wps
unlocking potential

Oral Language Tool Kit

See Your Students Clearly
Through the Lens of Language

A look. A cry. A sign. A word. From our earliest moments, we show who we are with language—whether it is spoken or unspoken.

To truly understand the capabilities of the children in our care, we need to know as much as possible about how they receive, process, and express themselves with language.

Oral Language: More than a skillset

Language in Early Development

Once an infant shares a meaningful look, points to the dog, makes the sign for "more," or utters a stream of babbling sounds, the lifelong pursuit of language has begun.

We use developmental milestone checklists to keep track of each new speech and language skill a child learns. But a checklist doesn't tell us why a skill may not have emerged when we expected it. And a checklist can't help us intervene to prevent further delays.

That's what oral language assessments are for. They help us delve a little deeper into a child's language abilities.

- We can discover what a child knows about how words and sentences are built.

- We can find out how much a child understands when someone is speaking.

- We can explore how a child communicates in practical and social situations.

- We can examine how efficiently a child processes language.

- We can look for language patterns that might line up with neurodevelopmental differences like autism, dyslexia, developmental language disorder (DLD), or attention-deficit/hyperactivity disorder (ADHD).

We're pleased to offer this list of speech and language assessments you can use to learn more about a child's experience of early language:

Comprehensive Assessment of Spoken Language, Second Edition (CASL®-2)

Measures oral language processing skills, comprehension, and expression across four categories: Lexical/Semantic, Syntactic, Supralinguistic, and Pragmatic
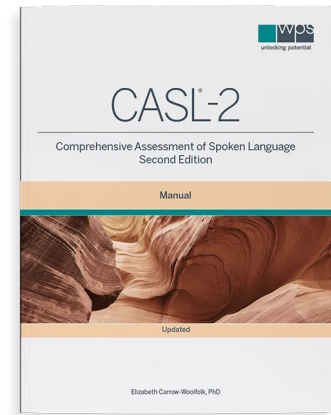
How is it given?
Examiner reads items aloud as the examinee responds by speaking or pointing

How long does it take?
5–10 minutes for each test and 45 minutes for the General Language Ability Index

Who is it for?
Ages 3 to 21 years

Oral Passage Understanding Scale (OPUS™)

What does it do?
Assesses listening comprehension—essential for classroom learning
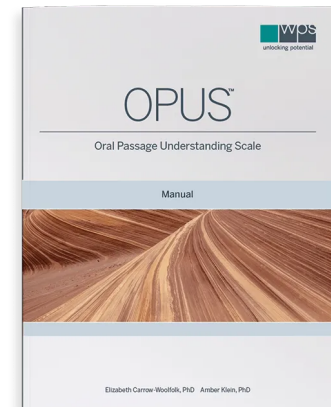
How is it given?
Examiner reads a passage and related questions aloud from a self-standing easel and the examinee responds orally—no reading or writing required

How long does it take?
10–20 minutes

Who is it for?
Ages 5 to 21 years

Arizona Articulation and Phonology Scale, Fourth Revision (Arizona™-4)

What does it do?
Provides a quick, reliable measure of articulation and phonology to help you identify individuals who need speech sound services
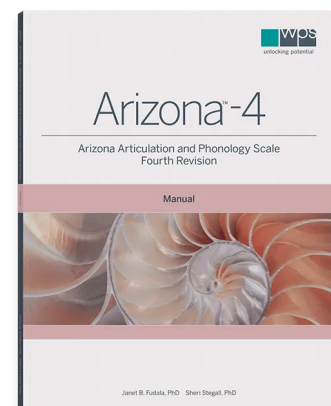
How is it given?
The examinee names, repeats, or reads content, and the examiner notes articulatory and phonological errors

How long does it take?
5 to 20 minutes

Who is it for?
Ages 18 months to 21 years, 11 months

Developmental Profile 4 (DP™-4)

What does it do?
Quickly identifies developmental strengths and weaknesses in five key areas, including language, and offers suggested activities for remediation

How is it given?
Parent/Caregiver Interview, Parent/Caregiver Checklist, Teacher Checklist, and Clinician Rating

How long does it take?
20–40 minutes

Who is it for?
Birth to 21 years, 11 months
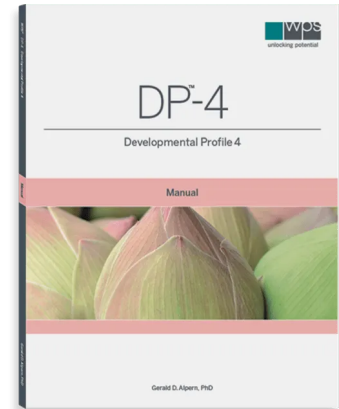
Learn more about assessing language development:

- The WPS Guide to Developmental Assessment *(Coming Soon)*

- Helping Families Navigate the EI Process

- It's the Beat, Baby: Rhythm and Early Language

- Early Childhood Development and Beyond

Download our most popular infographic: Types of Phonological Processes

Case Summary: A Preschool Student Takes the CASL®-2

Background

Cassie is four years, eleven months old. Her parents have shared their concern about her speech and language development. Cassie's other developmental milestones were typical, but her vocabulary remains limited for her age, and she sometimes has trouble understanding when people converse with her. In preschool, Cassie doesn't always follow directions, and when she plays with her classmates, we notice, she rarely uses expressive language.

The Team's Testing Strategy

We administered the Weschler Preschool and Primary Scale of Intelligence, 4th Edition to get a sense of Cassie's overall cognitive skills. We also administered the Language Comprehension and Oral Expression scales of the Oral and Written Language Scales, Second Edition (OWLS-II). To find out more about Cassie's language abilities, we administered the Comprehensive Assessment of Spoken Language, Second Edition (CASL-2).

Cassie's Assessment Results

Cassie's scores on the Weschler show that her general intelligence and her skill with nonverbal tasks are both in the average range. Her scores on the Weschler vocabulary acquisition index, on the other hand, are in the low average range. On the OWLS-II, Cassie's listening comprehension and oral expression scores are below average. We selected four tests from the CASL-2 assessment. Here's what we learned from Cassie's performance on these scales.

Receptive Vocabulary

This test measures the words Cassie understands when she hears them. Her test examiner reads a word, and Cassie chooses one picture that represents the spoken word. Her score on this scale was 57, which is in the Deficient range, more than two standard deviations from the mean. A score in this range indicates that Cassie hasn't yet learned about some important underlying concepts and relationships between the words.

Expressive Vocabulary

On this test, Cassie says the word that best completes a sentence the examiner reads aloud to her. She scored 74, which is in the Below Average range. This score shows that Cassie lacks specific word knowledge, or that she has some trouble finding the precise word for the situation. One note: Hearing a whole sentence gave Cassie enough context to boost her performance—a contrast from her response to single words in the receptive vocabulary test.

Sentence Expression

This test tells us how much Cassie understands about syntax (the rules for arranging words in sentences). Her score of 71 is Below Average, which shows she is still learning about how to build words using prefixes, suffixes, and other structures that change a word's meaning. She is also still developing her knowledge of how to structure sentences, which means she doesn't always express ideas accurately.

Sentence Comprehension

This test asks Cassie to choose a picture that represents the sentence her test examiner is reading aloud. Cassie scored 77, which falls in the Below Average range. This score indicates that she doesn't yet know about sentence types or about how words should be arranged to convey the intended meaning. Cassie has difficulty understanding the meaning of a sentence if someone combines words in a way she isn't familiar with.

When we looked at all the test items together, we learned that Cassie's knowledge of nouns is better developed than her understanding of verbs and adjectives. We noticed that Cassie has trouble with action words we typically expect a child of her age to understand—words like sleeping, talking, play, and jump. She had no trouble understanding descriptors that show color, such as red and blue, but she hasn't yet learned words that show the concept of size, such as many and big. Many children Cassie's age do know size-related adjectives, so this finding concerns us.

When it comes to sentences, Cassie knows how to structure a simple sentence, how to use pronouns, and how prepositional phrases work. Compound sentences are harder for her.

The Team's Recommendations

Moving forward, we think these strategies will benefit Cassie:

- Let's consider evaluating Cassie's auditory processing skills. Her scores on the Receptive and Expressive Vocabulary scales make us curious about Cassie's auditory abilities. If she is having trouble telling the difference between subtle sounds in words, an auditory problem could be the reason.

- Let's give Cassie as much contextual information as possible to support her learning. Cassie's expressive vocabulary is better when she encounters words in sentences rather than on their own. She shows greater knowledge when we provide more information.

- Let's make a strategic plan to determine the primary educational disability so we can design exactly the supports Cassie needs for her growth in speech and language.

The full case example is available in the manual for the CASL-2.

Language and Learning

Oral and Written Language Scales, Second Edition (OWLS™-II)

What does it do?
Provides a complete and integrated picture of oral and written language skills across a wide age range test
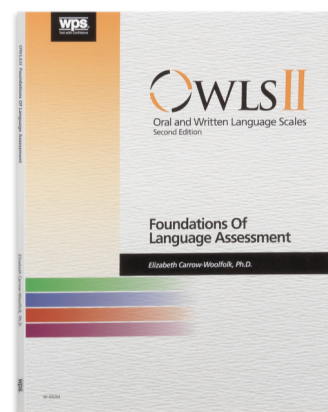
How is it given?
Examinee is asked to speak, point, or write their responses depending on the scale(s) administered

How long does it take?
10–20 minutes for Listening Comprehension Scale; 10–30 minutes for Oral Expression Scale; 10–30 minutes for Reading Comprehension Scale; 15–30 minutes for Written Expression Scale

Who is it for?
10–20 minutes for Listening Comprehension Scale; 10–30 minutes for Oral Expression Scale; 10–30 minutes for Reading Comprehension Scale; 15–30 minutes for Written Expression Scale

Tests of Dyslexia (TOD™)

What does it do?
Helps identify dyslexia and specific learning disability in reading, provides risk and probability indexes, and includes intervention recommendations based on assessment results

How is it given?
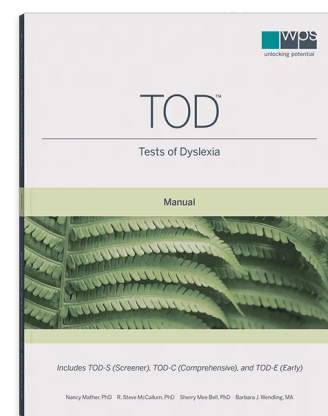TOD-S can be administered to individuals or groups; TOD-C and TOD-E are individually administered; digital or paper formats

How long does it take?
TOD-S: 10–15 minutes; TOD-E: additional 20–25 minutes after TOD-S; TOD-C: additional 30–40 minutes after TOD-S to obtain DDI, LPI, and RSI with additional tests at 5–10 minutes each

Who is it for?
Ages 5 years, 0 months to 9 years, 11 months

Phonological and Print Awareness Scale (PPA Scale™)

What does it do?
Measures early literacy skills, specifically phonological and print awareness, and allows examiners to easily track development
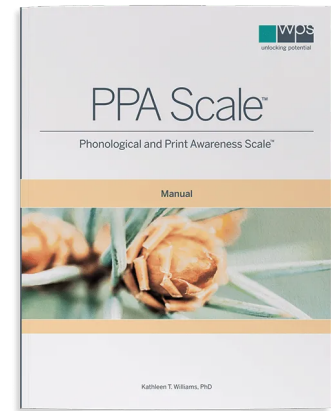
How is it given?
Examiner reads items from an easel stimulus book and the examinee provides nonverbal response

How long does it take?
10–15 minutes

Who is it for?
Ages 3 years, 6 months to 8 years, 11 months

School Motivation and Learning Strategies Inventory (SMALSI™)

What does it do?
Provides a quick, cost-effective way to identify and target learning strategies that affect academic performance

How is it given?
Self-report

How long does it take?
20–30 minutes

Who is it for?
Ages 8 to 18 years; Freshman to Graduate Level for College
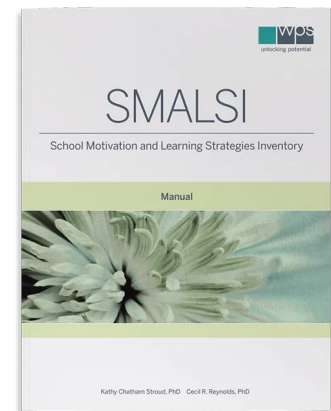
Bracken School Readiness Assessment, Fourth Edition (BSRA-4)

What does it do?
Assesses comprehension of the concepts strongly related to early childhood cognitive and language development, school readiness, and early school achievement: colors, letters, numbers/counting, size/comparisons, shapes, and self/social awareness

How is it given?
Children respond by pointing

How long does it take?
15–20 minutes

Who is it for?
Ages 3 years to 7 years, 11 months

Learn more about the practical and academic language elements that contribute to school success:

- The WPS Guide to Speech-Language Assessment
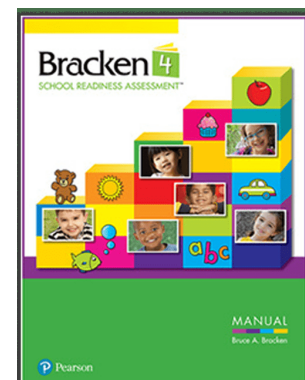- The WPS Guide to Dyslexia Assessment
- Elevate Your EL Speech-Language Assessments

- Dyslexia Symptoms to Look for at Different Stages
- Strategies to Improve Word Reading

Case Study: A 3rd Grade Student Takes the OWLS-II

Background

Derrick is one month shy of his 9th birthday, and he's in the 3rd grade. Previously, he was diagnosed with a communication disorder. Our team has been asked to re-evaluate him to determine whether special education is appropriate and to determine whether he still needs services in written language, social interaction, and following directions, as those areas are specified in his individualized education plan (IEP).

Our Testing Strategy

We administered the Woodcock-Johnson Tests of Cognitive Abilities to document his current academic skills, the Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) to give us a sense of his cognitive abilities, and all four scales within the Oral and Written Language Scales, Second Edition (OWLS-II) to help us understand where Derrick may need support in listening comprehension, oral expression, reading comprehension, and written expression.

Derrick's Assessment Results

Derrick's scores on the Woodcock-Johnson tests showed that his reading and math skills are typical for a child of his age, but his writing skills are somewhat lower than we might expect to see. His performance on the WISC-IV indicates that his overall cognitive abilities, including reasoning and verbal comprehension, are very similar to other children his age.

The OWLS-II enabled us to get more specific information about areas of strength and need in oral language development. Derrick scored in the Below Average range in three of four scales: listening comprehension, oral expression, and written expression. By contrast, his scores in reading comprehension were in the Average range for children his age. Here's what we learned from analyzing different types of test items:

Listening Comprehension

When we evaluated how well Derrick understands what he hears, we found that lexical and semantic knowledge are areas of strength for him. He's skilled at identifying concepts and parts of speech. Similarly, he showed strength in understanding supralinguistic language (language beyond the literal meanings of words, such as figurative language). Where he needs support is in the area of syntactic knowledge; that is, understanding structures that change the meanings of words, such as verb tenses and superlatives (good, better, best).

Oral Expression

When Derrick is responding verbally to test items, he answers lexical/semantic questions accurately most of the time, which confirms for us that this is an area of strength. He also answered 2/3 of the syntactic questions correctly—though he missed a few questions involving passive voice and irregular past tense verbs. One area of oral expression where Derrick had some difficulty was in pragmatic language (the way we communicate in practical or social situations).

Reading Comprehension

Derrick's reading skills are another area of strength. He answered correctly on 75% of the test items involving lexical/semantic knowledge, and he responded correctly on over 55% of the items that measured his syntactic and supralinguistic knowledge.

Written Expression

Writing tasks seemed to stress Derrick. He told the team, "I really don't like this." He took longer than most to complete the test, and he seemed genuinely fatigued afterward. Overall, he seemed to have difficulty organizing his writing, and we noticed numerous errors in spelling and punctuation. We also noticed that he kept his sentences simple, limiting details.

The Team's Recommendations

Derrick responds differently to information he hears vs. information he reads. Given the strengths and needs shown in assessments, we recommended a variety of supports in our full report.

Here are a few of them:

- Regularly check Derrick's understanding of instructions to be sure he is engaged and interacting productively. You may want to ask him to repeat instructions or processes aloud.

- Provide written instructions when possible, and supplement with visual supports like organizers and templates.

- When giving instructions, keep sentences and vocabulary simple.

- Allow Derrick to write using a laptop computer.

- When teaching Derrick, use listening, speaking, reading, and writing so that Derrick can access the information he needs in a way that works for him from day to day.

We also recommend further testing, because it's possible some of Derrick's needs may be related to attention differences. We also think it's a good idea to administer an oral language test such as the Comprehensive Assessment of Spoken Language, Second Edition (CASL-2) to find out more about Derrick's strengths and needs in semantics and syntax.

The full case example is available in the manual for the OWLS-II.

Language, Emotion Regulation, and Mental Health

"You, like, disappear into the words, sort of."

–Kyle, a student
with developmental language disorder

Childhood is full of big feelings. To name emotions, talk about them, and keep them in check takes strong language skills. When a language difference or disorder is part of a child's lived experience, dealing with emotions can be an even bigger challenge.

Research shows that children with language difficulties often have more trouble naming and

regulating their emotions. They may find it harder to tell their stories, ask for what they need, or recognize the emotions other people are experiencing. And they may even cope with depression or anxiety as a result of language difficulties.

In a study published in the *International Journal of Language & Communication Disorders*, researchers interviewed children with language disorders about their experiences. Their concerns fell into four categories:

- Students said they felt inadequate when they compared themselves to others.

- Many felt they were misjudged or misunderstood because of their language skills.

- Students said it was important to feel safe and comfortable in their surroundings.

- They pointed out that their comfort level and language functioning varied depending on the context (Ekström et al., 2023).

Clinicians and educators can pair language assessments with trusted psychological assessments to explore the two-way relationship between language abilities and mental health.

- We can see how depression and anxiety may be affecting a child's cognitive or communication skills.

- We can look for the connections between language, mental health, and behavior difficulties.

- We can identify what's causing a student's loss of motivation.

- We can determine where a student's self-concept may be affected by their language skills or by bullying, social isolation, or body image.

Here are some of the assessment tools you can use to clarify communication and identify mental health conditions in children and teens:

Children's Depression Inventory, Second Edition (CDI 2)

What does it do?
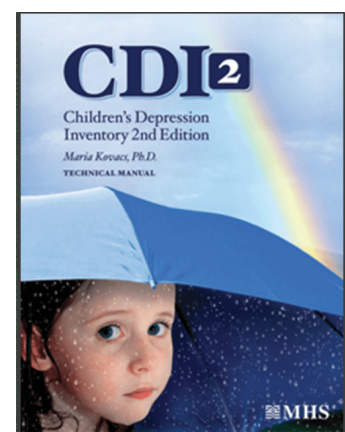Measures cognitive, affective, and behavioral signs of depression

How is it given?
Self-report, teacher report, and parent report

How long does it take?
5–15 minutes; 5–10 minutes for Short Form

Who is it for?
Ages 7 to 17 years

Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS™-2)

What does it do?
Measures the level and nature of anxiety, as experienced by children today, using a simple yes-or-no response format
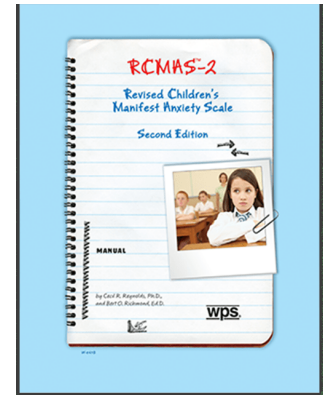
How is it given?
Self-report

How long does it take?
10–15 minutes; less than 5 minutes for Short Form

Who is it for?
Ages 6 to 19 years

Piers-Harris Self-Concept Scale, Third Edition (Piers-Harris™ 3)

What does it do?
Provides a complete picture of self-concept using a simple yes-or-no response format
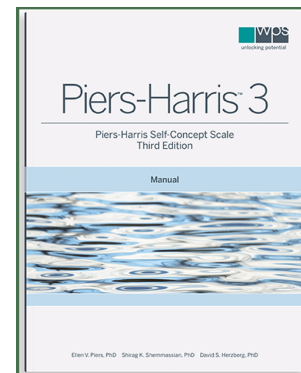
How is it given?
Self-report

How long does it take?
10–15 minutes

Who is it for?
Ages 6 to 22 years

Risk Inventory and Strengths Evaluation (RISE™ Assessment)

What does it do?
Measures psychological strengths and high-risk behaviors
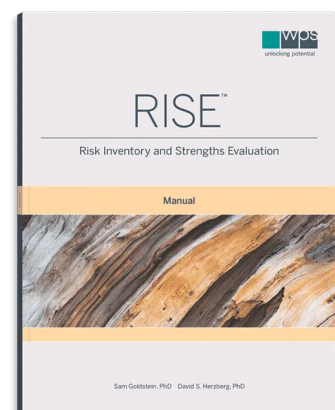
How is it given?
Parent, teacher, and self-report

How long does it take?
15–20 minutes

Who is it for?
Ages 9 to 25 years

Learn more about assessing language as part of an overall mental health strategy:

- [The WPS Guide to Anxiety Assessment](#)
- [5 Practical Reasons We Need Universal Social Emotional Learning Screening](#)
- [The WPS Guide to Assessing Depression in Children and Teens](#)
- [9 Practical Ways to Make Assessments More Trauma-Sensitive](#)

Case Summary: A High School Student Takes the OPUS™

Background

Kami is 15 years old and in the 9th grade. When she was in 3rd grade, she was diagnosed with expressive-receptive language disorder. Today, her IEP needs to be updated, so the team has decided to re-evaluate her language skills. As part of this process, we spoke with her teachers and parents, who reported that Kami has trouble comprehending verbal instructions, and she has difficulty expressing her ideas verbally and in writing. Kami receives 8-10 hours of language services weekly.

The Team's Testing Strategy

We administered the Weschler Intelligence Scale for Children, Fourth Edition (WISC-4), the Oral and Written Language Scale, Second Edition (OWLS-II), and the Oral Passage Understanding Scale (OPUS). Our key objective is to find out how Kami's listening comprehension compares to her peers' so we can plan interventions in any areas where she is having difficulty. We've chosen the OPUS because the passages reflect the kinds of texts she's likely to encounter in class.

Kami's Assessment Results

Kami's scores on the WISC-4 are in the average range. That tells us that her intelligence isn't limiting her ability to comprehend what she hears. By contrast, her OWLS-II listening comprehension (79) and oral expression (81) scores are in the Below Average range. Kami's standard score on the OPUS is 82, which also falls in the Below Average range.

What we learned from the OPUS is that Kami had the most trouble with passages that presented her with unfamiliar information or with figurative language. When we reviewed her responses, we found that Kami has a comparatively strong recall ability; she remembers key details and meaningful information. She didn't perform as well when she was asked to interpret information or infer something that wasn't stated explicitly in the passage. Her vocabulary knowledge is strongest when she's asked to define words; naming synonyms is more challenging for her.

The Team's Recommendations

Using the OPUS in concert with the OWLS-II and an intelligence measure enabled us to make some specific recommendations for Kami's IEP. Here's what we think would serve her well moving forward:

1. Kami mentioned that there were several times during testing when she wanted to ask us to repeat something. For that reason, we recommend that Kami's parents and teachers be prepared to repeat instructions to give Kami additional opportunities to process the information.

2. Kami's current educational supports should remain in place going forward. Her assessment results indicate that she still needs them to continue to work at her current level.

3. In terms of interventions, we recommend that Kami's teachers focus on building her vocabulary skills, in addition to providing opportunities for Kami to practice analyzing abstract texts and passages.

The full case example is available in the manual for the OPUS.

Language and Social Skills
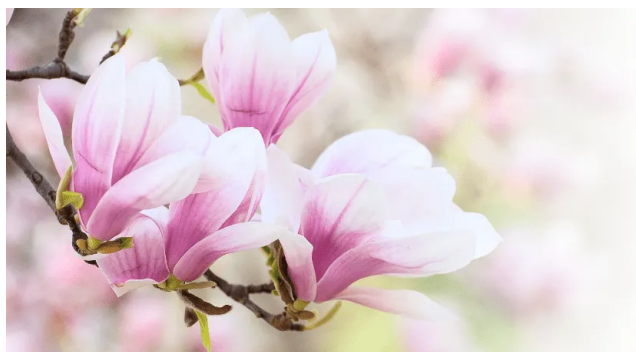
Social communication may be the most meaningful speaking and listening we do—yet we spend comparatively little time learning skills like these:

- Taking turns appropriately in conversation
- Maintaining and changing a topic of conversation
- Asking for help or permission
- Reading nonverbal language such as facial expressions and body postures

- Choosing the right words to communicate a particular intent
- Modifying language for different social situations
- Interpreting tone of voice, intentions, and inferences
- Responding appropriately to changes in settings, plans, and routines

Social skills like these are sometimes called pragmatic language. Pragmatic language helps us navigate the practical demands of the school or workday. It enables us to participate fully in sports and activities. And perhaps most important, it helps us build the friendships that sustain us throughout our lives.

For some children, social communication is challenging. Children with language disorders, for example, encounter "barriers to the quantity and quality of their social interactions" (Jensen de López et al., 2021). Childr en with some neurodevelopmental conditions may also have some difficulty with pragmatic language.

WPS offers these assessment tools to support your students in their social emotional learning:

: **Clinical Assessment of Pragmatics (CAPs™)**

What does it do?
Provides comprehensive information on pragmatic language skills and social language development of children and young adults
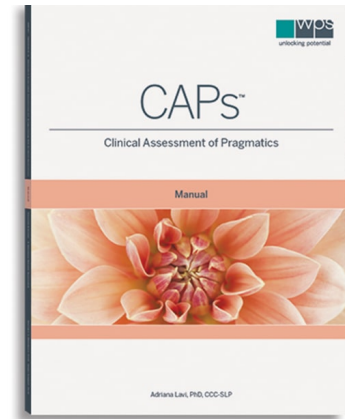
How is it given?
Student responds to digital videos of social interactions

How long does it take?
45–60 minutes for all 6 tests

Who is it for?
Ages 7 to 18 years

Social Responsiveness Scale, Second Edition (SRS™-2)

What does it do?
Identifies social differences within the autism spectrum and differentiates it from that which occurs in other conditions

How is it given?
Parent and teacher rating scale for children 2 years, 6 months through 18 years; adult self-report and other-report for ages 19 and up

How long does it take?
15–20 minutes

Who is it for?
Ages 2 years, 6 months to 18 years
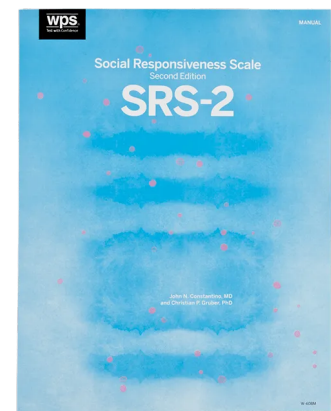
Social Communication Questionnaire (SCQ™)

What does it do?
Evaluates communication skills and social functioning in children who may have autism

How is it given?
Parent questionnaire with 40 yes-or-no items

How long does it take?
Less than 10 minutes

Who is it for?
Ages over 4 years

Learn more about pragmatic language and social skills with these WPS resources:

- [Unraveling the Complexities of Pragmatics](#)

- [Pragmatics: 6 Constructs of Formal Assessment](#)

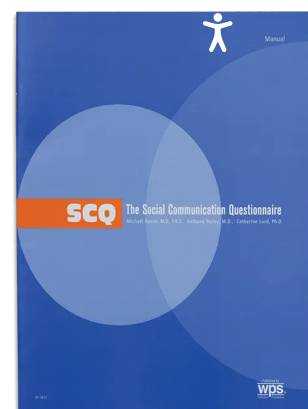- [The Power of Pragmatics: How to Assess 6 Essential Communication Skills](#)

> *"We are worried because we are afraid that he will not manage school. He does not have to be an academic, not at all, but he has to be able to cope in social contexts in an ok way. Otherwise, he will not thrive there."*
>
> *−Parent of child with developmental language disorder (Jensen de López et al., 2021)*

Camouflaging Language Differences

> *"If you just smile and laugh or just smile and nod, obviously, you don't have to say anything but also, people are never concerned about you. You blend into the background."*
>
> *−Speech−language pathologist, describing a student masking a language disorder (Hobson & Lee, 2023)*

Camouflaging is a term that refers to behaviors, strategies, and other efforts to minimize, mask, or compensate for neurodivergent characteristics. Sometimes people are aware they're using camouflage techniques. Sometimes they do it subconsciously or habitually.

Why might someone camouflage? Perhaps success in school or relationships depends on it. Perhaps their environment doesn't offer support or acceptance for people with some kinds of differences. Or perhaps they just want to fit in, to look and act like the people around them.

We hear most about camouflaging with autistic individuals, or with people who have ADHD. Increasingly, researchers are finding that people with language disorders also camouflage their differences.

What strategies and behaviors are common camouflage techniques? Researchers Hannah Hobson, DPhil, and Annabel Lee identified these 8 tactics in a study published in *Communication Disorder Quarterly*:

- **Conversational tools**. Students may develop short scripts, divert conversation to topics where they have more knowledge and vocabulary, or use certain words and phrase to close a conversation, such as "I understand," "I agree," or "I'm just tired today."

- **Reliance on other people**. Children may look to parents, caregivers, or friends to "scaffold" their communication. A child might ask a parent to explain something for him, for example. Or a child might pause, waiting for someone else to supply words they don't know or regularly use.

- **Avoidance.** A student with language difficulties might prefer to play alone, might leave interactions where communication was beyond their skill level, or might opt for activities where language demands were less intense.

- **Prosocial behaviors**. Likeability goes a long way in social situations. Smiling, nodding, agreeing, appearing to be engaged in class, and using humor can be useful ways to deflect attention away from language needs.

- **Nonverbal behaviors.** In addition to smiling and nodding, children with DLD may gesture, point, or use their phones to supplement their word use or to buy themselves some extra time when responding.

- **Disruption**. When language tasks are too challenging, children with DLD sometimes get silly, act out, or use disruptive behaviors to distract others, change the direction of an interaction, or avoid assessments or tasks where language is an issue.

- **Copying**. Neurodivergent people can be skilled observers of human behavior. They may pay close attention to the speech, writing, or behavior of people around them so that they can learn or imitate it.

- **Cognitive skills**. Sometimes, children with DLD lean on their other cognitive abilities to compensate for gaps in their language abilities. They may look for visual cues in a classroom, decode words while reading, or ask for help from peers or caregivers when working on tasks that challenge their language skills.

Camouflaging may look or feel like an effective way to get through the day, but the **costs are high** for students with language differences. Camouflaging can be so effective that it **prevents or delays the identification of a language problem**—which means students don't get the intervention and support they need. And camouflaging is emotionally and mentally draining. It **takes a toll on personal peace and mental health**.

When caregivers, educators, and clinicians learn what camouflaging looks like, they may be able to spot the strategies in action. That could lead to earlier identification and greater support for students with language differences.

"He's not following the coach's instructions. He is very much 'sit back and watch what the other kids are doing,' so he's mimicking the other kids. He's getting the cue from them."

—Parent of a student with DLD (Hobson & Lee, 2023)

Assessing Language Delays, Disorders, and Differences
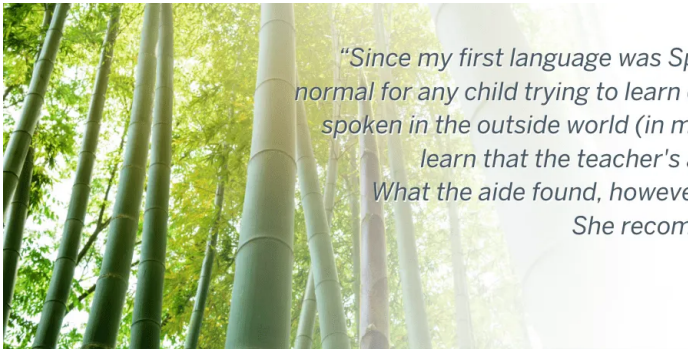
"Since my first language was Spanish, my parents believed that my language "delay" was normal for any child trying to learn one language spoken at home as well as another language spoken in the outside world (in my case, English in the United States). They were thrilled to learn that the teacher's aide spoke Spanish and thus could help me communicate. What the aide found, however, was that my language skills were poor, even in Spanish. She recommended a consultation with the school speech therapist."

—Paula M. Orrego (Orrego et al., 2023)

Human diversity is a beautiful thing. And language is one of many areas where people stand out as individuals and reflect the nuances of their cultures.

When it comes to language differences, it's important to be able to distinguish between these factors:

- Regional or cultural language varieties

- Mistakes related to learning a new language

- Indications of delayed speech or language development

- Patterns common in speech and language disorders

*A language **difference** may exist if a child is using grammar or pronunciation that differs from the patterns of a secondary language but is consistent with the features of the child's primary language. A language **disorder** may be present if a child exhibits discrepancies in language skills across all spoken languages.*

Few assessments are optimized for multilingual students. For that reason, misdiagnosis is more common in children who are learning more than one language, or who speak in a regional or cultural language variety. To help you make sense of the language characteristics you're assessing, here's some expert guidance from researchers and scholars in the field of language difference:

1. Standardized assessments can provide you with valuable information about areas of strength and need across multiple domains; however, when you're evaluating multilingual students, it's important to take a **culturally responsive approach** to speech and language evaluation.

2. You may want to consider a process known as **conceptual scoring**. If a student gives an incorrect response, you can give the child a chance to respond in the non-target language before final scoring (Karem & Washington, 2021).

3. **Strategically modified scoring** is another approach some researchers recommend when working with children who speak with a dialect. Using this strategy, you might not score test items that yield a dialectal variation from the general English response. Researchers note that this method tends to have higher levels of sensitivity and specificity than other methods when it comes to distinguishing typically developing dialectal speakers from dialectal speakers with developmental language disorder (Karem & Washington, 2021). In a 2020 survey involving 247 speech-language pathologists, modified scoring of standardized assessments was the most commonly reported adaptation used when working with students who spoke African American English (Hendricks & Diehm, 2020).

4. When assessing for speech sound disorders in multilingual students, you may be able to improve the accuracy of your evaluations by using **composite scores on measures of phonological ability**, rather than scores on single measures (Fabiano-Smith et al., 2021).

5. To get a better sense of whether speech sounds are well-developed in children who speak other languages or language varieties, you may want to consider comparing children's speech with that of adults who speak the same language or variety (León et al., 2022). You may even be able to compare a child's responses with the responses of a parent in a **parent-child comparative analysis** (Karen & Washington, 2021). Such an analysis could give you a window into home language influences.

6. You may want to partner with an interpreter fluent in the child's primary language. Such an expert can familiarize you with **word structures, syntax, and vocabulary in the child's**

primary language. This is especially important since morphosyntax and vocabulary are areas of difference frequently highlighted in assessments. These areas are featured in around 80% of intervention goals designed by speech–language pathologists for children with DLD (Selin et al., 2019).

7. American English is not a unitary language; what is correct in one region or population may be an error in another. Each language variety is governed by its own rule systems. If you often assess students who speak a particular language variety, it's a good idea to learn the **key features of the language variety** so you can avoid penalizing a student for rules-based discrepancies between language variations.

8. It's also important to be aware of the **extra cognitive load** an assessment may place on students whose primary language is different than that of the test. For some bilingual students, the demands of double language learning lead to some impressive cognitive advantages, such as increased working memory, divergent thinking skills, and attention control (Yang, 2017). For others, the demands may lead to greater anxiety. Researchers point out that foreign language listening anxiety is "a distinct set of feelings of tension, apprehension, and nervousness limited to the language learning situations" (Li et al., 2023).

9. Most experts recommend **assessing bilingual students in both languages**—even though it can be challenging to combine test results. Some researchers first test to determine which language is dominant. It's important to note that a child may have mixed performance, scoring higher in one domain in a primary language, and higher in other domains in a secondary language. There's some evidence that bilingual elementary school-age children with DLD typically have more trouble with morphosyntactic structures—so it's a good idea to select assessments that measure those skills (Peña et al., 2020).

10. Be aware that there may be some **overlap between language difference and language disorders**. Multilingual students can also have a language delay or disorder. A comprehensive language evaluation may help you determine whether an error is related to a disorder or to the process of learning a new language.

Learn more: <u>Assessing for Dyslexia in English Learners: 10 Questions to Consider</u>

> *"I think I pay attention to the language forms when I listen to English,*
> *'cuz most of the time, I can tell, "Oh, that person didn't put 3rd person singular,"*
> *or "Oh, my tense is wrong," but I don't do those kind of things when I hear Korean.*
> *Korean comes so naturally I do not even need to think."*
>
> *–Bilingual speaker (Yang, 2017)*

An Invitation

The language of childhood is complex and powerful.

Whether it is spoken, written, or expressed with signs, movement, and art, language is the basis for learning of all kinds. It shapes people's achievements and their relationships for their whole lives. Looking through the lens of language, we can discover so much more about our children and the futures they are building.

We invite you to explore the many speech and language assessments WPS offers to help you understand and communicate with the extraordinary children you serve.

▶ **Research and Resources:**