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Pre-Referral Self Study \$59.00



Pre-Referral Self Study

If trained second language acquisition (SLA) professionals can be combined with a pre-referral intervention process, districts can more easily recognize learner differences and devise instruction that will meet specific educational needs instead of relying upon special education programs.

Format: ZIP file (containing PDF Self Study Documents and Forms)



Second Language, Literacy & Learning Connection, LLC is approved by the Continuing Education Board of the American Speech-Language-Hearing (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.



PSEA recognized Act 48 provider for Pennsylvania educators to earn Act 48 CE hours.

This self study is offered for 0.2 ASHA CEUs (Intermediate level, Professional area).

Pre-referral is a highly advocated as well as an effective procedure wherein a committee of professionals hopefully having been trained in second language learning, get together to discuss the aspects of the child's functioning BEFORE a special education referral is officially made. This is called a pre-referral committee. An understanding of whether there may be interference from L1 to L2 is helpful and can be accomplished in such a setting. I myself have participated on many pre-referral committees and have modeled how this approach can be utilized. Committees need to consider if the second language learning process in essence is what is being identified as problematic..that is, are the characteristics of second language acquisition being misunderstood for symptoms of a language disorder? In order for this to occur, the understanding of any interference from the first language to the second needs to be documented. It has been reported that in general, the use of Pre-referral committees in various school districts has helped to reduce the amount of children referred to special education in over 80 percent of cases. The formation of the pre-referral committee should be carefully planned and strive to include those members of a child study team with training and background in second language acquisition. Access to information regarding features of the different languages represented in the community should be available. I have found that the extent to which staff have training in second language development is the extent to which the pre referral committee is efficient at weeding out children with linguistic differences from potentially truly language disordered children. To truly avoid needless referrals to special education, it is optimal for all members on a team to have access to this information regarding second language acquisition and differential diagnosis of difference versus disorder. This is where the most efficacy in avoiding needless referrals to special education could potentially occur and is why pre-referral is a powerful tool when used appropriately. It needs to include a component wherein parental interview is relied upon and the appropriate significance is placed upon it. Too often I have heard of situations wherein not enough emphasis is placed upon the role of parental input within a pre-referral setting. Parents of second language children are in a good position to provide information about second language acquisition and the quality of native language as well. This information does bear much relevance to the second language learning aspect of the child. Without parental input, the accuracy of the information needed in a pre-referral setting is potentially compromised. In many of my experiences parental input has made the difference between a characteristic of language being viewed as a possible sign of disorder versus a linguistic difference.

Some of these examples include situations wherein a parental model of English being less than ideal may be impacting a student's speech and language patterns. Very often when this occurs I have seen children be directly referred to special education and be "blamed" with picking up and integrating inferior production models of English. When a rapport is established and interviewing techniques are used appropriately with parents the chances of gleaning accurate information helpful in separating early possible disorder from difference markedly increase. Parents additionally often supply information about the aspects or features of the home language that may be helpful in diagnostic endeavors. (Again, the




more training one has in second language acquisition the more success one will have in diagnostic procedures) this will help in the application of the features approach in differential diagnosis as has been said earlier in this document. This is because this background professional knowledge is quite important to begin to appreciate the importance of features of a first language of a second language child.

When a child possesses low language literacy in the first language, its impact should still be considered through the application of the linguistic features approach insofar as that child's linguistic profile often will differ from that of the monolingual child. Remember, once a child is exposed receptively to a second language for all intensive purposes his or her linguistic profile is different from a monolingual child who has only heard and processed and learned to use one language. I have worked with professionals who have thought that due to low literacy in the first language that there is no or less of a need to examine its impact upon second language acquisition. Actually, low first language literacy can give rise to an arrested language development condition which in turn may impact Second Language Literacy and Learning but not be a disorder in it of itself. Within a pre-referral situation, it is therefore especially imperative that a child whose first language literacy is limited be looked at carefully. Arrested language development is associated with a stunted or underdeveloped L1 which as a result impacts second language learning opportunities which can result in a lower than expected L2. The evaluation of a child who is a second language learner should include an evaluation of the primary language (e.g., Spanish, French, Farsi) as well as English. However, the discovery that a child is deficient in both languages does not necessarily mean that the child is not a normal language learner. Language loss or arrested language development need to be excluded as a possible diagnosis before the determination of a language disorder can be affirmed. The dialect and other variations of the language used in the child's home may be different from the standard language used in the assessment. Furthermore, the learning of a second language before competency in the first language is fully developed may result in arrested development or loss of proficiency in the primary language. This negative effect on the primary language occurs most often if the native language is devalued.

Ideally, a pre-referral committee should include the parent as well as the classroom teacher and other professionals working with the child or concerned with progress. These can include: a speech and language pathologist, psychologist and reading specialist or a classroom teacher. Again, when these professionals have received adequate formal training in second language acquisition and bilingualism, the effectiveness of the pre-referral tool and process tends to increase. Another aspect of training efforts need to be on increasing the validity of the information elicited from parents relating to a child and family's ethnography. This can best be accomplished by utilizing a member of a similar dialectical community to interpret for the parent so the parent can feel comfortable and a reasonable rapport can be established with the examiner. Once this is accomplished, the likelihood of obtaining accurate information regarding language and cognitive function of the child increases much. And then, in turn, the likelihood of unnecessary, inappropriate referrals to special education should decrease. This is what I am finding to be the case in districts where I am setting up specialized pre-referral services where these important factors of second language acquisition, ethnography, and home language aspects are assigned much weight in understanding the dynamics of the situation.

Learner Outcomes:

1. Define aspects of the pre-referral process that assist in reduction of inappropriate referrals to special education.
- 2- Identify stages of second language acquisition that need to be taken into account when convening in a pre-referral committee.
- 3- Demonstrate understanding of the benefits of interviewing the teacher, student, if appropriate and family in the pre-referral process.
- 4- Identify benefits of language augmentation versus speech therapy when a child is linguistically different.

Recommended Course For:  **ESL/ELL Teachers**  **Speech Language Pathologists**
 **Special Educators**  **General Educators**

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