

Evaluating Young Children From Culturally and Linguistically Diverse Backgrounds for Special Education Services

Jiao and Liang Wang were delighted at the birth of their beautiful little baby girl. They named her Huan, meaning “happiness.” When Huan was two and half years old, Mrs. Wang started to notice that Huan played mostly by herself and unlike other children her age, did not interact with her peers at the local church. Mrs. Wang’s attempts to teach her to say “ma ma’ 媽媽” [mom] were met with Huan’s vacant stares. Huan was also a fussy eater. Mr. and Mrs. Wang wondered if they were simply first-time parents who worried too much. They considered sharing their concerns with the pediatrician, Dr. Smith, but were afraid to broach the topic. Dr. Smith seemed to be a very busy woman. Visits in the past had been brief—with little conversation. Mr. and Mrs. Wang spoke little English, just enough for them to get by in the local stores and at their work. Interpreters were not available in Dr. Smith’s office. With her concerns growing, Mrs. Wang decided she would speak with Ms. Emily Barton, their kind employer who was bilingual in English and Mandarin. Emily told them that she thought Huan was fine but if it eased their fears she would accompany them to the pediatrician.

With the increasing diversity in the United States, there has been a call for early intervention/early childhood special education (EI/ECSE) services to be responsive and sensitive to the diversity of children and families represented in communities (Gullo, 2004; Lynch & Hanson, 2011). Culturally responsive practice is particularly important for EI/ECSE professionals because of the clear focus on family involvement and partnerships in providing appropriate early intervention and educational experiences for young children with special needs. A greater emphasis has also been placed on ensuring that evaluation practices are responsive to the children and families’ backgrounds, when evaluating the child as well as when collecting information about families’ concerns, priorities, and resources. The Individuals with Disabilities Education Act (IDEA, 2004) requires that evaluation teams take into account a child’s English language proficiency status as well as a child’s experiences and cultural background. The Council for Exceptional Children (CEC) also emphasizes the need for special educators to

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understand the effects that culture, language, and other variables have on the evaluation and assessment process to make the process culturally responsive (CEC, 2001).

As is evident in the above vignette, the unique characteristics, attributes, and needs of children and their families from diverse backgrounds during the evaluation and assessment processes merit specific attention, particularly given the fact that “assessment results are used to include or exclude children from specialized interventions that can change their developmental destinies” (Neisworth & Bagnato, 2005, p. 45). In this article, we use the framework presented in Bagnato and Neisworth’s (1991) definition of assessment that emphasizes assessment as a flexible, collaborative decision-making process in which teams of parents and EI/ECSE professionals work together to identify the needs of young children and their families. In Table 1, we demonstrate how the *Child Find* assessment team utilizes the Division for Early Childhood of the Council for Exceptional Children (DEC) recommended assessment practices (Neisworth & Bagnato, 2005) to best support the Wang family during the evaluation process. In the case we have



presented, the Child Find team plans the evaluation with appropriate professionals that will ultimately lead to discussions about qualification for Part C early intervention services for children below the age of 3 and the development of Individualized Family Service Plan.

We organized this article in two sections. First, we describe the issues and challenges that EI/ECSE professionals face when assessing young children and their families from culturally and linguistically diverse (CLD) backgrounds for determining eligibility for EI/ECSE. Second, we provide a brief synthesis of research-based and promising evaluation practices for EI/ECSE professionals when working with these children, families, and other professionals. The practices we include are grounded in best practices described by several national organizations (American Speech-Language-Hearing Association, 2008; DEC, 2010; National Association for the Education of Young Children, 2009; National Research Council, 2008). We explore the issues and strategies via the lens of the Wang family’s journey through the assessment process.

Challenges and Issues in Assessing Children From Diverse Backgrounds

Huan was fussy on the day of the evaluation and did not warm up much to Dr. Smith. After some tests, Dr. Smith suggested to Emily that Mr. and Mrs. Wang should consider a developmental evaluation for Huan to rule out autism or other disabilities. Dr. Smith also was

Table 1
Using DEC Recommended Practices in Assessment With the Wang Family

DEC RP	How did the Child Find Team Demonstrate the Use of DEC RP During Evaluation?
Professionals and families collaborate in planning and implementing assessment	The local Child Find team used various avenues to advertise evaluation services, including local pediatricians' offices. Dr. Smith provided the contact information to the Wang Family. Emily made the call on behalf of Mr. and Mrs. Wang and identified a mutually convenient time with the early intervention assessment team to meet at the Wang house. At the family's request, Shen Li, a cultural mediator from the local university was contracted to interpret and assist in the evaluation process. Shen had worked with the team numerous times, and they included pre-session and post-session planning and debriefing meetings for every evaluation they completed. Elena Wallace, the early interventionist, agreed to coordinate the evaluation as she had had prior experience working with families from China. The Child Find team arrived at the agreed on time. Elena greeted the family, introduced the other team members, thanked the family for inviting them into their home, and explained the purpose of the meeting and the process they may use. She spoke slowly and calmly, waited for Shen to explain something if Mr. and Mrs. Wang looked confused. Elena encouraged Mr. and Mrs. Wang to share their concerns and show the team what Huan could do. While Elena asked questions, the occupational therapist and speech therapist observed and took notes.
Assessment is individualized and appropriate for the child and family	Elena and the team sat on the floor with Huan and her family. As the family had previously conveyed Dr. Smith's concerns about autism over the phone, the team came prepared with the autism diagnosis checklist. In addition, the team decided to use observation and routine-based interviews to gather information within the framework of a curriculum-based assessment that was sampled with children from culturally and linguistically diverse (CLD) backgrounds in the United States. Elena encouraged Mr. and Mrs. Wang to use home language with Huan and to choose the toys they typically used to show them how they played with her. She complimented the family on their choice of toys and for positively interacting with Huan. She asked them about their typical routines, the challenges they faced, and the support they had. When Mrs. Wang mentioned challenges with feeding routines, with Wang family's permission, the team decided to wait an extra half hour until it was Huan's feeding time to observe her feeding routine.
Assessment provides useful information for intervention	When Huan was found eligible for early intervention services, the team decided to share the information gathered from routine-based interview and observations of her skills in the natural environment and assessment of the family's concerns, priorities, and resources with the IFSP team to allow them to use that information to develop family-centered goals and intervention.
Professionals share information in respectful and useful ways	With Shen's help, Elena provided some immediate feedback to the Wang family on evaluation results as developed by the team. Elena and the team shared Huan's strengths and her areas of needs in jargon-free, easily interpretable language. In addition, Elena used quickly drawn pictures, diagrams, and charts to pictorially explain the team's findings when appropriate. The team also mentioned to the family that the autism identification checklist that they had used had not been specifically validated with children from Chinese or Asian background. However, the use of other authentic methods had been used to supplement the checklist. Based on the information from the interview, parent-child play observations, and the checklist, the interdisciplinary team determined that Huan had sufficient social strengths and language development to determine that autism was not likely the reason for her differences in development. Mr. and Mrs. Wang were encouraged to ask questions and express concerns. The team patiently answered questions about autism and allayed some myths and fears Mr. and Mrs. Wang had about the condition. The written report was shared with the family within one week. The agency was able to hire services of a professional translator to translate the report into Mandarin, the Wang family's preferred language.
Professionals meet legal and procedural requirements and meet recommended practice guidelines	Before beginning the evaluation, the assessment team obtained written consent from the family and explained to them their rights and responsibilities. They provided them with a written copy of the same in Mandarin. After the evaluation, the team, including the Wang family, set up a time to meet at the agency's office to plan goals and develop an IFSP. The team agreed to meet in 3 months to complete a review and to begin initial conversation with the Wang family about the transition to Part B services.

Note: DEC RP = Division of Early Childhood Recommended Practices; IFSP = Individualized Family Service Plan.

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concerned that Huan may be confused by hearing two languages and so she recommended that the Wangs only speak English with their daughter. The physician also referred the family to the local Child Find coordinator. Emily translated this information for Mr. and Mrs. Wang. The parents were confused by the information they were given. What did “autism” mean? Was this some kind of a disease? Did they need to visit another specialist? Was their precious Huan going to die? How would they communicate with Huan in a natural way in English when they themselves were not fluent and comfortable in using English? Out of respect for Dr. Smith, Mr. and Mrs. Wang decided not to ask questions. They also did not want to put Emily in an awkward situation while translating, which made it even more difficult for Mr. and Mrs. Wang to communicate freely with Dr. Smith given the language barrier between them.

Challenges in communicating with linguistically diverse families and children. Accurately assessing and identifying children who are eligible for EI/ECSE services poses numerous challenges when working with children from diverse backgrounds. As noted in the above vignette, a complicated issue that professionals face when assessing children from CLD backgrounds is communicating with families who speak a language other than English. Rather than viewing this as a problem, EI/ECSE professionals need to respect and encourage home-language usage and gather important evaluation information at the same time (DEC, 2010; National Association for the Education of Young Children, 2009).

With the increase in the number of different languages spoken by young children and their families, the use of interpreters to assist in the evaluation process has become common. However, the use of family members or other individuals who are not appropriately trained as interpreters is highly discouraged because relationships and information may be compromised (National Association for the Education of Young Children, 2009; Perez-Mendez & Moore, 2005). Furthermore, EI/ECSE professionals and interpreters need very specific training on how to work together in creating high-quality evaluation and assessments that effectively involve families from CLD backgrounds. Results from a recent study of speech-language therapists documented that most providers feel that they need more training in how to effectively utilize interpreters, and more than half of the respondents reported that it was difficult to find interpreters (Guiberson & Atkins, 2010).

Understanding language development in linguistically diverse children. Like Dr. Smith in the vignette, some professionals mistakenly believe that introducing two languages may confuse children and thus recommend the use of one language only, oftentimes English. This belief that children will be confused by two languages is a myth and is not supported by research describing language development in bilingual children with and without disabilities (Fillmore, 1991; Kohnert, 2008; Paradis, Genesee, & Crago, 2011). EI/ECSE professionals need to ensure that children maintain their home language, with the knowledge that a child’s home language supports a child’s

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linguistic, social, and educational development, as well as the child's future English language proficiency (National Association for the Education of Young Children, 2009). Practitioners report that the lack of knowledge about language development in linguistically diverse children is a major challenge for them (Guiberson & Atkins, 2010). This lack of knowledge likely influences practitioners' beliefs and recommendations to families about home-language maintenance.

In addition to understanding a child's language development in his or her first language, practitioners must be familiar with second-language acquisition during the evaluation process. Children, who are emergent bilingual or developing English, progress through a series of predictable stages (Tabors, 2008). Second-language acquisition is also influenced by child characteristics (e.g., age of exposure to second language, language-usage patterns, and general language ability) and external factors (e.g., family and community language-usage patterns, languages used in classroom instruction or learning; Kohnert, 2008; Patterson & Pearson, 2004). Knowledge about typical second-language acquisition and related variables is critical to adequately understand development in children because typical bilingual behaviors can easily be confused for speech and language disabilities (Fillmore, 1991; Guiberson, Barrett, Jancosek, & Yoshinaga-Itano, 2006). Also, an understanding that all children, even those with language delays and other disabilities, are capable of developing language skills in more than one language is critically important (Kohnert, 2008; Paradis et al., 2011).

Problems with standardized assessment tools. Another challenge in evaluating young children from CLD backgrounds has to do with the lack of appropriately standardized assessment tools for use with these populations (Banerjee & Hutchinson, 2010; Guiberson & Atkins, 2010). In most instances, translated tools are inadequate because of problems with the fidelity of translation or other sources of bias. Bias is a potential threat to the validity of an assessment that may be introduced unknowingly when assessment tools are translated into another language or used with a cultural group for which it was not designed (Kayser, 2008; National Research Council, 2008; Roseberry-McKibbin, 2007). There are multiple sources of potential bias when using translated assessment tools that were originally developed and normed for use with European American populations, including cultural bias, construct bias, and method bias.

Cultural bias occurs when an assessment procedure requires a child to engage in an activity that is unfamiliar, inappropriate, or uncommon in his or her home culture. For example, on some standardized tests, children are asked to direct an adult to complete a task (e.g., *tell me which dog to point to*) or to tell an adult when he or she is incorrect or wrong. It may be inappropriate in the child's home culture for children to direct an adult to do something or to point out when they are incorrect, and thus these items would be culturally biased. Construct bias occurs when an item does not accurately capture the *construct* or developmental milestone that it being evaluated. For example, on several language assessment tools that were

developed and normed for use with English-speaking children, there are items that elicit the construct of *pronouns usage* (e.g., “me,” “I,” “mine,” or “you”). In some languages, pronoun usage may not be diagnostically important at a particular age, especially in languages where the pronoun is optional or when person information is embedded within the verb. Thus, it may not be useful to evaluate pronoun usage as a developmental milestone for all groups of children.

Method bias can occur when a child is not familiar with the materials, procedure, and conventions used in the evaluation. For example, some assessments require that a child follow a string of random or unrelated directions or interact with toys or materials that they have never had access to before. Some assessments involve making designs using tiles, blocks, and other manipulatives. These types of materials and activities may be foreign and uncommon in the child’s home culture. Method bias can be especially problematic for children from CLD backgrounds and lower income and impoverished backgrounds. Standardized tools that are developed and normed on

European American populations may be less than acceptable for use with CLD populations due to cultural, construct, or method bias.

Evidence-Based and Promising Strategies

In a recent study conducted to identify the current practices and training needs of EI/ECSE professionals in using assessments, practitioners and administrators identified that they required more training in (a) conducting evaluations and assessments of children and family resources for children and families from CLD backgrounds, (b) selecting appropriate tools for conducting assessment, (c) gaining knowledge about developmentally appropriate assessments, and (d) working with families as partners in the assessment process (Banerjee & Hutchinson, 2010). Keeping in mind the above training needs of EI/ECSE professionals and the eight “critical” qualities of assessment suggested by Neisworth and Bagnato (2005; i.e., usefulness, acceptability, authenticity, collaborativeness, equitability, convergence, sensitivity, and congruence), the following section delineates some promising and evidence-based strategies for assessment. In Table 1, we describe how the Child Find team applied some of these strategies for the Wang family using the framework of the *DEC Recommended Practices on Assessment* (Neisworth & Bagnato, 2005). While we use the example of an evaluation of a toddler in this vignette, the strategies are applicable for other assessment purposes and for young children from culturally or linguistically diverse backgrounds.



Choose the “right” tools and methods of assessment. Culturally appropriate assessment methods should (a) allow for professionals and families to collaborate, (b) be developmentally appropriate, (c) provide useful information for goal development and intervention, and (d) meet legal requirements (National Association for the Education of Young Children, 2009; National Research Council, 2008). EI/ECSE practitioners have reported that choosing culturally appropriate assessment tools is a challenge (Banerjee & Hutchinson, 2010). Assessment tools are typically a very expensive investment for programs. Thus, it is imperative that EI/ECSE professionals utilize a team-based approach in selection and use of assessment methods in their programs that best meet the

assessment purpose and match their needs and those of children and families they typically assess. To avoid bias associated with translated or adapted standardized assessment tools, evaluation teams should also consider other assessment methods such as a variety of nonstandardized, rich observational, and interview strategies in the assessment process (DEC, 2007; Lynch & Hanson, 2011).

Use authentic assessment methods. A thorough assessment of young children and their families must involve identifying the environmental, maturational, and social factors that may impact the child’s development and learning (Greenspan & Wieder, 2006). Given some of the issues with standardized tools discussed above, researchers (e.g., Lowenthal, 1994; Notari-Syverson, Lasardo, & Lim, 2003) have argued that evaluation in EI/ECSE needs to go beyond diagnosis of the child in isolation and include evaluation of the child using an ecological perspective.

An ecological perspective to the assessment of young CLD children can be applied in multiple ways. Criterion-referenced play-based assessment methods that are developmentally based and that take into consideration the child’s experiences and background may be especially useful for children who are not yet enrolled in preschool or other intervention programming (Casby, 2003; Linder, 2008). In these instances, the evaluation team also has the opportunity to observe natural parent-child interactions and to observe the developmental priorities that the parent has; information that will be useful in making recommendations and planning next steps with the family.



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For children enrolled in preschool or other programs, curriculum-based assessments that are aligned with the current philosophical orientation of the early childhood development and curriculum may be useful. Curriculum-based assessment approach supports an emphasis on local needs and a program-appropriate standard of performance for young children regardless of culture, language, or nationality (Notari-Syverson et al., 2003). Unlike traditional norm-referenced and standardized measures, both of these ecological-based strategies (play based or curriculum based) assess functional skills, allow for modifications and adaptations, and are often composed of meaningful assessment items (Pretti-Frontczak, 2002). These types of assessments accurately capture children's abilities within the context of their family/classroom everyday *natural* activities and routines and will ultimately link evaluation activities with intervention practices.

Develop culturally relevant assessment procedures from a home-language and culture framework. Instead of simply translating tools that have been developed for English-speaking children of European American backgrounds, Child Find teams should consider using multiple sources of information that converge to form a determination of disability and eligibility for services. An important source of information should be the child's parents and family (DEC, 2007, 2010; National Association for the Education of Young Children, 2009). *Ethnographic Interviewing* (Westby, 1990) and *Routines-Based Interviewing and Assessment Strategies* (McWilliam,

2006) allow families to tell their stories and provide critically important information about the child's daily experiences and learning opportunities. These formats also allow the families to insert their developmental priorities and perspectives into the assessment framework, transforming the evaluation process into a culturally relevant experience for the family and the child. Rich observation through authentic assessment in the child's natural environment is another critical source of information. Observing a child engage with family members in familiar tasks provides ecologically and culturally valid information about how a child functions on a daily basis (Jackson, Pretti-Frontczak, Harjusola-Webb, Grisham-Brown, & Romani, 2009; Westby, StevensDominguez, & Oetter, 1996). Observing children over time and monitoring the acquisition and responsiveness to culturally appropriate and relevant tasks also provides important information that will assist in determining the strengths and needs of the child to determine special education eligibility and plan goals and intervention.

Effectively use interpreters and develop the role of a cultural mediator. To begin to address challenges associated with language differences between families and assessment teams, early interventionists need to develop strategies for working with interpreters and cultural mediators. A number of specific strategies for effectively working with interpreters have been described in the literature (e.g., Hwa-Froelich & Westby, 2003; National Association for the Education of Young Children, 2009;

Ohtake, Santos, & Fowler, 2005; Perez-Mendez & Moore, 2005). These include accessing well-trained and biliterate interpreters, developing a team approach with the interpreter, planning before sessions and debriefing afterward, and identifying the specific type of interpretation that will be utilized. Some commonly used types of interpretation include simultaneous translation, summarizing translation, consecutive translation, or sight translation (for more information, see Perez-Mendez & Moore, 2005).

Developing the role of a cultural mediator is also highly recommended (Chen, Brekken, & Chan, 1998; Perez-Mendez & Moore, 2005). A cultural mediator is an individual who helps interpret language, but even more importantly, the cultural mediator translates between the culture of the environment in which services are provided and the child's family to produce understanding, share information, and create relationships between the family and the interventionists. A cultural mediator should be a valued member of the community with an understanding of the language and culture of the family and the program. Besides strong interpersonal and communication

skills, a certain degree of openness and willingness to take direction, while maintaining confidence, is required of a cultural mediator. Thus, effectively working with interpreters and cultural mediators requires specialized training of staff and interpreters or cultural mediators. Working with interpreters and cultural mediators also requires that evaluation team allocates extra time for preplanning before meetings, extra time during meetings as information is shared, and time to debrief with the team after a meeting.

Include parents as partners in the assessment process. Effective and active involvement of families in the evaluation process through thoughtful collaboration between EI/ECSE professionals and families is critical for understanding the development and progress of young children (DEC, 2007; Notari-Syverson et al., 2003). Besides the rights granted to families under Individuals With Disabilities Education Improvement Act of 2004 to participate in their child's evaluation and assessment process and program planning, it makes sense to involve families because they know their child the best and are most invested in their child's well-being. Active parent involvement may also aid in addressing challenges associated with understanding linguistic development in CLD children.

As demonstrated in the vignette below, before beginning the evaluation process, as active members of the Child Find team, parents can guide the evaluation to be based on the specific concerns they raise. EI/ECSE professionals are often unfamiliar with the child prior to the evaluation and thus may not get the "true picture" of the child's



skills and needs. Parents may perform various roles during the evaluation process to help the Child Find team gather reliable and valid information to be able to make meaningful and accurate program planning decisions.

When Elena and other members of Child Find team visited Mr. and Mrs. Wang's home with Shen, the interpreter, Elena began the assessment by asking the family about their typical day. Mrs. Wang enthusiastically shared Huan's daily routine. With a shy smile, Mr. Wang told them about the father-daughter peek-a-boo routine. The early intervention team also learned that naptime and sleeping at night were challenging times for the family. Mrs. Wang reported that Huan resisted sleeping and would fuss for hours and become very active prior to finally falling asleep. Elena sought clarification when she did not understand something or needed more information. Elena also asked Mr. and Mrs. Wang if they would be willing to serve as play facilitators and help the evaluation team answer specific questions by engaging Huan in both familiar play routines and new play activities. Mr. and Mrs. Wang gladly agreed. Mr. and Mrs. Wang often had to interpret Huan's behavior or sounds for the assessment team. For example, when Huan waved her hand over her head, Mr. Wang said, "that's her gesture for 'come here' or 'look.'" Mr. and Mrs. Wang also validated for the team whether or not Huan's behaviors during the assessment were typical of an average day.

Present evaluation results in a clear, family-friendly, and culturally sensitive manner. One of the

challenges EI/ECSE professionals often face is presenting the technical knowledge of evaluation and assessment findings in a jargon-free, family-friendly, and sensitive manner that is meaningful for the family. Sharing results of a child's delay with families is difficult in most natural circumstances. Adding to that the different verbal and body language of EI/ECSE professionals and families, possibly exacerbated by the use of interpreters, can pose further challenges. For example, when sharing results, Elena and her team used simple, easily understandable, and interpretable language, speaking calmly and slowly, so that Shen could easily translate the questions and information and Mr. and Mrs. Wang had enough time to process the information. Elena and the team were careful to address questions and comments to Mr. and Mrs. Wang and not to Shen. In addition, Elena used diagrams, charts, and pictorial description to share the results of the assessment. With the help of a professional translator, a written report of the assessment was shared in Mandarin, Mr. and Mrs. Wang's preferred language.

Some cultures view developmental delays and disabilities differently than European American culture (Lynch & Hanson, 2011). For example, when some families are presented with findings that their child has a speech-language delay, they may assume their child also has a cognitive disability. Furthermore, guided by different cultural and spiritual beliefs, families may have a different understanding of what happens to children and how they are viewed if they are found to have a delay. In some cultures, a disability is viewed as a divine gift from God,

and something that the care provider compensates for as a means of demonstrating his or her love for the child and for God. Beliefs differ across and within cultures and even families with similar cultural backgrounds may hold very diverse views on disability.

Conclusion

In recent years, there have been dramatic increases in the number of CLD children served in EI/ECSE programs. EI/ECSE professionals and parents may have concerns about the development of some of these children. Culturally and linguistically responsive assessment practices are necessary to appropriately assess these children's strengths and needs. However, researchers, professionals, and other stakeholders are concerned of the potential overidentification or underidentification of children from CLD backgrounds as a result of error in the assessment process (Artiles, Rueda, Salazar, & Higuera, 2005; Guiberson, 2009). This error may be caused due to inadequate professional training in

the assessment process and/or inherent bias in assessment tools that fail to adequately distinguish between "special needs and behaviors that may reflect cultural differences" (Gullo, 2004, p. 142). Prior experiences of children and families have great influence on the assessment findings. Assessment tool developers must respond to the changing demographics of the United States to produce culturally and linguistically appropriate assessment tools in multiple languages that reflect this changing population. The continued use of rich, descriptive, authentic assessment methods that are appropriate for linguistically diverse backgrounds are recommended. Furthermore, actively involving the family in the assessment process is particularly important for this population. Ensuring that assessors are familiar with and well trained in the use of authentic assessment procedures that follow the *DEC Recommended Practices* in assessment (Neisworth & Bagnato, 2005) is imperative to understanding the strengths and needs of and thus, to appropriately support young children from CLD backgrounds.

Note

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