

Differences versus Disorders: A Case Study of Speech and Language Impaired Bilingual Students

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Introduction

The recently published Bercow Report (DCSF 2008), summarised a rising awareness of the negative links between poverty, Speech, Language and Communication Needs (SCLN) as a category of Special Educational Need (SEN) and low educational attainment. The Report says that '50% of children and young people in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children the same age.' (DCSF 2008:13) It warns that without early intervention, they are at a higher risk of 'lower educational attainment, behavioural problems, emotional and psychological difficulties, poorer employment prospects, challenges to mental health and, in some cases, a descent into criminality'. (DCSF 2008:3) Diagnosing and treating SLCN has therefore become a priority for many schools in deprived areas with the focus on Early Years intervention within clinical and educational settings. Not surprisingly, referrals to NHS Speech and Language Therapists (SALTs) from the pre-school sector in some areas of London have doubled between the years 2007-2009 with an additional increase in the complexity of the cases being seen. (www.enfield.gov.uk)

Settling within these socio-economically disadvantaged areas is a steady influx of multi-lingual immigrant populations whose children are entering the school systems as 'new arrivals' in the middle of key stages, some with minimal spoken English or experience of educational settings. Many families also come traumatized from refugee experiences which have resulted in restrained interactions between parent and child during the child's most formative years of home language (L1) acquisition. (Bloom and Lahey 1978)

Fueled by the dire predictions of the Report, the renewed urgency driving the early identification of SCLN has re-ignited past concerns that in some areas of England bilingual children are both over-represented and under-represented in speech and language therapy referrals. (Winter 1999) Accurate diagnosis and effective treatment of bilingual children with suspected Speech and Language disorders has emerged as a challenging issue.

Considering the risks of misdiagnosing these children, the question is what role should the L1 play in the assessment of Speech and Language Impairment (SLI) in bilingual/English as an Additional Language (EAL) children? What problems can arise when assessing SLI in the absence of

complete ethno-linguistic information about the L1 use of the bilingual/EAL child and family? These questions will be explored through the case studies of two London students 'H' and 'V'. Both subjects have been diagnosed from a very young age as having a speech and language 'delay or disorder'; 'H' and 'V' come from families whose languages are not English. Currently, 'V's family still prefers to communicate through a translator, while 'H's family reports that their daily home life is bilingual. (Appendix B) Yet neither boy now considers themselves to be speakers of their parents' languages. In KS1, 'V' and 'H' were categorised as EAL learners. Their first languages were briefly utilised in assessing them for speech and language disorders, but were largely absent in their educational/therapeutic remediation.

Several events occurred for 'H' and 'V' in their primary school years: **1)** their speech and language needs diagnosis evolved from 'delay' to 'disorder' to 'impairment'; **2)** cognitive disability was then considered because the medical/educational professionals involved decided, at a certain point, that neither subject had a communicatively functioning L1, and, concurrently, **3)** their home-language dominance switched to English which appeared to confirm a language difficulty. When I chose 'H' and 'V', I did not realize that they shared a refugee background, as well as being EAL and SLI.

After meeting 'H' and 'V', and considering L1 issues in assessment, **Event 1**, their diagnosis shift, will be explored through a number of interconnected issues. First I will **a)** examine therapeutic definitions of 'delay' and 'disorder'. Their documentation will then be examined through **b)** an investigation the ethno-linguistic information gathered in the assessment of 'H' and 'V' and critiquing the use of L1 in assessing bilingual children. I will then **c)** compare the clinical definition of SLI with the subjects' assessment process of diagnosing 'impairment'. After, I will show the importance of **d)** contextualizing diagnostic results for EAL children through considering L1 linguistic differences and which may interfere with assessment norms; and highlight **e)** problems in comparing EAL English-acquisition progression against age and speed 'norms'.

Then, **Event 2**, the hypothesis of cognitive disability based on L1 problems, will be explored through **a)** the L1 and considerations in the assessment of cognitive ability. Finally, **Event 3**, a language-dominance switch or L1 attrition, will be looked at in conjunction with **a)** the role of L1 in cognition and of bilingualism in the development of cognitive ability, using Cummins' (2001) Common Underlying Proficiency Model and Threshold Hypothesis. I will then put forward

alternative hypotheses to account for the subjects' L1 problems before concluding.

Bilingual, EAL or Second-Language Learner

EAL, bilingual and second-language learner are used interchangeably in this paper because as Smyth (2003) points out, these terms and their defenders oppose being defined by a deficit of English. García (2009:56) argues that 'bilingual', is often based on mono-lingualism as the 'norm of reference'—bilingualism becomes a balanced ability to speak two languages, as if a bilingual were two monolinguals added together. In contrast, García (2009:56) suggests adopting Heller's (2007) view of bilingualism as social practice and agrees with the early summation of Fishman *et al.* (1971) that language competency is task-specific, i.e., bilinguals naturally choose or mix languages as needed for the communicative task at hand. Baker (2006:10) agrees that bilingualism should be a context-based term in that bilinguals 'use different languages with different people in different situations'. While context-based 'bilingualism' tallies with the experiences of 'H' and 'V' and their families who have varying degrees of L1 competency and code mixture, it hints at the problems of assessing in an L1 and of the assessment tools themselves. Baker (2006:10) asserts that testing bilinguals within an academic domain in an L1 which is stronger in a family or community domain is an 'unfair' test of proficiency. Such assessments, when connected to a diagnostic process for disability, need to be thoroughly and carefully contextualised as we shall see.

Both subjects are institutionally defined as EAL because of their L1 backgrounds and their ethnic minority status. When 'V' entered the school system in 1996, the Swann Report (DES 1985) was still influential as an indictment of the lesser education of ethnic minority children and attitudes towards their language needs, with chapters covering the needs of various ethnic and refugee groups. Although 'H' was born in the UK, his Congolese parents' refugee status and L1-use also qualified him as EAL. Oddly, the EAL-designation would remain for both subjects, while their ethno-linguistic identity, i.e., their ethnic background and bilingualism, became uncoupled. I begin with 'H' and 'V' and why I chose to study them. For brevity, the documents referenced will be noted as the appendix letter and the document number, i.e., H-1; see the appendices.

'H'

'H' is Congolese, born in the UK and 'statemented' (Appendix L) for SLI. When he comes to see

me at the Speech and Language Resource Base (SLRB), his tall, lean frame fills the doorway. He is a polite Year 10 who will turn 15 this year. He is already a national champion at the 400-meter race. 'H' has been coming to the SLRB for therapeutic input and academic support since he was a Year 7. He knows the room well, although he doesn't know me. I am new at 'L' School and now manage the SLRB, overseeing provision to its statemented cohort of secondary school students. But he confidently talks to me as he has to the stream of educational/medical personnel who have assessed, observed and interviewed him since he was three. We discuss his memory of the beginning of his SEN statement for SLI. (Appendix A)

I: Ok...what did you think was happening...why did you think you were getting that help?

H: I don't know...I thought...'cause like I wasn't doing good on my tests or something like that. I dunno...just...like...to make me improve on my work...

I: So nobody said to you...you have problems with speaking.....or.....we don't understand you when you are speaking...or...your sentences are a bit funny...?

H: No...they just said....I had bad writing...I need to improve on it or something...I never knew that until...like...I came here, probably, yeah... or...in Year 6 in primary.

I: And you had someone who worked with you at primary school...who would take you out of class and do games or conversations....?

H: Hmm...yeah...yeah. (nodding)

I: And they would take you back to the mainstream classroom afterwards...?

H: Yeah...

I: Did you feel different from other kids?

H: Sometimes...yeah...

I chose 'H' to study because, like him, I can't pinpoint why he has been diagnosed as SLI. During our conversation, his language production seems normal, although narrow in vocabulary. In glancing over his secondary school case notes, Years 7-10, I notice that excerpts of his speaking and writing, although noted as diagnostic evidence of a 'disorder', seem very much like classic second-language learner errors. The language features in question include an inability to use the past tense correctly, problems with modal verbs and with using the third person –s in present tense verbs, leaving out 'small words' like articles and the misuse of prepositions. Certainly, Cameron (2004:5) concludes that the last grammatical devices to be fully acquired by second-language learners after 5 years' exposure to English are the correct use of prepositions, adverbial

phrases, modal verbs, subject-verb agreement, verb tenses/endings and subordinators to link clauses. The similarity between 'H's 'symptoms' of disordered speech and language and the expected errors a second-language learner might make in acquiring English was striking. Was he actually 'different' from the other kids, as he recalls feeling, or was he just another EAL student learning English? What role did his L1 play in his SLI assessment? 'H' is not the only statemented, bilingual SLRB student about whom I have the same questions.

'V'

Although I am taking part of his lunchtime, 'V' dutifully comes to see me before his BTEC

Business class starts in the 6th Form. 'V' patiently responds to my questions in short sentences.

He is Vietnamese and will turn 19 this year. 'V' plans to study business and economics at university next September.

Like 'H', he has been assessed, observed and interviewed since pre-school. His secondary school case notes, Years 7-12, mention trouble with formation of tenses, prepositions, plurals and complex sentences as well as limited vocabulary. 'V' has a similar set of language 'symptoms' to 'H' which are cited as evidence of his language impairment. It becomes apparent that, like 'H', he doesn't understand his SLI diagnosis. His opinion that his initial lack of English usage at school may have played some role in his diagnosis is interesting. (Appendix C)

I: When you were at primary school...did you think you had a problem with speech and language?

V: No.

I: Did you speak English?

V: A little.

I: What was the language you spoke at primary school?

V: Vietnamese...at the time.

I: You spoke mostly Vietnamese at the time...up until about what age...do you know?

V: Hmm...until I started primary school...that's...um...what is that age? About 5 or 6.

I: So...I've been looking over your reports from primary school, and they are all saying how good your work is, how much you are progressing...where do you think this diagnosis of SLI came from?

V: Um...not very sure...maybe they assumed that I wasn't living in England and couldn't

speaking good English and that they assumed I had Speech and Language, uh....what is it?

I: Impairment.

V: Not sure why.

'V's shows signs of language reduction. A miscue analysis of writing taken from both 'H' (J-30) and 'V' (H-35) gives mixed results of any advanced EAL learner issues they have.

'H', as described by teaching staff (Appendix E) and teaching assistants (Appendix F), dislikes writing and avoids it, so his 'writing sample' was actually scribed by a teaching assistant for an annual review. Any grapheme errors are therefore undetectable. (Cameron 2004) It is possible that he may have not used adverbial clauses ('When I sit next to my friends, I get distracted.') on his own, but scribing for SEN students is highly regulated and teaching assistants are usually trained in how to note down a student's own words. (DfEE 2000a)

Nevertheless, it does show some aspects of his language use, such as his replacing of prepositions with connectives ('I will try and keep out of trouble' instead of 'I will try to keep out of trouble') and in his repetitive use of words ('I think I am sometimes bad and sometimes good'). None of the other language 'symptoms' mentioned above are evidenced. In this writing sample, 'H' does not appear to evidence many of the errors which are common for advanced second-language learners or 'impairment' of his productive language. However, he expresses an honest self-awareness of his difficulties in concentrating.

'V' is another matter. His writing samples, taken from his Key Stage (KS) 4 to KS5 transition documents, are his own and there is evidence of second-language learner errors ('Also pass Mathematics grade C, but will be retaking it on the higher tier and would get a grade B or A'). He leaves out pronouns, has unclear use of past verbs ('pass' instead of 'passed') and modal verbs ('would' used instead of 'could') and is somewhat literal in his use of prepositions ('on' an exam tier instead of 'at'). Although his preposition and verb trouble can be seen as second-language learner errors, like his difficulties with plural formation (leaving off 's' on the word 'subject' twice), they can also be interpreted as 'evidence' of his SLI 'symptoms' noted in H-20/21/25/30/32/33/34. Martin and Miller (2003:47) give the example of a child who leaves the -s off plural words, possessives and third-person verbs as having the 'symptoms' of a phonological speech difficulty or a grammatical language-processing difficulty. Could this be the case with 'V' or are his errors

those of an advanced EAL learner?

As seen in the cross-over of errors and 'symptoms', the interaction of probable first language issues and possible Speech and Language Impairment would have created a unique challenge for the professionals assessing these two EAL students. Although most SALTs working in London would have experience in assessing bilingual children, there are competing theories about the role home language plays in the assessment process. We will now explore the context of the present institutional background.

Institutional Background and Rationale

'L' School is a secondary school with a 6th Form, Years 7 to 13. In total, its 1300 students comprise a higher-than-national-average of EAL at 61% (800+ students), of SEN at 36% and of Free School Meals at 56%. (OFSTED 2009) It is located in the 70th most-deprived area of London out of 354 local education authority areas (LEA). (www.enfield.gov.uk) The largest Pupil Level Annual School Census (PLASC) category on its SEN register is 'Other Difficulty/Disability' with literacy listed as the primary concern (43%). SLCN is the lowest at 0.5%. There is also a significant SEN cross-over with EAL at approximately 70%, higher than the 61% EAL cohort.

The most recent OFSTED, while glowing in its praise of other areas, highlighted the literacy problems of the whole school, in spite of the excellent progress made by pupils while there. The report says, 'on entry, standards of attainment in English, Maths and Science are significantly below the national average and with low levels of literacy (sic).' (OFSTED 2009:5) It points out that the large number of EAL and SEN pupils make 'outstanding' progress, but 'not enough to reach average standards because so much time has to be spent during Key Stage 3 on basic literacy, learning and social skills.' (OFSTED 2009:5) Consequently, although results have been steadily improving, 'attainment by the end of Year 11 is low.' (OFSTED 2009:13)

'L' School has a speech and language unit (SLRB). This gives it access to NHS expertise for the 'statemented' (DfEE 2000a) speech and language students that come to the school specifically for that support. The LEA allocates only 2 statemented pupils per year group to the SLRB. However, the SALTs who work at the school are convinced that there is a greater presence of undiagnosed SLCN among the student population, the vast majority of whom are bilingual. Addressing these

wider needs goes beyond the remit of the SLRB which only provides therapy for students who have a medically confirmed diagnosis of 'delay', 'disorder' or 'impairment' either on its own or in conjunction with Autistic Spectrum Disorder. Thus the SLRB and its therapists have a small cohort of up to 14 'L' School pupils that receive therapeutic treatment. Half of the SLRB cohort is bilingual.

Because of their age, their advanced EAL-learner status, and their accumulated educational/therapeutic input, studying 'H' and 'V' in depth seemed a good place to unpick the weave of EAL and Speech and Language needs in the SLRB cohort. As a longer-term rationale, the information sifted from these two case studies could be useful towards re-envisioning 'L' School policy and in re-assessing current pedagogical strategies for its bilingual, potentially SLCN students who come from this socio-economically poor but ethno-linguistically rich area of London.

Data Collection and Consent

My intention was to triangulate data from the students, their school records, and any staff that were involved in their therapeutic assessment, across KS1-5. Because both boys were on the NHS caseload of the SLRB, which I now headed, I had approved access to them and to their records. Nevertheless, for other research, 'L' School policy required written parental permission, which I obtained. (Appendix M)

Cohen (2000) defines informed consent as comprised of competence, voluntarism, full information and comprehension. It is incumbent on the researcher to ensure these are fulfilled for the participants. As mentioned, both 'H' and 'V' had a very long history of being interviewed, observed and assessed. Both expected that to continue through the SLRB. They seemed unruffled at my request to audiotape them for research purposes. I started once I received their signed parental consent slips. Pouring through hundreds of detailed documents on them from various agencies and scores of personnel made clear that they were familiar with such information-gathering and could understand how it might be used. Had the boys been younger, spoken less English or been unused to one-to-one meetings with educational/medical personnel, I would have been less confident that I had fulfilled Cohen's main exigencies for informed consent.

Teaching and non-teaching staff were also asked to volunteer data through taped interviews. Their experience of past interviews with SLRB personnel contributed to a full comprehension of my

purposes. The ability of all the participants to assert 'informed refusal' (Cohen 2000) was explained and requests to anonymise all data as a pre-requisite to maintaining consent was respected. The most difficult part of the research was tracking down educational/medical personnel involved in past assessment of the boys during KS1-2. Official letters were sent out (Appendix N), but only one educational psychologist (EP) responded and was interviewed. Her input, as an EP who had been integral to a multi-agency refugee team, was invaluable.

L1 in Assessment

When assessing bilingual students for speech and language 'delay' or 'disorder', a SALT is advised to 1) interview the parents for concerns about their child's L1 comprehension and production (Kersner and Wright 2001), and 2) to establish a 'bilingual profile' of whether the child has processing or comprehension difficulties in the L1 or in English only. (Martin and Miller 2003:135) Translated assessment procedures can be used, for example, use of a translator to accompany the SALT when carrying out an assessment, or using translations of English-language tests. But there are risks throughout the bilingual assessment process. Martin and Miller (2003:135) say that such measures must be used with 'considerable caution and rigour'. Translators may not give an accurate picture of either what the parents report or of the child's exact language patterns. (Appendix D) Tests which focus on and isolate different aspects of English grammar may not reflect or have equivalents in the grammatical structure of the L1 being tested. (Martin and Miller 2003:135) A SALT would need some knowledge of the L1 grammar, for example, whether it contained pronouns or articles. Since language is 'the vehicle of culture' and cannot be separated from it, some knowledge of the whether the testing materials are 'culturally appropriate' and of the communicative norms of the linguistic community would help the SALT to distinguish linguistic differences from language difficulties. (Martin and Miller 2003:134-135)

Event 1: Diagnosis Shift

As noted for both subjects, their diagnosis of speech and language needs evolved from 'delay' to 'disorder' to 'impairment'. The diagnostic process began with the parents. 'V's mother was concerned by his lack of Vietnamese use at home and his limited vocabulary, as reported through a translator. (H-3/4/8/9/14/15/26) But very little information was shared concerning the family or medical background or the contexts in which she would use Vietnamese to speak with 'V'. This might have shed light on his reportedly low Vietnamese usage as detailed further on.

'H's mother was concerned about 'H's inability to 'understand' her, although she reported that he was very active and had 'very poor concentration in general, usually less than 2 min. for most activities'. (J-1/3/4/8/11) She was also concerned that her mixture of French and Lingala at home was contributing to his apparent language comprehension problems (J-16, Appendix B)

Mother: When 'H' was little...we didn't speak a lot of Lingala...but French and Lingala... sometimes mixed. His father speaks mostly Lingala...but I spoke both to 'H'...I still speak to him in Lingala or both...mixed...you know...I think his problems came from the languages at home...that we speak French and Lingala.

Central to the evolution to the diagnosis is how the information gathered from parents is interpreted and whether it is accurate. There are several considerations here. Both 'V' and 'H' were the first born so neither parent has another child against whom to compare language development. As pre-schoolers, the subjects would now be expected to produce language within an unfamiliar and mono-lingually based education and judged against mono-lingual norms of English-speakers. The parents had to rely on the expertise and experience of the professionals within a foreign educational system to tell them whether their bilingual child's language production was 'normal' or not. The professionals, in turn, had to interpret the information, often patchy or translated, received from bilingual parents. Refugee families have another complication in that they may not choose to share past experiences with public-sector personnel which could illuminate their child's communicative differences. (Refugee Council 2004) Such communication difficulties envelop the beginning of the diagnostic process for a bilingual child. How the diagnosis then develops according to clinical definitions and their use is detailed next.

1a) Delay, Disorder or Difficulty

At the age of 4:10, 'V' receives an early diagnosis of 'severe delay/disorder'. ('...presents with a severe delay/disorder...', H-4) 'H', at 3:2, is diagnosed with severe language 'delay'. ('...severely delayed understanding and use of spoken language', J-2) One month later, 'H's 'delay' is then termed a 'disorder'. ('referred for severe...disorder', J-3)

As Kersner and Wright (2001) point out, the speech and language terms of 'delay', 'difficulty' or 'disorder' are often used interchangeably by SALTs, causing confusion among non-therapeutic personnel and parents. But according to the DfEE (2000b), 'delay' is distinct from both 'disorder'

and 'difficulty'. 'Delay' is a 'broadly descriptive term for language abilities which are considered to be below that expected for a child's age, while following the expected developmental sequence'. (DfEE 2000b:xiv) Thus the child is considered to be developing normal speech albeit more slowly. 'Disorder' seeks to describe speech and language abilities which are developing 'in a manner distinct from the usual developmental sequence' and includes the aspects most affected such as 'semantics, pragmatics, phonology or syntax.' (DfEE 2000b:xiv) This would include children, for example, with confused sentence structure, an inability to hear and pronounce word syllables or who were unable to attend to the social aspects of interactive communication. (Martin and Miller 2003)

Where does 'difficulty' fit in? Martin and Miller (2003:v) espouse the view that while the terms of 'delay' and 'disorder' are 'clinical', educationalists whose primary concern is to 'encourage and facilitate a pupil's access to the curriculum' are better served by the term 'difficulty'. This term, for Martin and Miller (2003:v), is a reminder that speech and language difficulties are 'as much a social construct as a processing or physical difference' and that the 'difficulty may lie with the perception and attitude of others' within the student's 'social and communication contexts'.

A common subjective element in all three definitions reveals the exception which the bilingual child may pose to the rule. If the 'expected' or 'usual' developmental sequence for bilingual children is different from mono-lingual children or if their 'social and communicative' skills are perceived as inappropriate to the institutional context within which they are being assessed, than a correct diagnosis of 'delay, 'disorder' or 'impairment' might be less likely. To help diagnose correctly, the therapists/educationalists involved would need in-depth knowledge of the child's ethno-linguistic background, L1(s) competency and appropriate assessment techniques for EAL children mediated by familiarity with normal developmental errors made by children who are learning English as an Additional Language. As an overall comparison, they would also need experience with similarly developing bilingual children against which a cultural and linguistic comparison of a normal developmental sequence could be made. (Mattes and Omark 1984) In addition, because language proficiency or competence, especially in the dominant language (English), has often been conflated as a measure of cognitive ability or 'intelligence', (Oller and Perkins 1978:6) great care would be needed to avoid an additional diagnosis of learning/cognitive disability or a 'false positive' as Hall (2001) terms it.

1b) Ethno-linguistic Background

When assessing any newly arrived student for academic potential/cognitive ability, the question regarding which language to test them in seems simple enough—test them in their L1. But for many multi-lingual African and Asian students, which L1 to assess them in becomes the problem. This is why Mattes and Omark (1984:41) say that when assessing a bilingual child for communicative disorders, the professionals involved should ‘become anthropologists’ in their investigation of ‘cultural and environmental influences’ that may ‘impact on a child’s communicative capabilities’.

What did the schools know about the ethno-linguistic background of ‘H’ and ‘V’? In ‘H’s first pre-school document J-1, his L1(s) are listed as French and Lingala and his ethnicity as Congolese, while a month later (J-2), his L1 is listed as French only. Since his mother has concerns, ‘H’ is assessed by SALTs in French because she tells the therapists that French is used at home. Importantly for the diagnostic process, ‘H’ seems to have trouble in both his L1 and English, as excerpted below.

‘...did not imitate words in French or in English...family speak French at home...however, he did not respond to French requests or indicate that he was more aware of French than English...used large amounts of jargon or ‘speech-like utterances’...these were not understandable in either French or English.’ (J-2)

Kersner and Wright (2001:180) advise that if both languages ‘display similar problems’ or ‘pragmatic problems’ then the ‘assumption of communication disorder, attached to a learning disorder’ may be made. The SALTs who assessed ‘H’ in French probably had this in mind and, with concerns about a possible cognitive disability, an EP is called to assess him in preparation for a statutory assessment of SEN. (DfEE 2000b) Interestingly, it is in the EP report, J-4, that Lingala surfaces again as another L1. It is also the first time among all of ‘H’s early school documents that details of his parents’ refugee status and educational/professional backgrounds are given. Nowhere in ‘H’s documents is Lingala evidenced as an assessed language nor is it considered in his language-use profile. French, again, becomes his L1 in J-5.

The omission of L1-use and parental background information is striking considering the heavy consequence his speech and language assessment will carry for him. There are many reasons

why 'H' may not have responded to French, the most likely being that the French used was continental and not the Kinshasa-based dialect spoken by 'H's parents. Kersner and Wright (2001) acknowledge that a child may have several languages and be dominant in only one of them. They may not respond to English-language based tests. In H's case, French may not have been his dominant language either.

In J-4, 'H's parents are mentioned as Congolese refugees in their early thirties. His father's profession is listed as 'student'. A report published by the Medical Foundation for the Care of Victims of Torture (1995) on Zairian (Congolese) asylum seekers documented that many refugees to the UK were between the ages of 25-35 and were professionals, academics, and undergraduate students. From 1990-1992, university student demonstrations in Kinshasa against President Mobutu led to massacres, arrests and torture—many fled.

In my interview with H's mother, she stated that she and her husband had been to university, although neither had been able to finish their studies. Both had a high level of literacy. When asked about L1 use, H's mother said that Lingala and French were used equally, but sometimes 'mixed'. (Appendix B) Two pieces of information can be gleaned from this which may have impacted on L1 use in H's initial assessments and subsequent diagnosis.

One, as educated, urban Congolese, H's parents may have thought that French, as the higher-status language (Wardhaugh 2006) in ex-colonial Zaire, was the best language to emphasise when interfacing with English public-sector agencies, even though that may not have been H's dominant L1. Two, the 'jargon' or 'speech-like utterances' exhibited by 'H' may have been code-switching between French and Lingala (Wardhaugh 2006), not a 'disorder'.

In analysing 'V's documents, I discovered a similar omission of information on L1 use and parental background. In 'V's H-1, his L1 is noted as Vietnamese; there is no medical history other than 'a bit slow on speech'. A year later, H-3 states:

‘...there is concern for V's cognitive development...EAL...but communication seems quite delayed in both Vietnamese and English’

Vietnamese-language teaching is recommended as a strategy, but never implemented.

(H-5/6/8/12/17) Later, a SALT administers an assessment in English and Vietnamese with the help of a translator during a home visit with the following conclusion:

‘...uses pointing and gesture to aide his communication and was able to name some objects in Vietnamese... speech is generally unintelligible...diagnosis...‘V’ presents with a severe delay/disorder in his speech and language development...’

(H-4)

Concerns about a possible cognitive disability stem from sparse L1-use, and an EP is called to assess ‘V’. More medical details are revealed in this report as well as retrospective details of the home visit and bilingual assessment.

‘...referred...because of concerns about his language delay and possible learning difficulties. According to translated conversation with mother...early milestones were delayed...‘V’ did not walk until 24 months of age...not toilet trained until 4...did not talk until 3 years...no concern about vision and hearing...’

(H-8)

This is significant information for the SALT because motor co-ordination difficulties often accompany language-processing disorders, and ‘V’s delayed milestones might point to a global developmental delay which could have cognitive disability associated with it. (Martin and Miller 2003). The document goes on to list ‘V’s limited vocabulary in the assessment.

‘...able to name 3 colours in English and only one in Vietnamese...he could name a few face parts in English, none in Vietnamese... able to name a few objects and animals in the assessment’

(H-8)

Clearly the test items show an assumption that ‘V’ would have acquired vocabulary which would reflect home and school exposure to a Foundation stage curriculum. This might be fair, except that without the family history mentioned in a further EP report done when ‘V’ is 6:9 (H-12) the ‘influences’ impacting on ‘V’s ‘communicative capabilities’ cannot contextualise this assumption. (Mattes and Omark 1984:41) Commenting on ‘V’s functional vocabulary in her interview with me, the EP noted that ‘V’ tested below the bottom range for age-appropriate vocabulary, but knew

words like 'rat' from his refugee camp experiences. She posited a mismatch between the assumed universality of curriculum-related words (parts of the body, colours) being tested and 'V's vocabulary due to his unusually deprived experiences of refugee camp life. (Appendix D)

H-12 finally reveals the deprivation of 'V's refugee background and helps to contextualize his assessment results. Originally from Vietnam, the family fled to Hong Kong where they spent a number of years in closed refugee camps, known for their 'crowded conditions, poor sanitation, minimal health care and frequent violence'. (www.lib.uci.edu) 'V' was born and spent the first years of his young life in the camp. A retrospective study compiled by the University of California at Irvine (UCI) on the experiences of the Vietnamese refugees details the living space allotted to a family in the Hong Kong camps as a cubicle measuring 8'x6'x3'. (www.lib.uci.edu) It becomes easier to imagine how 'V' could have been physically delayed in his walking and toileting in such a cramped living space or how the violence in the camps might have prevented his mother from allowing him to stray very far from their cubicle.

Furthermore, while Vietnamese is noted as 'V's L1, his father is actually a Cantonese speaker. This is not noted in 'V's papers until H-29, when 'V' is 10 years old. After the Vietnam War and the reuniting of North and South, an ethnic cleansing campaign against Chinese Vietnamese began, leading to the next 15 years of 'boat people'. Bell and Cinton (1993) state that most of the Vietnamese refugees who came to the UK were in fact ethnically Chinese and Cantonese speakers. It is possible that 'V's father was ethnically Chinese and that a mixture of the two languages was spoken between his parents. It is also possible that while in the refugee camps in Hong Kong, the family had to speak Cantonese, making it the first language 'V' would have heard and his true L1. This extra ethno-linguistic information might have initiated a closer look at his 'disordered' language or his hypothesized cognitive disability. In both cases, a question is raised. Would the diagnosis have been different if further investigation on the reported L1 had been pursued?

1c) Diagnosing SLI

Although, SLI is defined by the DfEE (2000b) as a general term for a speech and language 'problem', whether this is 'diagnosed as a delay or a disorder', this is inaccurate criteria for diagnosis. (Appendix L) Fazio *et al.* (1996) have observed that although the cluster of symptoms is well established, the etiology is not.

The accepted clinical definition comes from Stark and Tallal (1981) who have stipulated 4 main criteria: 1) at least a 6-month difference between mental age (MA) or chronological age (CA) and receptive-language age-equivalent scores, 2) at least a 12-month difference between MA/CA and expressive language-age scores, 3) at least a 12-month difference between MA/CA and a composite (expressive/receptive) language age-equivalent score, and 4) an IQ of above 85 (the low end of average) on a non-verbal intelligence scale. Thus, SLI is defined as a condition that causes a child to 'score a specified degree below average on standardized tests of language performance but at an average level on tests of non-verbal intelligence'. (Fazio *et al.* 1996:612)

A monolingual child exposed to English language and culture from birth would have an expected path of language acquisition. This acquisition would be helped by an early home curriculum (drawing, handling books, symbolic play) that would be recognised by and valued within a school setting. (Brooker 2002) Hayden and Jordan (2007:38-39) determine that by 3, this child should understand and say '3-key-word sentences, understand some abstract concepts, link ideas with 'and' and use pronouns ('I') and regular plurals'. They continue that by 5, this child should 'follow simple stories, and use a wide range of language including negatives, prepositions, and past tenses in 4/5-word sentences with a vocabulary of approximately 5,000 words.'

As the SLI criteria stipulate, a lag between CA and late-developing expressive language use when compared against similar children might be considered a 'delay' but something the child could outgrow (Martin and Miller 2003). Some children compared to others do not catch up as quickly, or continue to have trouble in either the form, content or use areas of their language. (Bloom and Lahey 1979) It is at this point that children will be assessed for their expressive/receptive language ages as seen in the criteria. For EAL children who do not share the same language, cultural experiences or home curriculum, how they are tested and against whom they are compared become crucial in interpreting their results.

1ci) Receptive-Language Assessment

Both 'H' and 'V' undergo a battery of assessments across their primary and secondary years. Notable is the initial assessment focussing on receptive language such as the Reynell Developmental Language Scales II (RDLS II) (Edwards *et al.* 1997) and the Derbyshire Language Scheme Detailed Test of Comprehension. (Knowles and Masidlover 1982) (Appendix I, K) The SLI

criteria stipulate a 6-month lag between CA and receptive-language age-equivalent scores. Because children who have receptive difficulties are more at risk for persistent language impairment than those who have expressive difficulties alone, testing receptive language ability is a priority of assessing communicative disorder. (Olswang *et al.* 1998) Kersner and Wright (2001) advise use of the broad-spectrum RDLS II for determining the level and severity of any receptive difficulty and, indeed, the SALTs involved have used these first.

Those children who still have significant impairment at 5.5 years of age are at risk for continuing difficulties though out childhood and adolescence. (Stothard *et al.* 1998) As both 'H' and 'V' get older they continue to be tested using the Renfrew Action Picture Test, (Renfrew 1997) the Test for the Reception of Grammar (TROG) (Bishop 1983), the Assessment of Comprehension and Expression 6-11 (ACE) (Adams *et al.* 2001) and the British Picture Vocabulary Scale (BPVS) (Dunn *et al.* 1982) which is the only test to provide EAL-standardised language-age equivalents. (Appendices I, K) However, an EAL child may simply not understand enough English or relate culturally to the pictures given to test at an age-appropriate level. Through out KS1, 'H' and 'V' consistently test at a much lower receptive-language age generating concerns about possible cognitive disability (Appendices I, K). Both subjects could be said to have delayed language production because of the lag between their CA and their expressive language scores. Indeed, 'H' begins to score within the average range for receptive language on some tests around 9-10 years old (Appendix I) and 'V' begins to show average receptive ability in KS3 (Appendix K).

1cii) Expressive/Composite Language

The tables (Appendices I, K) summarizing the language assessments undergone by 'H' and 'V' show differences in how expressive language is assessed for each child. Although both have copious documentation of classroom and play observations (Appendices H, J), 'V' has been given more norm-referenced, standardised tests. This is surprising. 'V's early lack of expressive English is clearly traced in H-2/3/4/5/7/8/12; his parents' lack of English is manifest in H-22/24/25/29. So 'V's identity as an EAL-learner is established, even if the variety of personnel assessing him are potentially unaware of his deprived refugee background.

The test initially chosen to measure 'H's expressive language is a curriculum-based assessment in English on which he 'scores no points'. (Appendix K) Most schools take a baseline assessment upon entry to KS1, even if the child cannot access it. This includes EAL children. Expressive language sampling, then, forms the majority of his speech and language 'assessment', until the

Clinical Evaluation of Language Fundamentals (CELF) (Semel *et al.* 1997) is used. In cases of suspected SLI, the CELF is often used to probe the third criteria—at least a 12-month difference between MA/CA and a composite (expressive/receptive) language age-equivalent score—precisely because it gives a composite score. (Kersner and Wright 2001)

1d) Contextualising Results

There is a dilemma in using both standardized assessments and language sampling in a normative way for EAL children. Comparing bilingual learners against mono-lingual children to assess cognitive ability or to diagnose language disorder is an inaccurate use of such assessment tools. According to Mattes and Omark (1984:13), standardised tests that measure a bilingual child's language performance against a mono-lingual population do not have 'construct validity', i.e., the ability of a test to measure what it is designed to measure. Kesner and Wright (2001:183) warn that the normative sample for any standardized mono-lingual test is not valid for a bilingual child, so age norms and standardized scores must not be used to help with diagnosis. No such consideration is evidenced in the documentation on either child. (Appendix H, J)

In terms of EAL-appropriate assessment, the CELF is often seen as the best test to give an EAL child because it is criterion-referenced, e.g., it measures the child against a general developmental continuum, not against a normative population. (Kersner and Wright 2001) But the authors of the CELF have been criticized for providing little evidence in their manual of its construct validity, especially of the various subtests that purport to measure isolated and specific aspects of expressive/receptive language use. (Muma 1984) The test manuals of the CELF (Wiig *et al.* 2006) and of the RDLS II (Edwards, *et al* 1997) caution that those tests should only be given to children who can understand and speak English. Neither author gives guidelines regarding bilingual learners who are still in the process of acquiring it as an additional language. In addition, Lees and Urwin (1997) add that the tests must be appropriate for the child socially and culturally and the child must have adequate attention skills to be able to concentrate for the period of time required for the testing, something which is noted as an issue for both 'H' (J-4/15/18) and 'V' (H-28).

Language sampling is also seen as an EAL-appropriate strategy to monitor the progression of English acquisition and speech and language development. However, Mattes and Omark (1984:9) assert that for bilingual learners some language errors appear to be developmental

errors similar to those among children using a first language, but strikingly similar to those 'produced by monolingual English speakers with delayed language development'. These may 'cross-over' with some 'at-risk' language predictors for persistent difficulties in young monolingual children with diagnosed SLI, such as a limited use of verbs, few spontaneous imitations, poor comprehension and a limited range of consonants. (Olswang *et al.* 1998) 'H' and 'V' are noted to have two cross-over 'symptoms': particular trouble with verb forms and tenses and poor comprehension. (Appendix J, H)

1d) Linguistic Differences

Ellis (1997) points to other problematic areas which may affect a misdiagnosis. L1 learners use general strategies to extract and segment linguistic information from the L2. For example, they may try to map single meanings onto single forms (*no + verb* used for *don't + verb*) or they may be unable to manipulate relative clauses in L2 sentences because their L1 may not have them. (1997:58) Both may cause L2 errors that mimic 'delay' or 'disorder'. Phonic differences may cause problems which affect the results of receptive language tests because EAL children may not be able distinguish among phonological systems. (Dulay, *et al.* 1978).

Vietnamese (and Chinese) has such phonological and clausal differences. (Ellis 1997:63) The tonal structure of Vietnamese changes word meaning or verb tense; in Lingala, a Bantu language, tones, rather than morphemes, fulfill the grammatical function of verb-tense conjugation. (Philips 1992) The interviewee confirms this for Vietnamese. (Appendix G)

T: So, basically, this is the Vietnamese alphabet...and there are four different accents which change the letter sound or meaning of the word...depending on which one there is. So...we have got 5 different As.

I:are there five different versions of every vowel?

T: No, not every one...it also depends on the tone.

I: Are there four tones, like...Mandarin?

T: Well... it is slightly different...but...yes...it is like Mandarin...

A possible explanation of 'V's trouble with verb-tense formation and sentence order was given. (Appendix G)

T:...we don't have past tense in Vietnamese...what we do is we put a word at the front, which means 'already'...that is used to indicate the past tense....

T: Present tense...we just put a word which means 'now'...that is put at the end of the sentence.

I: Is there any change in the verbs at all?

T: No...none...just the one word that you add either at the beginning or the end of the sentence which signifies tense.

T...ours is..uh..mono-word...we don't have two together...and the way we speak is opposite to the way English is...so...for example...here you say, I go shopping and in Vietnamese it is the opposite.

Although slightly different, Cantonese, 'V's possible L1, shares many aspects of tone use and sentence structure. Without adequate information about the true L1 and its grammar and phonology, the professionals involved cannot contextualize the diagnostic results for EAL children.

1e) L2-Progression/Comparison

While Dulay and Burt (1978) suggest the bilingual learners acquire some L2 grammatical features in a predictable order, Ellis (1997:58) proposes that some features like the copula *be*, might be acquired at any stage. Using language samples as a measure of an EAL child's progress in determining 'delay' or 'disorder' carries risks as acquisition may not follow an expected route or language-age norms.

For the EP interviewed on 'V', the speed of English-language acquisition was slower than might be expected 'in spite of the level of support 'V' was receiving through the school. However, she did note that these were 'entirely in English'. (Appendix D) But slower compared to whom? She said that 'V' was at that time enrolled in a pre-school and then primary school which had a high number of bilingual children. Furthermore, the EP said that both schools would have felt reasonably confident in the validity of comparing 'V's progress to those other children. Did his refugee background inform that comparison? (Appendix D)

I: Would those other bilingual children have also had 'V's deprived refugee camp background?

EP: Probably not.

I: Could they then realistically be considered a 'normative' against which 'V' could be compared?

EP: That could be problematic.

I: Could that have contributed to his early diagnosis of language disability?

EP: It is possible.

Nevertheless, 'V's slow progress in spite of the intensive support he was receiving was enough to trigger concerns of cognitive disability compared to other children. 'H' has a similar profile in that he is given a large amount of on-going therapeutic support in KS1-2 at a school which not only had EAL children, but a speech and language unit. (J-20)

'...current provision...withdrawn for small group basic skills tasks x3 week...receives 1:1 Speech and Language therapy x1 week...small-group withdrawal session for language skills x2 week...differentiated work in class and in small groups.

In spite of his support, 'H' is still reported as 'below national average' throughout KS2. (J-22/23/24/25/26) For educationalists/therapists, such slow progress when compared to other bilingual children would have fed their concerns about the cognitive abilities of both 'H' and 'V'. Even if the therapists/educationalists involved had in-depth knowledge about the limitations of using their usual battery of tests in assessing bilingual children and the family's ethno-linguistic background and were conscientiously trying to avoid a 'false positive', both 'H' and 'V' still pose a mystery. Why does their English-language acquisition seem so delayed? Conversely, why did parents report more English than L1 use?

Event 2: Assessing 'Impairment'

We explore the last criteria for the diagnosis of SLI—an IQ above 85 on a non-verbal intelligence scale. To re-cap, 'H' had been diagnosed with language 'disorder' by 3:3 as was 'V' at 4:9. Both subjects are assessed in their presumed L1, 'H' in French and 'V' in Vietnamese, although as noted previously, both the process of assessing in translation and in determining in which L1 to test can be flawed or inaccurate. But with concerns mounting about their English-acquisition progress and their sparse L1 use, the question of a cognitive root to their language difficulty looms. Both primary schools decide to move towards a statutory assessment of SEN. An EP is called in to assess the non-verbal cognitive ability (IQ) of 'H' and 'V'. If cognitive ability proves to

be within average range, then both subjects will be diagnosed with SLI, i.e., a language-processing difficulty which is not attached to a learning disability. Will this solve the mystery?

2a) L1 and Cognitive Assessment

In her interview, the EP was very clear on her experience of assessing bilingual children. She said that 'dynamic assessment' (play-based) was 'very relevant' to bilingual children, more so than a 'naming vocabulary' approach which might be favoured by therapists/educationalists seeking a baseline for reading-age equivalents. She preferred the British Ability Scales (BAS) (Elliot 1996) which contained several 'useful' subtests in spatial ability and other non-verbal reasoning tests. (Appendix D) When 'V' is tested, he scores well below average on a vocabulary-naming subtest as predicted but within an average range on sub-tests which measure spatial visualisation and visual memory. (I-17, 7:2). The EP concludes that 'V' has normal cognitive ability. These results are later corroborated in secondary school. 'V' takes the Cognitive Abilities Tests (Lohman *et al.* 1982) in Year 8, scoring a 103 on the non-verbal component which purports to measure thinking with shape and space. (I-31, 12:6)

Similarly, the EP who tests 'H' using the BAS, reports a composite of 99 on the non-verbal subtests of block-building and picture similarities, comfortably above the 85 mark stipulated in the SLI criteria. His score puts him in the 'average' range for cognitive function, as he is later judged to be in 'L' School (J-29). But the EP warns it is not 'appropriate to consider his overall general conceptual ability because his scores are considerably skewed by his low verbal scores'. (J-11); indeed non-verbal scores are likely to be adversely affected by the underdeveloped English-language competency of a bilingual child.

Event 3: Bilingual?

We have traced the evolution of 'H' and 'V's SLI diagnosis, the difficulties with the diagnosis process for EAL children and what role their L1 played in their assessment. Oddly, while their teachers were concerned about slow English acquisition, the parents began to report more English spoken than L1 ('V': H-9/10/12/13; 'H': J-5/7/14/15). Finally, a decision is made to re-label 'V' 'not a bilingual' (H-26)...

'...significant discussion occurred with reference to 'V's language status...he is not a bilingual speaker and English is his primary language...'

...and 'H' suddenly acquires English as an L1. ('home languages listed as English and French', J-22) This is unusual for students designated EAL, because in effect it uncouples their linguistic identity from their ethnic identity and de-contextualises them. This decision carries repercussions for their ongoing assessment as exemplified in 'H's J-6 where it is reported that 'H' is no longer to be 'assessed in a language other than English'. This could also account for the predominance of standardised tests for 'V' questioned earlier.

The area of language most associated with underlying cognitive processes is 'form', i.e., phonology and grammar. (Martin and Miller 2003:60) These are two aspects of language in which 'V' and 'H' are judged to have difficulties by the SALTs. As mentioned previously, there are competing theories as to the role of the L1 in developing cognition. These need to be examined in light of the fact that the subjects' L1 was weak and atrophied in school and home domains in the face of English-only input. Was this a language and cognition question? Or was the ethno-linguistic background mediating between therapeutic/pedagogic input and language acquisition in some unpredicted way?

3a) Role of L1 in Cognition

There is much research to suggest that bilingual children reap larger cognitive/academic benefits, when they have early childhood access to both home languages (L1) and host-country languages (L2)—but only when adding an L2 to the child's repertoire at no cost to the L1.

Cummins' (2001:132) Common Underlying Proficiency (CUP) theory states that cognition across both languages will be stronger if the L1 is strengthened through educational input and that this impacts positively on L2 acquisition. In this view, the L1 and English (L2) would be included side-by-side in any therapeutic/pedagogical input to promote the child's cognitive development of what Cummins (2001:80) terms 'vocabulary-concept knowledge'. Both 'H' and 'V' were cognitively capable of acquiring conceptual knowledge as shown from their eventual academic progress and average non-verbal scores, but they lacked the ability to match it to English or L1 vocabulary and grammatical structures, hence the low vocabulary-naming test scores (Appendices I, K) and the assumption of a language impairment.

However, the L1 may also be theorised as having an 'interfering' role in the development of the L2. In this view, termed the Separate Underlying Proficiency (SUP) model of bilingualism (Cummins 2001:131), the brain's capacity to effectively absorb other languages is seen as finite.

Language stimulation in the L1 does not build language capability in the L2, and so input must be limited to one language for the full cognitive benefits to be achieved. (Cummins 2001) For example, the 'babbling' or possible code-switching noted in the records of both subjects would have been interpreted as evidence of inadequate L1 language acquisition and 'proof' of their cognitive inability to 'handle' more than one language. (Gonzalez 1977) Following this psycho-educational model, therapists/educationalists would prescribe a simplified language-use profile, limited to the dominant host-country language, English, with which to build cognitive/academic ability. From a therapeutic viewpoint, some research on speech remediation programmes for bilingual children would seem to support this English-only approach. In a case study done of a bilingual Panjabi-English child with inconsistent speech difficulties in both languages, an English-only phonological intervention improved the child's speech in both languages with positive consequences for comprehension. (Holm and Dodd 1999)

While Cummins rejected the SUP model of bilingualism, his Threshold Hypothesis' sought to account for research showing variously negative and positive influences of bilingualism on cognitive/academic ability. Briefly, the Threshold Hypothesis states that there are two separate stages at which bilingualism influences cognitive ability. At the lower threshold, the child's L1 competence is 'sufficiently weak' as to 'impair the quality of their interaction with their environment' leading to negative cognitive effects and a reduced ability to comprehend and produce that language. (Cummins 2001:71) At the higher threshold, bilingual children reap greater cognitive benefits because their L1 skills have been allowed to develop to a more abstract level before or alongside their acquisition of L2. (Cummins 2001:76) This increases their chances of acquiring concepts and producing language to represent those concepts within home/educational domains and is connected to 1) the SALTS giving advice to 'H's mother ('Suggestions are also given to his mother of ways she can help at home', J-9) and, 2) the suggestion that 'V' needed mainstream inclusion for 'opportunities to use language and experience good models of language skills to provide him with the best opportunities to develop language'. (H-16)

Through the Threshold Hypothesis, Cummins re-asserts the role of L1 in cognition. Importantly for our subjects, if the L1 is weak enough to impair their interaction with their environment, at home and at school, then less overall conceptual understanding can be built. It is possible that 'H' and 'V' were exposed to their L1(s) in an 'unsystematic' way before entering the English school system and therefore did not have a 'secure knowledge of the vocabulary and syntactic structures of the

L1' on which to base their English acquisition. (Gonzalez 1977:56) Cummins (1979:237) suggests that if bilingual children remain undeveloped in 'certain aspects of L1 linguistic knowledge' upon their entry to school, they may only have 'limited access to the cognitive-linguistic operations necessary to assimilate L2 and to develop literacy skills. Skutnabb-Kangas and Toukomma (1976) described bilingual children who had less than native-like skills in both languages with detrimental cognitive and academic consequences as 'semi-lingual', a term that García (2009:56) rejects as an early 'stigmatisation' of code-switching. Code-switching, where words and phrases from two or more languages are mixed within an utterance or conversation is now recognised as normal social bilingual practice, not as defective or disordered development of either the L1 or L2. (Wardhaugh 2006)

'V': Another Hypothesis

As noted, there are cognitive advantages to bilingualism, when the L1 is well developed. (Cummins 2001) Based on the parents' language-use patterns, both subjects should have had a stronger L1. But here, traumatic refugee experiences may have played an unexplored mediating role. It is possible that 'V's poor L1 and English-acquisition stem from his refugee camp experiences because his mother may have suffered post-traumatic-stress syndrome. Crucially, this would have affected her ability to interact with 'V'. Bell and Clinton (1993) write about the burden on the mental health of Vietnamese refugee women due to issues such as the isolating effects of the government's dispersal policy or the unsociable work hours of the men. The Swann Report (DES 1985) reiterates this for many refugee groups.

Bloom and Lahey (1978:266) describe language development as a result of the child's interaction with context—a vigorous process where 'relationship between linguistic (form) and non-linguistic (content and use) categories are learned'. It is possible that if linguistic input is depressed and the environmental content is non-stimulating, then conceptual building blocks for language acquisition remain weak, especially if it occurs during the child's second year. (Bloom and Lahey 1978)

Interestingly, it was the EP's observation that 'V' was a very 'under-stimulated little boy': few toys were observed at home, and 'V's mother did not report involving him in her (language-stimulating) daily chores, possibly because he was a male child. (Appendix D) 'V' reflects this lack of interaction in his early memories as below, although, contradicting his documents, he does remember speaking Vietnamese. (Appendix C)

I: What was the language you spoke at primary school?

V: Vietnamese...at the time.

I: Were you home with your mom before then?

V: Yeah...

I: Did your mom used to read to you?

V: No

I: Did you spend time helping her....cooking and chopping up food...shopping...?

V: No.

Dyadic exchanges between mothers and children around the age of 2 onwards has been found by Brown and Belugi (1964) to significantly affect a child's ability to acquire language through 1) adult imitation/expansion of the child's response, i.e., scaffolding whole sentences out of two-word exchanges; and 2) through the child's propensity to imitate the discourse of adults around them. If the mother or child is ill/depressed, the content and quality of the interaction is lessened with consequences for the child's overall language development. (Bloom and Lahey 1978) His mother's possibly depressed linguistic input plus the crucial lack of bilingual input at school could have effectively contributed to the attrition/loss of 'V's L1 output. His family's post-settlement social conditions might have mediated against 'V's strong acquisition of Vietnamese or of his father's Cantonese and could, then, have led to lower test results in Vietnamese as well as in English—hence 'V's diagnosis based on pragmatic language difficulties in both languages.

'H': Another Hypothesis

'H' may have suffered language attrition. EAL children who experience language loss in their L1 may demonstrate L1 test scores similar to those of bilingual children with language disorders. (Mattes and Omark 1984:9) If 'H' began to receive more systematic input in English, he might have experienced such language loss, especially if neither Lingala nor Congolese French featured in his early literacy and language input. But there may also be another explanation, glimpsed in the interviews of 'L' School staff working with 'H'.

'H's KS4 teachers report that he is of average potential, but of variable attention span. (Appendix E) 'H' seems to have more trouble following whole-class delivery and discussion, while those working one-to-one with him report that close re-explaining allows him to understand the material.

(Appendix F) Martin and Miller (2003:132) describe a student who appears to have a cognitive issue because he is unable to follow exam-level discussion or 'appreciate the abstract, hypothetical ideas' involved; the same student may 'understand the cognitive and conceptual basis of the discussion in a one-to-one conversation' with teaching staff. This seems to reflect staff experiences with 'H' and might suggest 'a central auditory processing difficulty'. (Martin and Miller 2003:132)

TA: ...when there are a lot of instructions for him...or if you say it too quickly...its almost like information overload. If you say it slowly...in shorter chunks...he can get on with it...

I: ...you think it also centres round instructions...

TA: Yes...but it's also attention...he does get distracted easily

(Appendix F)

'H', now a competitive sprinter, has always been an active child with a short attention span. A central auditory processing disorder may have affected his ability to absorb his L1 to a higher abstract level, while less L1-exposure time at home and the quickly aborted, although possibly inaccurate attempts to include L1 educational input may have induced L1 attrition with its attendant risks for mimicking 'disorder'.

Conclusion

As an educationalist involved in the determining the speech and language needs of bilingual children in a socio-economically deprived area, my questions remain. What role should L1 play in the assessment of SLI in bilingual children? What problems can arise when assessing SLI in the absence of complete ethno-linguistic information about the L1 use of the EAL child and family? The exploratory nature of this research has revealed more interesting considerations than definite answers to these questions. But three important considerations can be delineated.

Consideration 1

Martin and Miller (2003:14) suggest that the development of a child's speech and language depends on a 'very critical interaction' between 'what goes on around them and what is happening within the child'. A well-rounded picture of the child's ethno-linguistic background, including the education levels of the parents, the conditions under which they decided to emigrate and the social conditions under which they are now living would fulfill the 'anthropological' process

described by Mattes and Omark (1984:41) needed to contextualize the ‘cultural and environmental influences’ impacting upon on a child’s ‘communicative capabilities’. As we have seen, incomplete ethno-linguistic information held by the institutions and agencies involved influenced the choice/method of assessment and the subsequent diagnosis shift; experimenting with several L1(s) and identifying code-switching when deciding in which L1 to assess is key.

Professionals should expect a range of bilingual learner acquisition errors and the pitfalls of normative comparison with mono-lingual children. Thinking critically about the assessment tools and their construct validity as a part of the hypothesizing process (Hall 2001) might lessen the risks of misinterpreting diagnostic results.

Consideration 2

As Smyth (2001:6) points out, ‘folk theories’ held about bilingualism, cognition and education can result in widely disparate ideas and practices concerning the language acquisition of bilingual pupils from the various personnel on a multi-agency team. These are noticeable throughout the diagnostic process for ‘H’ and ‘V’. For example, a behaviorist viewpoint (Skinner 1957) that separates language and thought can be detected in the idea that ‘V’ was not speaking enough Vietnamese to be considered to have cognition in that language. Treating him as a ‘blank slate’ whose language capabilities in L1 and English were unconnected or, worse, whose bilingualism was cognitively detrimental to his English acquisition might have accounted for English-only teaching and may have justified ignoring the pedagogical advice on L1-use reiterated by the EP in ‘V’s annual review documents. (Appendix H)

Similarly, ‘H’ was not seen to be speaking or responding to enough ‘French’ to be considered cognitively functioning in that language and neither Lingala nor code-switching was considered in his psycho-linguistic profile. The underlying idea that bilingualism causes cognitive dissonance and language disorder was implicitly communicated; ‘H’s mother does not appear to connect her long-time concerns about his language difficulties with their family code-switching or bilingualism until J-16 after 2.5 years of contact with the mono-lingual English educational system.

Conversely, the EP who assessed ‘V’ did pair language and cognition in her advice to include L1 teaching. (Appendix H) She noted that although ‘access to mother-tongue teaching would be of benefit’, this mandated educational provision, was ‘not in evidence’. (Appendix D) Access to a

Vietnamese bilingual teaching assistant in his early schooling may have helped his acquisition of both languages and ‘shed some light on his lack of progress or perceived language difficulties’.
(Appendix D)

Consideration 3

Our final consideration is the exception posed by refugee children. Bloom and Lahey (1979) assert that for bilingual children the key to language acquisition is conceptual understanding. But what about a child who has experienced incomprehensible trauma or when the concepts a refugee child has learned find no equivalent in the National Curriculum? It is possible that being able to access those concepts and memories, through the L1, might strengthen L1 vocabulary-concept knowledge (Cummins 2001), providing a more stable linguistic foundation for acquiring the L2. But what if parents prefer not to volunteer what they have survived and cope through not discussing memories with their children? These exceptional cases need the most care when drawing diagnostic conclusions from standardized assessments because a child’s language delay may stem from traumatised parental interaction; the subsequent underdevelopment of L1 grammar, phonology and pragmatics may make it subject to attrition while affecting the acquisition and literacy capabilities of an L2. Moreover, this would most likely present as a ‘disorder’ or cognitive disability to any experienced London professional.

In investigating the cultural, linguistic and cognitive assumptions made or unexplored by those involved in assessing them, one might conclude that ‘V’ and ‘H’ were misdiagnosed EAL learners. That is not this paper’s purpose. More salient is raising questions about how ‘H’ and ‘V’ progressed along the diagnostic continuum from ‘delay’ to ‘impairment’. For ‘L’ School, the Bercow Report (DCSF 2008) is a rallying cry about the potential communicative and educational needs of the surrounding community and its children. Full consideration of the perils inherent in assessing SLI in bilingual children can challenge the dire predictions of the Report, engendering a richly inclusive, hopeful and supportive communicative environment for all of our students.

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Appendices

Appendix A: Transcript of Interview with ‘H’

Appendix B: Notes on Phone Interview with ‘H’s Mother

Appendix C: Transcript of Interview with ‘V’

Appendix D: Notes on Phone Interview with Educational Psychologist

Appendix E: Notes on Interviews with Teaching Staff

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Appendix G: Notes on Interview with Vietnamese Speaker

Appendix H: Synopsis of Documents on ‘V’

Appendix I: Table of Assessments on ‘V’

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Appendix K: Table of Assessments on ‘H’

Appendix L: Definitions of Terminology

Appendix M: Parental Permission Letters for ‘V’ and ‘H’

Appendix N: Letters to Schools and Institutions Requesting Information

NB: For brevity and clarity, appended documents will be referred to in the paper as hyphenated letters and numbers, i.e., Appendix H-Document 1 will be referenced as H-1. Such references invite to the reader to consult the appended document.

Appendix A: Transcript of Interview with 'H'

Appendix A: Transcript of Interview with H

'I' is the interviewer, myself. I conducted this interview before I had fully read all of 'H's case notes. His ability to remember his past in sequence is interesting considering that one of his SLI symptoms is difficulty re-telling events in sequence.

I: You used to go to TF school?

V: Yeah.

I: Do you remember how old you were when you started?

V: Aaah..I was in year...2.

I: And where did you move from?

H: I don...I don't know....

I: You're from the Congo, aren't you?

H: yeah..yeah..

I: Do you remember what was the home town where your parents came from?

H: Kinshasa.

I: So, they came from the capital?

H: Yeah...yeah

I: Oh, so they came from a big city?

H: nodd and smiles

I: Kinshasa is a big city...it's beautiful..I've seen pictures of it. So, they moved here when you were two. Do you know why they moved here?

H: No.

I: Not for work, not for education, family...?

H: Probably, yeah...yeah..education and, yeah, family

I: Education. And you have family here already?

H: Yeah...family.

I: Oh, so you had family here already?

H: Yeah...yeah.

I: Did you have cousins here? Did they come here to meet your grandparents or aunts and uncles? Do you have cousins the same age?

H: Like cousins?

I: Yes. Did you have cousins here?

H: Yeah...yeah...cousins.

I: Do they all live in the same area?

H: Yeah...yeah

I: And you've lived in Enfield for all this time?

H: No..I moved in Enfield in Year 7. Yeah..before that, I lived in Hackey.

I: Alright...when you first came to England, you were in Year 2? So you were 7 or 8 years old?

H: What year..I don't know..recep..uh...4 or 5...what year is that?

I: That's reception.

H: 5 and 6. 5 or 6. yeah.

I: So...that's year 1?

H: Yeah..yeah

I: Did you speak English?

H: yeah...yeah...wait...I was born here...I'm confused.

I: 'm asking you when...you're telling me you moved from the Congo when you were little...

H: But I was born here!

I: Ok...I wasn't sure where you were born. So you were born here?

H: Yeah...yeah.

I: Did you speak English when you went to school?

H: Yeah...yeah

I: Did you speak a lot of English?

H: In school.

I: Just in school?

H: yeah...yeah...

I: And at home you still spoke Lingala and French?

H: Yeah (unsure).

I: Ok...you know the difference between the two languages...can you speak the two languages?

H: Uh...well say that my mum was talking to me...I will understand it...but I rarely speak it back.

I: Which language does she speak?

H: Lingala, mostly.

I: And your Dad?

H: Same. Lingala, mostly.

I: So you were speaking Lingala at home? So your Mum would speak to you in Lingala and you would speak English back to her?

H: Yeah...

I: Wow...just like my family with Spanish.

H: (laughs)

I: When you were growing up, did you have other people around you who were Congolese who also spoke Lingala?

:H No.

I: Did you know anybody else at your primary school who also spoke Lingala?

H: Yeah...

I: You did? Did you ever speak with them in Lingala?

H: No.,

I: So it was always English?

H: Yeah...

I: So, when did you start the Speech and Language therapy? When did they decide you might have Speech and Language problems?

H: I think when I first moved here. Yeah...when I first moved here.

I: What, to Enfield?

H: No...wait...are you talking about primary school or secondary school?

I: Primary school. So from the very beginning?

H: Yeah...

I: Well, how did they know that? You were only tiny.

H: (laughs)

I: Hmm... 'cause this says... you were born in 1996... so 2001 is when you started primary school and your paperwork starts 6 years later. I don't have anything, here, that says you were given speech and language help from the very beginning. It says you were first tested about Year 5 or year 6?

H: 5? No....(shaking head).

I: Before that?

H: Yeah... definitely before that.

I: Ok... what did you think was happening? Why did you think you were getting that help?

H: I don't know... I thought... 'cause like I wasn't doing good on my tests or something like that I dunno... just... like... to make me improve on my work... or... something like that...

I: So, nobody said to you... you have problems with speaking... or... we don't understand you when you are speaking... or... your sentences are a bit funny... or...

H: No... they just said... I had bad writing... I need to improve on it or something... I never knew that until... like... I came here, probably, yeah... or... in Year 6 in primary

I: And you had someone who worked with you at primary school... who would take you out of class and do games or conversations...?

H: Hmm... yeah... yeah. (nodding)

I: And they would take you back to the mainstream classroom afterwards...?

H: Yeah...

I: Did you feel different from other kids?

H: Sometimes, yeah...

I: Because you felt that you were getting help and that made you feel different or because you just felt different...?

H: Umm... the first one you said... yeah..

I: Was anybody else taken out and given help?

H: Yeah... yeah.

I: Right...ok...it is just interesting to me how they figured out that you had speech and language difficulty. Hmm...did they ask you to do a lot of story telling? Are you good at looking at a picture to tell a story about it? Are you good at that?

H: Out of 10, I would say I'm like...7...

I: Ok..if you look at a picture, can you make up a story that goes before the picture and after the picture?

H: Probably not before, but after...yeah.

I: So you can imagine what is happening after a picture, but not before?

H: Sometimes yes...sometimes...probably not.

I: It says in your records that French was your first language?

H: Yeah.

I; But is that the language you spoke most at home?

H: No.

I: Do you remember your school teachers speaking to you in French?

H: No.

I: Because they did try to talk to you in French...would you have understood them?

H: Not for everything. Some words..yeah.

Appendix B: Notes on Phone Interview with 'H's Mother

Appendix B: Notes on Short Phone Interview with 'H's Mother

On educational background and literacy practices

Mother: Both 'H's father and I have gone to university in Kinshasa...we couldn't finish in Congo... finished here. We could not use training from Congolese university. We both retrained here...I was studying to be a teacher in Congo. Here I retrained as a nurse. 'H's father was educated in mechanics, engineering. He could not finish his studies. Here he is re-trained as a chef. We read papers from Congo and hear news on Congolese TV. We keep in touch with family.

On home language use and code-switching

Mother: When 'H' was little, we didn't speak a lot of Lingala, but French and Lingala...sometimes mixed. His father speaks mostly Lingala, but I spoke both to 'H'. He doesn't speak with us now. He understands some French if we speak it to him, but he doesn't answer us except in English. I still speak to him in Lingala or both...mixed, you know. I think his problems came from the languages at home...that we speak French and Lingala.

I: Did anyone ever tell you that that wasn't a problem?

Mother: No.

I: How do you feel about 'H' not being able to speak your languages with you now?

Mother: It's too bad. 'H' cannot speak to his family...his grandparents.

Appendix C: Transcript of Interview with 'V'

Appendix C: Transcript of Interview with 'V'

'I' stands for the interviewer, myself. Notable in 'V's documents is the debate around 'V's bilingualism and the eventual decision made by educationalists and medical personnel that 'V' did not speak or understand enough Vietnamese to be considered bilingual.

I: When you were at primary school, did you think you had a problem with speech and language?

V: No.

I: Did you speak English?

V: A little.

I: What was the language you spoke at primary school?

V: Vietnamese, at the time.

I: You spoke mostly Vietnamese at the time...up until about what age do you know?

V: Hmm...until I started primary school...that's...um...what is that age? About 5 or 6.

I: Were you home with your mom before then...was she the primary caretaker?

V: Yeah...

I: Did your mom used to read to you?

V: No

I: Did you spend time helping her with cooking and chopping up food and shopping and stuff?

V: No.

I: No...huh...so what did the two of you do at home all day when you were a toddler?

V: I don't know...messaging around with toys...things like that.

I: And she was speaking to you in Vietnamese....

V: Yeah...

I: Did you ever see her reading books or papers in Vietnamese or writing letters?

V: No.

I: Were there other Vietnamese children you played with?

V: No.

I: No! Just you...you were the only one in Edmonton , where you lived?

V: Yeah.

I: Any family?

V: Uhhh.

I: Cousins? Aunts? Uncles?

V: Yeah they live in 'Green-wich'.

I: Did you see them often?

V: Yeah...

I: So you saw them often...and everybody spoke Vietnamese?

V: Yeah...

I: So you were able to speak a bit with them?

V: Yeah.

I: And that was until you were how old?

V: It was quite frequent until I was young....

I: But can you say an approximate age? You had mentioned primary school before....that would be when you were 4 and a half or five? Did it continue until then? Or after?

V: What....me and my cousins?

I: Yes...visiting your cousins, speaking Vietnamese....

V: Yeah...we'd lose contact, um, update...reach us....about family...

I: You would have family updates?

V: Yeah...

I: Would you get together around Vietnamese holidays?

V: Mmm...yeah.

I: And birthdays?

V: Not as much...

I: Any other family anniversaries?

V: No...just maybe engagements...

I: What religion are you?

V: Mmm...Catholic.

I: Have you always been Catholic?

V: Mmm...no...not at the point...not when I was young.

I: You converted?

V: Nah...I wasn't converted...I was going to decide either to be a Buddhist or a Catholic.

I: Why did you decide to be Catholic?

V: 'Cause there wasn't a Buddhist place to pray.

I: Really?

V: Yeah...

I: Once you became Catholic...which was when, primary or secondary?

V: Secondary.

I: Ok...did you celebrate Catholic holidays with your family?

V: Yeah...

I: Is the rest of the family Catholic or is it just you?

V: They are all Catholic now.

I: Do you get together to celebrate Catholic holidays?

V: Yeah...we try.

I: I am just trying to get a sense of your language use. Because there is not a lot in your records that talks about your languages.

V: Ok.

I: When you came to primary school, you started speaking more English...and you were still speaking Vietnamese at home...and English at school.

V: Yeah...

I: So at some point it was mostly Vietnamese and a little English....

V: Yeah...

I: At some point did it become mostly English and some Vietnamese?

V: Yeah...

I: What point was that?

V: Secondary to....um...Key Stage 2 onwards...

I: Ok... you are talking about Year 5 or 6...about 9 or 10 years old?

V: Yeah...

I: So...you started primary school in Reception..so...we are talking 6 years later....you have been speaking a lot of English....and you start to speak more English at home?

V: Yeah...

I: Do you speak Vietnamese now?

V: I do...but not speak it.

Interview 2

I: Just to be clear...because I'm having a little trouble understanding...when you were little you spoke a lot more Vietnamese, but at some point in primary school you started to switch languages...

V: Yeah...when i was about 10 years old.

I: So now you understand Vietnamese, but you don't speak it.

V: Yeah...

I: Do you remember not understanding stuff at primary school because it was in English?

V: I understand, but it was just... it was theory-based work and I couldn't speak English.

I: I am talking about year 2, 3 and 4.

V: Do you remember that far back?

I: yeah...

V: OK, well at that time, you would have been doing the Romans and the Victorians, lots of British history. In science, it would have been forces, making a light bulb light, magnetism. Do you remember that?

I: Um...yeah, I remember that, but not the history.

I: Were you ever given words in Vietnamese or was it all English?

V: All English.

I: Do you remember when you started to be tested for Speech and Language Needs?

V: Um...I think when I started primary school.

I: Did anybody ever talk to you in Vietnamese when they were giving you the tests?

V: No, it was all English.

I: Did anybody ever think to test you in Vietnamese?

V: Umm, no.

I: When they talked to your mom about your test results did they talk to her in Vietnamese?

V: Umm, no.

I: Ok. Well, some of your documents do say a translator was used.

V: Well, maybe. I wasn't there then.

I: Does your mom still need a translator?

V: Yes.

I: How long has she been in the country?

V: Don't know...until I came.

I: So, she was here before you came?

V: No, she came with me...maybe 1993, 1994.

I: How old would you have been? Do you know where you were born?

V: I was born in Hong Kong.

I: How did you get from Vietnam to Hong Kong to Britain?

V: Don't know. My mother was just touring around Hong Kong.

I: Hmm...do you know anything else about your family history?

V: No. I only know about the relations between family members.

I: You have a younger brother?

V: I have three brothers.

I: You are the oldest of your brothers? Do they speak less Vietnamese than you do?

V: (shakes head)

I: More?

V: Yeah...they are balancing his both languages together.

I: How?

V: They are talking more with my mother and practicing.

I: And you decided not to?

V: Well, I tried but I'm not so good at doing both.

I: What happens when you do both?

V: Well, basically all the most common words I used to use, I forget, and then after that, every time I go back to English or Vietnamese, I start to make conversation and when they start to refer to some words I don't know I start to remember it.

I: Does that embarrass you?

V: It doesn't embarrass me, but it's slightly annoying.

I: You want to be able to speak Vietnamese or speak English, but not have to mix them.

V: Yeah...

I: So. I've been looking over your reports from primary school, and they are all saying how good your work is, how much you are progressing...where do you think this diagnosis of SLI came from?

V: Um...not very sure...maybe they assumed that I wasn't living in England and couldn't speak good English and that they assumed I had Speech and Language, what is it?

I: Impairment.

V: Not sure why.

Appendix D: Notes on Phone Interview with Educational

Psychologist (EP).

Appendix D: Notes on Phone Interview with EP

On known background of 'V'

The EP was a part of a refugee team at that time, which monitored home, community and educational progress of refugee children as they settled. The EP was asked to contribute advice toward 'V's statement of special educational needs . There had been concerns about 'V' early on because his developmental milestones were delayed, including late talking, walking and toileting. His vision and hearing were tested as normal, although throughout primary school, 'V' suffered a series of acute ear infections which on occasion required hospitalisation. These could have interfered with his language development.

Diagnostic Approaches

The EP was not familiar with the diagnostic tools used by Speech and Language Therapists which I mentioned to her, saying that each medical area would have its own diagnostic regime and personnel would not be trained in or familiar with each others' battery of assessment tools. The EP used the British Ability Scales which contained several 'useful' subtests in spatial ability and other non-verbal reasoning tests. She said that 'dynamic assessment' (play-based) was 'very relevant' to bilingual children, more so than a 'naming vocabulary' approach which might be favoured by Speech and Language Therapists (SALTs) and educationalists who would be seeking a baseline test for reading-age equivalents. There were also assessments used by medical personnel involved in assessing 'V' which were not oriented toward suggested pedagogical outcomes. Translating these diagnostic criteria into national curriculum-based differentiated strategies could be problematic and uneven.

On EP's main concerns after observing 'V' and the family.

It was the EP's general impression that 'V' was 'a very under-stimulated little boy'. His early diagnosis of Speech and Language Disorder which was in place before she was asked to contribute was 'surprising'. But she assumed it was based on his slow progress of English-language acquisition in spite of the level of support 'V' was receiving through the school's Nurture Group and Speech and Language therapeutic input. She did note that these were entirely in English.

'V' was at that time enrolled in a pre-school and then primary school both of which had a high number of bilingual children. The EP said that both schools would have felt reasonably confident in the validity of comparing 'V's progress to those other children.

I: Would those other bilingual children have also had 'V's deprived refugee camp background?

EP: Probably not.

I: Could they then realistically be considered a 'normative' against which 'V' could be compared?

EP: That could be problematic.

I: Could that have contributed to his early diagnosis of language disability?

EP: It is possible.

Nevertheless, 'V's progress compared to those children and his slow progress in spite of the intensive support he was receiving would have been enough to trigger concerns of special educational needs.

In initiating a statutory assessment (a legal statement of special educational needs), the EP said that parental concerns were taken into account as well. The mother consistently reported that 'V' had a Vietnamese vocabulary of only 50 words and that he 'spoke Vietnamese like a foreigner'. However, the EP noted that much of the information gained from the mother was given through a translator and that one had to take into account that the information would be second-hand and subject to the translator's interpretation.

After several home visits, the EP had the impression that 'V's mother was very isolated and having trouble coping with 'V', his two younger brothers, and the baby, who was ill. 'V's younger brothers had been sick as infants, especially the next youngest who had also been born in the refugee camp, and two of her children were showing early signs of special educational and behavioural needs. There were few toys in evidence at the home and V's mother did not report including him in any household activities with her (helping tidy, cooking, shopping), possibly because he was a male child. This would have had sequences for his language-building in Vietnamese.

On 'V's functional vocabulary

The EP noted that 'V' tested below the bottom range for age-appropriate vocabulary, but knew words like 'rat' that he had experienced in the refugee camps. She granted that there may have been a mismatch between the assumed universality of curriculum-related words (parts of the body, colours, comparatives of big to little) being tested and 'V's vocabulary based on his unusually deprived experiences of refugee camp life. It was her concern that he be tested for non-verbal cognitive functioning to differentiate his cognitive ability from his linguistic ability because the school was 'beginning to suspect global developmental delay'.

On access to bilingual pedagogy

The EP consistently noted in her yearly reports towards his annual reviews that 'access to mother tongue teaching would be of benefit' and that this educational provision, although mandated in his statement of Special Educational Need, was not in evidence. She felt that access to a Vietnamese speaker, for example, a bilingual teaching assistant, in his early schooling (KS1) would have helped his acquisition of both languages and may have shed some light on his lack of progress or perceived language difficulties.

Appendix E: Notes on Interviews with Teaching Staff

Appendix E: Notes on Interviews with Teaching Staff

Teachers A, B and C for Student 'H'. All interviews are anaonymised excerpted

Teacher A:

I: How long have you taught H?

T: Since year 7.

I: Were you aware of his double needs of EAL and SLI?

T: Yes.

I: How do you differentiate for him?

T: He has a TA, and I use my seating plan to differentiate for him. With regards to resources, he is cognitively at the same level as the rest and he doesn't need differentiation on writing tasks. That class is at about the middle level for their writing ability. That group will be doing the Foundation GCSE. He is targeted for a D/E at the moment. But I think should be able to get a C in his exam. I think at some point the whole class should be able to get a C either this year or next year.

I: Is there anything about his speaking or writing that you notice?

T: He has a limited vocabulary and will not use key words. So even if you highlight key words at the beginning of the lesson, he won't use them. I often say to him, I want you to use this key word in a sentence, and we discuss it and correct the usage. Even after all that, he won't necessarily use the key words. So, when I respond to him I make sure I am using those words.

I: Great...so you are scaffolding his academic English. What about following instruction on tasks?

T: You definitely have to repeat things. I think he understands the instructions but has trouble concentrating long enough. A common scenario is that he will sit there for the first 5 minutes while everybody else will begin. And during that period, if I go over and ask him to explain to me what he needs to do, he can, but he will just fail to start the task.

I: Why do you think that is?

T: I think that is just him...I don't think it has to do with his cognitive ability or his comprehension. I think he is just particularly passive when it come to writing tasks. But he isn't able to link previous work or concepts, which is why he struggles with higher level questions.

Teacher B

I: How long have you taught H?

T: Since September. I'm an NQT so it's my first real school.

I: Were you aware that H has both EAL and SLI?

T: I was aware of his EAL needs, and I have recently become aware of his SLI needs, but I only knew that through looking at SIMS (school data base) and I briefly had a TA who helped at the

beginning of the year. I briefly spent time with more EAL students in my last placement where I pointed out key words and tried to spend some extra time with them in class explaining.

I: Is there anything you do that works particularly well?

T: Yeah...well on the physical side, he's a national champion at the 400.

I: Wow.

T: Yeah...I got him to explain the duration theory behind certain events, so he explained to the class how hard he works for the first 100m, how hard for the second 100m and then how hard for the last 200m.

I: That's interesting. Because a lot of SLI kids have trouble with sequence. Is there anything about his speaking or writing that you have noticed?

T: Yes...not the quality of it but the quantity. He tends to put in pictures and annotating them rather than writing larger chunks for his assignments. But the rest of the class are encouraging him to try more.

I In terms, of following instructions, how is he?

T: He seems to be able to follow. The way I've been teaching is...I write it up on the board in chunks, then I walk around behind them and see if each one understands. Sometimes he does, and sometimes he doesn't.

Teacher C

I: How long have you been teaching H?

T This is the fourth year I've taught him.

I: How does he do with understanding instructions?

T: He only follows instructions with me because he knows the consequences. I have noticed that he doesn't like formal work. He doesn't like formal writing on which he will be marked. He won't volunteer or do it willingly. Maybe he has confidence issues, maybe he doesn't want to fail. He doesn't like academic work.

Interview with teachers D, E and F on Student 'V'

Teacher D

I: Some of the teachers are saying that they didn't know 'V' has this double status of EAL and SLI. They are saying his speech and writing and work are all fine. Some of them are saying, 'well, 'V'[is older now, he's in 6th form, and we are judging him on a different basis'. What is the policy?

T: If the student has a statement, that gets carried over, unless the student is re-assessed and the statement ceases. In V's case, he has progressed tremendously. So the support has been removed. When i taught him last year and seeing the distance he has travelled, I would be more

inclined to think of him as EAL. He can write a piece of coursework, he can produce good quality work. Do you have to repeat a question and re-shape it for him? Yes, but you would need to do that with lots of other students. Sometimes it's the content, sometimes it's the delivery, sometimes it's the level of language being used. Last year he got some help which was great. I still think he needs some one-to-one help.

I: Is there anything that sticks in your memory about his speaking or writing?

T: Comprehension is the first thing. His sentence structure always needed help. Year 10 to Year 11 he got a lot of help in designing his paragraphs and structuring his sentences. But the comprehension wasn't there before. His speech and language needs came in more with the understanding of what you were delivering. He can do that now. It may be now that his teachers, some of whom are new, see him keeping up and didn't realise there was any problem. The kids are quite alive to the fact that you have to keep up with the coursework and that you can't fall behind. There have been no reports to me about him falling behind so that tells me his comprehension has increased. His aspirations to go to university are there motivating him. It is very interesting how much he has progressed.

I: In terms of differentiation, the BTECs are structured in a tick-list type way which is easier for a lot of kids to follow. Do the teachers have to differentiate or is the course already differentiated as a BTEC?

T: There are two issues to address there. The teachers should know the situation because the system has the information for them and should tell them the situation and they should have that information when they are doing their 'front sheets' and assessing their classes. The BTEC does differentiate, you have pass, merit and distinction. It really is about your level of writing, so that description is a pass, merit is your analysis and merit is your evaluative writing. It's why I am an advocate for BTEC starting in year 9. It does move their writing on. Many students move into BTEC at C grade for GCSE. It really moves their writing on and he has to write every single day.

Teacher E

I: How long have you taught V?

T: Since September.

I: Are you aware of V's dual SEN status of EAL and SLI?

T: I am aware of it. I don't know too much about it in depth. I was aware of it from the beginning, so with V, I made a conscious effort to spend extra time with him and re-explain stuff.

I: So is there anything that you do that works well for V other than the extra explaining?

T: Well, I have always spent the extra time with him. First I will do it up on the screen and up on the white board as well as each student having a hard copy. Then I will read it through with V. Then we will verbalise so that he understands what he needs to do.

T: Generally, V will ask me if he doesn't understand. And he will come to me after he finishes each section to make sure he is on the right track. It works very well. If he feels he is falling behind or if he feels he is doing too much. He does tend to overdo. The detail he put on was over excessive

even though he knew what he needed to do.

I: Is it possible for him not to pass at the 'pass' level because he puts in too much detail but doesn't answer the question?

T: No, the amount of detail he is putting in will pass him and I think he will exceed his target. Perhaps his statement may have undercooked his ability.

T: It seems that his comprehension, his vocabulary, his independence have grown. He is still a worrier. He used to come to me with every sentence, and I would say, 'finish it' and we will look at it. He has become more independent now. I will say that he is very quietly spoken, but otherwise there are no communication problems in the group.

I: Did you come to that method with V?

T: No, just with the students in this school. There are other SEN students in the class and I will not move on until everybody is comfortable with what it is that they need to do.

T: We will be working on his group work. His group needed to pull together a bit more, there were lots of independent workers in there.

I: So does he strike you as someone who is actually 'impaired' or do you think it is a question of language?

T: I have seen no real SEN issues with him. I just think he is adapting to his environment and learning the language of a different culture.

Teacher F

I: It's your first year of teaching 'V'.

T: Yes. Last year I was a support teacher and he didn't ask him for any help. He had a very good peer support network in the group he was working in. But this year, I am delivering content and marking his work so that I can give a lot more input into how he is developing.

I: Were you aware of his dual needs as an EAL student and SLI?

V: Well, I wasn't aware of his EAL status, because he doesn't come across as a dual language student, his pronunciation is very clear, he doesn't speak in broken terms at all, he speaks in quite full English. 'V' never came across as English as a second language.

I: And his Speech and Language Impairment?

T: That's quite interesting because I know 'V' has delivered some presentations for the other teachers in the course. He has done a practical where he analysed something visually, spoke about it and compiled a report on it. I supported by highlighting some points he needed to refer to in his report. But I wasn't aware of the speech, I need to do my research on the students, but he never presented with problems.

I: Is there any aspect of his writing that stands out?

T: His sentences structures are very good, he has just handed in a piece of 'pass' work. His descriptive work is very good. I tell him, 'read your work before you submit it', and he does.

I: How does he do with understanding instructions?

T: You do need to repeat it, but I tend to do that on a one-to-one basis. It happens not only with "V" but mostly with the boys, maybe their concentration levels are less. 'V' is very confident because if he is not sure, he comes up and asks me. I make a point of saying to the class, 'tell me if my delivery is too quick or if I go on too long'. I tell them, 'I want to be a better teacher, so don't feel like you'll offend me if you have to ask me to change my style'.

I: Can he do independent work once he has got the concept of what he needs to do?

T: Yes, he does work slowly but steadily and he's actually good to get through stuff. I don't know if he gets through stuff at home but I know he gets things done at school and I encourage him to use his free time.

Appendix F: Notes on Interviews with Teaching Assistants

Appendix F: Notes on Interviews with Teaching Assistants

Transcript of Interview with TA1

I: How long have you known H?

TA: I've known him since March 2009, when I first started here. I knew who he was. You would often hear the PE staff talking about him because he is gifted and talented at athletics...I think he does the 400. But it's only recently I've gotten to know him. He's in lessons where I have other targeted students. And it's only been recently that I have been working with him a lot more.

I: I have spoken to about a quarter of his teachers now and some of them are saying that they didn't realise that H was both SLI and EAL until you came and let them know about him slightly more in depth.

TA: That info is important...especially for someone like 'H'. He would rather not put his hand up, he can quite happily sit there, not understanding but not necessarily asking for help. How would the teacher know?

I: On that point, are you aware of any differentiation strategies his teachers are using or are you the differentiation?

TA: Well, predominantly, I am the differentiation. But the good thing about 'H' is that it's all about understanding what he's got to do. The differentiation more often than not, will be me re-explaining what he's got to do and giving an example. In BTEC, for example, he might need to explain the skills a footballer might need to have, I'll re-explain it and say 'headering is a skill'. That will spark his memory and he will be able to complete the task.

TA: His literacy and his written work isn't the best. He's generally able to copy quite well, and he's generally able to structure sentences using the question. But generally across the board you tend to find that the TAs are the differentiation. Teacher will teach their lessons and you will be expected to explain it and help the child access the understanding rather than the teacher being expected to provide differentiated work.

I: Why do you think that is?

TA: In H's case, he is not in any of the low, low groups for anything. Maybe teachers could do a bit more to check his understanding and help him develop the ability to attempt tasks more independently. If he looks at something and doesn't immediately get it, he tends to give up or get frustrated.

I: Do you think it's due to his SLI or due to his EAL status?

TA: What do you mean?

I: Well, the whole process you are talking about, having to reformulate instructions for him, having to pick and choose through his experiences to find the word that he knows which will help him to recall vocabulary and the rest of the concepts, that his literacy levels are a bit lower....

TA: I would say that that is down to his SLI. The reason I would say that is that H's spoken English

is pretty good. I think that when he hears instructions, he's not processing them to pick out the important bits that he needs to do, especially if they are a bit long. We have gotten him to the point where he will put his hand up and say, 'Ma'am, what do I have to do?'

TA: Some of it might be EAL depending on the instructions and if there is complicated vocabulary in there that he is unfamiliar with. But, in terms of his work he is able to talk about things and use language that other English students can do, so it still leads me to think its SLI, the processing, not the language.

I: What do you think...is it not understanding key words or not understanding sentence structure? Teachers can put in a lot of clauses, it can be very complicated.

TA: Well, when there are a lot of instructions for him or if you say it too quickly, its almost like information overload. If you say it slowly, in shorter chunks, he can get on with it. I also support him in History, when he is working on the 4 humours, the role of the church....

I: So, you think it also centres around instructions...

TA: Yes, but it's also attention. He does get distracted easily. I think it is instructions in the majority because a fair amount of time he is asking for re-explanation or just checking about what he needs to do.

Transcript of Interview with TA2

I: You are with H in Science?

TA: Yes, 2 lessons a week.

I: What is the process of differentiation that happens for H in Science? or is there one?

TA: In Science. No, no differentiation at all.

I: Are you the differentiation?

TA: I suppose I am. If 'H' is stuck, I discuss it and break it down for him. But he is expected to just get on with it.

I: Is this a BTEC class?

TA: No, it's a GCSE.

I: Really?

TA: Yes, but it's Foundation. Everyone in the class is doing the Foundation level. It is differentiated in that way. But the work is all the same for every student.

I: And, in terms of strategies, is there anything that he uses which, from your point of view, is helpful to the kids that you deal with?

TA: He's got a very good handle on the behaviour and the noise...if 'H' is distracted he takes care

of it right away.

I: I hear distraction is a big one...

TA: Yeah, some of them are not very focused on their work and their exam is in January.

I: Wow, that soon.

TA: But we are slowly getting these with H. He is beginning to come up with his own answers independently. He is doing more work than he was when I first went in there.

Appendix G: Notes on Interview with Vietnamese Speaker

Appendix G: Notes on Interview with Vietnamese Speaker

Transcript on Interviewer (I) with Vietnamese-speaking staff member, T.

T: So, basically, this is the Vietnamese alphabet, and there are four different accents which change the letter sound or meaning of the word, depending on which one there is. So...for A..we have got 5 different As.

I: So are there five different versions of every vowel?

T: No, not every one...it also depends on the tone.

I: Are there four tones, like in Mandarin?

T: Well... it is slightly different, but yes it is like Mandarin. But ours is, uh, mono-word...we don't have two together. And the way we speak is opposite to the way English is. So for example, here you say, I go shopping and in Vietnamese it is the opposite...

I: So, like....shopping I go?

T: Yes...like that. Or even our name is always surname first, than middle name, than first name.

I: The verbs are really interesting because they seem to be the key to perceived language disability, as well as plurals, prepositions and articles. These seem to be three areas that are looked at as indicators of language difficulties, yet a lot of languages don't use articles. What about extra information, like, I go shopping, with my mom?

T: That would go at the end.

I: So, there are prepositional phrases used to add extra details?

T: Yes.

I: But in Vietnamese it would be, shopping I go, with my mom.

T: Yes...but it is not really a good example in Vietnamese. But we don't have past tense in Vietnamese...what we do is we put a word at the front, which means 'already' and that is used to indicate the past tense.

I: That is very interesting.

T: Present tense, we just put a word which means 'now' and that is put at the end of the sentence.

I: Is there any change in the verbs at all?

T: No. None. Just the one word that you add either at the beginning or the end of the sentence which signifies tense.

I: Are there connectives in Vietnamese?

T: Yes, we have 'however', although, but, and, because, if.

I: Wow...it seems that Vietnamese is all about context. An action happens and then it is placed in context, when it happened, where it happened...but those pieces of information are added on to the sentence in different places.

T: Yes... Marks on letters can also change the whole meaning of the words.

I: Are there articles in Vietnamese?

T: Not all of them...we have 'an', but not 'the'.

I: Are there the same variety of prepositions?

T: Can you give me an example?

I: Yes...the cat is under the table.

T: That would be....cat is sitting under the table.

I: Sitting?

T: Yes, the verb has to be much more specific...a cat cannot just be under the table...it has to be doing something.

I: So certain prepositions of location determine the verb chosen?

T: Yes...Vietnamese is a more specific language than English.

On Direct Experience with 'V's Family

T: When I did Vietnamese translation for 'V's mother, I asked her if she used Vietnamese at home with the children. She said that she tries to use Vietnamese with the children, but they answer back to her in English. So they understand what she is saying, but I don't think they can express themselves in Vietnamese.

I: 'V' was saying that when he was little, he used mainly Vietnamese with his parents and family, and that in primary school he continued to use Vietnamese. He doesn't remember any kind of bilingual work or translation done with him. At some point, 'V' says around Year 4 or 5, his language dominance switched. He just started to do much more of his thinking in English and lost the ability to speak to his mother.

T: Yes. And his mother is quite sad about that. It's a shame.

I: I can imagine she would be.

Appendix H: Synopsis of Documents on 'V'

Appendix H: Synopsis of Documents on 'V'

DOB 31 March, 1992 in Hong Kong refugee camp.

Ages will be written as 'years:months'

Nursery, Autumn 1995-Summer 1996

H-1. Ha School Admission Form (hand written) dated '14 November, 1995'

Age: 3.7

Medical History mentions only 'a bit slow on speech', left-handed.

Language used at home – Vietnamese

H-2. Letter from Ha Infants School Head Teacher on Nursery Progress (hand written) dated 'June, 1996'

Age: 4:3

...has been able to play co-operatively alongside his peers. Has not let lack of understanding or language skills deter him. Vocabulary still limited but trying to use monosyllables and often repeats words.

Reception Year, Autumn 1996-Summer 1997

H-3. Ha School Record of Pupil Progress and Concern (no COP stage noted) – dated 'Reception Year' assumed Autumn 1996

Age: 4:6-8

'There is concern for V's cognitive development.'

EAL but 'communication seems quite delayed' in both Vietnamese and English.

H-4. Speech and Language Services Report by SaLT - dated 31 January, 1997

Age: 4:10

'Speech and language assessment was administered on a home visit, with aide of Vietnamese interpreter, ...uses pointing and gesture to aide his communication and was able to name some objects in Vietnamese... speech is generally unintelligible. Diagnosis: 'V' presents with a severe delay/disorder in his speech and language development. His play is immature.

'V' needs intensive speech and language stimulation in English.

Discharged from Speech and Language waiting list on **8 October, 1997** through failure to attend review session on **6 August, 1997** and received no response from follow-up letter.

H-5. Ha School Individual Education Plan (COP Stage 3) Reception Year - dated 'started February 1997' - Reception Year

Age: 4:11

'V' placed in 'Rainbow' class which is a Nurture group; practical played-based learning to encourage language production and social communication skills.

Provision should include bilingual support where possible.

H-6. Ha School Review Arrangements – assume date is Summer 1997 Reception Year

Age: 5:3-4

...assessed by SALT, was found to need treatment and put on waiting list. His speech and language were very slow to develop and by June 1997 there had been some marked improvements. It was not possible to offer him bilingual support...'

H-7. Ha School Annual Statement of Achievement and Experience Summer Term, 1997, end of Reception Year

Age: 5:4

'... in spite of 'V's lack of English and high absence, he has been able to learn to join in class activities and play co-operatively with other children, ...has coped well, ...has made a great improvement in all areas. 'V' came to school speaking no English and understanding very little English,...can now say very simple statements in English, understands quite a lot of what is said to him, will watch other children in an activity to see what to do. Clearly trying hard to increase his language. Pencil skills: can now trace and draw.

Year 1 starts Autumn, 1997-Summer 1998

H-8. Educational Psychological Service Report – dated 21 January, 1998

Age: 5:10

'...referred in **July 1997** to Ed Psych Service because about concerns about his language delay and possible learning difficulties. According to translated conversation with mother, normal pregnancy and delivery but early milestones were delayed. V did not walk until 24 months of age; not toilet trained and did not talk until 4 years. Asthma. No concern about vision and hearing...'

'Language abilities assessed with help of an interpreter. He responded to his name in Vietnamese. He was able to name 3 colours in English and only one in Vietnamese. He could name a few face parts in English, none in Vietnamese...'

'Mother reports that V understands some simple commands in Vietnamese, but articulation is poor and he seems to prefer using English to communicate. Able to name a few objects and animals in the assessment. Tended to rely on pointing, body gesture and 2-3 word sentences to express himself. '

'School reports that v has made some progress in English, can clearly imitate new words and can say simple sentences, 'I like the pig.' There is no bilingual support.'

'School concerned that V is reported to be speaking English at home and may be experiencing difficulties communicating with parents and siblings...'

'Suggested support in using his mother tongue whenever appropriate and oversight from the Language and Curriculum Access Service.'

H-9. Referral to SEN Panel – Ha School - dated 13 February, 1998

Age: 5:11

'Reason for referral: Statutory assessment ...'V' has severe delay/disorder in his speech and language...he has little English despite attending nursery since November 1995 and being supported in the school Nurture Group since September 1996. He can understand some simple instructions in Vietnamese but cannot speak this language which is used at home...'

H-10. Ha School Individual Education Plan (COP Stage 3) dated 'Year 1' (Summer 1998)

Age: 6:3

'...EP and SALT involved in assessment. Speech found to need expert treatment so SALT assessed him. On waiting list. Interpreter used in July with family. It appears he has almost no Vietnamese language, hence difficulty with English...'

H-11. Speech and Language Therapy Report - dated 12 June, 1998

Age: 6:3

'...V' did not attend his appointment at the clinic and it was found he had not attended school... the therapist and link worker decided to go to the home in order to complete assessment.'

'Mother later said she did not take him to school because it was raining and also, she woke up late.'

Co-operated and tried best in assessments but hampered by lack of understanding.

See I-11.

Year 2 Autumn 1998 – Summer 1999

H-12. Confidential Psychological Review: Refugee Team EP -- 8 Dec, 1998

Age: 6:9

'...oldest of 4 children. At the time of this review, the two younger brothers were being assessed for Special Educational Needs and the fourth child, a newly born baby was in hospital. Family is originally from Vietnam. Fled to a camp in Hong Kong which is where V is born. Arrived in the UK in Nov 1993 and lived in a refugee camp in Derby prior to moving to London. Parents speak Vietnamese and Cantonese. The children understand and speak more English than Vietnamese according to the mother.'

'V's early developmental milestones were delayed. He did not walk until he was 2 years old and was not toilet trained until he was 4 years old. Vision and hearing were tested and found to be normal. Concerns from the beginning about V's ability to access curriculum at H school. Assessed as having severe speech and language delay/disorder by SaLT on **31 January, 1997**.

'Referred to Educational Psychology Service by teacher in **July, 1997**.'

'Assessed at that time by previous Ed Psych as having severe delay in speech and language development. Could understand Vietnamese but seemed to prefer to speak in English. Although he wanted to communicate, speech was unintelligible. Practical skills were also delayed and he had difficulty concentrating. A formal assessment of SEN was requested at this time.'

'V' had received considerable support in Nurture group as he was withdrawn, passive and silent. The focus was on helping him gain self-esteem, experience early learning, help him develop early skills in numeracy and literacy, help him develop his speech and language, fine motor control and attention skills.'

'V' was reintegrated into mainstream classroom setting in Year 2. Continues to receive additional school-based special needs support including in-class help from TA. He is supported by Refugee service and Home School Liaison Worker.'

'Despite being in England for most of his life and attending school from the start V's English is still described as within the emergent range. 2/3 word utterances and relies heavily on visual cues and

gesture to express himself.'

'Generally presents as younger than his years. Can sometimes play co-operatively but lack of understanding can make this difficult.'

'Although 'V' has made progress over the last 18 months, gained confidence and is less passive, he still remains a vulnerable boy. He is functioning at a lower level developmentally than might be expected of a boy of his age. He has delayed language skills and although he prefers to speak English which his parents describe as being better than his Vietnamese, he is still at the emergent stage.'

'Needs access to a stimulating early learning curriculum including the National Curriculum modified to take into account his developmental level and pace of learning.'

'V' needs on-going Speech and Language therapy. He needs opportunities for language stimulation where there is a calm atmosphere and where he has time to express himself, be heard and responded to. He needs routine, visual cues and modelling to ensure he knows what he is expected to do.'

'V' continues to need help to develop early literacy and numeracy skills. He needs opportunities to link spoken and written word as well as more structured help in literacy.'

'Activities across the curriculum need to be practically based and he will need opportunities to learn through creative play.'

See I-11.

H-13 Ha School Report on 'V' by SENCo - dated February, 1999

Age: 6:11

'...started nursery 14 Nov, 1995, oldest of three younger brothers. When he entered nursery he could not speak his home language, Vietnamese. Both parents speak very little English.'

'In February of Reception Year, 'V' was placed in a Nurture Group to focus on language development, co-operative play and to help him gain confidence. He was very quiet, bewildered and overwhelmed in larger class.'

'He was integrated into Year 1 class in the Summer term, 1998, but continued to need a variety of practical experiences to stimulate talk and extend vocabulary.'

'V' was supported in a small group by a learning support assistant on two days a week in addition to weekly support from Refugee Services.'

'Currently, 'V' is in Year 2, receiving Refugee Services support and special needs group for 1.5 hours weekly plus extra lunchtime support from his class teacher.'

'V communicates with adults using short phrases and gesture. He cannot engage in sustained dialogue but can make his needs known.'

'Displays attention-needing behaviour during whole class teaching. Easily distracted and loses concentration.'

'Can dress and undress himself for PE, can use cutlery, and use the toilet independently. Needs support to organise himself and often loses items of clothing.'

'V' enjoys books and is developing a basic vocabulary to name the pictures. He chooses books suitable for a 4-5 year old (at this point he is almost 7)'

'Single word use, gesture to communicate needs. Words are not always clear and often repeats words in middle of phrase. Able to pronounce most initial sounds but does not articulate the ending of all his words. Will often answer questions inappropriately.'

'V' is functioning at a lower level developmentally than would be expected for his age. Despite the heavy focus on language development given in the Nurture Group, where he spent 4 terms and Refugee Support, 'V' is still at the initial stage of learning English. '

H-14. Hand-written notes taken by SaLT in prep for June report - dated 13 May, 1999

Age: 7:1

'...according to interpreter, 'V's mother describes him as 'speaking Vietnamese like a foreigner.'

'Interpreter was surprised at the improvement in 'V's verbal skills. He was able to form simple sentences (SVO) to describe pictures, but his vocabulary is limited and grammatical skills are delayed.'

See I-14.

H-15. Parents' Views on Their Child and Special Educational Needs handwritten responses from Mother – dated 23 April, 1999

Age: 7:1

'He speaks not clear even my language.' (sic)

'I am concern about his speaking. He is seven now but he speaks English and Vietnamese [which are] not clear.'" (sic)

H-16. Educational Advice for a Child who May Have Special Educational Needs – dated 28 May, 1999, original request letter dated 30 April, 1999

Age: 7:2

'Difficulty complying with instructions and completing activities due to lack of understanding both spoken and written language.'

'Mainstream class with extra support given by SEN support teacher 2.5 hours weekly, classroom assistant support in group 2 hours weekly.'

'V' appears to have a language delay, so a mainstream class, where there are many opportunities to use language and good models of language skills would provide him with the best opportunities to develop language. He will need adult support for language-based tasks.'

H-17. Educational Psychologist Advice Report for a Child Who May Have Special Educational Needs – 10 June 1999

Age: 7:2

'...closed camps in Hong Kong and refugee camp in Derby. Parents speak both Cantonese and Vietnamese. Children understand and speak more English than Vietnamese even when at home

according to parents and neither parent can always understand them.’

‘...family is rather isolated. Baby has been ill, younger brother has developed some challenging behaviour, boys can be difficult to manage at home.’

‘V’ did not walk until he was three and not toilet trained until he was 4. V has asthma and has an inhaler. Vision and hearing are normal. However, he has had acute ear infections this year with fever and has had to be hospitalised on one occasion’

Concerns about his development early on and ability to access curriculum. SaLT assessed him 31 January, 1997. Some difficulties attending session, however, SALT assessed again 10 March, 1999 indicated language skills had improved. However, still immature and main area of difficulty is the area of pragmatics as he is functioning at a very concrete level. Information from mother suggests that V’s Vietnamese is also delayed.

‘V’ referred to Ed Psych service in July, 1997. Assessed at that time by EP as having severe delay in speech and language development. He could understand Vietnamese but preferred to speak in English. Although he wanted to communicate, his speech was unintelligible. practical skills were also found to be delayed and he had problems concentrating. A formal assessment of SEN was requested at this time. V has received considerable support in the nurture group early on. After a period of re-integration into his mainstream class, he returned to the nurture group on a part-time basis in Year 2 so that he could receive more intensive help.’

‘...despite some average practical reasoning abilities and good observational skills, he gives the impression of being younger than his years and is generally functioning at the 5 year-old level’

‘...likely to benefit from mother tongue teaching and good home school links where there is access to an interpreter’

See I-17.

Year 4 Autumn 2000 --- Summer 2001

H-19. CELF-R record form –dated 28 September, 2000

Age: 8:6

Age Equivalent of Total Language Score; below 5 years old.

See I-19.

H-20. Fax from SALT at Ho School about Amendments to Proposed Statement of SEN – dated 18 Dec, 2000

Age: 8:7

‘...has a stable vocabulary use at around the level 4 year level’

‘...poor auditory processing skills...this has implications on accurate retention of information and sentence formation.’

‘...needs to improve his understanding of lengthy verbal instructions. He is able to absorb and retain a limited amount of information at any one time.’

‘...grammatical inaccuracies....include the use of verb tenses and verb auxiliaries, use of

prepositions, pronouns, and plurals. Some sentences contain word repetition, word omissions and incorrect word order. V's ability to structure mature sentences is therefore delayed for his age.'

'...is able to decode most phonic words and some of the irregular ones using visual recall or by attempting to sound out. His age for reading accurately is 7 years, 2 months at chronological age 9 year, 2 months.

'...spelling is developing, and he knows most of the 100 High Frequency Words. Errors are connected to phonic difficulties. V's independent written recording is much delayed as a result of his grammar, vocabulary and sentence structuring weaknesses'

H-21. Renfrew Action Picture Test score sheet –dated 14 December, 2000

Age: 8:8

... 'some immature vocabulary, e.g., mum, difficulty with vocabulary, e.g. wiping, post office, tendency to use 'was ---ing' for past tense

No use of because, plurals (apple/mouse)

NB: EAL

See I-21.

H-22. Annual Review Statement – dated 8 November, 2000

Age: 8:7

'Good progress made on IEP targets'

'Revised targets:

answer questions using short accurate sentences.

Be able to spell 60 of the first 100 most commonly used words.

To learn his number bonds to 50.'

'Refugee education support worker agrees with above.'

'Mother says V more willing to study hard at home and look at books and homework. There were times when V struggles with homework due to level of difficulty and mother couldn't support because of her level of English. Mother invited in to discuss homework and other concerns. Speech and language support continues at school.'

Working towards Level 1 –English, Level 1 –Maths, Working towards Level 1 –Science

H-23. Appendix of Assessment results from SALT comparing tests of September, 2000 and October, 2001 – dated 21 September, 2001

Age: 9:6

See I-23.

Year 5 Autumn 2001 – Summer 2002

H-24. Annual Review of Statement of Special Educational Needs - dated 11 October 2001 Year 5

Age: 9:4

'...improvements in skill levels are happening but small compared to the increase in his chronological age. Cause for enormous concern since Year 5 curriculum is increasingly abstract in

its content and presentation’

‘..parents do not speak English, so opportunity for support and rehearsal of new language structures and vocabulary is limited’

‘...access to ‘mother-tongue teaching’ as a statement provision is not occurring’

‘...never does homework tasks, which is a cause for concern’

‘...there is no mother-tongue teaching’

See I-24.

H-25. SENCO report to SEN Services post-Annual Review - dated 18 November, 2001

Age: 9:5

‘...discrepancy of demands of Year 5 curriculum and V’s skill levels which show language ability is 5.7 years of age at chronological age 9.6 years.

‘...parents do not speak English...unable to help ‘V’ rehearse new language structures and vocabulary unable to help him complete homework’

‘...needs to improve his use of sentence structures. These still contain grammatical inaccuracies. Difficulties using verb tenses, verb auxiliaries, prepositions, pronouns and plurals’

‘...sentences sometimes contain word repetition, word omissions and incorrect word order. ‘V’s ability to structure mature sentences is therefore delayed for his age’

See I-25.

H-26. Hand-written Notes from Annual Review 13 May, 2002

Age: 10:1

‘...significant discussion occurred with reference to ‘V’s language status. He is not a bilingual speaker and English is his primary language’

‘...mother estimates has a total vocabulary of Vietnamese at around 50 words. He is restricted to use of these as single words or at most 2-word utterances...mother is unable to speak English.’

‘...has no effective way of communicating with adults in his home beyond very basic vocabulary and signs’

‘...time in Vietnam has ‘significantly damaged’ his excellent progress. Skills have diminished, e.g., maths, listening and attention and concentration. Poorly motivated and over-dependent. Has become introverted and appears confused about the possibility of a further visit to Vietnam. Mother clarifies that next trip is only for herself and younger sibling’

‘...doesn’t have the necessary vocabulary to label/discuss feelings and more subtle thoughts, opinions, attitudes. This and his difficulty in communicating with his parents, together with the lack of other English-speaking adults in his daily life, indicates his social-emotional vulnerability’

H-27. Final Statement of Special Educational Needs –13 May, 2002

Age: 10:1

'English: Speaking and Listening: Level 1 to 2.
Reading Level 1-2,
Writing: Level 1-2
Maths; Level 1-2
Science: Level 1-2 '

See I-27.

H-28. Speech and Language Services Annual Review Report - dated 23 May, 2002

Age: 10:1

'...steady progress was being made at beginning of academic year which was unfortunately interrupted by a 2-month stay in Vietnam, where according to 'V', he had no access to schooling. Significant change noticed in 'V' since his return.'

'Re-tests show that 'V's understanding and use of English vocabulary continues to make progress despite the recent period of no access to English speaking environment. the separate score for EAL children shows a good increase.'

'...it is not possible on this occasion to re-assess his use of sentences due to V's reduced concentration span and increased need to re-focus'

'...continues to present with speech and language difficulties in both understanding and expressive language'

'...assessment of his non-verbal cognitive skills is 'within the average to low average range' which indicates that his needs are more specifically language-based rather than part of a general developmental delay.'

H-29. Handwritten notes on Annual Review - dated 30 May, 2002

Age:10:2

'...parents Vietnamese, husband Cantonese'

'...knows about 50 Vietnamese words...needs are more specific to language because although he has had much exposure to Vietnamese, he is not competent and has to use gesture and single words to communicate at home'

'...other opportunities to use English at home....never talks about school, feelings, or if he's upset'

'...mother agrees to the fact that he may need a language unit because he has problems with language'

'...requested if mother could consider going to English classes to improve her English. Contact for classes to be made and to put her name on list'

Year 7 Autumn 2003 to Summer 2004 Starts L School

H-30. Individual Education Plan - January 2004

Age: 11:11

'...literacy focus on past tense verbs, prepositions, sentence structure'

Year 8 Autumn 2004 to Summer 2005

H-31. CAT Scores - Autumn 2004

Age: 12:6

CAT scores repeated every year, but no information found for Year 7.

Average ability for non-verbal.

See I-31.

H-32. Speech and Language Services Report Feedback for Annual Review - dated 22 December, 2004

Age: 12:8

'...has had support since September 2003 when he started L School

'...needs to be given a structure to help him organise ideas appropriately, spider diagrams, writing frames.'

'...when speaking 'V' can make grammatical errors, e.g., plurals conjunctions. These errors can affect the meaning of what he is trying to express'

'...support new ideas with visual clues wherever possible, e.g., pictures, symbols, acting out/role play.'

'...provide explicit structure for 'V' to follow when asking for written work. Encourage him to use spider diagrams/mind maps as a way of increasing his independence.

'...may not distinguish singular from plural, use tenses appropriately or conjunctions to convey cause/effect, correct his work but give credit for his ideas'

Year 11 Autumn 2007 to Summer 2008

H-33. Annual Review Report from SLRB - dated 10 January, 2008 Year 11

Age: 15:10

'...receives weekly in-class support for English and BTEC Business Studies and has been placed on GCSE Science intervention programme'

'...decodes well and comprehension skills have improved.'

'...good concepts of vocabulary but still has difficulty structuring ideas.'

'...stil has problems with singulars and plurals.'

'...becoming more independent learner and more self-confident'

'...V's statement of SEN should be maintained in order to help him access Year 11 examination curriculum.'

H-34. Annual Review of Statement of Special Educational Needs - dated 10 January, 2008

Age: 15:10

'Interpreter invited but did not attend.'

'...vocabulary greatly improved but still finds it difficult to put ideas into correct English with past tenses, agreement of verbs and plurals...double checks that he has grasped concepts accurately.'

Predicted C for English, B for Maths, C for Science.

'...mother wants continued support so that V can access courses at college and university level'

'...discussion on possible move to college or stay at 6th form; connexions meeting needed with translator'

H-35. College References compiled by L School for College Course Application - dated 21 January, 2008

Age: 15:10

Year 12 Autumn 2008 to Summer 2009 (6Th Form/AS Levels)

H-36. Speech and Language Annual Review Report - dated February, 2009

Age: 16:11

'Support on a weekly basis about study skills sessions and liaison with teaching staff.'

'Good awareness of strengths and weaknesses and has developed some useful strategies to compensate: process of deduction and elimination, working out plausible meanings to sentences while not necessarily knowing all the word meanings.'

'Can learn subject-specific vocabulary and meaning by rote but has trouble using them correctly when responding to questions in text and verbally. Needs support to generalise his knowledge.'

'Needs support to use conjunctions correctly to link ideas within a sentence.'

'Difficulty inferring from text what problem is and identifying solution as shown in the text. When text is read aloud he tends to miss obvious points highlighted by reader's tone of voice.'

' in class...ask 'V' to name common objects to increase vocabulary. Allow time for practice and repeat of new vocabulary or concepts.'

'Encourage him to think about initial sound, syllables, words with similar meaning, using the word in a sentence.'

'Model complete sentences, using all the little words in a sentence, see if he can repeat the sentence back using all the little words.'

'...use sentence starters with conjunctions to practice 'because'.'

'Ask 'V' to practice telling stories about a familiar movie and see if he can introduce characters and then sequence the information appropriately.'

'Diagnosis....V presents with speech and language difficulties compared to his peers which impacts on his ability to understand to use high level language.'

See I-36.

H-37. Transition Plan to Post-16 Education in preparation for Annual Review - February 2009

Age: 16:11

'Teachers aware he requires clear and structured instructions for his Level 3 work in A/S level Accountancy, Economics, Maths.

'V's input: 'I want to pass my A-levels. if I can't do Economic and Maths, I want to take Level 3 Business Studies BTEC'.

Parent's input—'Mother hopes 'V' continues with Accountancy.

'Progression post-school may include university to do Accountancy and Finance. AAT course towards being an Accountancy Technician or ACCA towards becoming a chartered Accountant.'

Appendix I: Table of Assessments on 'V'

Appendix I: Table of Assessments on 'V'

DOB 31 March, 1992 in Hong Kong refugee camp.

A short synopsis is given of what test is purported to measure, where available.

| Date/Age | Assessment | Outcome |
|--|--|---|
| <p>12 June, 1998</p> <p>I-11</p> <p>Age: 6:2</p> | <p>Reynell Developmental Language Scales II (RDLS II)</p> <p>Verbal Comprehension Scale A: Asks questions/gives statements which increase in number of information concepts and abstraction.</p> <p>'Put one of the pigs behind the man.'</p> <p>'Which pig is not outside the field?'</p> | <ul style="list-style-type: none"> • Presented with considerable delay at around 2.11 years. • Unable to assimilate a number of verbal concepts together in one sentence. 'Put one of the small pigs next to the black pig.' • Confusion at 'behind', in/out, one/all. • Poor response at verbal reasoning stage. |
| | <p>Derbyshire Language Scheme Detailed Test of Comprehension</p> <p>Subtests: single word recognition and action pictures to test verb knowledge given,</p> | <ul style="list-style-type: none"> • Extreme difficulty responding to 2-word level, e.g., 'put the spoon in the cup' • Response to same request in Vietnamese was equally poor. |
| | <p>Observations on Expressive Language by SALT</p> | <ul style="list-style-type: none"> • Able to name a few pictures of familiar objects, but this was very limited. • Able to name some parts of the body. • No evidence of 2-3 word utterances in English or Vietnamese with the exception of "he not know". Use of unintelligible jargon. |
| | | <p>Points and gestures to express himself.</p> |

| | | |
|-----------------------------------|--|--|
| 13 May, 1999 I-14 Age: 7:1 | Derbyshire Language Scheme Detailed Test of Comprehension Subtests: single word recognition and action pictures to test verb knowledge given, | Able to identify common, familiar objects, and basic verbs. 1. Forming present tense verbs – ing e.g., ‘sit on a chair / sitting’ 2. omission of prepositions, e.g., girl stand the table 3. no conjunctions joining sentences 4. no plurals |
| 10 June, 1999 I-17 Age: 7:2 | British Ability Scales Subtest: Naming Vocabulary British Ability Scales subtests are used by educational psychologists. Non-verbal cognitive subtests are used to measure intelligence/ability range of child. | <ul style="list-style-type: none"> • Scored below the 2 year 6 month level. • He could name ‘a triangle’, ‘watch’, and ‘water fountain’. • He associated a measuring jug and a jar with ‘a cup’ and ‘cutting’ with scissors. |
| | British Ability Scales Subtest: Pattern Construction (measures aspects of spatial visualisation) | Scored within average ability for his age on non-verbal cognitive. |
| | British Ability Scales Subtest: Picture Similarities (involves matching pictures with common concepts) | Score within the average range for his age on non- verbal cognitive. |
| | Coloured Matrices Test: (More abstract test involving the completion of patterns) | Scored below average on more abstract test. |
| | British Ability Scales Subtest: Recognition of Pictures Task (measures aspects of visual memory) | <ul style="list-style-type: none"> • Score was broadly average for his age. • ‘He was distracted and performance erratic suggesting this is likely to be an underestimate of his abilities in this area.’ |
| | British Ability Scales Subtest: Early Number Skills | Obtained an age-equivalent score of approximately 5 years. |

| | | |
|--|---|---|
| | Neale Analysis of Reading Test (Reading comprehension test) | <ul style="list-style-type: none"> • His score was below the baseline for reading and comprehension. • ...correctly identified the word 'a'. • Was able to answer two of four questions correctly. |
| 28 September, 2000 I-19 Age: 8:5 | Clinical Evaluation of Language Fundamentals-Revised (CELF-R) (Various subtests measure receptive and expressive language skills. Standard scores of between 8-12 and between 85-115 are within normal range.) (Can also be used to give an overall 'language age'.) | Age Equivalent of Total Language Score below 5 years old. |
| 14 December, 2000 I-21 Age: 8:8 | Renfrew Action Picture Test (this looks at use of language in sentence structures in terms of information given and grammar.) | <p>Information age equivalent: 4 years, 11 months</p> <p>Grammar age equivalent: 3 years, 7 months</p> <ul style="list-style-type: none"> • Some immature vocabulary, e.g., mum, difficulty with vocabulary, e.g. wiping, post office, • Tendency to use 'was ---ing' for past tense. • No use of 'because', • No use of irregular plurals (apple/mouse) • NB: EAL |
| 1 February, 2001 I-21 | British Picture Vocabulary Test | Age equivalent: 4 years, 4 months |
| Age: 8:10 | | |
| 21 September, 2001 I-23 Age: 9 years, 5 months | British Picture Vocabulary Test | Age equivalent: 6 years, 4 months |

| | | |
|--|---|---|
| <p>11 October, 2001</p> <p>I-24</p> <p>Age: 9: 6</p> | <p>CELF-R (Various subtests measure receptive and expressive language skills. Standard scores of between 8-12 and between 85-115 are within normal range.)</p> <p>Subtests: Ability to understand instructions: 4</p> <p>Reasoning and classification: 5</p> <p>Understanding of vocabulary: RA: 6 years, 4 months</p> <p>Use of vocabulary (picture-naming): 6 year-old level</p> <p>Grammar: 4 year-old level</p> | <p>V is scoring an average of 7 points on language assessments, showing below average progress.</p> <p>Level of language falls behind his chronological age by at least 4 years.</p> |
| | <p>Renfrew Word Finding Vocabulary Test (tests use of vocabulary at single word use)</p> | <ul style="list-style-type: none"> • Age equivalent (without prompts) 3 years, 8 months • Age equivalent (with prompts) 4 years, 1-2 months |
| | <p>Renfrew Action Picture Test (this looks at use of language in sentence structures in terms of information given and grammar.)</p> | <ul style="list-style-type: none"> • Information Age equivalent: 6 years old. • Grammar age equivalent: 4 years old. |
| <p>19 November, 2001</p> <p>I-25</p> <p>Age: 9:7</p> | <p>British Ability Scales subtests: Non-verbal cognitive and spatial abilities.</p> | <ul style="list-style-type: none"> • On non-verbal: scored within 46th and 27th centile. • Indicates his level on non-verbal functioning falls within average to low average range. |
| | | <ul style="list-style-type: none"> • In spatial subtest: scored in 50th centile which indicated functioning falls within average range. |

| | | |
|---|--|---|
| <p>23 May, 2002</p> <p>I-27</p> <p>Age: 10:1</p> | <p>Renfrew Word Finding Vocabulary Test (tests vocabulary knowledge, range and word association skills)</p> | <ul style="list-style-type: none"> • Scores age equivalent (without prompts) 4 years, 6 months. • Age equivalent (with prompts) 5 years, 7 months to 5 years, 10 months. |
| | <p>British Picture Vocabulary Scales (gives age equivalent for knowledge of concrete and abstract single word items)</p> | <ul style="list-style-type: none"> • Standard score: 81 • Percentile Rank: 11 • Age equivalent: 7 years, 5 months • Resulting Scores in BPVS for children with English as an Additional Language • Age Equivalent: 8 years, 7 months |
| | <p>Coloured Progressive Matrices</p> | <p>Non-verbal cognitive test. Incomplete scoring, no result.</p> |
| <p>Autumn 2004</p> <p>I-31</p> <p>Age: 12:6</p> | <p>Year 8 CATS Verbal: Thinking with words-reflects ability to think using words. Non-verbal: Thinking with shape and space-strong indicator of spatial thinking ability. Quantitative: focuses on relationships between elements rather than pure mathematical ability.</p> | <ul style="list-style-type: none"> • Verbal: 81 • Non-Verbal: 103 • Quantitative: 89 • Mean Score 91 • Average ability for non-verbal. |
| <p>February, 2009</p> <p>I-36</p> <p>Age: 16:11</p> | <p>CELF-4 used for formal assessment by SALTs of receptive and expressive language skills.</p> | <p>No test scores given.</p> |

Appendix J: Synopsis of Documents on 'H'

Appendix J: Synopsis of Documents on 'H'

DoB 20 August, 1996, Congolese, born in UK
Ages will be written as 'years:months'

Nursery Year September 1999 – July 2000

J-1. St M School Stage 1 Record and Review Form - dated 20 September, 1999

Age: 3:1

'H's spoken language is extremely delayed'

'...understanding of spoken language in both English and French is of concern'

'...mother reports that H's language is very delayed and that she is waiting for a place in the language unit. She sometimes finds H's behaviour difficult and he has temper tantrums.'

'target...to be able to listen through story time with adult support in story corner'

J-2. Speech and Language Therapy Children's Services Report - dated 10 November, 1999

Age: 3:2

'...first language is listed as French and he is assessed in English and French'

'...attended an early language group at B Clinic between 25 October, 1999 and 29 October, 1999, 4/5 sessions'

'...targets...to build group skills'

'...separated from mother without difficulty; helped to tidy up the toys and tuck his chair in; took turns, did not dominate play; followed group instructions; greeted adults and children at beginning and sang good bye at the end'

'...did not imitate words in French or in English'

'...copied peers walking, running and jumping in a listening activity. Waited for instruction to 'Go!' during several ball games'

'...used various playthings appropriately such as dolls, kitchen things, tea cups; enjoyed singing and copying actions of songs; looked at books and opened the flaps to see what was behind'

'...when asked to 'give it to...' he followed a pointing gesture. He began to learn some phrases and so when asked at break, 'Do you want some more?' he shook his head'

'...family speak French at home. However, he did not respond to French requests or indicate that he was more aware of French than English'

'...was not able to understand single words, so when asked for the 'bed' with a choice of three items, he was not able to pick up the bed'

'...used large amounts of jargon or 'speech-like utterances'. These were not understandable in either French or English.'

'...imitated some sounds such as car or motor bike sounds or drinking sounds; said 'hello' and 'bye'. He did not imitate words modelled for him; attempted to sing 'what's in the bag?'

'Diagnosis:...developing appropriate social skills with awareness of group rules and behaviours needed with adults and other children. Severely delayed understanding and use of spoken language.'

J-3. Report from Child Development Centre, Hospital – dated 16 December, 1999

Age: 3:4

'.... referred for severe speech and language disorder leading to difficulties with communication, social and play skills'

'...parental concerns are severe speech delay –has a vocabulary of only a few words, frustration leading to tantrums.'

'Normal Birth History: Full term. Normal delivery. Birth weight 3.9 kg. No neo-natal problems'

'Normal 6 week and 8 month developmental checks. Parental concerns about speech since 2 years of age'

'Family arrived from the Congo in UK in May 1996. In temporary accommodation. Father aged 34 and a student, mother aged 30 a housewife. Also have another child, who is well.'

'Healthy boy excepts for occasional colds. No dysmorphic features. No words heard except 'bye' on leaving.'

'Hyperextensible joints. Neurological: normal. Weight/Height/Head circumference: normal'

'Investigations: all normal...unlikely to have Fragile X syndrome'

J-4. Educational Psychologist Report – dated 28 June, 2000

Age: 3:10

'First referred to Ed Psych Service in **January 2000** by doctor at Child Development Centre, St A Hospital. Ed psych then consulted with mother in **February, 2000.**'

'French and Lingala are spoken at home and H's first language is French. Family are believed to be asylum seekers' Father: student, aged 34. Mother: not working, aged 32

'H knows names of objects and animals, can generally make his needs known.

'...can sometimes put two words together in French and follow simple instructions; French and English skills are similar'

'...will sometimes copy activities, e.g., copied mother with baby on her back by putting a teddy bear on his back.

'...very poor concentration in general, usually less than 2 min. for most activities, but can concentrate longer when he is watching television'

'...finds it difficult to use scissors; can do 4-piece inset puzzle; can count by rote to 10; can recognise his name; knows all the names of children in class'

'...gross motor skills are good; can hold pencil with correct grip; can thread beads'

'...speech very limited. There has been a recent increase in his communicative intent. Now uses a lot of jargon'

'...used a lot of jargon when trying to communicate with peers and adults; vocalised frequently when playing alone with train; on a few occasions, copied the words of others. He called for another child by name'

'...responded to a 'where' question by looking around; counted by rote to 5'

'diagnosis.... language skills are significantly behind what would be expected for a child of his age'

'...appears to be functioning expressively at the one-word level with receptive skills a little in advance of this.

'...non-verbal reasoning skills are in contrast at least average; other skills appear to be below average but significantly better than his language skills'

'...it would appear that H has a Specific Language Difficulty; recommendation that H should be given a place at the Early Childhood Language Unit and that a request for a statutory assessment be initiated'

See K-4.

Reception Year September 2000 to July 2001 Starts St P School

J-5. St P School Stage 3 Review Form - dated 3 October, 2000

Age: 4:2

'...coping well with going to Language Support Unit.

'...just beginning to say single words – naming objects and people, but still rarely speaking'

'...mother speaks to him in French and 'H' gives one word answers in English.'

'Moving 'H' to Stage 4. Initiating statutory assessment.'

J-6. St P School Baseline Data Assessment for Reception - dated 4 October, 2000

Age: 4:2

'Home language French'

'Is not assessed in a language other than English'

See K-6.

J-7. Referral to Education Department for Consideration of Commencement of Stage 4 Assessment (SA1) - dated 12 January 2001

Age:4:5

'Home language: French; Ethnicity: Black African'

'H has been assessed as having severe language difficulties. The school hopes that by seeking statutory assessment his long-term needs can be assessed and support can be put in place to help him overcome these difficulties and to fully access the National Curriculum'

'H is working towards Level 1 in all areas. Progress is very slow; he requires a lot of individual

work and much over learning’

‘Mother shares concerns about H’s language difficulties. He speaks French at home, although his mother says he tends to reply to her in English’

‘Diagnosis is severe language delay or disorder’

See K-7.

J-8. St P School Stage 2 Review Form – dated 27 January, 2001

Age: 4:5

‘...still does not understand the ‘rules of play’ or the use of language’

‘...mother is very concerned about his progress’

J-9. Form SA2 – Professional Advice on a Child’s Needs as seen from a Class Teacher/ SENCO Perspective - dated 20 March, 2001

Age: 4:7

Attended St M’s nursery from Sept 1999 to July 1999.

‘He moved to St P school for Reception Year which he is still attending.’

‘He also started Early Childhood Language Unit (ECLU) from September 2000 on four afternoons a week.’

‘Placement ended 16th February 2001 and he is now full-time at St P.’

‘...was referred to a SALT by health visitor before he attended nursery; concerns about his delay in speaking.

‘...placed on Stage 1 of CoP at St M Nursery because of their concerns about his limited vocabulary and his understanding of both English and French.’

‘H’s first language is French.’

‘By giving him adult support in the story corner, they helped to improve his listening skills, but he did not appear to understand the stories’

‘October 1999 SALT’s report diagnosed ‘H’ as having severe delay in understanding and use of spoken language’

‘January 2000, H was moved to Stage 3 of the CoP and was referred to the Educational Psychology Service and the Language Support Unit’

‘February 2001, decided to move for a statutory assessment. H’s targets are to encourage him to talk in 2-3 word phrases or sentences, to be able to take part in interactive play with peers, reducing adult support.

‘H has no problems with physical development and is functioning age-appropriately’

‘H was referred to an audiologist by his nursery in December 1999. His hearing is normal.’

‘When H started Reception class he was speaking in single words, usually naming objects or saying the last word someone else had said.’

'Now he is using 2-3 word phrases and these can be said very clearly, e.g., 'Where's my bag?', 'He fall down.'

'When he is in 1:1 or small group sessions he becomes more vocal and he is able to repeat a sentence...'My favourite toy is....', but if he is asked something more general like 'tell me about your holiday', he tends to babble as if talking.'

'Very reluctant to make marks on paper'

'The staff in reception class, the language support teacher and H's mother meet at least once a term to review his progress and to set new IEP targets.

'These are worked on in class and once a week by the Language Support Teacher in a small group situation.'

'Suggestions are also given to his mother of ways she can help at home.'

See K-9.

J-10. Form SA2 – Professional Advice on a Child's Needs as Seen from a Language Support Teacher Perspective – dated 21 March, 2001

Age: 4:7

'...SALT has carried out standardised assessments that indicate that H has significant difficulties with both expressive and receptive language compared to children of a similar age'

'...attempts at communicate with his peers are more successful when they are related to on-going games and activities. During an adult-led game using toys, H appropriately said to a friend, 'Where cat?' and 'Give it.'

'...Other attempts to communicate are not always successful due to his limited language skills; child asked H where his PE bag was (H had left it at home) 'Mum's not here the bag.' The child, not understanding H, simply turned his back to him and asked someone else.'

'...confuses grammatical structures such as pronouns (he/she)'

'...usually speaks in the present tense.

'...able to follow a one-part instruction in context, if the vocabulary and grammatical structures are familiar to him, e.g. Give me the scissors.

'...has difficulty understanding pronouns, prepositions and the language of time (first, next, etc.) and simple concepts such as big/little and hot/cold.

See K-10.

J-11. SA2 Professional Advice on a Child's Needs as Seen from a Psychological Perspective – dated 21 March, 2001

Age: 4:7

Cognitive ability measured. Within average range.

'...it is not appropriate to consider his overall General Conceptual Ability because his scores are considerable skewed by his low verbal scores'

'...verbal comprehension falls below that expected for his age; his naming vocabulary is also below that expected for his age but is slightly more advanced than his verbal comprehension'

'...achieving at the one and a half years below his chronological age for receptive vocabulary'

'...mother reports that he still does not understand her all the time and will sometimes not even look at her until she raises her voice. If he does not understand, he may just look at her with a confused expression'

See K-11.

J-12. SA2 professional Advice on a Child's Needs as Seen From a Speech and Language Therapist Perspective- dated 29 March, 2001

Age: 4:7

'...understands simple language used in routines and familiar situations. 'Go to the toilet.' 'Do you want juice or water?' 'Get an apron' for messy play, 'Go and sit on the carpet'.

'...understands language related to his current focus of attention, for example:

SLT 'H made a car'.

H: /no, train/

SLT: 'a red square'

H: /yellow square/ and gets a yellow square

'Diagnosis...severely delayed verbal comprehension skills; severely disordered expressive language skills.

'...difficulties are specific to language skills and his non-verbal skills are developing within the normal range'

See K-12.

J-13. St P School Stage 3 Review Form - dated 12 May, 2001

Age: 4:9

'Speech and language severely delayed and needs help modelling play. Statutory assessment being considered.'

See K-28.

J-14. First Proposed Statement of Special Needs - dated 25 May, 2001

Age: 4:9

'...asks for a place for H at a mainstream school with an attached language unit to meet his special educational needs'

'Languages: French and Lingala are spoken at home although 'H' tends to speak English more often'

Information on assessed language skills and diagnosis are as in Document 27.

Year 1 September 2001 to July 2002

J-15. Referral Letter to Occupational Therapy Service – Handwritten diagnosis notes – dated 19 October, 2001

Age: 5:2

‘Home Languages listed as Lingala/French. No translator needed’

‘...diagnosis of difficulties in coordination, not putting legs in trousers separately; severe concentration delay and disordered language; frustration; average cognitive development’

J-16. Letter from Community Mental Health acknowledging letter from Language Unit – dated 23 April, 2002

Age: 5:8

‘...mental health assessment attempted on H due to on-going concerns about delayed emotional development. Parents do not want to engage with service and miss follow-up appointment’

‘...mother says there are no problems with behaviour; discloses no information on family background’

‘...mother believes language problems may be due to the fact that they speak French at home’

J-17. Speech and Language Therapy Report for Annual Review of Statement of Special Educational Needs - dated 8 April, 2002

Age: 5:8

‘...finds it hard to understand that the order of a sentences has meaning (e.g. the boys carrying an elephant is different from ‘ the elephant carrying the boys)

‘...finds it hard to understand complex grammar (e.g. ‘The boy followed the policeman that was fat.’) or inference (e.g., ‘Who is too young to eat food, here?’)

‘...tends to use short simple sentences with limited amounts of information....often misses out the little words in the sentence, i.e., ‘the apple up there’.

‘...shows evidence of disordered language where his language can get muddled up and he can be very difficult to follow. Example: She is picking up the boy so that he can post the letter. ‘H’ interprets it as: The card he put on here. Is go down, down, down’.

‘...has worked hard at developing his ability to include the major elements in a sentence and is now able to include a subject, verb and object in a sentence in structured activities.
eg, the girl (subject) is kicking (verb) a ball (object).

‘...has particular difficulty integrating and generalising his skills. This severely impairs his ability to learn.

See K-17.

J-18. Children’s Occupational Therapy Assessment Report – dated 29 May, 2002

Age: 5:9

‘Functional skills all age appropriate and normal: Washing, Teeth Cleaning, Undressing/Dressing, Toileting’

'...difficulty with diadokokinesia (i.e. alternating hand movement) in a smooth controlled manner; difficulty performing finger opposition with eyes open and closed'

'...slight lordosis and 'winging' of his scapula.'

'...other tasks were affected by his understanding of the instructions'

'... limited attention and language disorder is primarily affecting his performance with tasks'

'...difficult to conclude whether 'H' also has a visual-perceptual deficit.

'...attention may be affecting his performance during tasks involving visual perception, or in contrast, he finds these tasks difficult and therefore his attention and motivation wanes'

See K-18.

Year 2 September 2002 to July 2003 Starts TF School (Key Stage 1)

J-19. Entry Form for TF School - Ethnic Minority Achievement Pupil Profile – dated September, 2002

Age: 6:1

'Ethnicity- Black African; Languages: French and English'

'Statement of Special Educational Needs for Speech and Language Impairment (SLI)'

'H in mixed Year 1 and 2 class -"Orange" class'

'Tracked using EAL Stages in progress of English Language Fluency –noted as achieving Step 2 in all areas at end of Year 2, beginning of Year 3'

J-20. Annual Review of Progress on Statement – dated 19 February, 2003

Age: 6:6

'...current provision in TF school with Language Resource Base: in mainstream class, withdrawn for small group basic skills tasks x3 week.

- Receives 1:1 Speech and Language therapy x1 week.
- Small-group withdrawal session for language skills x2 week.
- Differentiated work in class and in small groups.
- Small group music therapy/social skills x1 week'
- Behaviour programme

'Language and numeracy targets met'

'...daily contact with parents; parents attend all meetings'

J-21. TF School Language Resource Base Annual Review Report - dated 19 February, 2003

Age: 6:6

'...behaviour better...making good progress'

National Curriculum Levels: Reading 1c, Writing 1c, Maths: Level 1. Below national average, but progress for 'H'. See K-21.

J-22. Speech and Language Therapy Report for an Annual Review – dated 12 March, 2003

Age: 6:7

'Home Languages listed as English and French'

'Currently in Orange Class which is a mixed year 1 and 2 class. High level of support as detailed previously.'

J-23. End of Key Stage 1 Assessment Results 2003 TF School - dated 24 June, 2003

Age: 6:10

Improvement noted in levels. Most areas of English, Maths and Science are either Level 1 or working towards it. However, in 'Number and Algebra, 'H' is Level 2 and in 'Life Science', 'H' is Level 2.

Year 3 September 2003 to July 2004 (Key Stage 2)

J-24. End of Year 3 Report, Bronze Class – dated July, 2004

Age: 7:11

'Mainstream class attainment is labelled as 5 (cause for concern) in Autumn, 2004 in Speaking and Listening, Reading, Writing, Maths. But end of year report remains positive, overall.'

Year 4 September 2004 to July 2005 (Key Stage 2)

J-25. End of Year 4 report, Gold Class – dated July, 2005

Age: 8:11

'Spring term progress report of mainstream teacher labels attainment as 4 (below national average) in Speaking and Listening, Reading, Writing, Maths. But end of year report remains positive, overall. Progress is noted.'

Year 6 September 2006 to July 2007 (Key Stage 2)

J-26. Hand-written Annual Review Report in preparation for Annual Review – dated 4 September, 2006 Year 6

Age: 10:1

'...PE/Sports is a real area of strength'

'...much calmer around the school'

'...participating more but is still a reluctant learner when he decides he cannot do something'

'...parents feel he has made progress; is now able to participate in conversations and his writing has improved'

'support continues...in mainstream class with some small-group withdrawal work for language, x3 weekly, literacy x2 weekly and numeracy x4 weekly.

'...continued significant difficulties in accessing the National Curriculum with extra support'

J-27. Proposed Statement of Special Educational Needs - dated 9 May, 2007

Age: 10:9

'main areas of difficulty: expressive and receptive language skills, listening and attention skills, some emotional difficulties'

'Secondary school to be named in final report' See K-27.

J-28. L School Student Data Sheet –dated 14 July, 2007

Age: 10:11

‘first language noted as French; ethnicity as Congolese’

‘Can your child read or write in any other language? No.’

Year 7 September 2007 to July 2008 Starts L School (Key Stage 3)

J-29 Annual Progress Reports from Teachers for Annual Review – dated 24 January, 2008

Age: 11:5

‘Spanish—low self-esteem and reluctant especially in written work, likes to take part in games, achieved a Level 2b on first tests, easily distracted and sensitive.’

‘Science—did well on Acid test, works well on class tasks and often can complete it, needs to focus more and not be easily distracted, is polite but can often sulk and not participate when upset, sometimes taken out of class to do small group work with TA.’

‘Maths—Strategies that help are involving him more in the lesson and asking direct questions to build his confidence.’

‘Perf Arts--Has trouble working with others at moment, silly behaviour means oter may not want to work with him, needs close supervision, all tasks must be explained fully and understanding checked.’

‘Humanities—Achieving well, able to access the work efficiently, relates well to male peers.’

‘English—Currently working at Level 3 which is on target, occasionally falls out with his peers and this can affect his learning as he doesn’t engage at all, positive strategies include seating him away from distractions, praise.’

‘PE—talented in PE and works hard.’

Year 8 September 2008 to July 2009 (Key Stage 3)

J-30. Statement dictated by H for Annual Review, scribed by Learning Assistant—dated 26 February, 2009

Age: 12:6

Year 9 September 2009 to July 2010 (Key Stage 3)

J-31. Transition Plan to KS4 - dated 26 February, 2010

Age: 13:6

‘...good social skills with peers, loves PE, especially running and football’

‘...excellent progress in Maths, literacy skills are below the norm for his age’

‘...can become unsettled in class if this becomes apparent’

‘...still has withdrawal 1x week for Reading Champions’

‘Special exam arrangements for GCSE PE’

'Year 10 Curriculum: GCSE in English, Maths, Science, Religious Education and PE, with options: BTEC PE, GCSE History'

'...would like a career in sport and could study sport post-16'

J-32. Annual Review Report from Speech and Language Therapist – dated 'March, 2010'

Age: 13:7

'...has received support from the Speech and Language Resource Base (SLRB) since September 2008 and in-class support in Science, Geography, History, and English.

'...demonstrates functional understanding and use of language skills, e.g., follows instructions in class appropriately, can discuss everyday topics with peers and adults'

'...formal assessment indicates understanding of spoken language (verbal comprehension) is better than his expressive language'

'...demonstrated ability to use the following strategies effectively, e.g., sounding out words to himself, reading the text out loud to himself, reading the text again to gain further clues and using a dictionary effectively'

'...can discuss what he finds easy and difficult in terms of his own language skills, demonstrating good self awareness of his own receptive and expressive language.'

'...could apply practical self-help communication strategies, e.g., saying a sentence aloud before writing it down to check it makes sense.

'...can be reluctant to accept help from others and prefers to ask for help from adults.'

'...needs ongoing support to organise and structure his written work; sentences can become particularly confused in terms of sentence structure which leads to ambiguous meaning.'

Communication strategies given by SALT for 'H'

'...make sure attention is focused before providing explanations'

'...break longer instructions or explanations down into chunks of information'

'...ask to repeat the tasks 'H' is required to do before he attempts a task'

'...provide opportunities for 'H' to develop problem solving skills, e.g., discuss everyday situations, look at options and think about why some choices are more suitable than others'

'...encourage 'H' to read over work with an adult and highlight sentences that do not make sense; think about how to rephrase sentences when they do not make sense'

'...allow opportunities for H to tell you oral stories about familiar books or movies to see if he can include story elements such as character speech and feelings'

'...summary...'H' presents with Speech and Language difficulties which impact on his ability to understand and use high level language'

See K-32.

Appendix K: Table of Assessments on 'H'

Appendix K: Table of Assessments on 'H'

DoB 20 August, 1996. Congolese, born in UK

Home Languages: French, Lingala.

| Date/Age | Assessment | Outcome |
|---|---|--|
| 28 June 2000 K-4 Age: 3:10 | Tasks presented to assess verbal comprehension, naming vocabulary, auditory short-term memory, copying and non-verbal reasoning skills. | <ul style="list-style-type: none"> • Performance on language tasks was at the 1st centile, i.e., 99% of pupils his age would be expected to do better. • In contrast, non-verbal reasoning skills were at the 66th centile (in the average range). • Other skills appear to be below average but significantly better than his language skills. |
| 4 October 2000 K-6 Age: 4:1 | Baseline Assessment Reception Year: Speaking and Listening Reading Writing English Maths | Scores no points at all. Assessed in English only. |
| 12 January 2001 K-7 Age: 4: 5 | Assessed in Reception Year National Curriculum | Working towards Level 1 in all areas. |
| 20 March 2001 K-9 Age: 4:6 | Renfrew Action Picture Test. Just shown pictures for language stimulation. Not assessed. | 'Recently, when shown some action pictures, he responded as follows; 'boy water' – for a boy washing 'it crying, tissue' – for a girl crying 'girl and the boot' – for a girl digging 'a bike girl' – for a girl riding a bike' |

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|--|---|--|---------------|-----------|---------|------|---------|---------------|--------|---------|-------|---------------|-------|-----|--------------|----------|
| <p>21 March 2001</p> <p>K-10</p> <p>Age: 4:6</p> | <p>Language use samples taken.</p> | <p>Comment: e.g. He's crying. I wash my hands. Describe: e.g. I'm cooking. Miss Sue that monster. Request: e.g. Mum, i want a biscuit. Want the toilet. Sit on carpet, A. Ask: e.g. Who's that? Label: e.g. lip, eyes, hair, ears Direct Attention: e.g. Barnadette, Giles wet. Respond: What are you doing? Playing water.</p> | | | | | | | | | | | | | | |
| <p>21 March 2001</p> <p>K-11</p> <p>Age: 4:6</p> | <p>Early Years British Ability Scales: (Two sets of core and range of supplementary diagnostic subtests. Each subtest provides a percentile score. This indicates the percentage of children of the same age who would be expected to perform at the same level or lower. It is also possible to provide age-equivalent scores for each subtests.)</p> | <p>Classification of General Conceptual Ability</p> <table border="0"> <tr> <td>130 and above</td> <td>very high</td> </tr> <tr> <td>120-129</td> <td>high</td> </tr> <tr> <td>110-119</td> <td>above average</td> </tr> <tr> <td>90-109</td> <td>average</td> </tr> <tr> <td>80-89</td> <td>below average</td> </tr> <tr> <td>70-79</td> <td>low</td> </tr> <tr> <td>69 and below</td> <td>very low</td> </tr> </table> | 130 and above | very high | 120-129 | high | 110-119 | above average | 90-109 | average | 80-89 | below average | 70-79 | low | 69 and below | very low |
| 130 and above | very high | | | | | | | | | | | | | | | |
| 120-129 | high | | | | | | | | | | | | | | | |
| 110-119 | above average | | | | | | | | | | | | | | | |
| 90-109 | average | | | | | | | | | | | | | | | |
| 80-89 | below average | | | | | | | | | | | | | | | |
| 70-79 | low | | | | | | | | | | | | | | | |
| 69 and below | very low | | | | | | | | | | | | | | | |

| Lower level Core Scale | Cluster | Percentile | Age-equivalent |
|------------------------|------------|------------|-------------------|
| Block building | Non-verbal | 50 | 4 years 10 months |
| Verbal Comprehension | Verbal | 3 | 2 years 6 months |
| Picture Similarities | Non-verbal | 38 | 4 years 4 months |
| Naming Vocabulary | Verbal | 12 | 3 years 1 month |

| | |
|----------------------|------------|
| Non-verbal composite | Percentile |
| 99 | 47 |

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|---|--|--|
| <p>21 March 2001</p> <p>Continued from above. K-11.</p> <p>Age: 4:6</p> | <p>British Picture Vocabulary Scale measures a child's receptive (hearing) vocabulary for Standard English.</p> | <ul style="list-style-type: none"> • Achieved a score at the 7th percentile which is moderately low. • Equivalent to a score achieved by a child of three years. • No EAL equivalent given. • Scoring 1.5 years below his age. |
| <p>29 March 2001</p> <p>K-12</p> <p>Age: 4:6</p> | <p>CELF–Pre School. Understanding of spoken language assessed formally.</p> <p>A child learning language in the typical way is expected to reach the 16th percentile on the subtests of the assessment.</p> <p>Subtests used involved listening to sentences and choosing a picture that goes with them.</p> <p>Subtest: Linguistic Concepts assesses understanding of concepts within sentences, such as first, next to and either...or.</p> <p>Subtest: Sentence Structure (Assesses understanding of different sentence types, such as, 'The mouse is under the chair.' and 'The boy is crying because his airplane is broken.')</p> | <p>H had severe difficulties scoring at the 1st centile.</p> <p>Basic concepts at single word level, such as inside, tall, slow; H had severe difficulties with this, scoring at the 1st centile.</p> <p>H had severe difficulties with this scoring at the 1st centile;</p> <p>Overall, H had severe difficulties understanding spoken language using this assessment.</p> |
| | | |

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|---|------------------------------------|---|
| <p>29 March 2001</p> <p>Continuation K-12</p> <p>Age: 4:6</p> | <p>Language Use Samples taken.</p> | <p>H uses language for a range of purposes that are appropriate to his language level.</p> <p>He uses language to :</p> <ul style="list-style-type: none">• comment about on-going events: /I making a car/• direct others to act: /open the door/• calling attention: /look, I/• protest: /no, that's mine/• obtain an object: /gimme scissors/• respond to other's utterance: /no biscuit/ in response to the "The biscuit's gone"• obtain information using what, where, who, and why: /where Sue/ |
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|--|--|--|
| <p>29 March 2001</p> <p>Continuation of K-12</p> <p>Age: 4:6</p> | <p>Language Use samples taken</p> | <p>The range of things H wants to talk about are appropriate to his language level:</p> <ul style="list-style-type: none"> • Objects, people and actions not being there (including what questions / it's H's horse/ • Objects, people and actions not being there: /it not Sue/ • Objects and actions repeating: /it'nother chair/ • Rejecting objects and actions: /no that's mine/ • Denying what someone has said: /no..snake/ • Properties of objects and actions: /big snake/ • Who owns an object: /that H's/ • Actions: /I make it horse/ • Objects and people moving from one place to another: /fall down/ • Where things are (including where questions): /where's man/ • What people want, how people/things look, feel, etc.: /I got blue/ • Quantity: /two houses/ |
| <p>29 March 2001</p> <p>Continuation of K-12</p> <p>Age: 4:6</p> | <p>CELF-R Subtest: Formulating Labels. (Measures expressive language skills, ability to name objects/ retrieve vocabulary)</p> | <ul style="list-style-type: none"> • His score indicated the severe difficulties with word knowledge or retrieval remain. • H found this subtest difficult but his skills had improved since the last test. • He was able to label 'pushing' crocodile' and 'sock' items that he had previously been unable to name. |

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| | <p>Renfrew – Action Picture Test</p> <p>Descriptive rather than age-equivalent numerical results given.</p> | <ul style="list-style-type: none"> • H found it difficult to structure his language clearly to describe the pictures. • He attempted all pictures, needing some prompting to expand on initial responses. • H's scores indicated that he presents with severe difficulties in terms of both the amount of information he provides for the listener and his ability to use grammatical structures. |
| <p>8 April 2002</p> <p>K-17</p> <p>Age: 5:7</p> | <p>Reynell Developmental Language Scales (RDLS)</p> <p>No age-equivalent given, just language-comprehension description.</p> | <ul style="list-style-type: none"> • Understanding is severely delayed • Able to understand most 2 and 3 word instruction, e.g., 'Put teddy on the bed', 'Make teddy push the box'. • Can understand sentences containing attributes (e.g., 'show me the red car'). • Found it hard to understand sentences containing several abstract concepts of size, position, colour, e.g. 'put the longest red pencil in the box'. |
| <p>8 April 2002</p> <p>Continued K-17</p> <p>Age: 5:7</p> | <p>National Curriculum Assessment</p> | <ul style="list-style-type: none"> • English Level – P8 • Maths: working towards Level 1 • Science: working towards Level 1 |
| <p>29 May 2002</p> <p>K-18</p> <p>Age: 5:8</p> | <p>Developmental Test of Visual Motor Integration (VMI) by Beery-Buktenica</p> <p>(test requires a child to copy a developmental sequence of shapes, which are related to the development of writing skills; looks at the underlying visual and motor skills and their integration.)</p> | <p>Scored in the 27th percentile, which means that he would score as well or better than 27 out of 100 children; scored at a similar level in other subtests.</p> |
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| | <p>Motor-free Visual Perception Test-Revised (MVPT-R)</p> <p>(tests 5 areas of visual perception and requires no accurate movement from the child. Visual perception is an ability to understand, process and make use of visual information.)</p> | <ul style="list-style-type: none"> • Scored below what is expected for his age with a perceptual age of 4 years and 11 months. • During assessment H showed signs of limited concentration and it is believed that this score may be less than his true abilities. • During testing, H did not understand verbal instructions. |
| <p>12 March 2003</p> <p>K-21</p> <p>Age: 6:6</p> | <p>Test for Reception of Grammar (TROG):</p> <p>Assessment of receptive language.</p> | <p>Difficulties understanding concepts such as:</p> <ul style="list-style-type: none"> • pronouns • singular/plural nouns, (cat cats) • comparatives (tall taller) • tenses future and past prepositions (e.g., on, under, next to, etc.) |
| | <p>British Picture Vocabulary Scale (BPVS)</p> | <ul style="list-style-type: none"> • Delayed vocabulary, falling below extremely low and moderately low scores. • Understanding of instructions was inconsistent at 4 key words. |
| | <p>Renfrew Action Picture Test (Assessment of expressive language)</p> | <ul style="list-style-type: none"> • Difficulty in answering a range of questions based on pictures showing a variety of actions and situations • Problems providing information for listener. • Problems with grammar. |
| | <p>Renfrew Word-finding Vocabulary Test (assessment of expressive language)</p> | <ul style="list-style-type: none"> • Difficulties retrieving and saying the word that he knows. |

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| <p>28 June 2006</p> <p>K-27</p> <p>Age: 9:9</p> | <p>ACE – Assessment of Comprehension and Expression 6-11</p> <p>Various subtests detailed below.</p> | <ul style="list-style-type: none"> • The normal range is from 7 to 13, therefore any score that falls within this range is deemed to be within normal limits. • Any score below 7 is considered to be below average. |
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age: 9:9</p> | <p>Sentence Comprehension</p> <p>(assesses a child's ability to understand spoken sentences in 4 different sections)</p> | <p>Obtained a raw score of 23/31 compared to 22/31 in 2005.</p> <p>His previous standard score of 6 has increased to 7 indicating that his ability to understand spoken sentences is at the lower end of average.</p> <p>Difficulties with:</p> <ul style="list-style-type: none"> • sentences that contain relative clauses, e.g., the cat that scratched the fox is fat, • sentences containing an indirect object followed immediately by an object, e.g., I threw the penguin (indirect object) a fish (object) • confusion about what is given to whom. • seeing the subtle differences between pairs of tenses, e.g., 'Chris has worked in a café for 3 months. Sally worked in a café for three months. Who still works in the café?' |
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age:: 9:9</p> | <p>Inferential Comprehension</p> | <ul style="list-style-type: none"> • Standard score has increased from 7 last year to 11. • This is now within normal range. |

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|--|---|---|
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age: 9:9</p> | <p>Non-Literal Comprehension</p> | <ul style="list-style-type: none"> Standard score of 6 indicating that he still has mild difficulties in understanding figurative/metaphorical language, such as 'bucketing down' (talking about rain) |
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age: 9:9</p> | <p>Semantic Decision (assesses a child's ability to identify words which are related to each other in meaning)</p> <p>Example: laughter/giggle.</p> | <ul style="list-style-type: none"> Obtained a standard score of 3. Skills in the area of understanding word meaning are well below average. |
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age: 9:9</p> | <p>Spoken Language: Naming</p> | <ul style="list-style-type: none"> Scored very poorly on the subtest which requires him to name pictures of common and less common objects (from 'boat' to 'syringe') Has marked word-finding difficulties, meaning that he finds it difficult to remember words he already knows. |
| <p>28 June 2006</p> <p>K-27 continued.</p> <p>Age: 9:9</p> | <p>Syntactic Formulation</p> | <ul style="list-style-type: none"> Scored 6 on the subtest, indicating that his ability to use a range of specific grammatical constructions in spoken language is mildly below average. Struggled to construct sentences containing: Post-modifying clauses and phrases, e.g., the man who's holding the umbrella is fat. Conditional tense, e.g., If he'd run faster, he'd have caught the bus. |
| <p>March 2010</p> <p>K-32</p> <p>Age: 13:6</p> | <p>Test of Word Knowledge (TOWK) (tests ability to define abstract words, identify and explain word opposites and use a word in two different contexts)</p> | <ul style="list-style-type: none"> Ability has 'improved'. No score given. |

Appendix L: Definitions of Terminology

Appendix L: Definitions of Terminology

Excerpted from DFEE 2000, *Provision for Children with Speech and Language Needs in England and*

Wales: Facilitating Communication between the Health Service and Education

Annual review The yearly re-evaluation of a statement of special educational need.

Articulation The physical movements of the mouth and throat involved in making the different speech sounds.

Audiologist A professional who measures hearing loss.

Autism A pervasive developmental disorder characterised by impairment in social interaction and communication, and restricted, repetitive behaviour.⁹²
Associated terms: Autistic spectrum disorder, autistic continuum, autistic tendencies, autistic features.

Code of Practice (CoP) Gives practical guidance to LEAs and the governing bodies of all maintained schools on their responsibilities towards all children with SEN. It covers school-based stages of assessment and provision; statutory assessments of special educational needs; statements of special educational needs; assessments and statements for under fives; and annual reviews.

Stages within the Code of Practice:

Stage 1 The class teacher gathers information about the child's needs and differentiates (adapts) the child's normal classroom work. The SENCO places the child on the school's Special Needs Register.

Stage 2 The SENCO co-ordinates the child's special educational provision and marshals relevant information (including that sourced from outside the school). The SENCO and the class teacher together write an IEP.

Stage 3 Specialists from outside the school (e.g. EP, SLT, Learning Support Service) become involved in order to help the child make progress. IEPs are written. The SENCO maintains the co-ordinating role.

Stage 4 Where the school thinks it cannot meet the child's needs from within its own resources, it may request a statutory assessment of the child's needs by the LEA. The LEA's responsibility is to consider whether statutory assessment is necessary, and if so, to conduct it. The child is placed on Stage 4 while this process is being undertaken.

Stage 5 The child has a statement of special educational need.

Communication Any aspect of interpersonal interaction, including speech, language, nonverbal communication and pragmatic and social skills.

Early learning goals Establish expectations for most children to reach by the end of the foundation stage. They include personal, social and emotional development; communication, language and literacy; mathematical development; knowledge and understanding of the world; physical development; and creative development.

Early Years Nurseries (LEA, Social Services and private) and Reception classes.

Educational Psychologist (EP/Ed Psych) A professional, usually employed by the LEA, who specialises in the assessment of children's learning skills, and particularly in identifying and advising on children with special educational needs.

Individual education plan (IEP)

A document usually prepared termly by school staff, detailing the learning objectives and outcomes for a child.

Key Stage 1/2 Years 1-2 and 3-6 respectively, usually corresponding to the primary phase of education.

Key Stage 3/4 Years 7-9 and 10-11 respectively, usually corresponding to the secondary phase of education.

Learning difficulty/disability

Generalised reduction in cognitive (mental) abilities, which usually impacts on language development. Can be classified as moderate (MLD), severe (SLD) or profound and multiple (PMLD).

Learning Support Assistant (LSA); also Teaching Assistant (TA)

A person employed by an LEA or by a school to assist the teacher in supporting children in their learning, on a one-to-one basis, or in small groups.

Special Educational Needs Co-ordinator (SENCO)

The member of school staff responsible for co-ordinating support for children registered at Stages 1-5 of the CoP.

Specific learning difficulty (SpLD)

Difficulty with reading and/or spelling in the absence of other learning difficulties.

Speech The physical production of spoken language. See also 'articulation'.

Speech and language delay/difficulties

Broad descriptive term for speech and language abilities which are considered to be below that expected for a child's age, while still following the expected developmental sequence. Often qualified as mild, moderate or severe.

Speech and language disorder

Broad descriptive term for speech and language abilities which are considered to be developing in a manner distinct from the usual developmental sequence. May be further qualified by noting those aspects of speech and language most affected: semantics, pragmatics, phonology, syntax.

Speech and language impairment

General term for a speech and language problem, whether this is diagnosed as a delay or a disorder.

Speech and language therapist (SLT)

A professional, usually employed by the NHS Trust, who specialises in

assessment and intervention for people with disorders of speech, language and communication. A sub-group of SLTs also specialises in feeding and swallowing difficulties.

Statement A legal document produced by the LEA describing a child's special educational needs and the provision required to meet them. A child with a statement is on Stage 5 of the SEN Code of Practice.

Statutory assessment The assessment of a child's special educational needs by the LEA, who gather advice (evidence) from all parties involved with the child, e.g. class teacher, parents, EP, SLT, Social Services, Child Health, etc., with a view to issuing a statement. NB. Statutory assessment does not guarantee that a statement will be issued. Also known as 'Stage 4' of the CoP.

Appendix M: Parental Permission Letters for 'H' and 'V'

Appendix M: Parental Permission Letters for 'H' and 'V'

22nd October 2010

Dear Mrs' M'

Re: 'H' Year 10

I am pleased to invite your child to participate in some classroom-based research at 'L' School. The research will study how Speech and Language Needs interact with English as an Additional Language Need. The study is a Masters-level research project which I am undertaking to improve educational provision for students at 'L' School.

I ask that you give permission for your child to be interviewed by me. The short interviews will be of about 20 minutes, done in a classroom at school. I also ask permission to audio tape your child during the interviews for two reasons:

It will help me remember and include in my report valuable information your child may give to me on their academic experience at school.

It will enable me to closely study your child's speech pattern and to observe how much progress they have made in using English and in resolving their Speech and Language issues.

All information, including your child's name, will be anonymous. The report will be shown to my tutors at London University Institute for Education for my degree course and to the Head Teacher of 'L' School. The information in it will only be used to help improve teaching and learning at L School. Please sign the permission slip below if you are willing to allow your child to be audio taped during interviews.

I thank you for your co-operation and help of your child in my research project.

Yours sincerely

Ms Laura Tarantini-Amor
Subject Leader for Communications

"-----"

To : Ms Tarantini-Amor

I am willing to allow my child, 'H' Year 10 to participate in classroom-based research at 'L' School.

Signed : _____ (parent/carer) Date : _____

22nd October 2010

Dear Mr 'L',

Re: 'V' Year 13

I am pleased to invite your child to participate in some classroom-based research at 'L' School. The research will study how Speech and Language Needs interact with English as an Additional Language Need. The study is a Masters-level research project which I am undertaking to improve educational provision for students at 'L' School.

I ask that you give permission for your child to be interviewed by me. The short interviews will be of about 20 minutes, done in a classroom at school. I also ask permission to audio tape your child during the interviews for two reasons:

It will help me remember and include in my report valuable information your child may give to me on their academic experience at school.

It will enable me to closely study your child's speech pattern and to observe how much progress they have made in using English and in resolving their Speech and Language issues.

All information, including your child's name, will be anonymous. The report will be shown to my tutors at London University Institute for Education for my degree course and to the Head Teacher of 'L' School. The information in it will only be used to help improve teaching and learning at 'L' School. Please sign the permission slip below if you are willing to allow your child to be audio taped during interviews.

I thank you for your co-operation and help of your child in my research project.

Yours sincerely

Ms Laura Tarantini-Amor
Subject Leader for Communications

"-----
To : Ms Tarantini-Amor

I am willing to allow my child, 'V' Year 13, to participate in classroom-based research at 'L' School.

Signed : _____ (parent/carer) Date : _____

Appendix N: Letters to Schools and Institutions Requesting
Information

Appendix N: Letters to Schools and Institutions Requesting Information

TF Community School

Attn: Ms 'F', Head Teacher

24th November 2010

Dear Ms 'F',

I am presently in charge of the Speech and Language Resource Base at 'L' School in the newly created position of Subject Leader for Communication. You may be familiar with my predecessor, Mrs 'M'.

I would like to contact your school and conduct short phone interviews with some of your staff regarding a past student you had on role and whom we now have here at L School, 'H', DOB 20/08/1996. He left your institution in 2007.

I am in the process of finishing a research project for a Masters in Bilingual Learners in Urban Educational Settings through the Institute of Education, and I am gathering data on some of our stated Speech and Language Impaired students who also have English as an Additional Language (EAL) needs.

My specific area of investigation revolves around the use of first language assessments and translation in the process of diagnosing Speech, Language and Communication needs. I am also interested in why certain assessments were chosen and how those were administered to the EAL students in question. Finally, I am interested in the initial type of information gathered on them when they first entered your school, for example, on the student's and parents' home language literacy.

Would it be possible to speak with you, your Speech and Language Therapist, your SENCo or with any staff members who might be able to contribute information in the above mentioned areas? This would include Mrs 'D' who is mentioned as a Language Support Teacher on 'H's 2001 Statement, if she is still associated with your institution.

Yours sincerely,

Laura Tarantini-Amor
Subject Leader for Communications

CT
Speech and Language Therapy

Attn: Ms 'B'

24th November 2010

Dear Ms 'B'

I am presently in charge of the Speech and Language Resource Base at 'L' School in the newly created position of Subject Leader for Communication. You may be familiar with my predecessor, Mrs 'M'.

I would like to contact your service to conduct a short phone interview regarding a child you have assessed in the past and whom we now have here at L School, 'H', DOB 20/08/1996. The Central Team completed a Speech and Language Transition Report for him, dated 21.08.2007, when he left TF Primary School, signed by Mrs 'M'.

I am in the process of finishing a research project for a Masters in Bilingual Learners in Urban Educational Settings through the Institute of Education, and I am gathering data on some of our statemented Speech and Language Impaired students who also have English as an Additional Language (EAL) needs. My specific area of investigation revolves around the use of first language assessments and translation in the process of diagnosing Speech, Language and Communication needs. I am also interested in why certain assessments were chosen and how those were administered to the EAL students in question. Finally, I am interested in the initial type of information gathered on them when they first entered your school, for example, on the student's and parents' home language literacy.

Would it be possible to speak with you or any colleagues, including Mrs 'A' (who was mentioned as an advising SALT on 'H's statement 2006), who might be able to contribute information in the above mentioned areas?

Yours sincerely,

Laura Tarantini-Amor
Subject Leader for Communications

Ho Primary School

Attn: Ms 'Z', Head of Inclusion

24th November 2010

Dear Ms 'Z'

I am presently in charge of the Speech and Language Resource Base at L School in the newly created position of Subject Leader for Communication. You may be familiar with my predecessor, Mrs 'M'.

I would like to contact your school and conduct short phone interviews of some of your staff regarding a past student you have had on role and whom we now have here at L School, 'V', DOB 30.05.1992. He left your institution in 2003.

I am in the process of finishing a research project for a Masters in Bilingual Learners in Urban Educational Settings through the Institute of Education, and I am gathering data on some of our statemented Speech and Language Impaired students who also have English as an Additional Language (EAL) needs. My specific area of investigation revolves around the use of first language assessments and translation in the process of diagnosing Speech, Language and Communication needs. I am also interested in why certain assessments were chosen and how those were administered to the EAL students in question. Finally, I am interested in the initial type of information gathered on them when they first entered your school, for example, on the student's and parents' home language literacy.

Would it be possible to speak with you, your Speech and Language Therapist, or with any staff members who might be able to contribute information in the above mentioned areas? The SALTs mentioned in his paper work were Ms 'D' and Ms 'R'. The SENCo mentioned was Mrs 'B' and his class teachers were Ms 'P' in 2003, and Ms 'M' in 2001.

Yours sincerely

Laura Tarantini-Amor
Subject Leader for Communications