, 64.7%), and 5 participants stated they had not taken any continuing education ($n = 5$, 35.3%). While 11 participants stated they had taken continue education courses, there was still 5 participants that stated they hadn't. As previously stated, the ASHA Code of Ethics, indicates that is the SLP's responsibility to continue to develop their knowledge and skills, in order to provide more appropriate services.

As cited by Chiuri, (2012), Comparing the findings of the present study related to training on linguistic and cultural diversity issues and previous research, less than half (47%) of the participants in Kohnert et al.'s (2003) study reported coursework relating to service delivery to diverse students. Also, a study by Hammer et al. (2004) indicated that 52% of the SLPs had received some kind of academic training in CLD issues as undergraduate or graduate students. Roseberry-McKibbin et al. (2005) reported that 38% of the respondents in the study had not taken a course addressing service to bilingual students. It seems, therefore, that in most studies, there is a group of SLPs who claim to not have

received specific training on matters related to cultural and linguistic diversity (Chiuri, 2012).

Moreover, in order to provide appropriate services to children with culturally and linguistically diverse backgrounds, SLPs have to be culturally competent. However, when the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate treatment independently, 3 participants stated they were somewhat qualified ($n = 3$, 17.6%). In addition, when the participants were asked to indicate how qualified they felt in providing culturally and linguistically appropriate assessment independently, 3 participants stated they were somewhat qualified ($n = 3$, 17.6%). Keep in mind that all of the participants indicated they were bilingual speakers and were all Spanish speakers.

Self-perception

As previously mentioned, ASHA's Code of Ethics indicates that the use of an interpreter may be necessary to provide culturally appropriate services to ESLs. However, when the participants were asked if they felt competent in obtaining a translator to perform an assessment, 4 of the participants stated they disagreed ($n = 4$, 23.5%), 7 of the participants stated they neither disagree or agree ($n = 7$, 41.1%), 2 of the participants stated they somewhat agree ($n = 2$, 11.8%). In addition, being able to train an interpreter, is part of the SLP's role. In addition, when the participants were asked if they felt competent educating a translator on assessment procedures, 4 of the participants stated they disagreed ($n = 4$, 23.5%), 2 of the participants stated they neither disagree or agree ($n = 2$, 11.8%), and 2 of the participants stated they somewhat agree ($n = 2$, 11.8%). In addition, one of the questions asked if the participants school district or agency provided a list of interpreters if a patient should need one, while 1 of the participants stated they strongly agree ($n = 1$, 5.8%), 4 of the participants stated they neither agree or disagree ($n = 4$,

23.5%), 4 of the participants stated they disagree ($n = 4$, 23.5%), and 2 of the participants stated they strongly disagree ($n = 2$, 11.8%). This is critical, since ASHA states an interpreter may be needed, in order to apparently assess and/or treat a culturally diverse student.

ASHA encourages SLPs to collaborate with other professionals. Furthermore, while the skill set of SLPs is very different from that of an ESL teacher, SLPs can provide indirect instruction and collaborate with the teacher during the student's pre-assessment, assessment, and intervention (Cooley, 2012). Every SLP shares information with clients and caregivers and therefore must form a working partnership with patients and family members as well. Since SLPs work in close collaboration with such a wide variety of individuals, it is important to understand the relationships between the practicing SLP and their co-workers (Spicko, 2007). However, when the participants were asked if they felt competent in collaborating with ELL instructors and professionals, 6 of the participants stated they somewhat agree ($n = 6$, 35.3%).

Moreover, according to ASHA, cultural competence involves the SLP being familiar with second language acquisition, and knowing the different dialectal barriers that may impact the English Language. When the participants were asked if they felt competent in recognizing typically developing long patterns in emergent bilinguals, 4 of the participants stated they neither disagree or agree ($n = 4$, 23.5%), and 1 of the participants stated they somewhat agree ($n = 1$, 5.8%). In addition, advocating for patients is crucial, and is one of ASHA's roles of the SLP. However, when the participants were asked if they felt competent in advocating for their clients to school district administration, 3 of the participants stated they neither disagree or agree ($n = 3$, 17.6%), 6 of the participants stated they somewhat agree ($n = 6$, 35.3%), 4 of the participants stated they agree ($n = 4$, 23.5%), and 4 of the participants stated they strongly agree ($n = 4$, 23.5%).

ASHA states an SLP must be culturally competent, which means not holding any personal biased, nor making stereo typical assumptions. When the participants were asked if they take the time to learn about acceptable behaviors and customs that are prevalent in their patients' cultures, 5 of the participants stated they strongly disagree ($n = 5$, 29.4%). This is shocking, since 5 out of 17 of the participants is still 29.4%. More research should be done as to why these participants are not taking their time to learn about acceptable behaviors and customs that are prevalent in their patients' cultures. Especially since some of these behaviors and customs may be confused with a disorder or delay.

Another interesting finding is that when participants were asked to rate themselves if they understand that some children may have different reading levels in English when compared to their reading levels in their native language, 6 of the participants stated they strongly agree ($n = 6$, 35.3%), 5 of the participants stated they agree ($n = 5$, 29.4%), however, 2 of the participants stated they somewhat strongly disagree ($n = 2$, 11.8%), and 3 of the participants stated they neither agree or disagree ($n = 3$, 17.6%). This is interesting, since SLPs become aware of second language acquisition, and that every patient is the different, thus every individual acquires English reading competency at a different rate.

Moreover, ASHA states we should use other methods to assess and diagnose patients. However, when the survey's participants were asked if their school district or agency uses only the results of standardized tests as referral criteria for SLP services, 7 of the participants stated they neither agree or disagree ($n = 7$, 41.2%), and 2 of the participants stated they somewhat disagree ($n = 2$, 11.8%), making this an interesting finding, in which it is crucial to consider further research.

As an SLP, ASHA states that non-biased materials should be used in the assessment and treatment of culturally diverse patients. However, when participants were asked if they use assessments and materials that are not biased against culturally and linguistically diverse populations 5 of the participants stated they strongly disagree (n = 5, 29.4%). In addition, participants were asked if they consider the cultural and linguistic background of their patients when selecting treatment materials so that the materials are relevant to the client 3 of the participants stated they neither agree or disagree (n = 3, 17.6%), 1 of the participants stated they somewhat disagree (n = 1, 5.8%), and 2 of the participants stated they strongly disagree (n = 2, 11.8%). This is shocking, as it is the SLPs duty to consider the cultural and linguistic backgrounds of their patients, when selecting treatment materials. It is against ASHA Code of Ethics to not select culturally relevant materials for a client. By doing so, the SLP runs the risk of the client not being exposed to such material, and therefore, getting an inaccurate data collection.

Lastly, the participants were asked if they believed teachers are trained to distinguish between a language difference and a language disability, 2 of the participants indicated yes (n = 2, 11.8%), and 15 of the participants stated no (n = 15, 88.2%). Participants were also asked to indicate if they believed teachers should receive more training in regards to working with ESL students, and distinguishing the difference between a language difference and a language disability, the majority of the participants indicated teachers should receive more training (n = 16, 94.1%), and 1 participant stated that teacher should not receive more training (n = 1, 5.8%). This makes it crucial for the need of increased teacher awareness and training, especially when there is a challenge of over and under representation of students in special education, across public schools.

Study Limitations

One of the limitations of this study was the fact that there was a delay in IRB approval. The application to the IRB was submitted in early September, and was not approved until the end of January, early February. This making a short amount of time available for data collection. In addition, only 17 surveys were completed out of the 258 surveys sent out. The researcher believes that a future survey consisting of a bigger sample size of SLPs will give a more accurate description of the school based SLP in the South Texas region. In addition, since email addresses were gathered from school districts' public websites, the sample was limited to only those SLPs currently working in the schools. Having a future study including all SLPs currently located in the South Texas region, may generate a better description, since many SLPs may no longer work in the schools, but do have school-based setting backgrounds and experience.

Although there were a few questions in regard to the number of ESL students in the case load, as well as the types of cultural backgrounds of the students on the caseload, the current study did not actually address dialectical differences of the ESL students, nor the actual number of students on each caseload with a specific language background. In addition, it is important to keep in mind that a lot of the questions asked for the SLP to estimate or approximate on the number of students on their caseload, which could have led to some generalization of the data collected.

Another limitation of the study was the fact that the majority of the participants of this study left the open-ended format questions blank. The researcher included these open-ended questions to get a better description of the SLPs' perceptions, however, many of the participants simply skipped these questions. In addition, there is such limited research that is available in regard to SLPs working with ESL students, that there are no set guidelines in regard to the

assessment and treatment of ESL students. More research is crucially needed, in order to develop appropriate assessment and treatment resources for culturally diverse students. Future research is also needed to help determine the best service delivery practices for SLPs who assess and treat ESL students.

ASHA Considerations

SLPs who are currently ASHA members should ensure that all of their assessments for the students on their case load, are appropriate and yield valid results, especially for ESL students. As per ASHA, SLPs should continue to advocate at the state and local levels for identification, assessment, eligibility policies, and procedures for culturally linguistic diverse students, in order to assist in eliminating the issues of disproportionality. In addition, ASHA states that SLPs should also advocate for inclusion in the development and provision of early intervening services and dynamic assessment. ASHA recommends SLPs continue to acquire and develop their knowledge and skills that are crucial to provide culturally and linguistically appropriate services. SLPs looking for more information in regard to working with ESL students, bilingual populations, or culturally linguistic diverse populations in general, should visit ASHA's website. ASHA has several resources that have information in regard to CLD patients.

Conclusion

Speech-language pathologists who work in the school setting, are being held responsible to provide culturally appropriate services to a growing culturally diverse caseload. The SLP is required to have adequate knowledge and training in regard to working with second language acquisition. However, there are limited materials and resources currently available. With this being said, the researcher concluded that further investigation is crucially needed. The South Texas region is predominately made up of Hispanics, and is right by the Mexican border.

Although all of the study's participants reported they were bilingual, 3 of participants stated they were not competent enough to assess and treat English as a second language learners. Thus, indicating a further need for training, competency, materials, and resources. Furthermore, there is a drastic need for bilingual SLPs and materials to be developed for the assessment and treatment of ESL students.

There are currently not enough resources for SLPs to feel competent in providing speech and language services to ESL students, in which ASHA states competence is crucial, in order to provide the best quality of service. There is also a need for more valid, reliable methods and materials for a less biased assessment of ESL students. Although the impact of these perceptions on practice has not been systematically studied, there is evidence that perceptions of inadequacy may negatively impact delivered services (Zebrowski, 2007). It is possible that Hispanic students with poor English proficiency are misclassified, when adequate bilingual programs are not available. Lastly, based on the results gathered from this study, the researcher developed questions that new hire speech-language pathologists can use, when interviewing for a job in the school settings, or just to simply gather more information in regard to working with ESLs from that particular school district. These questions can be found in the Appendix.

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APPENDIX A

APPENDIX A

The following are the tables from the results section of the text.



Table 1 Years as an SLP

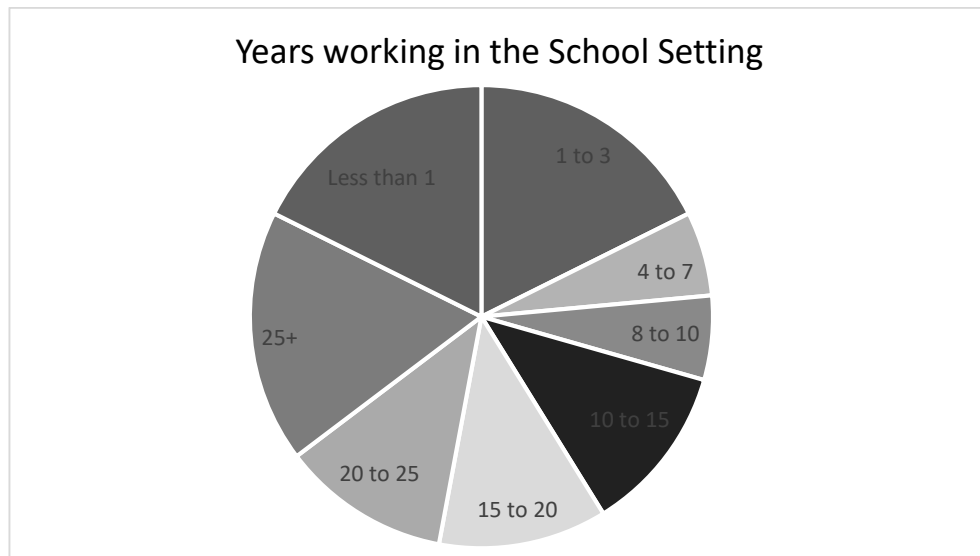


Table 2 Years Working in the School Setting

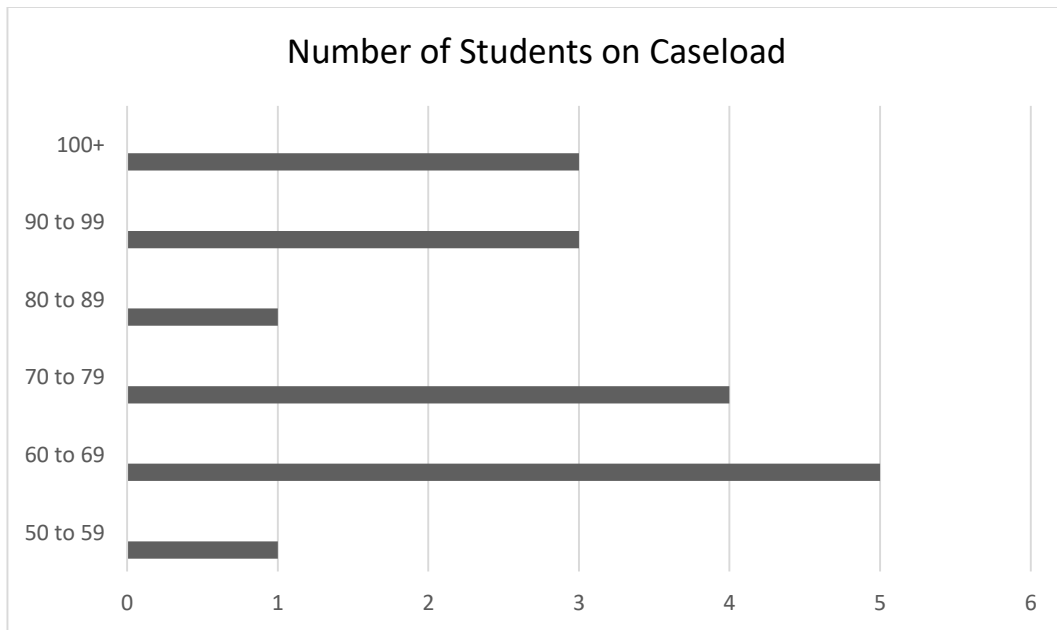


Table 3 Number of Students on Caseload

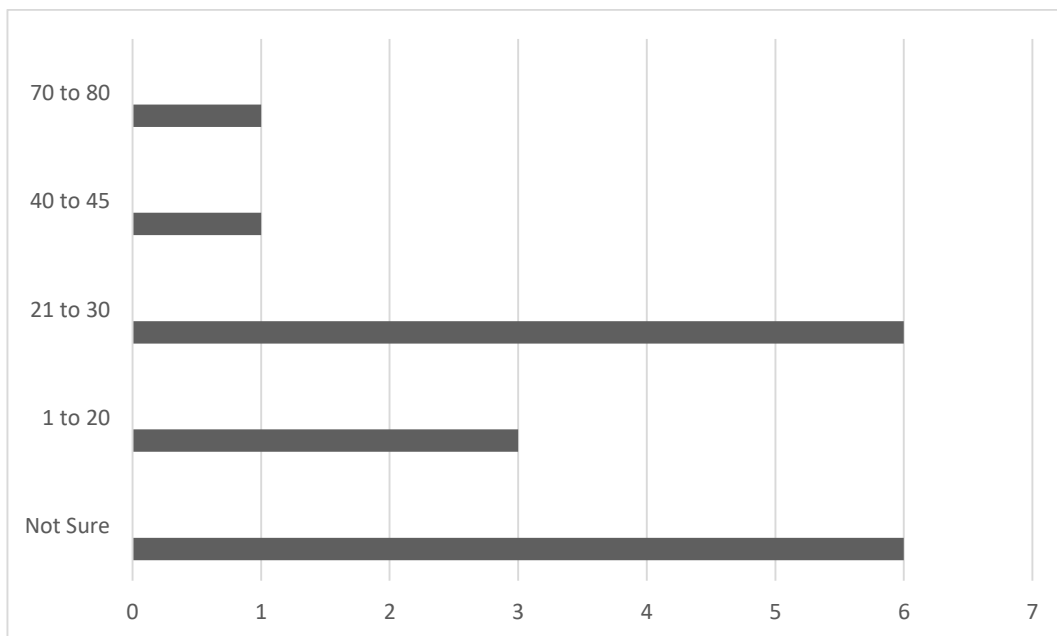


Table 4 Number of ESLs on Caseload

Competence in the Treatment & Assessment of
Culturally Diverse Students

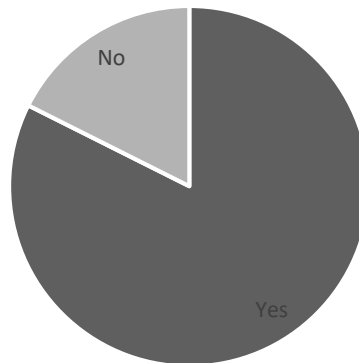


Table 5 Competence in the Treatment & Assessment of Culturally Diverse Students

Training/Education recieved on Culturally
Linguistic/Diverse backgrounds

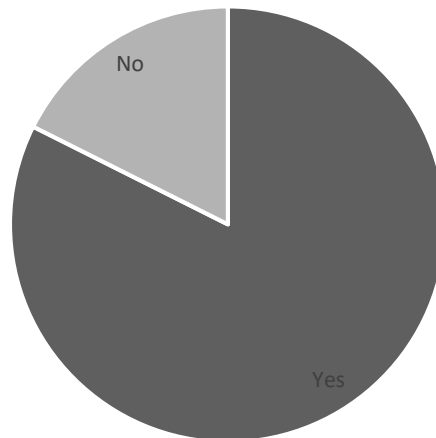


Table 6 Training and/or Education on Culturally Linguistic Backgrounds.

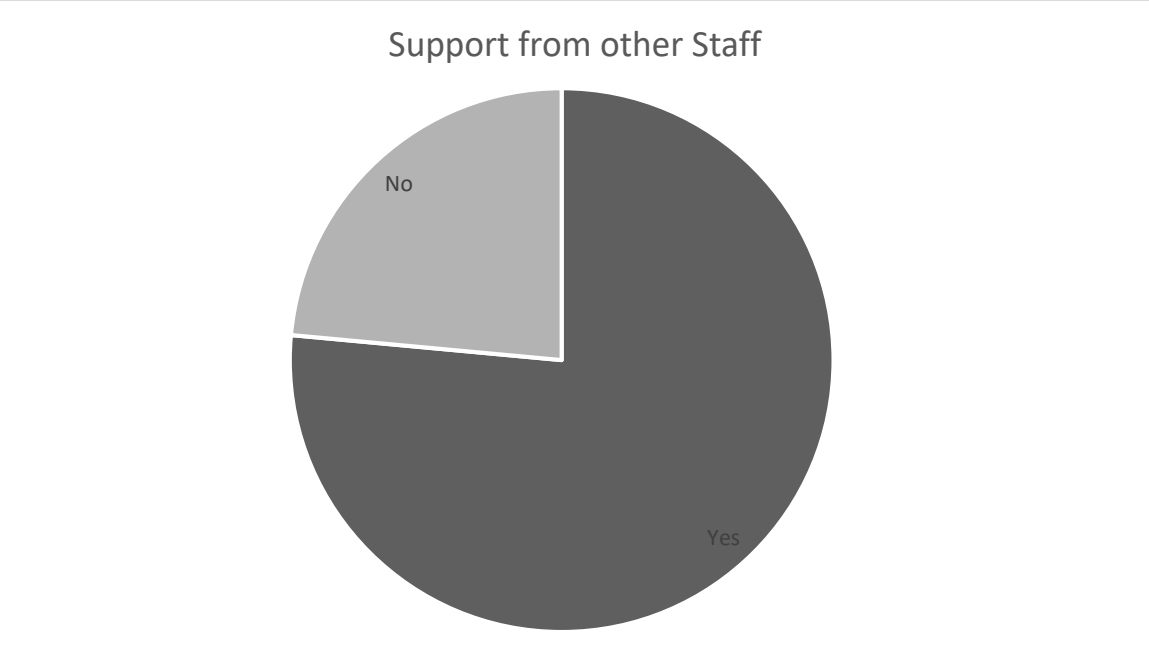


Table 7 Support from Other Staff

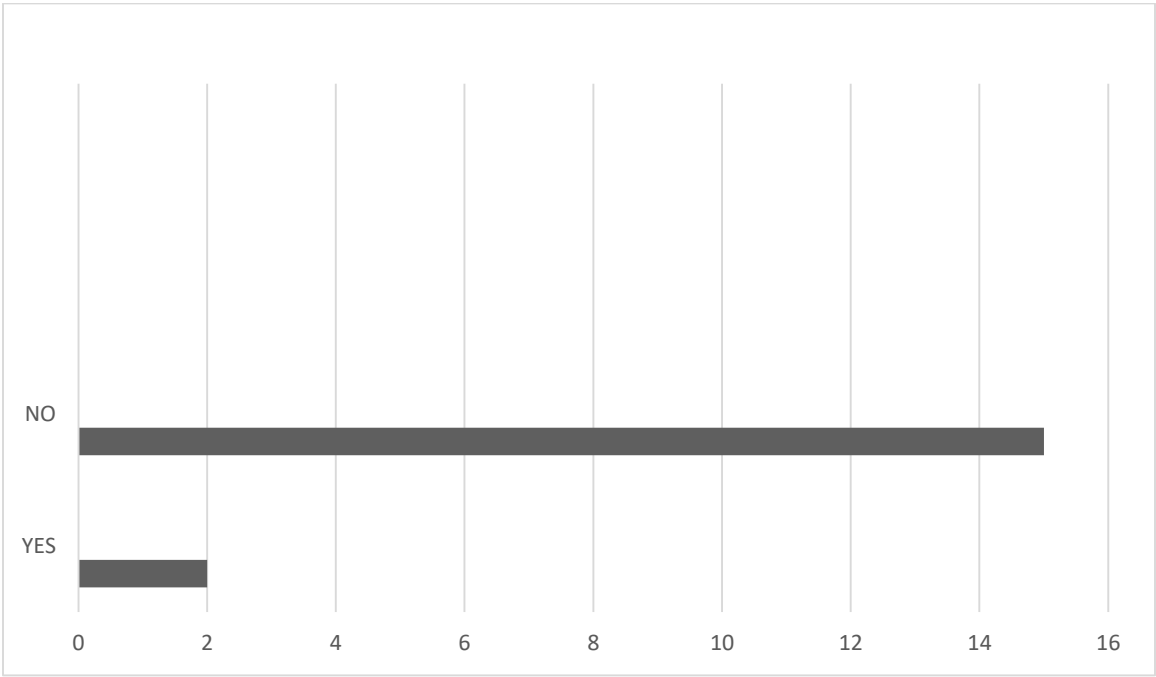


Table 8 Are Teachers Trained.

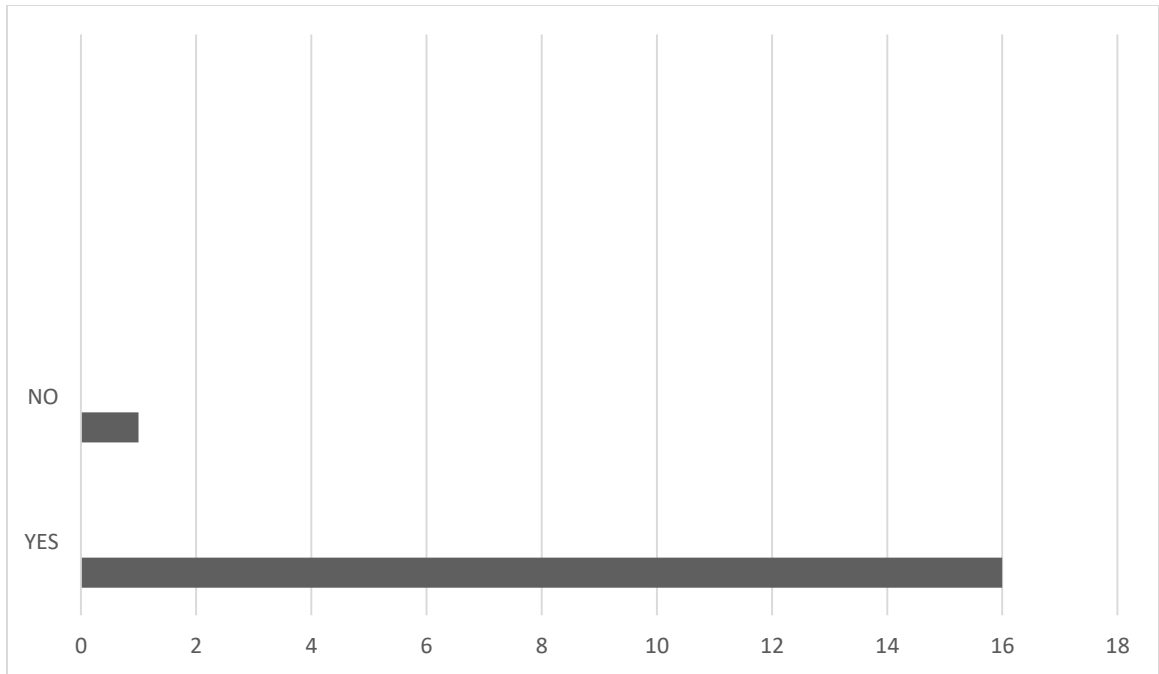


Table 9 Should Teachers Require More Training.

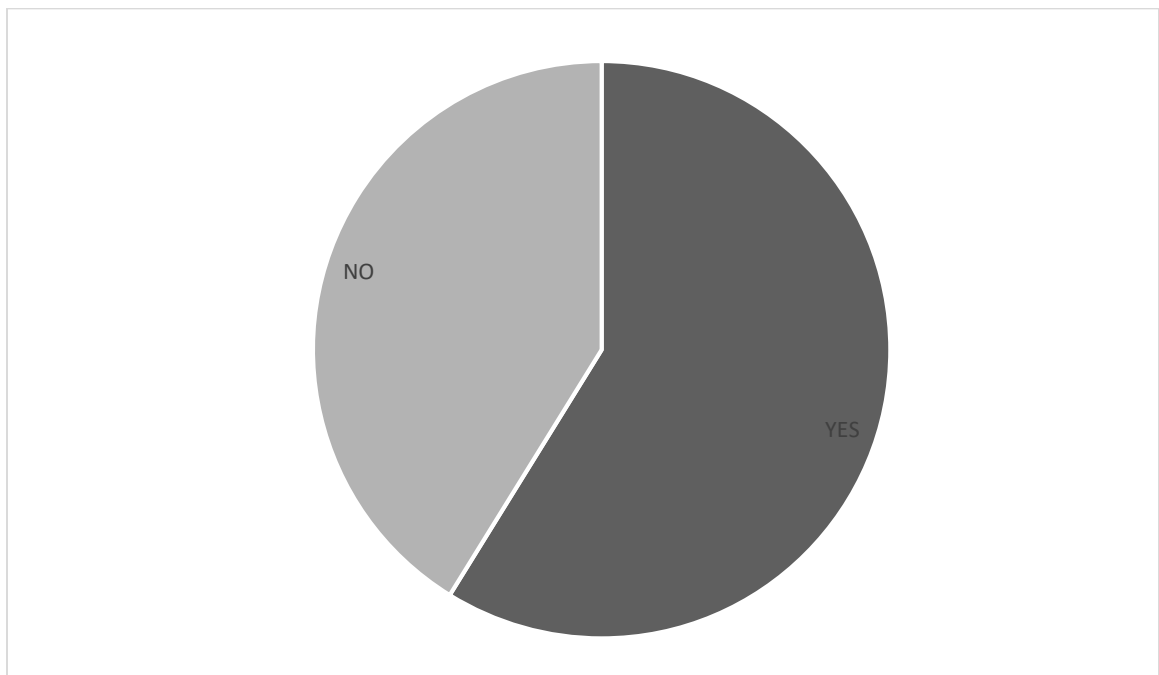


Table 10 Do You Have Sufficient Resources for ESLs?

SURVEY

SLP's Perspectives on the Efficacy of Bilingual Education Programs In South Texas

DEMOGRAPHICS

Q2. Please Select your gender

- ☐ Male
- ☐ Female
- ☐ Prefer not to disclose

Q3. What is your race/ethnicity?

Q4. What is your age?

Q5. Are you...

- ☐ Monoligual
- ☐ Bilingual
- ☐ Trilingual
- ☐ Multilingual

Q6. What language(s) other than English do you speak?

BACKGROUND INFORMATION

Q7. What is your title?

- ☐ Speech-Language Pathologist
- ☐ Speech-Language Pathologist CFY
- ☐ Speech-Language Pathologist Assistant
- ☐ Other

Q8. Are you an ASHA certified SLP?

- ☐ Yes, please continue on to question 9.
- ☐ No, please continue on to question 10.

Q9. What year did you obtain you Cs (CCC-SLP)?

Q10. How many years do you have working as an SLP?

Q11. What is your highest earned degree?

- ☐ Master's
- ☐ Doctorial
- ☐ Bachelors
- ☐ Other

EXPERIENCE

Q12. Are you currently working in a school setting?

- ☐ Yes
- ☐ No
- ☐ No, but have worked in the schools before.

Q13. How many years do you have working in the school setting?

- ☐ 1 year-3 years
- ☐ 4 years-7years
- ☐ 8years-10 years
- ☐ 10 years-15 years
- ☐ 15 years-20 years
- ☐ 20 years-25 years
- ☐ 25 years or more
- ☐ Less than 1 year
- ☐ None

Q14. What district do you currently work for, or have worked for before?

Q15. What service delivery model do you use (Check all that apply)

- ☐ Consultation Model
- ☐ Pull-Out Model
- ☐ Co-Teaching/Collaboration Model
- ☐ Self-Contained Classroom
- ☐ Other

Q16. What grade levels do you mostly word with? (Check all that apply)

Pre-K – Kinder

- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ Middle School (6th-8th)
- ☐ High School Students (9th-12th)

Q17. What is the current number of students on your case load?

ESL DEMOGRAPHICS

Q18. What bilingual education program(s) does your school district offer?

Q19. Have you had experience with students who are of a different cultural background than yourself?

- ☐ Yes
- ☐ No

Q20. Currently, how many students in your caseload are English as a second language learners (ESLs)?

Q21. What types of different ethnic backgrounds have you worked with? If possible, please provide an estimated number. (Example: Hispanic 10 students, Asian 10 students, etc).

TRAINING

Q22. Do you feel competent in treating and assessing students from a culturally diverse background?

- ☐ Yes
- ☐ No

Q23. Did you receive any training/education on culturally linguistic and diverse backgrounds?

Q24. Have you ever taken any continuing education courses for the assessment and treatment of ESLs?

- ☐ Yes
- ☐ No

Q25. What do you currently use to assess/evaluate ESLs? (Check all that apply)

- ☐ Standardized Assessments
- ☐ Criterion Referenced
- ☐ Translators
- ☐ Dynamic Assessments
- ☐ Other

Q26. Do you also use any non-standardized assessment methods as an alternative approach? Such as informal testing?

- ☐ Yes
- ☐ No

Q27. If You answered yes to question 26, please indicate which method(s). (Check all that apply)

- ☐ Dynamic assessment
- ☐ Case History
- ☐ Parent Interview Record
- ☐ School Record
- ☐ Classroom teacher's record
- ☐ Classroom observation
- ☐ Language Sample Analysis

YOUR SELF-PERCEPTION ON YOUR COMPETENCY

Q28 How qualified do you feel to work with ESLs?

Q29. Please indicate your perceived competency in the following areas. Complete the following sentence with the choices given and select your level of agreement with each statement.

Q30. Please indicate your perceived competency in the following areas. Complete the following sentence with the choices given and select your level of agreement with each statement.
(Continuation of 29)

SCHOOL DISTRICT BILINGUAL EDUCATION PROGRAM

Q31. Do you receive support in the assessment and treatment of English Language Learners (ELL students) from other teachers/staff at your school district?

- ☐ Yes
- ☐ No

Q32. If you answered yes to Question 31, please indicate from who:

--

Q33. About how many referrals for speech-language evaluations have you had this school year?

--

Q34. For the number indicated on question 33, how many of those referrals were for ESL students?

--

Q35. For the number indicated on questions 34, how many of those referrals were true speech and language disorders?

--

Q36. Do you believe teachers are trained to distinguish between a true speech-language disorder and an English as a second language barrier?

☐ Yes

☐ No

Q37. Do you believe teachers should receive more training by the school district, in order to reduce the amount of speech-language referrals?

☐ Yes

☐ No

Q38. What are your primary concerns about providing services to ESL students?

Q39. Are the resources you have sufficient for working with ESL students on your caseload?

Q40. If you selected no for Question 39, what resources do you wish you had available to you for working with ESL students?

EMAIL RECRUITMENT

My name is Alexandra Rosas, I am a graduate student *from* the Department of Communication Sciences and Disorders at the University of Texas Rio Grande Valley (UTRGV). I would like to invite you to participate in my research study to investigate the efficacy of bilingual programs and explore the factors that impact English as a second language learners (ESLs), amongst the various bilingual education programs in public schools across the Rio Grande Valley. The research team is composed of myself, Dr. Ruth Crutchfield, and Dr. Theresa Mata-Pistokache.

This research study has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects (IRB) at the University of Texas Rio Grande Valley.

In order to participate you must be a United States citizen and 18 years or older. In addition, you must be a licensed speech-language pathologist. As a participant, you will be asked to complete an online survey which should take about 20 minutes to complete. Your participation in the study is completely voluntary. You may refuse to answer any question and may withdraw from the study at any time without penalty, question, or comment. There are no expected risks to you for helping me with this study. There are also no expected benefits.

All data will be treated as confidential and no identifying information will be collected. Only the research team will have access to this information.

If you would like to participate in this research study, please click on the survey link below and read the consent page carefully. If you would like to complete the survey, click on “Yes I wish to participate”. If not, simply exit the web browser or click on “No I do not wish to participate”.

Survey Link: https://utrgv.co1.qualtrics.com/jfe/form/SV_6uka4f3m5g0cIBf

If you have questions related to the research, please contact me by telephone at 956-844-5260 or by email at alexandra.rosas01@utrgv.edu. You may also contact my faculty advisor Dr. Ruth Crutchfield at (956) 665-5273 or ruth.crutchfield@utrgv.edu.

If you have any questions regarding your rights as a participant, please contact the Institutional Review Board (IRB) by telephone at (956) 665-2889 or by email at irb@utrgv.edu.

Thank you for your cooperation!

Alexandra Rosas, B.S

GLOSSARY OF TERMS

50-50 two-way bilingual immersion:	The two language groups receive half their instruction in english and half in spanish.
90-10 two-way bilingual immersion:	Two language groups receive integrated instruction in english and a second language, in this case, spanish. In a 90-10 program, 90 percent of instruction is initially delivered in the minority language (spanish), and 10 percent of instruction is in english, gradually evolving to 50-50 instruction over five years.
90-10 one-way developmental bilingual education:	in one-way bilingual programs, one language group is taught using two languages. As explained in the previously mentioned 90-10 program, 90 percent of instruction is initially delivered in the native language, 10 percent in English, evolving to a 50-50 mixture.
50-50 one-way developmental bilingual education:	One language group receives half the instruction in the native language and half in English.
90-10 transitional bilingual education:	ELL students receive 90 percent of their instruction in their native language and 10 percent in english until grade 5, followed by immersion in the english mainstream.
50-50 transitional bilingual education:	ELL students receive 50 percent of their instruction in english and 50 percent in their native language over three or four years, followed by immersion in the english mainstream.
English as a second language (ESL):	ELL students receive bilingual and ESL instruction for two or three years, followed by immersion in the English mainstream.

English mainstream:	All bilingual and ESL services are refused, and the student is initially placed in the English mainstream
Language proficiency:	Native or near native fluency in both the minority language and the english language.
	Ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals; and how those processes are manifested in oral and written
Assessment:	Ability to administer and interpret formal and informal assessment procedures to distinguish between communication difference
Cultural sensitivity:	Ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to minority language speaking community.
Intervention:	Ability to apply intervention strategies for treatment of communicative disorders in the minority language.
Primary language:	This is the language an individual learns first. It is used frequently during the early stages of language acquisition. It is also referred to as one's home language, first language, or L1.
Dominant language:	This is the language an individual speaks the most fluently.
Silent Period	When learning a second language, some children go through a silent period in which there is much listening and little output.

Code-Switching	The alternating or switching between two languages at the word, phrase or sentence level.
Language Loss	An ESL may lose proficiency in his/her native language as opportunities to hear and use that language decrease.
Language proficiency:	This refers to the level of skill an individual has in the use of a specific language

LINKS TO ADDITIONAL RESOURCES

Cultural Competence Checklist: Personal Reflection

American Speech-Language-Hearing Association (2010) Available from
www.asha.org/uploadedFiles/practice/multicultural/personalreflections.pdf

Cultural Competence Checklist: Service Delivery

American Speech-Language-Hearing Association (2010) Available from
<http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Service-Delivery.pdf>

Questions for New School-Based Speech-Language Pathologists

The following are questions that a new hire speech-language pathologist can ask during an interview with the school district, to have an educated insight of how the school district works with English as a second language learner populations.

School District Information

- What bilingual education programs/models does the school district offer/implement?
- What support can I expect to receive in regard to working with English as a second language learners?
- How often does the school district provide SLPs training for bilingual education?
- What type of resources and materials does the school district have available for the assessment and treatment of English language learners?
- Is there a mentorship available between SLPs and/or educators who are bilingual and those who are monolingual?
- Does the school district provide interpreters for the assessment and treatment of English as a second language learners?
- Does the school district use eligibility guidelines? And if so, what are those guidelines?

ESL Demographics

- Given a rough estimate, about how many English language learners are enrolled in the school district?
- What percentage of the English language learners are on caseload?

BIOGRAPHICAL SKETCH

Alexandra Rosas attended South Texas College from 2008 to 2013, where she received an Associates of Arts in Interdisciplinary Studies. She later attended The University of Texas Rio Grande Valley, formerly known as The University of Texas Pan-American from 2013 to 2016 where she obtained her Bachelor of Science in Communication Sciences and Disorders.

Alexandra graduated from the University of Texas Rio Grande Valley with her Master of Science in Communication Sciences and Disorders in May 2018. Alexandra is also a member of the National Student Speech Language Hearing Association. Alexandra's research interests include multicultural aspects, bilingualism, and autism. If you have any questions, comments, or concerns, you may contact Alexandra at arosas024671@yahoo.com