Dual Language Learners And English Learners With Disabilities[1]

Dual language learners (DLLs) and English learners (ELs) who have been identified as having disabilities constitute a relatively small and understudied portion of the K-12 population, making up about 9 percent of the DLL/EL population and 8 percent of students with disabilities. However, these small percentages represent more than 350,000 children.

Promoting the Educational Success of Children and Youth Learning English: Promising Futures (2017), a report from the National Academies of Sciences, Engineering, and Medicine, examines five specific disabilities and relevant issues for DLLs/ELs. This brief presents common myths associated with dual language exposure in children with disabilities and their presumed difficulty in becoming bilingual and explains why they are not supported by research evidence. It also offers suggestions for connecting DLLs to early intervention therapy.

---

1 When referring to children aged birth to 5 in their homes, communities, or early care and education programs, the term "dual language learners" or "DLLs" is used. When referring to children aged 5 or older in the pre-K-12 education system, the term "English learners" or "ELs" is used. When referring to the broader group of children and adolescents aged birth to 21, the term "DLLs/ELs" is used.

The five specific disabilities are included in the chart below:

Disability	Relevant Characteristics	Identification and Assessment	Instruction and Outcomes
Specific Learning Disability (SLD)	Affects ability to process information, causing learning difficulties	Interventions can have positive impact	Interventions tailored to individual's patterns of strengths/weaknesses can have greater impact.
Intellectual Disability (ID)	Significant limitations in intellectual functioning and adaptive behavior that emerge in childhood and adolescence.	Individuals with Disabilities Education Act (IDEA) requires use of intelligence testing and adaptive behavior scoring.	Research on efficacy and impact of language of instruction remains sparse.
Emotional/ Behavioral Disorders (E/BD)	Affect educational performance over long period of time. Diagnosis requires at least 1 of 5 characteristics.	Delayed identification can be result of teachers' hesitation to refer because of assumptions about language acquisition.	With accommodations and adaptations, effective instructional practices can be used.
Language Impairment (LI)	Persistent difficulty acquiring and using language across modalities due to deficits in production and/or comprehension.	Identification based exclusively on standardized language tests problematic for DLLs/ELs.	Second language interventions can improve second language outcomes. Bilingual interventions can improve both L1 and L2 outcomes.
Autism Spectrum Disorder (ASD)	Persistent deficits in social communication and social interaction across multiple contacts and restricted, repetitive patterns of behavior, interest, or activities.	Underdiagnosed in DLL/ EL families and across racial/ethnic groups.	Signficant body of research supports use of applied behavioral analysis; little work has been done on language of instruction and maintenance of L1.

Common Myths Associated with Dual Language Learning and Children With Disabilities

Myth: Children with language difficulties get confused and overwhelmed by learning or being exposed to more than one language.

Fact: DLLs/ELs differentiate their languages from an early age and there is no evidence that those with disabilities get confused or overwhelmed or have additional difficulties with or negative consequences from learning two (or more) languages.

Myth: Code-switching (switching between languages in a single conversation) reflects the confusion and inability of children with disabilities to keep their languages separate. Therefore, it is a sign or cause of Language Impairment in DLLs/ELs.

Fact: Code-switching, such as "Spanglish," is a normal and grammatical behavior in all DLLs/ELs, including those with disabilities, and it can help them communicate effectively. It is equally present in typically developing children and should not be interpreted as a sign of language impairment.

Myth: Exposure to two or more languages will cause "cognitive overload" and result in reduced capacity to learn English in DLLs with Language Impairment.

Fact: In reality, claims that DLLs with Language Impairment have smaller vocabularies than monolinguals with Language Impairment have only measured lexical inventories in the second language (typically English). When the vocabulary size of *both* languages is assessed, no evidence suggests that DLLs have smaller vocabularies than monolinguals with comparable language impairment.

Myth: Parents should stop using the home language to maximize children's chances of learning the predominant language.

Fact: Studies have shown that when mothers speak to their children in their non-dominant language, there is overall less verbal communication in the home. This can pose a problem, because children who receive rich linguistic input develop larger vocabularies. In addition, for DLL/EL children with Autism Spectrum Disorder, research findings suggest that speaking the home language facilitates social interaction, and in turn language and social development. In DLLs/ELs with emotional or behavioral disorders, maintaining the home language grants access to protective resources important for social, behavioral, and emotion regulation and facilitates the development of ethnic cultural identity.

Best Practices: Identification and Evaluation Practices

Professional organizations and practitioners often ask about the appropriate timing for identifying DLLs/ELs for special education services, and whether valid diagnostic criteria exist for evaluating dual language learners. The Office of Head Start's National Center on Cultural and Linguistic Responsiveness and Quality Teaching and Learning recently published guidelines for programs on how to conduct developmental screening for young DLLs. These guidelines include the following strategies:

➤ Gather detailed information from the family about the child's linguistic knowledge and skills, as well as family history of language disorders (e.g. dyslexia).

➤ Conduct teacher observations over a 45-day screening period.

➤ Collaborate with the family to make a referral decision.

➤ Collect data on what the child is able to do in each language, using a skilled interpreter if necessary.

Evaluation of DLLs/ELs for special education eligibility requires team decision making grounded in the expertise of special and general educators, as well as second-language specialists. To prevent misdiagnosis of DLLs/ELs as children with language impairments, the following decisions must be made:

➤ How should multiple languages be used in an evaluation setting?

➤ How will culturally familiar themes and materials be selected?

➤ How will the progression of L1/L2 skills be measured over time?

➤ In which language should assessments of literacy be made?
If L2 is selected, how will literacy skills in the L1 be measured?

Analyzing disability evaluations of DLLs/ELs also requires special considerations for creating an effective individualized education program (IEP) for bilingual children with language impairments (U.S. Department of Education, 2015). Overarching questions include:

➤ Does the team overseeing the IEP include both professionals trained in special education and professionals who have training in second language acquisition?

➤ What is the most inclusive strategy for inviting the family to participate in the planning process?

➤ Are trained interpreters and translated documents available for parents with limited English proficiency?

➤ Under the IEP, when and by whom should the outlined accommodations be provided?

➤ Will the recommended services allow the DLL with a language impairment to remain in general education and be involved with extracurricular activities?

➤ Have general education teachers been made aware of the IEP, and how will progress be monitored?

➤ Would a Response to Intervention (RTI) instructional system be an appropriate intervention for this child?

➤ Can the child's first language be used for any component of instruction/intervention during the IEP?

Conclusions

DLLs/ELs are less likely than their non-DLL/EL peers to be referred to early intervention and early special education programs, with potentially serious consequences. Growing up with two languages does not place DLLs/ELs at greater risk for having language impairment or other disability, or when they have a disability, for compromising their language or cognitive development.