UCONN LIBRARY

University of Connecticut
OpenCommons@UConn

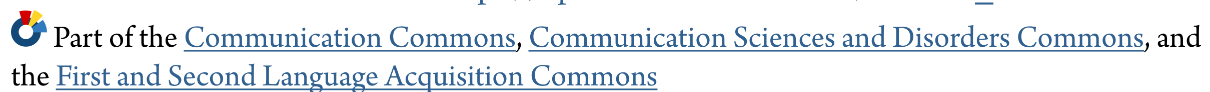
Honors Scholar Theses | Honors Scholar Program

Spring 5-10-2009

Assessment of English Language Learners Seeking a Graduate Degree in Speech Language Pathology

Lisa Anne Prushko
University of Connecticut - Storrs, lisa.prushko@uconn.edu

Follow this and additional works at: https://opencommons.uconn.edu/srhonors_theses


Part of the Communication Commons, Communication Sciences and Disorders Commons, and the First and Second Language Acquisition Commons

Recommended Citation
Prushko, Lisa Anne, "Assessment of English Language Learners Seeking a Graduate Degree in Speech Language Pathology" (2009). *Honors Scholar Theses*. 110.
https://opencommons.uconn.edu/srhonors_theses/110

Assessment of English Language Learners Seeking a Graduate Degree in Speech Language Pathology

Lisa Anne Prushko

Introduction

The United States population has been changing rapidly for the last several decades. The population of foreign-born individuals during the last U.S. Bureau of Census Survey was 31,107,890 (CENBR, 2003) with over half coming from Latin America, 26% from Asia, 16% from Europe, 2.7% from North America, and .5% from Oceania. It has been predicted that by the year 2050 the Hispanic non-white population will decrease from 72% to 53%, meaning 47% of people will be of color, and a good portion will acquire English as a second language (Banks, 2001). With the change of the face of the population's ethnicity comes a modification of culture as well as language. Along with the adjustment to new culture and customs, a foreign born individual or child born to immigrant parents is also faced with the obstacle of assimilating themselves to the English language.

The diversity of languages results in phonological, morphological, syntactic, semantic, as well as pragmatic systems that are different from English. It is a result of all these variations that can make the transition from a foreign language to English particularly difficult. Linguists hypothesize that second language acquisition is similar to first language acquisition, although there are several theorized hindrances that go along with the language transition (Wu, 2006). The "critical period" posits that after a certain age, individuals will never acquire a language to the degree of fluency as native users. Chomsky also lends to the theories of universal grammar, which suggest that knowledge of linguistic universals may be involved in transference from L1 to L2. Linguistic universals refer to common properties that are present within all natural languages such as nouns, verbs, consonants and vowels. Second language learners will be most primed to transfer the properties of their first language if they conform to universal principals (Wu, 2006).

Bilingualism is "the ability to speak, listen, read, and/or write in more than one language with varying degrees of proficiency" (Roseberry-McKibbin, 1995, pg.128). A balanced level of bilingualism would mean proficiency on both the level of the language being learned, and the native language. When a new language is being learned, there is a process of transfer and interference, which refers to the degree to which one can shift information from one language to the language being learned (Brice & Rivero, 1996). Fossilization is a process that occurs when despite oncoming proficiency in a second language, certain errors from the first language still remain (Roseberry-McKibbin, 1995).

English language learner (ELL) is a term referred to individuals in the process of acquiring English as a second language. ELLs are often subject to a silent period, in which there is a great deal of observation with little to no output (Roseberry-McKibbin, 1995). The degree to which an ELL can become proficient with English, while not allowing the carry over from the first language is a great determinant of their success of becoming bilingual.

For the most part, transition into the English language from a foreign born individual will result in a foreign accent. A foreign accent can be thought of as "… the effect of the contact of two phonological systems, one being from a native language (L1) and the other from a non-native language (L2)" (Mareuil, 2006, pg. 63). Many factors attribute to the degree to which one is accented, including "the amount of time that one has spoken the L2 language, the native language that one speaks, and supra-segmental features such as rate, pitch, and stress" (Cripps-Ludlum, 2003, pg.178). Intelligibility, comprehensibility, and accentedness must be considered independently functioning entities. Accentedness refers to the degree to which the pronunciation of an utterance sounds different from the expected pronunciation. Comprehensibility refers to the listener's estimation of difficulty in understanding of an utterance, and intelligibility is the extent to which the

utterance is understood. One may be heavily accented, but still be understood by the listener (Munro, 2003). Although primarily the phonological perceptions are taken into account when considering those who are ELLs, the aspects of semantics, syntax, and pragmatics must also be considered. According to Muller, Ball, and Guendouzi, an L2 learner may "…achieve near perfect segmental production of target forms, yet still have a foreign accent because they still have not mastered prosodic aspects such as stress placement and pitch patterning" (Munro, 2003, pg. 154).

As the diverse ELL population is on the rise in the United States, there also comes a need to have more bilingual speech language pathologists that are able to serve this sector of the population if they are in need of services. The overall population of minorities is increasing in the United States, along with this is an increase in the number of individuals who do not speak English as their first language, and thus will be considered ELLs. However, this increase in the ELL populations is not proportional to the number of speech language pathologists prepared to work with children and adults who are less than proficient in languages other than English. Only 8.4% of students in speech language pathology programs and 7.3% of American Speech Language Hearing Association (ASHA) members are representative of minority groups (Saenz, Reinard, & Wyatt, 1998). This results in too few speech language pathologists to serve the multicultural population, hampering many of the individuals that have limited English, and other language skills, and are in need of services.

There are many barriers that face minority students when it comes to retention and success in college, which may attribute to why there are not more bilingual/bicultural speech language pathologists. In terms of academic factors, many minority students are less prepared upon entering college. The presence of a foreign accent also may act as an obstacle to their success, particularly "… in majors that emphasize oral communication skills, such as speech language pathology, the

presence of a foreign accent may be misconstrued as evidence of poor English abilities" (Saenz, Reinard, & Wyatt, 1998, pg. 254). There are cases where these students may be denied admission to graduate programs in speech language pathology or not given clients because of poor language skills.

With the rising need of linguistically diverse speech language pathologists, it becomes increasingly important to look at the factors that graduate programs may take into consideration when determining eligibility of applicants. While ASHA mandates that discrimination of multicultural/multilingual individuals is "…contrary to fostering and celebrating the cultural diversity that enhances the profession" (ASHA, 1998), there may still be many cases of graduate programs that do not embrace this guideline. These programs often discourage non-native English speakers from joining the major, or have them restricted from participating in clinic. There is no evidence that can support speech language pathologists who speak accented English or speak English with a nonstandard dialect as able or unable to provide services. ASHA requires that the individual has an adequate knowledge of normal and disordered communication, an expected level of diagnostic and clinical case management skills, and an ability to model target phonemes, grammatical features, or any other aspect of language based on the clients needs.

As the general population of minorities increases in the United States, the number of children that are ELLs within the public school systems is also increasing dramatically. In 1985, a survey by ASHA determined that approximately 3.5 million minority children had communication disorders that were unrelated to the use of their native language. Schools across the country have been seeing a 50- 456.7% increase in the number of ELL children in their school system. Since the majority of speech language pathologists are monolingual and monocultural, their ability to serve this population is limited. While able to treat voice, fluency, and hearing disorders, whenever an

language disorder is present, their ability to treat the disorder becomes much more multifaceted. Many of these ELL children are seen to be struggling with school, and are therefore referred to the speech language pathologist to determine where their problems lie. In many of these situations, ELL children "do poorly on standardized English language tests due to linguistic and cultural differences, and thus may be inappropriately placed in special education settings based on such measures alone… [or] they may have communication disorders that are interpreted as communication differences" (Roseberry-McKibbin, 1994, pg. 98). This is generally due to the lack of cultural sensitivity on standard tests used to determine disorders. The lack of adequately trained speech language pathologists creates many problems for the ELL children who have the potential to be misdiagnosed or improperly treated (Roseberry-McKibbin, 1994). According to Roseberry-McKibbin (1995) a child with a language disorder will have the disorder in both languages. Therefore, if an SLP is able to successfully test a person in English and their native language, they will be able to tell whether it is a language difference or disorder. A language difference means that the child is having difficulties adjusting from their original language and has not had enough exposure to English, and a disorder means that the child has language difficulties beyond those associated with becoming bilingual.

A survey of trained speech pathologists indicated that the majority of monolingual individuals within the profession feel that they have low efficacy when it comes to their bilingual abilities and competence to effectively treat a child that is bilingual/bicultural (Kritikos, 2003). The beliefs that SLPs hold will have an impact on the diagnosis given to the ELL child, possibly leading to over-identification or under-identification of a language impairment. Many children that are ELLs with normal learning abilities are assessed as needing remediation services. The difficulty lies with having professionals who are not culturally competent in determining whether a child has a

language difference or a language disorder. For this particular survey (Kritikos, 2003), SLPs who had gained bilingual ability either through academic study or cultural immersion were also surveyed. The prognosis showed that having an authentic bicultural experience may assist with assessing bilingual children, but is not as effective as having a dual cultural individual that can relatedwith a bicultural child.

A dearth of information exists on protocols used to assess the English skills of foreign students applying to graduate programs in the United States. In addition, little information is available about the success of these students once they have been admitted to a graduate training program where English proficiency is expected. A study completed at Texas Women's University (Dekemel-Ichikawa & Carr, 2006), examined a program called the "Nursing Success program." The purpose of this program was to recruit and train students who were at risk of failure because of communication or academic problems. A sample of 17 students was selected for accent modification. The results of this study showed that "…approximately half of the students showed ability to produce target phonemes correctly at the phrase and sentence level, several students were beginning to show carryover of correct production into structured conversational speech, as well as the ability to self-monitor and self-correct errors by the end of the semester" (Carr, Dekemel-Ichikawa, 1994, pg. 5). The results of this study indicated that with proper mediation, accented graduate students are able to improve their language skills and presumably have greater successes within their programs.

A shortage of bilingual/bicultural speech language pathologists may reflect a problem with recruitment and retention of bilingual/bicultural students. The purpose of the present study was to survey graduate training programs in speech language pathology to determine typical policies and practices concerning students who apply and are admitted as ELLs. With a growing number of ELL

children needing services from a bilingual SLP, it seems that little is being done to address the issue. The problem may be with the reluctance of programs to not only accept ELL students, but there also seems to be a disinclination for any sort of training program to be established for these ELL students. Clinic directors were asked to complete a survey about ELLs seeking clinical training in speech language pathology. In particular, we were interested in obtaining information about whether clinical training programs a) provided opportunities for ELL to participate in clinic, b) assessed the English skills of these students, and c) provided remediation if these students English skills were judged to be less than proficient. In order to obtain this information the following research questions were asked:

1) Do graduate programs allow ELL to participate in clinical training?
2) Do graduate programs assess the language skills of ELL prior to providing them with clinical assignments?
3) Are graduate programs adequately able to train and prepare ELL SLPs?
4) Do the beliefs of clinical training programs correspond with their practices?

Method

Participants

Clinical directors from 100 graduate training programs in speech language pathology were sent surveys to be completed. At least two graduate programs from each state were targeted to increase the number of surveys to be returned. This was not possible in all instances because some states had fewer than two graduate training programs (e.g., Alaska, Montana). To compensate for this, more than two training programs were chosen from some of the larger states. The surveys were sent via regular postal service with a letter attached explaining the purpose of the survey and a requested date for return (see Appendix A for the letter and survey). To increase the probability of

completing and returning the survey, a self-addressed, stamped envelope was included with each survey. A total of 20 surveys were returned and included in the study. The return rate was 20%.

Procedures

The survey about ELL seeking a graduate degree in speech language pathology was developed for the current study. The survey consisted of a total of 44 questions that included a limited set of responses for the person completing the survey. The questions were divided into three different sections. The questions for each section examined a) demographics of the graduate applicants, b) clinical director's beliefs about the training of ELLs as graduate students, and c) practices of the speech and hearing training programs as they relate to ELLs in their program. See Appendix A for a copy of the survey.

In section a), four questions pertaining to general demographics were developed. Each clinic director was asked to estimate the total number of students applying to the program each year. In addition, we asked clinic directors to estimate the number of ELLs applying to their program, the number of ELLs admitted to their program, and a percentage of ELLs in their program based on general ethnic origin (e.g, Asia, Africa, Middle East). The aim of these statements was to determine the approximate percentage of ELLs applying to the program, admitted to the program, and the general ethnic composition of the applicants.

In section b) of the survey, the focus of the questions aimed at determining the beliefs of the clinical directors concerning the training of ELL and the need for bilingual/bicultural speech language pathologists. There were 16 questions in this section. The responses to the questions were limited to a choice of *agree*, *disagree*, or *no opinion*. In this section 4 of the questions asked about the necessary proficiency of oral language skills within ELLs, 2 dealt with measures of oral

language, 2 dealt with the reduction of accent, 2 were about the ELLs' writing skills, 4 dealt with clinical training, and 2 had to do with social skills/pragmatics.

Section c) questions aimed at determining the actual practices within the speech and hearing clinics toward the ELLs admitted into their graduate program. There were 26 questions in this section. The responses to these questions were limited to a choice of *yes* or *no*. These questions about practices implemented within the speech and hearing departments corresponded to the themes in the *beliefs section* (section b) of the survey. Of these questions, 4 were aimed at determining the programs practices concerning minimal language proficiency for students to be placed in clinical practicum. Six were aimed at determining the measures of oral language that are taken, 2 were aimed at determining what programs do about accent reduction, 4 of the questions were determining program's views on ELLs' writing skills, 6 were to determine clinical training procedures, and 4 were looking at program's procedures with pragmatics. These were questions that pertain to the assessment and intervention of ELLs, as well as to determine whether these students were allowed to participate in clinic.

The aim of setting up the beliefs and practices sections of the survey in the manner that they were was to compare the themes of section b with c to determine whether there is consistency or disagreement with the beliefs that the program director had and the actual practices of their program.

A cover letter was attached to all of the surveys sent out. The cover letter involved a brief description of the purpose of my project, as well as a description of the survey. Clinical directors were asked to fill out the confidential survey and return them via SASE to the University of Connecticut. The survey can be seen in appendix A.

Data Analysis

The responses from the surveys were entered into an Excel spreadsheet. The total number of responses were entered for each question. Finally, percentages for each response were determined by dividing the number of responses by the total number of respondents. For example, in section b), the total number of *agree* responses in question number one were divided by the total number of survey responses. Occasionally, the person completing the survey did not respond to a particular question. These lack of responses were eliminated from the denominator of the formula for calculating the percentages. There were also errors made in the responses. For example, some respondents provided a whole number when a percentage was expected. These responses were also eliminated.

Results

Section A: General Demographics

The majority (three quarters) of the programs had fewer than five ELL applicants per year, and only one program claimed to have more than 15 applicants. The percentage of ELLs applying to graduate programs ranged from 1% to 5% of the total applicants. Sixty percent of these schools also reported to admit between one and five of the ELL applicants per year. Therefore, the percentage of ELLs admitted into graduate programs ranged from 13% to 17%. Therefore, the majority of students admitted to graduate programs in speech language pathology are proficient in the English language.

The location demographics question inquired whether the ELLs were from Asia, South/Central America, Western Europe, Middle East, Africa, Eastern Europe, Oceania, or if they were a US born ELLs. The largest number of applicants were from Asia, which comprised approximately 39% of the ELLs. This was followed by ELLs from South/Central America and the Middle East, with contributing 20% and 18% respectively. American born ELLs made up

approximately 9%, Eastern European made up 7%, Western European 5%, Africa 2% and Oceania 0%. A summary of the results for section a) can be found in Table 1.

Table 1

This table describes the general demographics of those applying to speech-language programs.

A	General Demographics								
1	Approx ELL Per Year Apply	<5	5-10	10-15	>15	DK			
		13	3	1	1				
2	Total # Apply	50	75	100	125	>150	Dk		
		1	2	2	5	8			
3	ELL Admit	0	1-5	6-10	11-15	16-20	>20		
		6	11	1					
4	Percentage of students	Asia	South/cent A.	Western Eur	Middle East	Africa	Eastern Eur	Oceania	US born ELL
		39	20	5	18	2	7	0%	9

Section B: Beliefs about Training ELLs as Graduate Students

Within the beliefs section, the intention was to determine clinical directors' views on the training of ELLs as graduate students and the need for bilingual/bicultural SLPs. The first two questions were to determine if clinic directors thought it was important to have bilingual/bicultural SLPs and whether they thought that there was a shortage of individuals in the field. One hundred percent of the directors reported that it was both important to have bilingual SLPs and that there was a shortage of SLPs in the field. The next two questions addressed whether the directors believed that it was important to have ELLs applying and enrolled in SLP programs. Eighty nine percent agreed that it was important to have ELLs apply to graduate programs, whereas seventy nine percent agreed that it was important to have ELLs enrolled within the programs. All of the clinical directors agreed that ELLs who were students needed to have proficient English skills to work in the clinics. However, only 70% agreed that it was important to use standardized measures to assess English language proficiency, and 70% agreed that it was important to reduce the accent

of ELLs in graduate programs. The majority, 94%, also agreed that ELLs who were students needed good English technical writing skills for clinic. All respondents disagreed with the question that the language skills of ELLs were not important as long as they had good communication with their clients. There was also unanimous agreement that the ELLs language skills were not important as long as they were doing well academically. There was a mixed opinion as to whether ELLs should be able to participate in all clinical scenarios regardless of English proficiency, with 35% agreeing, 59% disagreeing, and 6% unsure. The majority (83%) agreed that understanding the social conventions of mainstream America was important. About half (50%) of the respondents thought that ELLs should be working with clients that spoke languages other than English. Almost 90% of the respondents felt that it was important for SLP students to gain experience working with ELL with speech and language problems. Eighty percent believed that it was important to provide intervention services in English to ELLs even if this is not their dominant language. Forty-seven percent of respondents believed that it was unethical to provide intervention services in English when their English skills were not proficient. A summary of the results from section b) can be found in Table 2 and Appendix B.

Table 2

The beliefs of survey takers in terms of their ELL graduate students applying and accepted.

B	Beliefs	Raw # Agree	Raw # Disagree	Raw # No Opinion	Percent Agree
1	It is impt. to have bilingual SLPS	18	0	0	100.00
2	There is a shortage of bilingual	18	0	0	100.00
3	It is impt. to have ELL enrolled in SLP prog	15	1	3	78.95
4	Impt to have ELL apply	16	1	1	88.89
5	ELL have proficient English skills to work clinic	17	0	0	100.00
6	Standardized measures to assess Engl proficiency	11	4	1	68.75
7	Reduce the accent of ELL in grad programs	11	3	2	68.75
8	Good English technical writing skills for clinic	16	1	0	94.12
9	Language skills not impt as long as good rapport with clients	0	17	0	0.00
10	Lang skills not important if doing well academically	0	17	0	0.00
11	Impt for all ELL to participate in all clinical sit. regardless of Engl	6	10	1	35.29
12	Impt for ELL to understand the social conventions of Amer culture	15	2	1	83.33
13	Impt to have ELL working with clients who speak lang than Engl	8	3	5	50.00
14	Impt for SLP to gain experience working with ELL w/ lang prob	15	1	1	88.24
15	Impt to provide intervention serv in Engl to ELL (even if not dom lang)	13	1	2	81.25
16	ELL not Engl proficient- unethical to have in clinic	8	8	1	47.06

Section C: Practices of Speech and Hearing Programs

For the last section of the survey, clinical directors were asked to respond to the questions based on what most adequately reflected the practices of their speech and hearing program. Eighty-two percent of the respondents said that they encouraged ELLs to apply to their graduate program in speech language pathology. Of the programs that responded, 50% said that the ELLs within their program had adequate English skills to work in a speech and hearing clinic. There were several questions that addressed the standards and procedures that clinics use to determine if ELLs were eligible for their program or to work with clients. Eighty eight percent of programs had standards of English language comprehension as well as spoken language proficiency that students must meet before working in the clinic. Seventy six percent of the programs had standards of written English that the students must meet before working in clinic. About half of the programs use the Test of English Language (TOEFL) and Graduate Record Exam (GRE) verbal scores to make decisions

about the English proficiency of ELLs in their programs. Only 20% of programs utilize a telephone interview to assess the English skills of the ELLs prior to them entering the program. A small number (11%) have a formal measure for English proficiency in the program after they enter the graduate program.

The next portion of the survey addressed the established criteria that the speech and hearing clinics have for the English skills of ELLs. Forty one percent of the programs have established criteria for expressive language proficiency, 39% have established criteria for receptive language proficiency, and 41% also criteria for writing proficiency. None of the programs referred ELLs in the program for assessment of language abilities or written language abilities to an outside agency. Twenty nine percent of the programs claimed that they routinely assessed the pragmatic abilities of ELLs.

For ELLs with poor language skills, 84% of programs provide remedial services, and 93% referred those with poor writing skills to an on campus writing center. Fifty seven percent of those questioned said that they provided intervention for social skills for students with different social conventions. In terms of accent reduction, 71% of programs provide intervention within the department and 13% of programs refer their clients for accent reduction services outside of the department.

Eighty eight percent of the speech and hearing departments reported that they train their SLP graduate students to work with ELLs with speech and language problems. The next set of questions was to determine the procedures that the clinics take in terms of utilizing the ELLs with intervention services. Thirty eight percent of the programs would allow their ELLs to provide intervention services in the client's dominant language if their dominant language was not English, whereas 42% of programs would provide services only in English to these clients, even if this was

not the client's dominant language. Three quarters of the programs have graduate students work with ELLs with speech and language problems especially if they speak the same language. In terms of training graduate students to work with ELLs in clinic, 53% of programs said that they perform these services. All of the programs agree that it is important for ELLs to understand the social conventions of mainstream American culture. For the question that asked if it was important to have ELLs in the program regardless of English proficiency, 40% of programs agreed with this statement. For a summary of the results from section c), see Table 3.

Table 3

The practices of survey takers in terms of ELL graduate students.

C	Practices	Yes	No	Percent Yes	Pe No
1	Encourage ELL to apply to our grad programs in SLP	14	3	82.35	
2	adequate Engl skills to work in speech/hearing prog	7	6	53.85	
3	Standards of Engl lang comp that students must meet before clinic	15	2	88.24	
4	Standards of spoken lang proficiency	15	2	88.24	
5	Standards of wrtitten Engl	13	4	76.47	
6	Use TOEFL and GRE verbal to make decisions about Engl proficiency	8	7	53.33	
7	Routinely telephone interview	3	11	21.43	
8	Formal measures of English proficiency for ELL after enter program	2	15	11.76	
9	criteria for expressive language proficiency for ELL before start clinic.	7	10	41.18	
10	Established criteria for receptive lang proficiency	7	11	38.89	
11	We must establish criteria for writing profiency	7	10	41.18	
12	Refer ELL in our program to an external agency-- oral lang		16	0.00	
13	Refer ELL in program to external agency for assessment of written		16	0.00	
14	Routinely assess the pragmatic abilities skills of ELL in program	4	10	28.57	
15	Provide remedial services for expressive language -oral lang not proficient	11	2	84.62	
16	ELL w/ poor tech writing skills, refer to campus writing center.	14	1	93.33	
17	We provide intervention for social conventions --diff cultural backgrounds	8	6	57.14	
18	ELL in our program participate in accent reduction training within the dept	10	4	71.43	
19	ELL in our prog participate in accent reduction training outside of dept	2	13	13.33	
20	work with ELL with speech and lang programs	15	2	88.24	
21	intervention services to clients in client's dominant lang if not Eng	5	8	38.46	
22	ELL work w. if speak same lang	10	3	76.92	
23	intervention services only in Engl even if not the client's dom lang	6	8	42.86	
24	train ELL who are graduate students to work with ELL in our clinic	7	6	53.85	
25	Encourage ELL to understand the social conventions	13		100.00	
26	Important to have ELL participate in all clinical situations	6	9	40.00	

Comparison of Beliefs and Practices

With the results that came from the section on beliefs and the section on the actual practices that were preformed within these clinics, it ends up being a tool for comparison to see

what clinic directors feel and how these feelings are implemented in clinic policies. For example, if clinic directors were to believe that it was important to have bilingual/bicultural SLPs, but the program was not willing to train the SLPs, then this would be in turn a direct contradiction. A comparison of the beliefs of programs and the operations that they carry out within the clinic then make for an interesting comparison. These results may have implications to show why there was such a discrepancy between peoples' knowledge that our need for bilingual/bicultural SLPs is increasing, but the actual desire of the programs to train and deal with ELLs may not necessarily reflect this. Conclusions may be drawn from the number of schools that believed in the importance of having bilingual/bicultural SLPs but the lack of schools that were willing to have students enroll in their program. As there were many contradictions, many programs also kept their beliefs and practices fairly consistent. Schools more or less unanimously agreed with the belief that a student must be proficient in English before working and clinic, and held up to this view in their practices. However, there was a contradiction in that these schools do not all provide remedial services for ELLs. It seems that if they are accepting ELL applicants into their programs, and expecting them to be proficient with English, then they should ensure that there are programs to assess and improve their English skills. There also seemed to be a contradiction with the beliefs and practices when it came to the procedures of allowing ELLs to work with clients that spoke the same language. Most programs agreed with the belief that ELLs should be working with clients that spoke their native language. The practices also seemed to signify that the majority of programs agreed that if the client spoke the same language, the ELL graduate students should be working with them. Only half of all programs however, were willing to train their ELLs to sufficiently work with ELL clients. The obvious contradictions between beliefs and practices should be evidence enough for programs to start implementing some sort of system to make their practices more consistent.

Discussion

From the survey, various graduate programs were sampled to examine the beliefs and procedures associated with accepting ELLs and whether there were training procedures in place to assist these individuals. In particular, we were interested in examining whether ELLs participated in clinical training at the graduate level, if graduate programs assessed language proficiency prior to assigning ELLs a caseload, whether graduate programs were prepared to train ELLs as clinicians, and whether the believes of the clinical training programs corresponded with practices. It seemed that there was a general reluctance in not only admitting the students, but also having proper training in place to aid with those accepted into the program. The programs acknowledged that there is a shortage of bilingual SLPs and a need for them within the profession. However, the programs do not do much alleviate this problem.

Part of the purpose of the survey was to determine if graduate programs allow their ELL graduate students to participate in clinical training. From the dynamics in the demographics, it appeared that the majority of schools had a significant number of ELLs applying to their program, but the majority had fewer than 5 students who admitted to the program. Either the students did not meet the admissions criteria or it is possible that the schools hesitant about admitting ELLs to graduate programs. All programs seemed to be in consensus that it was important to have speech language pathologists that are bilingual, and most agreed that there was a shortage of speech pathologists involved in the field. There were differing results in the thoughts on the procedures that should be taken to assure that there were a sufficient number of ELLs involved in the programs. Not all of the programs believed that it was important to have ELLs enrolled in the programs, leading to the question of how it would make sense that bilingual SLPs are seen as important. Then why are programs unwilling to take on the responsibility of training these students? It seems that

programs either would not see this as being their responsibility, or perhaps they believed that the most effective way to achieve bilingual speech language pathologists would be to train native English speakers in another language.

Another section of the survey addressed the protocol of having ELLs working with clients that speak languages other than English. Half of all programs agreed that it was important and beneficial to have ELLs working with clients that speak the same language. This was concurrent with the practices section, which agreed that they would have students who were bilingual work with cleints that spoke the same language.

The survey was meant to determine if the graduate programs assess the language skills of ELLs prior to providing them with clinical assignments. Very few programs had a standardized measure to determine the proficiency of the ELLs prior to coming into the programs (e.g., a test or telephone interview). An even smaller percentage of programs had a screening to determine whether the English skills of the ELLs were proficient once they entered the program. If students are not allowed to participate in clinical activities until their English skills have achieved a particular level of proficiency, it seems that admitting ELLs into a graduate program without measuring their language capacities would be a grave mistake.

All of the programs agreed that it was important for the ELLs to have proficient English skills before they were able to work within the clinic. However, the survey revealed that few programs had criteria in place to determine if the English skills were actually proficient. Around 40% of programs actually had standards in place to measure expressive language skills, receptive language skills, and writing skills. This was also contradictory to their beliefs that there needs to be a certain level of proficiency in place before these individuals can participate in clinic.

The survey was also meant to address whether graduate schools were adequately able to train and prepare ELL SLPs. Some of the programs offered assistance to admitted ELLs, but not all in terms of language abilities, reading or writing comprehension, and accent reduction. The survey questioned whether once admitted, was the graduate program responsible for providing a program to improve their speaking skills. Most programs reported that if some form of remediation was available, it was provided within the department rather outside the department. In terms of accent reduction, most programs agreed that it was important to reduce the accent of students involved in the program. The majority of these programs had the ELLs involved in methods of accent reduction within the department.

For the most part, there seemed to be many differing beliefs in terms of the practices and beliefs of the programs. All programs agreed that it was important to have bilingual/bicultural SLPs in order to deal with the influx of multicultural children needing services. Unfortunately, it seemed that many programs had a lack of ability to determine if the ELLs' English skills were proficient enough to enter the program, some did not offer any sort of training regimen, and many were apprehensive to admit these students. It seems with this variability, there is controversy that needs to be addressed with the procedures of admitting and training ELL graduate students.

Conclusion

The importance of training and implementing bilingual SLPs to work in the United States is becoming increasingly important. As the number of ELL children is growing at a rapid rate, there also comes a need to supply these children with aides that can adequately help them. A bilingual SLP would be much more effective with helping an ELL child, as well as be more likely to determine whether the child has a language difference or a language disorder. Someone who speaks the child's first language would be a much more likely candidate in determining this. The

second problem deals with the preparation of training programs to deal with the non English speaking population. Those coming out of a training program with English as the main focus will have little experience working with an ELL child. The solution seems to be finding bilingual speech language pathologists who are proficient in English and a child's first language. However, this would be difficult to find. The third alternative is to admit ELLs into graduate programs and simultaneously provide English language services to the students while training them to become qualified speech language pathologists who are proficient in English and their first language. Programs must determine if it is their duty to help these students become proficient in English, or if we tell these students that they are responsible for improving their own English speaking skills.

While this study provided preliminary insight into graduate training programs in speech language pathology and the training of ELLs, it had a least one weakness. There was the relatively small number of respondents to the survey (20%). The results would have been more interesting if the return rate had been higher. More clinical directors may have responded if the survey had been online. Future research projects in this area should make attempts to increase the number of participants in the survey to determine whether the results of this small study are consistent with the rest of the nation.

References

American Speech-Language-Hearing Association. (1998). *Students and professionals who speak English with accents and nonstandard dialects: issues and recommendations* [technical report]. Retrieved from www.asha.org/policy on 10 October 2008.

Banks, J.A. (2001). *Cultural Diversity and Education*. Needham Heights, MA: Allyn & Bacon.

Brice, A., Roseberry-McKibbin, C. & Kayser, H. (1997, November). *Special Language needs of linguistically and culturally diverse students.* Paper presented at the American Speech-Language-Hearing Association Annual Convention, Boston, MA.

Cripps-Ludlum, J.L. (2003). Listener perceptions of accented speech. Ph.D. dissertation. ProQuest Digital Dissertations database.

Dekemel-Ichikawa, K., & Carr, S. (1994, November). *Improving ESL communication in ESL nursing students and other healthcare professionals*. Paper presented at the annual convention of the American Speech-Language-Hearing Association, Miami, FL.

Kritikos, E. P. (2003). Speech-language pathologists beliefs about language assessment of bilingual/bicultural individuals. *American Journal of Speech Language Pathology.* 12, 73-91.

Mareuil, P. & Vieru-Dimulescu, B. (2006). The contribution of prosody to the perception of foreign accent. *Phonetica,* 63, 76-97.

Roseberry-McKibbon (1995). Distinguishing language differences from language

disorders in linguistically and culturally diverse students. *National Association for multicultural education,* 2 (4), 12-22.

Saenz, T.I. ; Wyatt, J.; Toya A (1998). Increasing the Recruitment and Retention of Historically Underrepresented Minority Students in Higher Education: A Case Study. *American Journal of Speech-Language Pathology,* 7, 39-48.

U.S. Census Bureau. (2003). Foreign born population of the United States America. Retrieved October 10, 2007 from http://www.census.gov/population/www/socdemo/foreign/acst2.html

Wu, Y.C. (2006). *Second language reading comprehension and patterns. Ph.D. dissertation*. Unpublished doctoral dissertation, University of the Incarnate Word, Texas.

Appendix A

Lisa Prushko
University of Connecticut
850 Bolton Road, Unit 1085
Storrs, CT 06269

Dear Clinic Director:

As the clinic director of a graduate training program it is likely that you have experienced the difficulties associated with placing English Language Learners in clinical practicum. For the purpose of this study we refer to English Language Learners (ELL) as students who have a dominant language other than English, but they are in the process of learning to speak English more proficiently. This may include students who make grammatical errors, speak accented English, have limited English vocabularies, or are unfamiliar with mainstream American culture and the social conventions of American culture. They are likely to be foreign students, but may be citizens or residents who were exposed to English relatively later in life.

Enclosed is a short questionnaire intended to collect information about ELL in graduate training programs in speech language pathology. This questionnaire is part of my undergraduate thesis in the department of Communication Sciences at the University of Connecticut. I am working under the supervision of Dr. Bernard Grela, CCC-SLP. Your responses can help us learn more about the practices of graduate training programs when ELL are admitted into graduate training programs. It is my hope that through the survey we will be able to find out whether graduate programs are prepared to train ELL, whether ELL are accepted into clinic, and whether the language skills of ELL are assessed. I greatly appreciate your contributions toward my project. The questionnaire is short and straight forward. I would greatly appreciate it if you would take a few minutes of your time to fill it out. There is no identifying information on this survey and your responses will only be seen by me and my academic advisor. Therefore, the confidentiality of your responses will be maintained. Thank you for your assistance in completing this project.

Sincerely,

Lisa Prushko
Undergraduate Researcher

Please return your completed questionnaire in the enclosed envelope to:
Lisa Prushko, Undergraduate Researcher
c/o Bernard Grela, Ph.D.
850 Bolton Road, Unit 1085
Storrs, CT 06269

Survey Questions for ELL Students Seeking a Master's Degree in Speech-Language Pathology

A) *General Demographics:*

1) Estimate the number of ELL students per year who apply to your program for a graduate degree in SLP:
___ <5 ____5-10 ____ 10-15 ____>15 ____ don't know

2) Approximate total number of students applying to your graduate program per year in SLP
___50 ___75 ___100 ___ 125 ____ > 150 ___don't know

3) Estimate the number of ELL students you admit per year into your graduate program in SLP
___ 0 ___ 1-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ > 20

4) Estimate the percentage of students from:
______ Asia ______ South/Central America ____ Western Europe
____ Middle East ___ Africa ____ Eastern Europe ____Oceania ____ U.S. born ELL

B) *For the following questions, please circle the response that reflects your beliefs about the training of ELL graduate students and the need for ELL SLPs.*

1) It is important to have ELL SLPs in the profession.
AGREE DISAGREE NO OPINION

2) There is a shortage of ELL SLPs in the field.
AGREE DISAGREE NO OPINION

3) It is important to have ELL graduate students in speech language pathology programs.
AGREE DISAGREE NO OPINION

4) It is important to have ELL students apply to graduate programs in speech language pathology.
AGREE DISAGREE NO OPINION

5) It is necessary for our ELL students to have proficient English language skills to work in a speech and hearing clinic.
AGREE DISAGREE NO OPINION

6) It is important to use a standardized measure to assess English language proficiency in ELL students.
AGREE DISAGREE NO OPINION

7) It is important to reduce the accent of ELL students in graduate programs in speech language pathology.

AGREE DISAGREE NO OPINION

8) It is important for ELL students to have good English technical writing skills for working in a clinic.

AGREE DISAGREE NO OPINION

9) The language skills of ELL students are not important as long as they have good rapport with their clients.

AGREE DISAGREE NO OPINION

10) The language skills of ELL students are not important as long as they are doing well academically.

AGREE DISAGREE NO OPINION

11) It is important to have ELL students participate in all clinical situations regardless of English proficiency.

AGREE DISAGREE NO OPINION

12) It is important for ELL students to understand the social conventions of mainstream American culture.

AGREE DISAGREE NO OPINION

13) It is important to have ELL students working with ELL clients.

AGREE DISAGREE NO OPINION

14) It is important for all SLP students to gain experience working with ELL populations.

AGREE DISAGREE NO OPINION

15) It is important to provide intervention services in English to ELL clients, even if it is not their dominant language.

AGREE DISAGREE NO OPINION

C. *For the following questions, please circle the response that reflects the practices of your speech and hearing program.*

1) We encourage ELL students to apply to our graduate program in speech language pathology.

YES NO

2) All of our ELL students have adequate English skills to work in a speech and hearing clinic.

YES NO

3) There are standards of English language comprehension that our students must meet before participating in clinic.

YES NO

4) We have standards of spoken language proficiency that our ELL students must meet before participating in clinic.

YES NO

5) There are standards of written English language that our ELL students must meet before participating in clinic.

YES NO

6) We only use TOEFL and GRE verbal scores to make decisions about English proficiency of ELL students.

YES NO

7) We routinely use a telephone interview with ELL students to examine their English proficiency.

YES NO

8) We have a formal measure of English proficiency for ELL students after they enter our graduate program.

YES NO

9) We have established criteria for expressive language proficiency in English that ELL students must have before they begin their clinical work.

YES NO

10) We have established criteria for receptive language proficiency in English that ELL students must have before they begin their clinical work.

YES NO

11) We have established criteria for writing proficiency in English that ELL students must have before they begin their clinical work.

YES NO

12) We refer ELL students to an external agency for assessment of their oral language abilities.

YES NO

13) We refer ELL students to an external agency for assessment of their written language abilities.

YES NO

14) We routinely assess the pragmatic abilities skills of ELL students.

YES NO

15) We provide remedial services for expressive language for ELL students if their oral language skills are not proficient in English.

YES NO

16) For ELL students with poor technical writing skills, we refer them to the campus writing center.

YES NO

17) We provide intervention for social conventions for students who have different cultural backgrounds.

YES NO

18) Our ELL students participate in accent reduction training within the department.

YES NO

19) Our ELL students participate in accent reduction training outside of the department.

YES NO

20) We train our SLP graduate students to work with ELL populations.

YES NO

21) Our ELL students provide intervention services to clients in the clients' dominant language if the dominant language is not English.

YES NO

22) We try to have our ELL graduate students working with ELL clients, especially if they speak the same language(s).

YES NO

23) Our students provide intervention services only in English, even if it is not the client's dominant language.

YES NO

24) We have a training program for ELL graduate students to work with ELL clients.

YES NO

25) We encourage ELL students to understand the social conventions of mainstream American culture.

YES NO

26) It is important to have ELL students participate in all clinical situations regardless of English proficiency.

YES NO

Appendix B

A	General Demonographics								
1	Approx ELL Per Year Apply	<5	5-10	10-15	>15	DK			
		13	3	1	1				
2	Total # Apply	50	75	100	125	>150	Dk		
		1	2	2	5	8			
3	ELL Admit	0	1-5	6-10	11-15	16-20	>20		
		6	11	1					
4	Percentage of students	Asia	South/ cent A.	Western Eur	Middle East	Africa	Eastern Eur	Oceania	US born ELL
		39	20	5	18	2	7		9
B	Beliefs		Agree	Disagree	no Opinion	Agree	Disagree	no Opinion	
1	It is impt. To have bilingual SLPS		18	0.00	0.00	100.00	0.00	0.00	
2	There is a shortage of bilingual		18			100.00	0.00	0.00	
3	It is impt. To have ELL enrolled in SLP prog		15	1	3	78.95	15.79	15.79	
4	Impt to have ELL apply		16	1	1	88.89	5.56	5.56	
5	ELL have proficient English skills to work clinic		17			100.00	0.00	0.00	
6	standardized measures to assess Engl proficiency		11	4	1	68.75	6.25	6.25	
7	reduce the accent of ELL in grad programs		11	3	2	68.75	12.50	12.50	
8	good English technical writing skills for clinic		16	1		94.12	0.00	0.00	
9	Language skills not impt as long as good rapport with clients			17		0.00	100.00	0.00	
10	Lang skills not important if doing well academically			17		0.00	100.00	0.00	
11	Impt for all ELL to participate in all clinical sit. Reguarless of Engl		6	10	1	35.29	58.82	5.88	
12	Impt for ELL to understand the social conventions of Amer culture		15	2	1	83.33	11.11	5.56	
13	Impt to have ELL working with clients who speak lang than engl		8	3	5	50.00	18.75	31.25	
14	Impt for SLP to gain experience working		15	1	1	88.24	5.88	5.88	

	with ELL w/ lang prob						
15	Impt to provide intervention serv In engl to ELL (even if not dom lang)	13	1	2	81.25	6.25	12.50
16	ELL not engl proficient- unethical to have in clinic	8	8	1	47.06	47.06	5.88
C	Practices	YES	NO				
1	Encourage ELL to apply to our grad programs in SLP	14	3	82.35	17.65		
2	adequate Engl skills to work in speech/hearing prog	7	6	53.85	46.15		
3	Standards of Engl lang comp that students must meet before clinic	15	2	88.24	11.76		
4	Standards of spoken lang proficiency	15	2	88.24	11.76		
5	Standards of wrtitten Engl	13	4	76.47	23.53		
6	Use TOEFL and GRE verbal to make decisions about Engl proficiency	8	7	53.33	46.67		
7	Routinely telephone interview	3	11	21.43	78.57		
8	Formal measures of English proficiency for ELL after enter program	2	15	11.76	88.24		
9	criteria for expressive language proficiency for ELL before start clinic.	7	10	41.18	58.82		
10	Established criteria for receptive lang proficiency	7	11	38.89	61.11		
11	We must establish criteria for writing profiency	7	10	41.18	58.82		
12	Refer ELL in our program to an external agency-- oral lang		16	0.00	100.00		
13	Refer ELL in program to external agency for assessment of written		16	0.00	100.00		
14	Routinely assess the pragmatic abilities skills of ELL in program	4	10	28.57	71.43		
15	Provide remedial services for	11	2	84.62	15.38		

	expressive language - oral lang not proficient				
16	ELL w/ poor tech writing skills, refer to campus writing center.	14	1	93.33	6.67
17	We provide intervention for social conventions --diff cultural backgrounds	8	6	57.14	42.86
18	ELL in our program participate in accent reduction training within the dept	10	4	71.43	28.57
19	ELL in our prog participate in accent reduction training outside of dept	2	13	13.33	86.67
20	work with ELL with speech and lang programs	15	2	88.24	11.76
21	intervention services to clients in client's dominant lang if not Eng	5	8	38.46	61.54
22	ELL work w. if speak same lang	10	3	76.92	23.08
23	intervention services only in Engl even if not the client's dom lang	6	8	42.86	57.14
24	train ELL who are graduate students to work with ELL in our clinic	7	6	53.85	46.15
25	Encourage ELL to understand the social conventions	13		100.00	0.00
26	Important to have ELL participate in all clinical situations	6	9	40.00	60.00