

## Cultural and Linguistic Diversity

- **Connecticut Regulations Concerning State Required Bilingual Programs**
- **Process for Identifying Students Who are Limited English Proficient (Memo 6/19/2008)**
- **Assessment and Intervention for Children With Limited English Proficiency and Language Disorders**
- **Bilingual Classroom Communication Profile**
- **Bilingual Language Proficiency Questionnaire**
- **MULTISYSTEM: Developmental Stages of Second Language Acquisition Across Skill Areas**
- **MULTISYSTEM: Developmental Stages of Language Acquisition**
- **MULTISYSTEM: Language Proficiency Descriptions**
- **MULTISYSTEM: Oral Language Proficiency Rating Sheet**
- **MULTISYSTEM: Home Language Use and Observation of Relative Language Usage**
- **MULTISYSTEM: Observation of Relative Literacy Activity**
- **MULTISYSTEM: Language Preference**
- **MULTISYSTEM: Primary Language Development**
- **MULTISYSTEM: Second Language Development**
- **Teacher Variables**
- **Student Variables**
- **Exposure to the Curriculum and Instruction**
- **Linguistic and Conceptual Development Checklist**
- **Normal Processes of Second Language Acquisition**
- **Affective Second Language Acquisition Variables**
- **Second Language Learning Styles and Strategies**
- **Characteristics of African American Language Morphology and Syntax**
- **Characteristics of African American Language, Articulation, and Phonology**
- **Language Differences Commonly Observed Among Spanish Speakers**
- **Articulation Differences Commonly Observed Among Spanish Speakers**
- **Language Differences Commonly Observed Among Asian Speakers**
- **Articulation Differences Commonly Observed Among Asian Speakers**
- **Articulation and Language Differences Commonly Observed Among Arabic Speakers**

**Connecticut Regulations Concerning  
Bilingual Education Programs  
January 1, 2007**

**Sec. 10-17f. Duties of boards of education regarding bilingual education programs. Development of state English mastery standard. Regulations.** (a) Annually, the board of education for each local and regional school district shall ascertain, in accordance with regulations adopted by the State Board of Education, the eligible students in such school district and shall classify such students according to their dominant language.

(b) Whenever it is ascertained that there are in any public school within a local or regional school district twenty or more eligible students classified as dominant in any one language other than English, the board of education of such district shall provide a program of bilingual education for such eligible students for the school year next following. Eligible students shall be placed in such program in accordance with subsection (e) of this section.

(c) On or before July 1, 2000, the State Board of Education, within available appropriations, shall develop a state English mastery standard to assess the linguistic and academic progress of students in programs of bilingual education. On and after September 1, 2000, each local and regional board of education shall assess, annually, the progress made by each student toward meeting the state standard. If a student is not making sufficient progress toward meeting the state standard based on the assessment, the local or regional board of education shall provide language support services to the student in consultation with the parent or guardian of the student to allow the student to meet the state standard. Such services may include, but need not be limited to, summer school, after-school assistance and tutoring. If a student meets the state standard based on the assessment, the student shall leave the program. Each local and regional board of education shall document on a student's permanent record the date the student begins in a program of bilingual education and the date and results of the assessments required pursuant to this subsection.

(d) Each local and regional board of education shall limit the time an eligible student spends in a program of bilingual education to thirty months, whether or not such months are consecutive, except that summer school and two-way language programs pursuant to subsection (i) of this section shall not be counted. If an eligible student does not meet the English mastery standard at the end of thirty months, the local or regional board of education shall provide language transition support services to such student. Such services may include, but need not be limited to, English as a second language programs, sheltered English programs, English immersion programs, tutoring and homework assistance, provided such services may not include a program of bilingual education. Families may also receive guidance from school professionals to help their children make progress in their native language. If an eligible student enrolls in a secondary school when the student has fewer than thirty months remaining before graduation, the local or

regional board of education shall assign the student to an English as a second language program and may provide intensive services to the student to enable the student to speak, write and comprehend English by the time the student graduates and to meet the course requirements for graduation.

(e) Each local and regional board of education shall hold a meeting with the parents and legal guardians of eligible students to explain the benefits of the language program options available in the school district, including an English language immersion program. The parents and legal guardians may bring an interpreter or an advisor to the meeting. If the parent or legal guardian of an eligible student opts to have such student placed in a program of bilingual education, the local or regional board of education shall place the child in such program.

(f) The board of education for each local and regional school district which is required to provide a program of bilingual education shall initially endeavor to implement the provisions of subsection (b) of this section through in-service training for existing certified professional employees, and thereafter, shall give preference in hiring to such certified professional employees as are required to maintain the program.

(g) The State Board of Education shall adopt regulations, in accordance with the provisions of chapter 54, to establish requirements for: (1) Such programs, which may be modeled after policy established by the Department of Education for bilingual education programs; (2) local and regional boards of education to integrate bilingual and English as a second language program faculty in all staff, planning and curriculum development activities; and (3) all bilingual education teachers employed by a local or regional board of education, on and after July 1, 2001, to meet all certification requirements, including completion of a teacher preparation program approved by the State Board of Education, or to be certified through an alternate route to certification program.

(h) Each board of education for a local and regional school district which is required to provide for the first time a program of bilingual education shall prepare and submit to the Commissioner of Education for review a plan to implement such program, in accordance with regulations adopted by the State Board of Education.

(i) Each local and regional board of education that is required to provide a program of bilingual education pursuant to this section shall investigate the feasibility of establishing two-way language programs starting in kindergarten.

TO: English Language Learner Personnel

FROM: Marie Salazar Glowski  
English Language Learner/Bilingual Consultant

DATE: June 19, 2008

SUBJECT: Process for Identifying Students Who are Limited English Proficient

The requirement to identify students is stated in Section 10-17f of the Connecticut General Statutes, effective November 1977. The definition of a Limited English Proficient (LEP) student referred to in the statute as “eligible students” is found in Section 10-17e of CGS. It states that “eligible students” means students enrolled in public schools in grades kindergarten to twelve, inclusive whose dominant language is other than English and proficiency in English is not sufficient to assure equal educational opportunity in the regular school program. This identification process is also required by the Federally mandated Title III Public Law 107-110, Language Instruction for Limited English Proficient and Immigrant Students as part of the No Child Left Behind Act of 2001.

All school districts must identify their LEP (ELL – English language learner) students under the statute and submit their count of ELL students to the State Department of Education. The data are reported as part of the student data base process (Public School Information System or PSIS) that is administered through the SDE.

Only when there are twenty or more students of the same language background in the same school building designated as ELL does the district have to establish a bilingual education program in that school in the following school year. The ELL data are also used to determine whether the district would qualify for a grant under Title III of NCLB and the services that the district must provide for all ELL students. The identification process will tell you which of your students are ELL and their language background.

The Three Primary Requirements for the ELL student identification process are as follows:

### **PRELIMINARY ASSESSMENT OF DOMINANT LANGUAGE (Home Language Survey)**

- I. Examine the general information recorded on the school admission and enrollment application pertaining to language and previous education programs such as bilingual and ESL. For all students for whom a Preliminary Assessment Form is not in the file, administer this assessment and enter the results on the form. **The three typical, preliminary assessment questions are as follows. What is the first language you learned to speak? What language is spoken the most by other persons in your home? What language do you speak the most at home?** (Home Language Survey Sample available for parent and/or student) Please keep in mind that there are weaknesses in the preliminary assessment of dominant language, when either students or parents are asked what language is chiefly spoken at home. For various reasons either group may not wish to admit that English is not the language of the home. The preliminary data may indicate that the home language is English, yet it may be apparent that the student has great difficulty speaking English in the mainstream classrooms.

### **FINAL DETERMINATION OF DOMINANT LANGUAGE**

- II. One way of making a final determination a child's dominant language is by administering a language proficiency test. The LAS Links (Language Assessment Scales) or other language proficiency assessment may be administered that allows for testing in English and/or the student's native language. If the LAS Links is administered initially, it can provide a good baseline when compared with the LAS Links annual mandatory assessment. The final determination process may include an observation of the student in a non-structured environment if it appears that the student cannot tolerate a more formal language proficiency assessment.

## **DETERMINATION OF ENGLISH LANGUAGE PROFICIENCY**

- III. For all students whose dominant language is other than English in step two, you must determine whether they are ELL students based on the following 3 indicators.
1. Proficiency Interview
  2. Standardized English Language Proficiency test  
The LAS Links or other English Language Proficiency assessment (A LAS Links overall combined score within the Level 4 or 5 range is considered proficient)  
If LAS Links was administered in Step II, results may be used.
  3. Consideration of Connecticut Mastery Test (CMT) scores or the Connecticut Academic Performance Test (CAPT), below average or failing report card grades, academic history, working below grade level or records from another country.

All indicators in Step III must be used in making a final determination regarding whether the student will be classified as ELL. Failure to meet these indicators demonstrates that the student does not have the needed English language proficiency and literacy skills to do academic work in English. Appropriate instructional services must be provided for ELL students to ensure that they achieve the same academic standards as other students. These services will include, English language acquisition and literacy instruction as well as modifications in content area instruction.

Title III of NCLB requires that ELL students be offered instruction that will help them attain English proficiency and literacy. This law requires that all students including ELL students will achieve in all core academic areas. It also requires that ELL students be tested annually for English language proficiency and for academic progress. Academic progress is determined by CMT or CAPT test results and a thorough review of academic progress in the classroom. In 2005-2006, LEP students will be required to be assessed annually for academic progress in grades 3 – 8 and 10. If you believe you may consider a bilingual program student for exit in the spring, you must administer the DRA K-2 or the CMT/CAPT to be able to use this information as part of the exit criteria.

It is imperative and it is your responsibility to correctly identify and provide services to all ELL students and to enter their data using one of the codes provided by PSIS.

Thank you for all of your efforts to ensure proper identification and support for the ELL students in your schools.

Should you have any questions, contact Marie Salazar Glowski at (860) 713-6750.

## **LEP IDENTIFICATION PROCESS**

### **I. PRELIMINARY ASSESSMENT OF DOMINANT LANGUAGE**

(Home Language Sample Survey Available for Student/Parent)

### **II. FINAL DETERMINATION OF DOMINANT LANGUAGE**

- 1) Language Proficiency Test administered in English and/or the native language where possible (Language Assessment Scales (LAS), LAS Links or other test of preference) and/or
- 2) Observation and recording of observations (sample observation and recording sheet available) and/or interview

### **III. DETERMINATION OF ENGLISH LANGUAGE PROFICIENCY**

- 1) Interview student or parent to determine Oral English Proficiency. (Sample interview available)
- 2) Administer the LAS, LAS Links or other English Language Proficiency Assessment of preference. If in Step II the English proficiency test was administered, then those scores will suffice. A record of the name of the test and the scores should be recorded as a reference for a baseline when it is time for the state mandated LAS Links annual testing to take place if indeed the student qualifies.
- 3) Academic history must be considered and may include records from another country or the DRA, CMT or CAPT scores, grade level performance in the classroom and determination of below average or failing report grades. Students who are for the first time in a United States school for fewer than 10 school months, may be exempt from the reading and writing portion of the CMT/CAPT.

6/19/08

## Tutorial

# Assessment and Intervention for Children With Limited English Proficiency and Language Disorders

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The number of children with limited English proficiency (LEP) in U.S. public schools is growing dramatically. Speech-language pathologists increasingly receive referrals from classroom teachers for children with limited English proficiency who are struggling in school. The speech-language pathologists are frequently asked to determine if the children have language disorders that may be causing or contributing to their academic difficulties.

Most speech-language pathologists are monolingual English speakers who have had little or no coursework or training related to the needs of LEP children. This article discusses practical, clinically applicable ideas for assessment and treatment of LEP children who are language impaired, and gives suggestions for distinguishing language differences from language disorders in children with limited English proficiency.

According to the 1980 census, 15% (34.6 million) of the United States population consisted of native speakers of various minority languages. The American Speech-Language-Hearing Association (1985) estimated that approximately 3.5 million of them had speech, language, or hearing disorders that were unrelated to the use of a minority language. In the 1980s, the Asian population in the United States increased by 65% (Keough, 1990). During the last decade, the number of Hispanic Americans rose from 14.6 to 23.4 million (Current Population Reports, 1990). The American Speech-Language-Hearing Association (1991) stated that at the present time, one out of every four persons in the United States is a person of color. It is projected that by the year 2000, this will increase to 1 out of every 3 persons.

Although there are rapidly growing numbers of persons of color in the United States, the American Speech-Language-Hearing Association (1991) reported that the proportion of ASHA members who represent minority groups increased only slightly less than 2% between 1980 and 1990. In 1990, there were over 60,000 certified speech-language pathologists and audiologists in the U.S. and throughout the world; less than 4% of that membership was American Indian, African American, Asian, or Hispanic. Clearly, the numbers of minority group speech-language pathologists are not growing commensurately with the numbers of persons of minority status in the U.S.

Because approximately 96% of the speech-language pathologists and audiologists in the United States are

White, the challenge of serving its increasingly diverse population is especially great (Campbell, Brennan, & Steckol, 1992). An increasing challenge for speech-language pathologists working in the U.S. public schools, in particular, is dealing with the needs of the growing number of limited English proficient (LEP) children who speak English as their second language (Long, 1994; Montgomery & Herer, 1994; Oyer, Hall, & Haas, 1994). For example, in one large southern California school district, over 120 languages are spoken by the students. It is predicted that "by the year 2005, approximately 70% of California school children will come from backgrounds now labeled 'ethnic minorities'" (Education Beat, 1991, p. 2). The Dade County, Florida school district, the fourth largest in the nation, has students from 123 countries. The results of a survey of LEP students in the United States showed that the total reported LEP student enrollment in U.S. public schools for grades K-12 was 2,030,451 for the school year 1989-90. Some states have experienced a 50-456.7% increase in the number of LEP children in their school systems over a 3 to 4 year period (1985-1986 school year to 1989-1990 school year; Olsen, 1991).

Speech-language pathologists can use general strategies to assess and treat communication disorders such as voice, fluency, and hearing in culturally and linguistically diverse students (American Speech-Language-Hearing Association, 1985; Juarez, 1983).

However, when a language or articulatory-phonological disorder is suspected, assessment and treatment issues



become more complex (Kayser, Montgomery, Perlmutter, Sanford, Simon, & Westby, 1993). Interestingly, in light of the complexity of assessing and treating language disorders in LEP children, results of a national survey of 1,145 speech-language pathologists in public schools all over the United States showed that LEP children being seen for speech-language services were diagnosed with the following communication disorders (most to least common): language, articulation, fluency, voice, and hearing (Roseberry-McKibbin & Eicholtz, 1994). For example, 470 respondents indicated that they provided treatment for LEP children with language disorders; 49 respondents indicated that they provided services to LEP children with hearing losses. Thus, although dealing with LEP children's language disorders is perceived as being difficult, language disorders were the most common communication disorder presented by LEP children served by clinicians in this survey. (This finding is consistent with the findings of Slater, 1992, who reported that the most frequent communication disorder reported by speech-language pathologists in the ASHA 1992 Omnibus Survey was childhood language disorders.) Although 90% of the respondents to the survey by Roseberry-McKibbin and Eicholtz indicated that they did not speak a second language fluently enough to conduct assessment or treatment in that language, and 76% said that they had no coursework that addressed issues in serving LEP children, 50% of them served LEP children in their school districts.

These findings illustrate the complex dilemma that people in our profession, particularly public school speech-language pathologists, face. That is, although ideally speech-language pathologists need cross-cultural communication competence and cultural sensitivity to serve LEP children (Cheng & Hammer, 1992; Damico & Damico, 1993; Haak & Darling, 1992), most speech-language pathologists are Anglo, monolingual English speakers who have little or no background in assessment and treatment of LEP children (Cole, 1989; Madding, 1993). Yet the numbers of children who have communication disorders are growing rapidly nationwide and speech-language pathologists are required by law to serve them (Terrell & Hale, 1992). When LEP children struggle academically, classroom teachers often suspect that the children have special education needs and refer them to speech-language pathologists for testing. One public school speech-language-pathologist colleague commented that she was approached by a classroom teacher regarding an LEP child who was making poor academic progress. In the teacher's words, "I have nowhere else to turn." Thus, the speech-language pathologist was asked to be in a position of responsibility for an LEP child who might or might not have a speech-language disorder.

Speech-language pathologists often face a double bind in these situations: LEP children may do poorly on standardized English language tests due to linguistic and cultural differences, and thus may be inappropriately placed in special education settings based on such measures alone. On the other hand, they may have communication disorders that are interpreted as communication differences because current tests are not sensitive enough

to distinguish cultural and linguistic differences from disorders (Adler, 1990; Lund & Duchan, 1993; Taylor & Payne, 1983). As Kayser (1989) commented, "speech-language pathologists should recognize that using the middle-class English-speaking child as the norm is no longer adequate for the language assessment of minority children" (p. 226). Therefore, many speech-language pathologists are understandably reluctant to become involved in the assessment and treatment of language disorders among LEP children due to lack of knowledge and skills in this area (Damico, 1994). In the aforementioned national survey, when respondents were asked about their continuing education interests (Roseberry-McKibbin & Eicholtz, 1994), speech-language pathologists were most interested in assessment and treatment procedures for LEP children. Accordingly, this article outlines and discusses the following practical, clinical issues involving the assessment and treatment of children with limited English proficiency and language disorders: 1) sociocultural and linguistic characteristics of LEP children, 2) establishment of language proficiency and dominance, 3) specific assessment recommendations, 4) general treatment principles, and 5) ideas for future clinical and research directions in the area of assessment and treatment of LEP children with language disorders.

## Sociocultural and Linguistic Considerations

### *General Factors*

When a child with limited English proficiency is referred for possible testing, the speech-language pathologist must consider affective, sociocultural, and linguistic variables that may be affecting classroom performance and language development (Langdon, 1991; Long, 1994; Roseberry-McKibbin, 1994). For example, is the child motivated to learn English? Does the child have good or poor self-esteem? Is the child introverted or extroverted? Such factors all affect a child's interaction with English-speaking peers. Researchers have stated that the amount that a child has practiced speaking English with native English-speaking peers is a key factor in learning to speak competently (Brown, 1980; Ventriglia, 1982). Children who have limited interaction with native English-speaking peers generally develop English conversational skills more slowly than children who interact frequently with English speakers. If a particular child has made little progress in acquiring English, for example, the teacher or speech-language pathologist could explore the degree of exposure the child has had to English by observing with whom the child primarily works and plays. If children rarely interact with native English speakers, it is not surprising to find slow growth in conversational English. In such instances, it is important not to jump to a premature conclusion that a language problem exists.

Other questions regarding the influence of affective and sociocultural variables include: How does the child's ethnic community view education? What is the family's attitude towards English and English speakers? What is the family's socioeconomic status? Is it similar to that of the child's classmates? Researchers have shown that children

from lower income groups tend to score below middle-class children on standardized testing measures (Damico, 1994; Edwards, 1989; Heath, 1983); thus, a child with limited English proficiency who comes from a low-income group might appear to have a "language problem" when his or her performance is compared with that of peers from higher-income families, but the "language problem" may disappear when the performance is compared with that of economic group peers.

### ***Normal Second-Language Learning Processes***

Normal second-language learning processes must be considered when an LEP child is evaluated for a possible language disorder. Such processes are documented in second-language acquisition literature as normal phenomena. They must not be mistaken as indicators of language disorder (Roseberry-McKibbin, 1994).

**Interference.** Interference from the child's primary language (L1) may occur, causing English errors—particularly in morphology and syntax. For example, in Spanish, "la casa verde" means "the green house." A literal translation would be "the (la) house (casa) green (verde)." Thus, a Spanish child who put the noun before the verb in English, by saying "the house green" would be manifesting interference between Spanish and English. According to Dulay & Burt (1974), interference actually accounted for only about 5% of the English errors made by the Spanish-speaking children in their study. Other researchers (e.g., Politzer & Ramirez, 1974) believe that a much greater percentage of English errors made by children learning English as a second language are due to L1 interference.

**Fossilization.** The child's English may contain some fossilized forms. Fossilization occurs when a certain incorrect target structure of the secondary language (L2) becomes fixed and is no longer amenable to correction despite good L2 fluency (Brown, 1980). For instance, one Cuban Spanish speaker of the author's acquaintance has flawless English except for his use of the expression "The news are that..." A child may demonstrate idiosyncratic fossilizations or fossilizations that reflect those of the community (Carrow-Woolfolk & Lynch, 1982).

**Interlanguage.** Interlanguage refers to those stages of a learner's progress towards L2 competence in which the learner is still producing some L2 structures incorrectly. Interlanguage is characterized by transitional linguistic patterns characteristic of L2 learners (Carrow-Woolfolk & Lynch, 1982). Children still in the interlanguage stage can be expected to make some errors in spoken and written English production. These errors do not necessarily reflect a language disorder, but rather may be the result of the normal transitional process of interlanguage.

**Codeswitching.** A fourth normal L2 process that many LEP children manifest is codeswitching behavior. This involves going back and forth between L2 and L1 within the same sentence or paragraph. Some teachers and specialists may see this as a possible sign of a language disorder; in fact, codeswitching is a normal phenomenon that is widely used among fluent, sophisticated bilingual speakers (Dulay, Burt, & Krashen, 1982; Langdon, 1992).

**Silent period.** A fifth L2 phenomenon documented by researchers is the silent period (Ervin-Tripp, 1974; Langdon, 1992; McLaughlin, 1984). Many children learning an L2 undergo a "silent period" or a time where they focus primarily on comprehension of the new language with little language production. This silent period may last for several months. It is important, when an LEP child is producing little spoken English, to consider whether or not the child is newly learning English and undergoing a silent period; if so, this must not be regarded as evidence of an expressive language delay.

**Language loss.** A sixth L2 variable that must be considered with an LEP child is language loss. When children do not have their L1 reinforced during the process of acquiring a second language, sometimes their skills and proficiency in L1 will diminish (Cheng & Langdon, 1993). Lack of use of L1 leads to decreased skills in that language (Berko-Gleason, 1982; Dorian, 1982). This happens frequently with elementary-aged children as they grow older and spend more time in all-English-speaking classrooms. When this happens, their L1 skills diminish from lack of use and reinforcement. Language loss may account for reduced L1 test scores on language proficiency or disorder tests; it is important to be aware of this. Children may appear deficient in L1 when they have experienced language loss, and this should not be interpreted as a sign of a language disorder or delay in L1 (Schiff-Myers, 1992).

**Reduced exposure to both L1 and L2.** A variable that is not related to learning a second language is that of reduced language learning opportunities that are often associated with poverty (not to be confused with cultural difference). Studies document that monolingual, English-speaking children who come from backgrounds of poverty often have concomitant delays on most formal, standardized language measures (Anastasiow, Hanes, & Hanes, 1982; Edwards, 1989). The same is true for bilingual children. If children's exposure to one or both languages has been limited or reduced for any number of reasons, it may be that they do not perform linguistically and consequently academically (according to mainstream school expectations) because of this limited exposure. Their underlying conceptual foundation may be underdeveloped enough that they do not perform well in any language (Cummins, 1992b). This lack of exposure cannot be attributed to an inherent language-learning disability and must be ruled out as a possible cause of lack of academic and linguistic proficiency.

**Proficiency in L1 and L2.** The goal is to reach proficiency in both L1 and L2. Studies document the advantages of proficient bilingualism. These studies suggest that being a proficient bilingual is cognitively and metalinguistically more advantageous than being monolingual (Cummins, 1992a; Langdon, 1992).

### ***Establishing Primary Language, Language Dominance, and Language Proficiency***

#### ***Testing Issues***

Before considering a special education assessment, it is important to deal with language proficiency issues. There

are several steps involved in determining language proficiency and dominance:

1. Determine the child's primary language.
2. Determine language dominance.
3. Determine proficiency level of L1.
4. Determine proficiency level of English.

Researchers in the area of second language acquisition put forth many definitions of language proficiency and dominance: in this paper, a child's primary language is defined as the language the child learned first in the home. Information regarding language use in the home is best established through carefully conducted parent interviews and home language surveys (Merino & Spencer, 1983; Schiff-Myers, 1992). Dominant language is defined as the language in which the child is most comfortable and which the child speaks the best at the time a language dominance test is administered. Language proficiency involves the child's fluency skill and competence in using in a particular language, regardless of how that language was learned (Burt & Dulay, 1978; Young, 1976).

When an LEP child is referred by a teacher for language testing by the speech-language pathologist, an important preliminary step is to find out the child's most proficient language. This is accomplished through language proficiency testing, which is generally carried out by a specialist in English as a Second Language (ESL) or a trained L1 interpreter. The SLP should consider several aspects of the L1 and L2 proficiency of a child with limited English proficiency when evaluating a child for a possible language disorder.

According to Matluck and Mace-Matluck (1977), measuring proficiency should consist of three steps: completion of a language background questionnaire by the parents, parent or teacher interviews, and scores on direct and indirect language measures. Language background questionnaires aid professionals in knowing what languages are spoken in the home. Parent and teacher interviews give information regarding a child's language use and proficiency in the home and in classroom situations. Direct measures of proficiency in a child's two languages give scores that compare cross-language skills.

Focus in language proficiency testing is shifting from assessment of knowledge of grammatical forms to communication competence (Canale, 1983; Hamayan & Damico, 1991; Langdon, 1992). Proficiency tests, according to Ortiz (1984), should describe communication competence, which includes the ability to use the language functionally. Testing for proficiency ideally requires a total description of the child's communication skills, linguistic structures, and functional usage of language in all social domains (Young, 1976).

Usually, the child's proficiency is measured directly by discrete-point tests that result in a proficiency score in each language. It is common practice in public schools for children to be considered "proficient" in a language that they are able to speak orally and comprehend auditorially with some degree of skill. Researchers have stated that evaluating only speaking and listening skills in L1 and L2 (as opposed to evaluating reading and writing skills also) is appropriate for several reasons (Hernandez-Chavez, Burt,

& Dulay, 1978; Ortiz, 1984). Proficiency testing for speakers in minority language communities is complicated by the fact that written and oral modes are often sharply dissonant because many speakers don't have formal L1 education. Some linguistic groups do not have a written language. Many researchers claim that testing in the oral modality is the most appropriate because listening and speaking are the most central aspects of a person's linguistic skill. Thus, most language proficiency tests assess speaking and listening skill only.

The neglect of the academic (reading and writing) side of language competence, however, has negative ramifications. Clinicians must keep in mind that a child can be more proficient in some areas of the second language (L2) than others (Cummins, 1992b; Hernandez-Chavez et al, 1978; Malave & Duquette, 1991). For example, a child might be more proficient in daily conversational English used for basic interpersonal communication skills than in cognitive-academic-language English that involves reading and writing. The English proficiency skills of such a child might be high enough to label the child as "English proficient." However, if this label is based on English speaking and listening skills in general conversation only, it should not be assumed that the child's English reading and listening skills are on a par with those of monolingual, English-speaking children (Roseberry-McKibbin, 1994). Research shows that basic conversational skills take about 2 years to develop to be commensurate with those of monolingual speakers; cognitive-academic language proficiency skills, however, which are needed for reading and writing, take 5-7 years to develop to a level commensurate with those of monolingual L1 speakers (Cummins, 1984, 1992b). Thus, the child with limited English proficiency who is labeled "English proficient" on the basis of a basic conversation skills-oriented language proficiency test should not be expected to keep up academically with monolingual, English-speaking classmates—especially in areas requiring reading and writing.

My experience in the California public schools has shown that often it is falsely assumed that LEP children have special education needs because they are labeled "English proficient" on a conversation-based (oral proficiency) test and yet are struggling with English reading and writing. These kinds of mistakes can be avoided if speech-language pathologists and other school personnel know how to interpret language proficiency test results correctly (Adler, 1991). Professionals can avoid creating academic deficits that do not exist.

### *Test Translation Difficulties*

Another important issue in language proficiency testing is that many proficiency tests are actually English tests that have been translated into the child's L1. Many problems with test translations are common to both language proficiency tests and tests designed to diagnose disorders. Differences in structure and content across the two languages raise questions of comparability of scores (Cabello, 1983; Merino & Spencer, 1983). First, a translation of a test assumes that the items are equal in content,

difficulty, validity, and reliability. Authors raise the question of whether or not psychometric properties of tests, such as validity, reliability, sample size, and norms, carry over to test translations (Bernal, 1983; Burt & Dulay, 1978). Second, use of test translations implies that English monolingual and LEP children have similar classroom curricula, when in fact the curriculum may be different in bilingual classrooms where some LEP children are placed. Placement of an LEP child in a bilingual classroom is a variable that must be considered when interpreting test performance. Third, use of test translations assumes similar cultural and life experiences, whereas these actually often differ between English-speaking monolingual children and LEP children.

A fourth problem with test translations is that words often have a different frequency and/or difficulty in the second language, and some grammatical forms may have several or no equivalents in the second language (Damico, 1994). Because translation problems are so numerous, the results of both proficiency and language disorder tests that are translations of English tests should be used with great caution and interpreted accordingly (Valencia & Rankin, 1985).

A final issue in language proficiency testing is that it cannot give indications of a child's language learning *potential*; it can generally only indicate a child's language *exposure* and the learning that has occurred as a result of that exposure (Roseberry-McKibbin, 1994). A child may have excellent language learning potential, but limitations of environmental experience and linguistic exposure may lead a child to score poorly on language proficiency tests in L1 and/or L2. This is an extremely important distinction that the speech-language pathologist must keep in mind when using language proficiency scores to make judgments about a child's language skills in L1 and English.

In summary, language proficiency testing is an important first step when a child is struggling academically and professionals suspect a language disorder. Language proficiency should be assessed primarily to ensure that a child's lack of progress is not due just to low or developing English skills. If a child's English proficiency is being measured as limited, then perhaps greater English exposure and input are required as opposed to special education services such as speech-language treatment. The child may need to be placed in an English as a Second Language program as a first step toward developing increased English skills that will enhance academic performance in the classroom. Or, a child like this might benefit from placement in a bilingual classroom. Considerable evidence shows that continuing development of L1 along with English has cognitive, linguistic, and academic benefits (Carasquillo, 1991; Cummins, 1992a; Damico & Hamayan, 1992; Fradd & Weismantel, 1989; Long, 1994; Ramirez, Yuen, & Ramey, 1991).

In my experience, many classroom teachers who refer LEP children for speech-language testing do not know the facts about the children's L1 and English proficiency status. By using the preceding information regarding English and L1 proficiency testing, the speech-language pathologist can help the teachers and school teams make

better-informed decisions about appropriate services for the LEP child. Adler (1991) advocated that speech-language pathologists actively seek to become involved in the language proficiency diagnostic process. The speech-language pathologist can also help increase the teacher's awareness of sociocultural and linguistic factors that may be influencing the LEP child's classroom performance (Damico & Damico, 1993).

## Testing for Language Disorders in Children With LEP

### *Definition of Language Disorders in Children With LEP*

Diagnosis of language disorder for LEP children requires that evidence of a disorder be established for both languages (Hamayan & Damico, 1991; Juarez, 1983; Long, 1994). This is done by testing both L1 and L2 (Cheng & Langdon, 1994). A language disorder is defined as a child's underlying inability to learn and process any language adequately. This disability will be manifest in both languages, as the child's language-learning ability is inadequate for the learning of any language. If problems are seen only in English and not in L1, probably the child is still learning English as a second language and does not have an underlying language disorder. A language disorder exists when a child with limited English proficiency tries to learn two language codes with an underlying language-learning system that is inadequate for even one (Carrow-Woolfolk & Lynch, 1982). The language comprehension and expression of LEP children with language disorders is different from that of peers with similar cultural and linguistic backgrounds (Linares, 1983; Mattes & Omark, 1991).

### *General Testing Problems*

Several problems exist in testing LEP children for language disorders. First is a lack of developmental data on languages other than English (Mattes & Omark, 1991). Some Spanish norms for articulation and language have been developed (e.g., Iglesias & Anderson, 1993; Jimenez, 1987; Merino, 1992), but few easily accessible, established language development norms exist for languages other than English. This is problematic because it makes it difficult for speech-language pathologists to differentiate between language differences and language disorders. Another problem is that there are almost no bias-free language tests for disorders in LEP children. Some English tests have been translated into other languages; problems of test translations have already been discussed.

A major factor making formal L1 tests problematic for LEP children is the heterogeneity of minority populations (Cole, 1989; Seymour, 1992). For example, many dialects of Spanish exist, and Spanish-speaking children may come from such different countries as Mexico, Puerto Rico, the Dominican Republic, Cuba, or Spain (Cheng & Langdon, 1993; Riquelme, 1994). Spanish-speaking children raised in different parts of the United States also have different vocabulary words for some items (Mattes & Omark, 1991). Other differences are observed in the language of Spanish-

speaking children who are born in the United States and those who immigrate at a later age. Thus, tests geared towards "Spanish-speaking" children may contain bias in that the children tested were not represented in the standardization sample, and some of the test items may be biased against children who are unfamiliar with that test's particular Spanish dialect (Wilcox & Aasby, 1988).

### ***Potential Pitfalls in Standardized Testing***

When standardized tests are administered to LEP children, cultural discrimination is commonplace. Many tests are culturally discriminatory because no norms were established for minority populations, no representatives of diverse linguistic and cultural groups were included in the standardization samples, and the tests were designed to measure facility with Standard American English (Norris, Juarez, & Perkins, 1989; Taylor & Payne, 1983). Comparing an LEP child with test norms based on Anglo, middle-class American children is discriminatory and likely to result in improper special education placements (Tucker, 1980; Wiig & Semel, 1984). A child's background and exposure to life experiences and school curriculum may differ enough from that of the standardization sample that the child is penalized for lack of knowledge of certain items outside the child's realm of experience.

It is important to remember that children from various linguistic and cultural backgrounds may appear to be "delayed" in verbal skills when, in reality, their cultural rules for speaking and interacting with others are merely different than those of American children on whom the tests were normed and standardized. For example, Crago (1990) discovered that Inuit mothers seldom ask their children test questions. Inuit teachers and mothers expect children to learn by listening and watching, not talking. Inuit children are also taught that when they are in an adult's presence, they should talk to other children and not to the adult (Crago, 1988). Many Native American groups expect that children will learn silently and speak or give answers only if they are sure that the answer is correct; guessing is not encouraged (Clark & Kelley, 1992; Swisher & Deyhle, 1989). Children from Asian cultures are often taught to be silent in the presence of an adult, especially an unfamiliar one (Cheng, 1991; Matsuda, 1989). Such cultural differences could certainly affect a spontaneous language sample or the verbal expression portion of a test.

The problem of examiner bias must also be considered. Experts point out that minority children may not be comfortable with an Anglo examiner who is a stranger, and consequently may perform more poorly in testing situations (Norris et al., 1989; Oyer et al., 1994; Taylor & Payne, 1983). Another problem is that situational bias may occur in that children who are placed in a testing situation in unfamiliar surroundings (such as a treatment room where they have never been before) may feel uncomfortable enough not to perform optimally. In addition, professionals cannot assume that a child is familiar with test-taking situations in general (Lund & Duchan, 1993). Use of only a standardized test-taking approach confines the child to a stimulus-response paradigm that is generally considered a

western European communication event (Heath, 1984).

Some authors recommend that a speaker of the child's L1 be used to translate items from a standardized English language test directly into a child's L1. This approach, for reasons that have already been considered, should be used with great caution, and the results must be interpreted carefully, as this approach is certainly not optimal (Hamayan & Damico, 1991). There are often substantial differences between English and the child's L1, especially in terms of syntax and morphology. For example, the Test of Auditory Comprehension of Language (TACL; Carrow, 1973) requires comprehension of gender pronouns, but the Philippine language of Tagalog does not distinguish between male and female pronouns. Consequently, many TACL items cannot be translated into Tagalog.

It is evident from this brief description of testing biases that use of standardized language tests and putting children in unfamiliar situations may be fraught with problems. Results of such tests and testing situations are often of questionable validity for the particular child in question, and should thus be interpreted with great caution and not used exclusively in making educational placement decisions.

### ***Alternatives to Standardized Testing***

What are some possible alternatives to formal, standardized testing for assessing the language disorders of LEP children? How is the speech-language pathologist to make an accurate diagnosis of whether or not a particular LEP child has an underlying language disorder that is manifested in both languages when there are few unbiased instruments that yield this kind of information? Some alternatives do exist, and they will be discussed here. It is crucial to realize that each of these methods has limitations and thus must be used with caution, especially when interpreting results and using these results for special education placement decisions.

### ***Ethnographic Interview and Case History***

A crucial part of evaluating multicultural children is using the ethnographic interview to learn about a child's cultural group (Westby, 1990; Cheng & Hammer, 1992; Langdon, 1992). In the ethnographic interview, the interviewer asks a cultural member questions about issues such as cultural ceremonies, attitudes toward one another and the host culture, and ways of feeling and thinking (Lund & Duchan, 1993). Next, it is important to obtain a detailed case history from the child's parents or other available relatives with some knowledge of the child's background. Uncles, aunts, siblings, and grandparents can provide valuable information, especially if they serve as the child's caretakers. Juarez (1983) recommended use of a trained interviewer who is fluent in English and the child's L1 to serve as an interpreter when the speech-language pathologist does not speak the L1. The speech-language pathologist and interpreter need to prepare carefully for the interview in order to ensure its success (Anderson, 1992; Cheng, Davies, & Langdon, 1991).

Parents need to understand clearly the purpose of the

interview. The clinician must gather information such as developmental milestones, medical history, and parental concerns (Westby, 1990). In addition, as was mentioned previously, a careful description of language(s) used in the home, and by whom, needs to be gathered. This should include the language(s) spoken by babysitters or day care workers with whom the child spends significant amounts of time. This gives information about the child's L1 and L2 exposure as well as language models who are influencing the child. The clinician can also gather information regarding the length of the family's residence in the United States, reasons for coming to the United States, and the parents' feelings and attitudes towards English, general education, and special education.

When gathering the case history, it is helpful to ask the parents/informants how the child performs in the L1. Does the child understand what he or she is told? Can the child follow directions? Does the family understand the child? Do the child's language skills differ significantly from that of the siblings? Are the parents themselves concerned about the child's speech and language? If there appear to be problems in L1 from the parents' perspective, this information is very helpful to the speech-language pathologist (Langdon, 1991). (Note: it is possible that the parents may perceive a problem but their culture does not encourage measures, such as speech treatment, to be taken to counteract it.)

### ***Specific Alternatives***

Some writers recommend the development of local test norms as a method of assessment for LEP children (Carrow-Woolfolk & Lynch, 1982; Evard & Sabers, 1979; Wilcox & Aasby, 1988). The speech-language pathologist can randomly select a number of children from the community who speak the same L1 and represent various age levels. They can be tested with the selected instruments and means and standard deviations can be derived. LEP children from this particular group, who are tested in the future, can then be compared with children of a similar cultural and linguistic background. There are drawbacks to this method (Hubbell, personal communication, 1992), but some clinicians turn to it because there are such large numbers of LEP children who need to be tested (Norris et al, 1989; Rider & Baker, 1991).

In a similar vein, other authors have recommended item analysis and development of local norms for certain items that LEP children appear to miss frequently. For example, several years ago, a clinician was administering the Spanish TACL to Spanish-speaking children in the California San Francisco Bay Area. One of the items required the children to point to "colorado" which meant "red"—this word was used in Texas in 1973 by the Mexican children to whom the TACL was administered. But these California children in the late 1980s used the word "rojo" for red and were confused when asked to point to the item that was "colorado." Thus, the clinician began to use "rojo" as the stimulus word for the item with better results.

Some authors recommend that particularly difficult or

biased test items be deleted altogether and not taken into account when computing the child's final test score. Taylor & Payne (1983) have suggested several similar alternatives to the use of whole standardized tests with LEP children. One method is to change the stimuli to parallel forms that are more appropriate for the particular cultural and linguistic group. Another method is to change the scoring to permit dialect alternatives to be considered correct (Washington & Craig, 1992).

Some problems are inherent in all of these suggestions. First, any good language test should be psychometrically and theoretically sound. Engaging in such procedures as changing norms and specific test items is a threat to psychometric properties of validity and reliability. In addition, development of local norms and item analyses is time-consuming (Hubbell, personal communication, 1992). Thirdly, a particular LEP child may not actually come from the local standardization group, in spite of the speech-language pathologist's attempts to ensure random sampling and adequate representation. Although methods such as use of local norms, specific item analysis, changing stimuli to parallel forms, and changing scoring procedures can be used to assess LEP children, their limitations should be made clear in evaluation reports.

### ***Informal Assessment Procedures***

Experts make some excellent suggestions for informal assessment that include a more broadly based, ethnographic perspective (Gutierrez-Clellen & Quinn, 1993; Heath, 1984; Leonard & Weiss, 1983; Lund & Duchan, 1993; Saenz, 1994). These can be summarized as follows:

1. Instead of using the static approach of "one-time shot" testing, where the child is evaluated at one point in time in a single session, clinicians can use the dynamic approach where the child's ability to learn language is evaluated over time (Butler, 1993; Erickson & Iglesias, 1986; Kayser, Cheng, Gutierrez-Clellen, & Anderson, 1993; Pena & Iglesias, 1993). "This approach identifies a problem, changes in the child's environment are made, and then the child's performance and modifiability are evaluated" (Kayser, 1989, p. 232).
2. Evaluate communication holistically, focusing the assessment on functional aspects of language usage (Cheng & Langdon, 1994; Perozzi & Sanchez, 1992; Secord, 1993). For example, one clinician evaluated a Vietnamese, non-English speaking teenager partially by asking questions related to her effectiveness in interacting with other "newcomer" (recently arrived in the U.S.) peers. The clinician found that the student's peers avoided interactions with her and that they felt as though they were "talking to a wall" (interpreter's words). Other questions revealed that this young woman's functional communication, even among peers with similar cultural and linguistic backgrounds, was limited and appeared delayed.
3. Use observations in naturalistic contexts, evaluating the child's ability to interact competently in everyday situations (Cheng & Langdon, 1993; Roseberry-McKibbin, 1993; Secord, 1994). Use of multiple observations in naturalistic settings "makes it possible to obtain



information about the child's overall communication behaviors in multiple contexts" (Cheng, 1991, p. 139).

4. Use questionnaires administered to teachers, parents, and others who interact with the child on a regular basis (Cheng & Langdon, 1994). For example, Cheng (1991), Hamayan & Damico (1991) and Mattes and Omark (1991) supply questionnaires (in their books) that can be used to elicit information regarding a child's language functioning in various daily situations.

5. Use narratives (in L1 if necessary) appropriate to the child's cultural background to assess the child's ability to recount or describe a past event, sequence the story appropriately, remember critical details, and eventcast (describe a future event) (Cheng & Langdon, 1994).

6. Many authors recommend gathering a spontaneous language sample in English and the child's L1 as an excellent method of looking at many parameters of language (Cheng & Langdon, 1993; Leonard & Weiss, 1983; Lund & Duchan, 1993). To do this, a bilingual speech-language pathologist who speaks the child's L1 is needed to make valid comparisons of the child's skills in both languages. If such a person is not available, Mattes and Omark (1991) recommend that several knowledgeable adult L1 speakers from the community listen to the language sample independently and judge whether or not the child's L1 skills are at a similar level with those of other children with similar cultural and linguistic backgrounds. My public school colleagues and I have used L1 community speakers in this capacity with varying results. Although their input is greatly appreciated and valued, a limitation is that these community speakers do not have formal instruction on language development and disorders; thus, their opinions are often "gut level impressions" and must be interpreted only as such. (For information regarding training L1 speakers to help accurately assess LEP children, see Anderson, 1992; Cheng et al, 1991; Lund & Duchan, 1993; Mattes & Omark, 1991; Matsuda & O'Connor, 1990.)

## **Treatment of LEP Children With Language Disorders**

### ***Cultural Sensitivity***

If reliable and valid testing has been used to determine that a child truly has a language disorder, and that this language disorder underlies and affects both L1 and English, then language treatment can take place. Professionals cannot assume that treatment techniques that are appropriate for children of North American culture will also be appropriate for children from other cultural groups (Bebout & Arthur, 1992; Lynch & Hanson, 1992). Treatment should be sensitive to and account for children's cultural characteristics and learning styles, for these will influence their responses to treatment (Terrell & Hale, 1992). In treatment, clinicians must also demonstrate respect for and appreciation of the child's L1 and culture (Goldberg, 1993; Nellum-Davis, 1993). The child's family should be involved in the treatment, and here it is critical for the clinician to be sensitive to the family's cultural attitudes toward communication

disorders and their treatment (Anderson & Battle, 1993; Cheng & Hammer, 1992; Maestas & Erickson, 1992). Attitudes toward etiology of and treatment for communication disorders differ across cultures (Wallace, 1994).

### ***Specific Treatment Principles***

If the child demonstrates L1 proficiency that is limited but superior to English proficiency, treatment should occur first in the L1 to build up the child's conceptual and linguistic foundation to the point where he can benefit from language input in general. Researchers indicate that beginning language treatment in L1 for LEP children generally brings about better, quicker results than beginning treatment in English (Esquivel & Yoshida, 1985; Langdon, 1983). Experiments involving LEP children learning vocabulary words in L1 and English have indicated that when the words were learned in L1 first and English second, as opposed to English first and L1 second, the children learned the words more quickly and with fewer trials (Kiernan & Swisher, 1990; Kiernan, Swisher, Kayser, Gutierrez-Ciellen, & Perrozi, 1993; Perrozi, 1985; Perozzi & Sanchez, 1992). Mattes and Omark (1991) recommended that in the absence of a bilingual speech-language pathologist who speaks the child's L1, a carefully trained L1 paraprofessional speaker can be used to conduct the treatment in L1. They emphasized that this paraprofessional can only be responsible for carrying out treatment goals designed by the speech-language pathologist. The paraprofessional must not be given the responsibility for goal development; only for goal implementation.

In summary, it is critical for speech-language pathologists involved with LEP children to be aware of the children's cultural and linguistic characteristics so that appropriate intervention can take place (Battle, 1993). In the case of the LEP child who is delayed in both L1 and English, L1 treatment should be top priority followed by treatment in English. For the child who is normal in L1 and is still acquiring English, the speech-language pathologist can work with ESL and bilingual specialists and help facilitate appropriate ESL and/or bilingual services. Speech-language therapy is not appropriate for this type of child. If there are bilingual classrooms available for the LEP child, placement into a bilingual L1-English classroom is the optimal solution to facilitating overall language growth and development (Ramirez et al, 1991).

### ***Conclusion***

Considerations in the assessment and treatment of LEP children in United States schools are complex (Cheng & Langdon, 1994). Ideally, a bilingual speech-language pathologist who speaks the child's L1 is the best person to work with the LEP child whose language difficulties indicate a language disorder. However, because such a person is not always available, monolingual speech-language pathologists must do their best to enlist the aid of other persons such as psychologists, resource specialists, ESL specialists, administrators, bilingual teachers and aides, and trained L1-speaking paraprofessionals. Teamwork is important when decisions are being made for

special education placement of LEP children.

Research is needed to improve assessment of LEP children (Wyatt, Albertson, Alvarado, Silva-Murrow, & Southard-Tenorio, 1994). Normative data need to be gathered regarding speech and language development of children from diverse multicultural groups. More testing methods and instruments that are empirically and psychometrically sound need to be developed for use with LEP children. Perhaps language testing that assesses children's ability to learn language rather than their amount of exposure to and consequent knowledge of language will be helpful in circumventing some of the problems with present language tests and testing methods (Roseberry & Connell, 1991; Roseberry-McKibbin, 1994). Lastly, our field needs to continue to make efforts to recruit minority speech-language pathologists who are fluent in various languages (Cole, 1989; Montgomery, personal communication, 1994).

As the number of LEP children in America's schools keeps growing, continued research with LEP children is essential. If universities, school districts, and other organizations all take responsibility for educating speech-language pathologists to serve LEP children, services will be provided with far greater confidence and skill.

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**Key Words:** multicultural, limited English proficient, assessment, intervention, language

# Bilingual Classroom Communication Profile

Celeste Roseberry-McKibbin, Ph.D., CCC

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Background Information

Individuals residing in the home with the student and their relationship to the student:

Countries where student has resided:

Country	Time Period of Residence
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First language or languages learned by the student: \_\_\_\_\_

Language used most often by the student: at home \_\_\_\_\_ at school \_\_\_\_\_

Individuals responsible for caring for the student:

Name	Relationship	Language(s) Spoken
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Date and circumstances of student's first exposure to English:

Previous schools attended:

School	Location	Dates of Attendance
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Comments about school attendance:

Other relevant background information:

## Health Information

Hearing Screening Results: \_\_\_\_\_

Vision Screening Results: \_\_\_\_\_

Health Concerns: \_\_\_\_\_



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