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## **Reducing the Over-Referral of Culturally and Linguistically Diverse Students (CLD) for Language Disabilities**

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### **Abstract**

This position paper presents a conceptual framework for preventing the inappropriate referral of culturally and linguistically diverse (CLD) students for language disability related services. The article examines the causes and impact of over-referral of CLD students for language disabilities from sociopolitical, socio-cultural, sociolinguistic, and socioeconomic perspectives. It argues that general education teachers' misconceptions about CLD students comprise an enormous challenge. Lacking knowledge and perspective in dealing with CLD students, these educators often mistake second language acquisition-associated phenomena (SLAAP) for language disabilities, thus initiating a referral process that leads to erroneous placement. The article advocates incorporating dynamic and classroom-based assessment strategies to reduce the over-referral of CLD students. It also offers specific suggestions regarding what should be done at the classroom, school, and state levels. Finally, it emphasizes the urgent need to train general education teachers so that they understand the challenges inherent to CLD students, learn how to accommodate these students appropriately, and, as a result, help them succeed academically.

### **Reducing the Over-Referral of Culturally and Linguistically Diverse (CLD) Students for Language Disabilities**

The 24<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA) (U.S. Department of Education, 2003) reported that, between 1987 and 2001, the percentage change in the general population who did not speak English at home increased by 2.5%. However, the percentage of students from these homes who were identified for special services increased 10.9% (see Appendix A). The Report clearly indicates that culturally and linguistically diverse (CLD) students are over-represented in special education as compared to their representation in the general population. This over-representation of CLD students in special education—a critical issue for some 30 years in the field of bilingual education—has been well documented (Baca, 1998). As shown below, the literature links a number of factors to the over-representation of CLD students:

- An over-reliance on standardized assessment measures used in diagnosis (Cole & Mills, 1997; Desforjes, 1995; Langdon, 1989).
- Utilizing culturally biased instruments (Eisner, 1998).

- Imposing the social values and societal norms of the dominant white, English-speaking, middle class (Cummins, 1980, 1996).
- Reactive, rather than proactive, interventions that lead to inappropriate referrals to special education (Ortiz, 1997).
- Using testing results as a gate-keeper (Corson, 1997; NCBE, 1997).
- Misunderstandings based on cultural incongruity between home and school (Barrera, 1995).
- Perceptions by school personnel that cognitive functions and linguistic performance are based on a universal unitary construct (Gutierrez-Clellen & Pena, 2001; Kranzler, 1997).
- Evaluators' personal beliefs about what constitute disabilities (Gonzalez, Bauerle, & Felix-Holt, 1996).
- Environmental factors, such as socioeconomic status and family structure, as a critically impacting agent (Gonzalez, 2001).

As the literature indicates, over-representation of CLD students in special education is a multi-faceted, complex phenomenon that requires in-depth understanding from multiple perspectives (see Appendix B for a table describing the distribution of disabilities by race/ethnicity). However, educators have tended to address this issue from the micro level. This created inconsistent practices for identifying CLD students who truly needed special education services. In 2001, Gonzalez called for a paradigm shift in the way bilingual educators view CLD students' linguistic and academic achievement. She called for an expanded view that considered the larger contexts and broader perspectives of cultural, linguistic, and socio-economic factors. Insisting that interpretations of educational phenomena involving CLD students should avoid over-simplification and limited perceptions about a given occurrence, she emphasized the need for more encompassing, "multi-dimensional" perspectives (Gonzalez, 2001).

Rapidly increasing numbers of CLD students make it imperative for general educators to find ways to address the conditions that lead to the over-referral of these students for special education. Thus, building on the literature and Gonzalez' call for a paradigm shift (2001), this article seeks to expand conceptual framework for preventing these inappropriate referrals by examining the implications of sociopolitical, socio-cultural, sociolinguistic, and socioeconomic perspectives.

General educators need to understand that second language (L2) acquisition issues must be differentiated from language disabilities—the first step in reducing the over-referral of CLD students for special education. Further, educators need a term that both describes and encompasses all of the language performance of CLD students that can be masked as language disability. Thus, this article suggests a new and broader term designed to accomplish that end. After examining these issues from multiple viewpoints and showing why over referral to special education for language disabilities is, in fact, unjust, the article offers specific suggestions as to how each level of the school system can work in concert to remedy this situation.

### **A New Definition: Second Language Acquisition-Associated Phenomena (SLAAP)**

A review of the literature reveals a plethora of terminologies related to special education services: language disorder, language deficit, language difficulties, language delay, learning

disability, communication difficulties, communication disorder, limited language development, arrested educational development, and others. One might ask, how do *language differences* differ from *language difficulties*? Do they differ entirely or to a certain degree? Without consistent terms to define the phenomena, educational practitioners have great difficulty understanding them. This, in turn, negatively impacts their ability to make proper identifications. This confusion over terms may contribute to the over-representation of CLD students in special education.

To make the matter even more complicated, there are no clear legal definitions available for CLD students who might be suspected of having language-related disabilities. For instance, the IDEA Amendments of 1997 (P.L. 105-17, 1997) state that disorders that are “the result of environmental, cultural, or economic disadvantage” are not included in the definition of the disability (p. 17). This being the case, how are practitioners expected to apply rather confusing terminologies to diagnose accurately the problems that their students face?

One underlying problem consistently contributes to the over-referral of CLD students for language disabilities: The characteristics of second language acquisition—a language non-disorder—are mistaken for language disabilities. In other words, some language aspects observed in CLD students who do not keep up with their peers are not necessarily disorders, difficulties, or disabilities; they are simply an inherent feature of acquiring a new language.

In their collective battle against over-referral and misdiagnoses of CLD students, educators need clear and consistent terminology. Thus, although the rationale behind the new term is not new in the field of bilingual special education, I propose a new unifying term: Second Language Acquisition-Associated Phenomena (SLAAP). SLAAP encompasses a wide range of low to extremely low language performance that is displayed by CLD students in the process of acquiring English as a second language (ESL), but that could be falsely identified as language disabilities.

The major causes of SLAAP stem from myriad external factors involved in moving from one’s homeland to a new country. These changes can induce cultural shock, feelings of isolation, downgraded socioeconomic conditions, and linguistic challenges related to immersion in a totally different language (Barrera, 1995; Gonzalez, 2001). Thus, SLAAP includes all the linguistic manifestations of extremely below grade-level reading, writing, and expressive language performance by CLD students that are not related to innate conditions. That is, SLAAP excludes language performance involving conditions such as dyslexia or brain injury-related learning disabilities.

The assumption behind the new terminology is that, by systematically identifying the masking factors that cause general education teachers and evaluators to mistake SLAAP for language disabilities, we can effectively prevent over-referral of CLD students for special education services. The terminology would provide ways to differentiate SLAAP from true language disabilities. The following sections discuss SLAAP in the context of sociopolitical, socio-cultural, sociolinguistic, and socioeconomic perspectives.

### **Sociopolitical Perspectives: Dictating Perceptions**

A review of the literature reveals that general education teachers from the dominant culture have pre-determined perceptions about CLD students’ language learning and academic achievement (Barrera, 1995; Cummins, 1980; Gonzalez, Bauerle et al., 1996; Rueda & Garcia, 1996; Terrell & Terrell, 1983; Wood & Valdez-Menchaca, 1996). These predispositions

powerfully influence how and what these educators see as problems. For example, Baca (1998) asserted that many teachers operate under subtractive cognitive models which label CLD students who struggle with “normal” linguistic skills and knowledge as “deficient.” The misperceptions of these teachers and evaluators often trigger the onset of the mal-cycle of inappropriate referral, misdiagnosis, and, ultimately, to misplacement in special education. Too many CLD students experience this injustice.

These subconscious perceptions affect teachers’ expectations of their students. This matter is critical because teachers’ low expectations have been clearly linked to CLD students’ low academic success (Langdon, 2002; Nieto, 1996). As Cummins (1996) noted, “schools view culturally diverse students as inherently inferior...” (p. iv). Sadly, for CLD students, misconceptions about them held by their teachers and evaluators appear to be determining factors leading to the misidentification of SLAAP for language disorder and subsequent misplacement in special education programs (Gonzalez & Felix-Holt, 1995; Terrell & Terrell, 1983; Wood & Valdez-Menchaca, 1996).

In addition, evaluators’ beliefs and assumptions strongly influence their choice of assessment instruments and procedures (Kranzler, 1997). Monolingual, English-speaking, general education teachers and evaluators are more likely to rely on standardized assessment instruments than on alternative assessments. They also tend to consider psychometric testing as a scientific method that accurately measures the construction of language and intelligence (Cummins, 1980; Piper, 2003; Shapiro & Eckert, 1993). However, research shows that standardized testing has an inconsistent predictability for finding language delays in CLD students (Klee & Carson, 2000). For example, CLD students’ intelligence quotient (IQ) and language profiles vary, depending on the assessment instrument selected (Cole & Mills, 1997). Contrary to beliefs held by many general education teachers and evaluators, these findings suggest that standardized assessment instruments cannot be relied upon as absolute scientific measures.

Standardized assessment tools are designed for use with *native speakers of English*. These tools offer only limited suitability for assessing CLD students. For instance, one of the masking factors of SLAAP, often mistaken as a language disability, is that CLD students have low verbal scores with average non-verbal scores. This typical aspect of second language learning also commonly occurs among monolingual students with reading disabilities—they display the same scoring pattern: low verbal scores with average non-verbal scores (Barrera, 1995; Cummins, 1980; Gunderson & Siegel, 2001). Despite the fact that CLD students’ low verbal scores often result from a lack of opportunity to learn, many general education teachers and evaluators believe that standardized test scores are true measures of CLD students’ language ability. However, Whitehurst, Fishcel, Lonigan, Valdez-Menchaca, Arnold, and Smith, (1991) explained that many preschool-age bilingual children who demonstrate some characteristics of language disorder, such as expressive language disorder, do achieve normal speech as they grow older, especially when they have sufficient time to practice. Most importantly, it should be noted that any test conducted in English becomes at least “in part” an English knowledge test for CLD students (American Psychological Association, 1986). Therefore, test scores should be considered snap shots of one particular moment of CLD students’ language development stages.

The devastating results of erroneous beliefs and misperceptions are far-reaching. CLD students are often denied critical opportunities to help them catch up with their classmates because erroneous placement in special education deprives them of an enriching and challenging curriculum. This, in turn, tracks them into low-ability programs or vocational school,

diminishes their chances to go to college, and excludes them from higher-paying professional jobs. CLD students who are placed in special education are more likely to drop out of high school, thus becoming entrapped in poverty (Langdon, 2002). They are at risk of not only losing at school, but they often lose in life and become marginalized and disfranchised as a group. Thus, the erroneous referral of CLD students to special education has enormous sociopolitical consequences that affect society as a whole. The following section illustrates how teachers who do not understand the effect of language and culture on CLD students' learning can regard these students as having language disabilities.

### **Sociolinguistic and Socio-cultural Perspectives**

According to Barrera (1995) and Gonzalez (2001), the referral of CLD students to special education has more to do with cultural and linguistic diversity than with true disability. CLD students' background knowledge differs from that of their teachers from the dominant culture. Not only do they not share the same cultural references, but CLD students bring different sets of cultural knowledge that can be considered deviant when communicated in ways not prescribed in the mainstream culture.

A CLD child's linguistic performance cannot be evaluated as distinct from his or her culture because culture dictates how language is expressed and used. Many linguistic manifestations have to do with one's culture, and the interconnectedness of language and culture have been documented in several ethnographic studies. Heath's (1988) study of an Appalachian community showed that discourse patterns were deeply rooted in the oral tradition of the community, and this discourse style affected the way children responded to teachers and school tasks. For example, the Caucasian teachers who were not familiar with Appalachian culture did not know why students from this community did not understand their directions, while the students did not know what their teachers expected of them.

Another study illustrates how closely discourse patterns are embedded in home culture and how they affect school learning. Gee (cited in Screen & Anderson, 1994) reported that, while Caucasian students from the middle class formed a single-topic story in a linear manner, African-American students from the working class told a story full of different accounts that were associated by the same topic. Although the author states that the stories told by African-American students were more lively and spontaneous, their stories were not as well received by the teachers, who preferred the linear narrative structure. The study findings show how easily students from different communities can be erroneously identified as deficient. In particular, an absence of shared knowledge on different linguistic patterns or cultural practice often results in the erroneous assumption by teachers that CLD students have language disabilities and, therefore, need special education.

Further, ethnographers have linked incongruity and discontinuity between home culture and school settings to the common misperception of CLD students as misfits (Erickson & Mohatt, 1982; Henry & Pepper, 1990). A study of Warm Springs Indians in Oregon by Philips (1972) showed that Native Americans were reluctant to speak in the class taught by the Caucasian teacher; consequently, they participated less. The Caucasian teacher, who perceived Native American students as acting up or unresponsive, had more behavioral problems in the class. On the other hand, a classroom taught by a Native American teacher progressed smoothly, without disruption. The teacher and students were quietly engaged in instructional activities. Philips concluded that their lack of participation in the Caucasian

teacher's class was not caused by the language itself, but rather by unmatched socio-linguistic assumptions between the teacher and the students.

As illustrated above, enormous barriers can arise between CLD students and their teachers when they do not share the same cultural background. Elements of classroom culture including teachers' ways of showing attention or asking questions, patterns of taking turns among students, expectations for retelling stories, expressing different opinions, or showing assertiveness are all culturally bound practices (Long & Christensen, 1998). While CLD students talk or behave in ways that are appropriate to their own culture, their intentions are often misunderstood by teachers who have little or no understanding of the students' cultural backgrounds. Likewise, CLD students who may not be familiar with the school culture can look disorganized, distracted, and even disabled to teachers from the dominant culture. This is often the case in classrooms where the power structure and communication patterns between the teacher and the students are more unilateral than reciprocal.

While CLD students must apply themselves to achieve the required academic skills, teachers must acknowledge that behavior and linguistic performances are intertwined and cannot be separated. Moreover, when general educational teachers observe and psychologists diagnose CLD students or interpret assessment results, they must take extra measures to gain a better understanding of the cultural factors integrated into the language of the referred student. When educators acknowledge CLD students' linguistic and cultural backgrounds, taking SLAAP into proper consideration, these students' discourse patterns will be recognized as culturally different, not deviant.

At the same time, it must be noted that perceptions regarding disability are also culturally bound. What one culture views as disability is not necessarily regarded as such in another. Several examples from the literature illustrate such conceptual differences regarding disabilities. Pacific Islanders, for example, consider children of disability as God's gift (Cheung, 1999). While North Americans consider stuttering a language disorder, Asians and Native Americans take it as a sign of emotional disturbance (Screen & Anderson, 1994). Based on my personal experience as a Korean native, I know that the concept of learning disability is not inherently recognized in the Korean culture. Students who do not succeed in school are regarded as behind in learning or not trying hard, but are not labeled as learning disabled.

Long (1998) reports from a study conducted on a Cherokee Indian Reservation in Oklahoma that toddlers' parents did not show concern about language delays in their children. They believed that their children would improve once they entered the Head Start program under the care of teachers. Though a delay in expressive language would be an issue for Caucasian parents, it was not a concern for these Native American parents. Native Americans raise their children to observe, not to talk, which is quite different from the way Caucasian children in the U.S. are taught (Erickson & Mohatt, 1982; Marshall, 2000). As a result, Native American children are much less verbal, and their parents do not perceive their children as having a disability because no concept of language delay exists in their culture.

A comprehensive exploration of the issue involved in differentiating SLAAP from true language disabilities also requires consideration of the socioeconomic conditions of CLD students. The next section discusses these socioeconomic perspectives.

## Socioeconomic Perspectives

Socioeconomic status has been widely used for predicting students' academic achievement (Fernandez & Nielsen, 1986; Lytton & Pryryt, 1998; Secada, 1992), and poverty has been shown to be detrimental to students' cognitive and social learning. Although few studies have been conducted to link a causal relationship between poverty and over-referral of CLD students for special education, Gonzalez (2001) and Barerra (1995) identified low socioeconomic conditions as a legitimate factor to investigate when such referral is in question. They urged the educational community to recognize chronic poverty as an impacting agent for learning difficulties for CLD students and suggested that evaluators check whether or not the referred child is from an impoverished background.

Clearly, the cause-and-effect relationship between poverty and language learning must be examined when CLD students who show signs of SLAAP are from socioeconomically disadvantaged households. Socioeconomic conditions often limit access to the cognitive stimuli that facilitate school readiness and accelerate scholastic achievement, especially for children in early childhood. The 24<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (U.S. Department of Education, 2003) also clearly pointed out strong correlations between children who receive special education services and their poverty status. Regrettably, some students appear to acquire disabilities from living in a disadvantaged environment (Gonzalez, 2001; Piper, 2003).

Vocabulary knowledge has long been correlated to reading skills (Beck, Perefetti, & McKewon, 1982; Senechal & Cornell, 1993). The National Institutes of Health (cited in Montgomery County Public School Office of Instruction and Program Development, 2001) reported that vocabulary size of kindergartners from low-income families and upper-income families differed drastically: 5,000 words vs. 15,000 words. Klee and Carson (2000) also stated that toddlers from the high socioeconomic status group had a larger vocabulary than those from low-income families. Hayes and Grether's study (cited in Corson, 1997) supports the notion of high correlation between language skills and socioeconomic status. They reported finding a greater discrepancy in vocabulary size between high- and low-achieving students during a vacation period than a regular school term, indicating that what students learn at home might be even more important than what they are taught at school. As the research shows, CLD students from impoverished families will most likely have low literacy skills, and their performance will be far poorer than that of students from middle-class family backgrounds.

Thus, when a CLD child is considered at risk because of language disabilities, the educational community must address the issue of poverty, because extremely low literacy skills may be caused by unfavorable environmental factors rather than an inherent condition. Most CLD parents have little time to help their children with school work and even less means to provide supplementary materials that could help improve their children's school performance. These parents likely work at the bottom of the socioeconomic ladder, performing labor-intensive work and often holding down multiple jobs. Therefore, an enriched curriculum that accelerates learning for these CLD students will do much to remedy the situation—a far different tact than that of mistakenly relegating these students to remedial educational services. Especially for CLD students with low socioeconomic status, the school should function as a social equalizer that does not perpetuate economic disadvantage.

The following section offers an action plan in terms of what decision-makers at all levels can do to help reduce inappropriate referral of CLD students whose linguistic performance exhibits SLAAP.

## Recommendations to Correct Over-referral of CLD Students

Distinguishing second language acquisition-associated phenomena (SLAAP) from language disabilities is not simple. The complexity of learning a second language encompasses dynamic relationships among the first language, second language, native culture, and mainstream culture, along with interplay between the CLD learners' internal conditions and external circumstances. What has worked for one student may or may not work for another—each case must be evaluated individually.

Preventing SLAAP from being perceived as language disabilities requires thorough investigation by all stakeholders. Classroom teachers, especially, need to observe the CLD child closely, utilize appropriate intervention strategies, and collect data systematically. An easy way out would be *refer-and-wait* until the testing is conducted and the results reach their desks. But, once CLD students are referred, they will most likely be diagnosed with language disabilities because their English skills are not strong enough to be successful on standardized tests in English, which, for them, are inherently English tests. The results will often confirm teachers' suspicions and personal perceptions.

To mitigate the situation faced by CLD students, implementation of pre-referral intervention strategies in general education classes is essential, but this anticipates combating general education teachers' and evaluators' erroneous perceptions about CLD students' language learning. Even when SLAAP is recognized as distinct from disabilities, CLD students and their advocates face an uphill battle. These students cannot be evaluated in a vacuum, disconnected from their culture and language because of culturally and linguistically biased measurement tools. It is crucial that school personnel make sure important contextual information is channeled into the assessment process, and input from all stakeholders is reflected in decision-making. The collected data must portray CLD students with both depth and breadth regarding the language issue.

While SLAAP should be viewed from many different perspectives, no comprehensive guidelines have existed to help general and special education educators to rule out SLAAP from true language disabilities. Thus, I propose that, we, as professionals involved in bilingual education, compile and disseminate lists such as the one offered below to general and special education teachers, psychologists, and speech pathologists. Such lists will help them understand that what they might have previously considered to be language disabilities could indeed be SLAAP.

The rationale behind initiating this preliminary list is that these guidelines will become more comprehensive through collaboration among bilingual educators. This compilation aims to encourage such efforts. The most important fact to remember, however, is that, the specific circumstances described below do not warrant placement of CLD students in special education. Suspected language disabilities are likely SLAAP when CLD students exhibit the following:

- Function on grade level in their native language (L1) but struggle with second-language learning (Fradd, McGee, & Wilen, 1994). (Caution: When dealing with young CLD students whose L1 development is delayed due to inadequate opportunity, this delay should not be considered as a language disability (V. Gonzalez, personal communication, December 3, 2003).
- Perform comparably with other CLD students of the same linguistic and cultural background (Fradd et al., 1994).

- Demonstrate high Basic Interpersonal Communicative Skills (BICS) and low Cognitive Academic Language Proficiency (CALP) within two to three years of U.S. schooling (Cummins, 1984).
- Come from poverty-stricken families where they do not receive stimuli conducive to school learning (Gonzalez, 2001).
- Lack accommodations that allow access to curriculum experiences equal to those of their fully English-proficient peers (Ortiz, 1997).
- Have interrupted schooling experiences (Cummins, 1996).
- Show improved performance in response to specific intervention strategies, even though they score below the national norms on formal testing. This indicates that CLD students' suspected disabilities were induced by lack of appropriate instruction or opportunities to learn (Gutierrez-Ciellen & Pena, 2001).
- Score higher on nonverbal IQ sections than verbal IQ sections (Cummins, 1981).
- Have narrative discourse patterns that differ from the school norm.
- Show progress that depends on the type of instruction received: bilingual education or pull-out ESL, where they were instructed without L1 support (Collier & Thomas, 1989).
- Have test results that show high discrepancies between cognitive IQ tests and other standardized test scores by CLD students (Cummins, 1984).

To reduce the number of unwarranted referrals of CLD students for language disabilities, all educators must work in concert at classroom, school, and state levels. The next section describes what needs to happen at each of these levels.

#### At the Classroom Level

Accommodations for CLD students must take place in all classrooms. While over-referral of CLD students is related to many factors in assessment procedures, the process begins in the general education classroom. If general educational teachers provide effective scaffolding to accommodate CLD students' diverse needs, CLD students can experience academic success. Thus, as soon as a teacher suspects that a CLD student displays some discrepancy in academic performance compared to his or her peers, the teacher should contact appropriate school staff, such as an ESL/bilingual teacher or bilingual psychologist, to consult about intervention strategies. Instead of merely waiting for testing to take place, teachers must carefully document the intervention strategies utilized and resultant student progress or lack thereof. Fradd et al., (1994) explained that some cases take more than a year to reach a diagnosis. Should the student's case be decided for special education services, modification of lessons will still be required of the general education teachers.

Moreover, the culture of the school has to change. The responsibility to educate CLD students belongs to everybody at school, not just to bilingual teachers, ESL teachers, or special education teachers. CLD students spend most of their time in general education classes, so general education teachers must assume a greater role in accommodating their needs. It is simply not good enough for teachers to claim too little time or lack of resources. CLD students have the right to be fairly assessed and adequately instructed. *Lau v. Nichols* of 1974 and the equal Education Opportunity Act of 1974 specify that schools must demonstrate that they take extra measures to make sure CLD students get access to the same curriculum as general education students do. Langdon (2002) suggested that the inadequate progress of children might have more to do with not receiving appropriate instruction than their innate cognitive conditions. Brown (2003) observed in a third-grade classroom that learning responsibility fell squarely on ESL students because the teacher did not provide any accommodation.

Unfortunately, student success in this hit-or-miss situation depended on their ability to learn and understand instructions given in a language they had not yet fully grasped.

The following list can be used to help general education teachers go through in-depth self-reflection before initiating a referral process. By so doing, the teachers can realize that perceived language disabilities of their CLD students are preventable as well as correctable when they accommodate CLD students' unique needs.

The teachers can rate themselves on a scale of 1 to 4, with 1 being "Strongly agree" and 4 being "Strongly disagree." If the teacher's responses are more frequent with the upper two ratings of "1" or "2" on questions 1 through 6, and the lower two ratings of "3" or "4," on the question 7 through 25, then, referring of CLD students for special education services may not be justified.

### CLD Referral Checklist

	Strongly agree	Agree	Disagree	Strongly disagree
<b>Why do I think that he/she should be referred to special education?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Did I refer him/her because I did not know how to help him/her?				
2. Did his/her race/ethnicity influence my decision to refer him/her?				
3. Was his/her SES a factor in deciding to refer him/her?				
a. Was I influenced by the way he/she is dressed?				
b. Was I influenced by the fact that he/she gets Free and Reduced Meals?				
c. Was I influenced by the fact that I was not able to contact his/her parents?				
4. Do I believe that IQ testing is accurate and appropriate for CLD students?				
5. Did I observe him/her inadvertently through my cultural norm?				
6. Did I inadvertently stereotype him/her?				
7. Do I regard bilingualism positively?				
8. Do I know enough about his/her culture to understand his/her different behavior in the class?				
9. Do I use sensitivity when I interact with him/her in the class?				
10. Did I contact his/her parents initially when I felt he/she needed special education services?				
11. Did I continuously reach out to his/her parents to communicate with them?				

12. Do I know his/her medical history?				
13. Do I know his/her home environment?				
14. Did I contact his/her previous grade teachers to discuss him/her?				
15. Did I observe him/her in specials classes?				
16. Did I observe him/her in non-classroom environment to see how he/she interacted with other adults and students?				
17. Did I seek out help from special lists—ESL teachers, bilingual specialists, reading specialists, special education teachers, speech pathologists...?				
18. Did I differentiate instructions for him/her so that he/she can participate in the class as a full participant?				
19. Did I document his/her progress or lack of progress?				
20. Did I try with a variety of strategies to help him/her?				
21. Did I try specific intervention strategies to the problem that he/she was having?				
22. Do I know about second language acquisition?				
23. Did I have someone who speaks his/her language find out any perceived problems from him/her?				
24. Did I encourage him/her to express what he/she knows in his/her native language either orally or in a written form?				
25. Did I encourage him/her to read books written in his/her native language?				
26. Do I know his/her strengths as well as weaknesses?				

#### At the School Level

Needless to say, general education teachers who deal with CLD students require support in the form of extra resources, instructional assistance, professional development, and consultation from experts, especially bilingual teachers or ESL teachers. Brown (2003) concluded from her case study that general education teachers simply do not know how to accommodate CLD students' diverse needs. These teachers must be informed of research-based practices, critical aspects of second language acquisition, and the exceptionalities of CLD students. Teachers also need ongoing professional development opportunities that provide how-to instruction about differentiating between the signs of SLAAP and language disabilities, thereby providing information necessary for meeting the unique needs of the CLD students. Cross-cultural training that raises the level of understanding of CLD students' culture and dispels stereotyping should be provided.

At the school level, bilingual/ESL teachers should be allowed to lead workshops or discussion groups. These experts can provide consultation to individual teachers as needs arise. Clearly, CLD students' success rests heavily on general education teachers' success. School administrators also play an important role. They need to provide a forum where all teachers get involved in discussing issues, generating intervention strategies, exchanging ideas, and sharing stories of success and failures in dealing with CLD students. Teachers will not only learn from each other, but concerted efforts among teachers will keep instruction at a consistent level throughout the entire school.

#### At the State Level

State educational agencies can regulate teacher credentialing so that teacher preparation programs adequately prepare pre-service teachers to teach CLD students. This means that states would require all pre-service teachers of K–12 in all content areas to take courses in ESL methods and assessment. These courses would prepare them to accommodate and assess the CLD students and bilingual students with exceptionalities effectively.

Current credentialing systems demonstrate an enormous mismatch between the way pre-service teachers are prepared in higher education and the way they actually must perform in real-life classrooms. Pre-service teachers receive a foundation in general education theory and take course work in their chosen disciplinary areas, which gives them knowledge in the content area they are certified to teach. However, they are often ill-prepared to teach learners with special needs.

As the number of CLD students increases, in-service teachers must learn how to differentiate instruction for CLD students. Therefore, it seems logical that pre-service teachers receive training on how to teach CLD students before they step into the classroom. As it now stands, school districts must re-train their classroom teachers because these individuals have not been adequately prepared at the university level. By dealing with the problem proactively, rather than retroactively, teachers could concentrate their energies on intervening in situations before they become problems.

### **Viable Alternative Measures**

The literature reveals three alternative assessment measures that could significantly reduce SLAAP-related over-referral of CLD students to special education: Dynamic Assessment, Curriculum-based Assessment, and testing-the-limits. The theoretical framework for dynamic assessment is based on Vygotsky's learning theory, which emphasizes social aspects of learning. Vygotsky (1978) posits that learning can be greatly facilitated in interactions between students and a more knowledgeable person, usually a teacher in the classroom. The uniqueness of dynamic assessment is the built-in learning component utilizing intervention within the assessment procedures (Jitendra, Rohenda-Diaz, & Victor, 1998).

The structure of the test-teach-retest assessment model was initially developed by Feuerstein (1979). According to Feuerstein, dynamic assessment shows students' latent ability to learn when given appropriate learning opportunities through scaffolding. Dynamic assessment measures changes or lack thereof. Thus, it offers valuable information regarding tasks in which students are competent or skill areas that need further attention. Dynamic assessment, therefore, facilitates measuring the zone of proximal development (ZPD) (Geva, Yaghoub-Zadeh, & Schuster, 2000; Schneider & Watkins, 1996). Vygotsky (1978) defined the ZPD as the distance from a point where students independently solve problems to a point where they are potentially capable of solving problems under a more knowledgeable person's guidance. Standardized assessment instruments measure neither referred students' potential ability nor their assisted potential capability. Dynamic assessment highlights what students are truly capable of, given the right support. As a result, disabilities can be ruled out or clear intervention strategies can be identified to help students learn more. Therefore, dynamic assessment yields valuable information to classroom teachers who otherwise might not know how capable their students are. It shows the teacher that these students can achieve more when they receive teacher assistance and involvement in their learning.

Curriculum-based assessment is built on the premise that assessment data feed into instructional planning for the students, thus resulting in closer links between assessment and instruction (Fradd et al., 1994; Shapiro & Eckert, 1993). In implementing curriculum-based assessment, school personnel determine the students' levels of skills or knowledge and then base lesson design on the acquired information, carefully controlling the degree of difficulty of the material. Teachers document the students' ongoing progress. This assessment practice is specifically tailored to meet the students' unique needs. Therefore, curriculum-based assessment both shows the effects of intervention strategies in areas where students particularly struggle and also highlights students' performance in terms of what they can do, which is not possible in standardized testing (Fradd et al., 1994).

If the school requires standardized assessment, then *testing-the-limits* should be utilized. Testing-the-limits is a technique used for probing and prompting while the assessment is conducted. That is, examiners can ask questions or provide clarifications or feedback when CLD students are not sure what to answer. This technique is highly valuable for detecting the ZPD, which is fundamental to diagnosing students' potential abilities. It has been reported that students do answer correctly after changing their responses when they are prompted or provided with clarifications (Carlson & Wiedl, 1992; Gonzalez, Castellano, Bauerle, & Duran, 1996; Gutierrez-Clellen & Pena, 2001).

Such testing could help diagnosticians differentiate SLAAP from true disabilities because it allows CLD students multiple opportunities to demonstrate their cognitive flexibilities. Testing-the-limits also strengthens validity, especially for CLD students, because it reduces the cultural bias of the instrument. It should be noted, however, that testing-the-limits might compromise reliability because results can vary depending on examiners (Gutierrez-Clellen & Pena, 2001). According to Moss (1994), in an epistemological sense, it is justified to use such an instrument or a testing technique, only when the validity of the test is greatly increased, in spite of reduced reliability, because enhanced validity assumes the reliability of the instrument. Moss eloquently states that, "Ultimately, the purpose of educational assessment is to improve teaching and learning" (p. 10).

### **Final Remarks**

Whereas previous research explored isolated aspects of the over-referral of CLD students in special education, this article attempts to examine a broader range of possible causes by considering the multiple viewpoints of sociopolitical, sociolinguistic, socio-cultural, and socioeconomic perspectives. The complexity of dealing with culturally and linguistically diverse students in the educational arena requires educators to approach the issue in broader terms. Educators must gain a better understanding of why CLD students are mistakenly diagnosed with language disabilities before they can begin to find ways to solve the problems.

I argue that, despite the complexity of the problem, general education teachers hold the key to its solution. Their misperceptions and personal beliefs about CLD students and their abilities tend to initiate the destructive cycle discussed above. By intervening at the place where the initial process begins, we can dramatically reduce the inappropriate over-referral of CLD students to special education. Supported by ongoing professional development and resources, general education teachers can implement important pre-referral interventions that can help CLD students adequately progress in their learning. Moreover, by learning how to accommodate their CLD students, general education teachers can ensure that all their students have the best possible opportunities for academic success.

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### Appendix A

Individual characteristics	Youth with disabilities			Youth in the general population		
	1987	2001	Percentage change	1987	2001	Percentage change
Percentage						

who were						
White	64.9	62.5	-2.4	68.8	63.1	-5.7
Black	23.5	20.7	-2.8	16.4	15.1	-0.3
Hispanic	8.7	13.6	<b>+4.9</b>	10.8	15.7	<b>+4.9</b>
Asian /Pacific Islander	1.4	1.3	-0.1			
American Indian	0.6	1.4	+0.8			
Mixed/other	0.8	0.6	-0.2	3.9	3.1	-1.2
Percentage who did not use English at home	3.3	<b>14.2</b>	<b>+10.9</b>	3.5	<b>5.0</b>	<b>+2.5</b>

### Appendix B

Table 1

*Percentage of Students ages 6 through 21 Served under IDEA by Disability and Race/Ethnicity during the 2000-01 School Year*

Disability	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (non- Hispanic)	Hispanic	White (non- Hispanic)	All students served
Specific learning disabilities	<b>56.3</b>	43.2	45.2	<b>60.3</b>	48.9	50.0
Speech or language impairments	17.1	<b>25.2</b>	15.1	17.3	20.8	18.9
Mental retardation	8.5	10.1	<b>18.9</b>	8.6	9.3	10.6
Emotional disturbance	70.5	5.3	10.7	4.5	8.0	8.2
Multiple disabilities	20.5	2.3	1.9	1.8	1.8	2.1
Hearing impairments	10.1	2.9	1.0	1.5	1.2	1.2
Orthopedic impairments	0.8	2.0	0.9	1.4	1.4	1.3
Other health impairments	4.1	3.9	3.7	2.8	5.9	5.1
Visual impairments	0.4	0.8	0.4	1.5	0.5	0.4
Autism	0.6	3.4	1.2	1.9	1.4	1.4
Deaf-blindness	0.0	0.0	0.0	0.0	0.0	0.0
Traumatic brain injury	0.3	0.3	0.2	0.2	0.3	0.3

Developmental delay	0.7	0.6	0.7	0.2	0.6	0.5
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*Source: Twenty-fourth Annual Report to Congress on the Implementation of the IDEA (U.S. Department of Education, 2003).*

As the table indicates, more Hispanic and American Indians students are overrepresented in learning disabilities, Asians in speech or language impairments and Black students in mental retardation compared to the percentage of all students with disabilities.