



NetNews

an online newsletter devoted to adult literacy

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LDA of Minnesota

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Introduction

The population of most Minnesota communities has dramatically changed over the past ten years. The Minnesota State Demographic Center reports the Twin Cities area has the largest Hmong, Somali, and Liberian communities in the United States.

Attendance reports from Adult Basic Education (ABE) over the past several years have determined statewide English as a Second Language (ESL) enrollment to be about 48 %; in other words, almost half of participating ABE learners are non-native English speakers. In some communities where both jobs and affordable housing are available, the percentage of ESL enrollment is actually 75-80 %. Many ESL adults acquire English language and literacy skills with ease; others struggle to achieve a basic level of literacy. Statistically-speaking, it is likely that a small percentage of ESL adults have an undiagnosed learning disability (LD).

Since January of 2004 and continuing through the present, LDA of Minnesota has completed twenty-five "LD/ESL" assessments for non-native English speaking adults attending ABE or post-secondary settings. The purpose of this newsletter is to share the LD/ESL referral profile, several case histories, challenges, and outcomes.

LDA of Minnesota completed 25 "LD/ESL" assessments during 2004-2005.

Referral Profile

Most of the LD/ESL referrals received during 2004-2005 were from urban ABE programs, although several assessments were completed in rural Minnesota. The typical reason for referral was a significant lack of progress in English literacy skills compared to English oral language development. Most referred ESL learners were "stuck" in pre-literate or beginning ESL levels and not making level change as measured by CASAS testing, despite adequate classroom participation and sometimes individualized tutoring.

The majority of the referred ESL learners were born in African countries such as Somalia, Ethiopia, Eritrea, Oromo, Liberia, Burkina Faso, and Sierra Leone. Other countries represented included Mexico, Cambodia, Laos, and Haiti. The age range was from 29 to 52 years. The educational experience in their native language(s) ranged from none to high school completion, although the majority had very limited formal education. The time in the US ranged from about 1 year to over 20 years. Most had not received any English instruction until their adult years, although several were taught English as children or teens, often while living in refugee camps. Two referrals reported head injuries occurring during a violent confrontation. Many of the Somalis reported witnessing violence in their native country even though they did not personally experience it.



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In this issue...

- *LD/ESL Assessment*
- *Case Histories*
- *Challenges*
- *Outcomes*

page 1
page 2
page 2-3
page 4

Case Histories

The following sample of case histories demonstrates the immense challenge of distinguishing between other factors and a neurologically-based learning disability in the referred ESL adult population.

Note: Names have been changed to protect learner privacy.

Miriam was born in Liberia. She attended school sporadically as a child due to ongoing civil war, but did learn to read and write in English. Her parents were killed in the war and she immigrated to the US in 1997 as a refugee with her children. In 1999 she was hit in the head by a hotel coworker resulting in hospitalization, vision problems, severe headaches, and memory problems. She began attending ABE/ESL in 2001 and has made very little progress in literacy skills despite regular classroom participation, oral language development, and intensive individual tutoring in the alphabet and letter/sound relationships.

Denda was born in Burkina Faso, a country in West Africa. His native oral language is Bombara and he speaks several other tribal languages. He received formal schooling in French through the 5th grade; however, he moved frequently between several West African countries and also experienced stuttering. Both of these factors made regular attendance in school a challenge. He came to the United States in 2000 and enrolled in ABE/ESL in 2002. He has acquired fluent oral language skills, but very limited reading and writing skills. He would like to complete his diploma or GED and attend further schooling.

Lela was born in Laos and her first language is Lao. She continues to primarily listen, speak, read, and write in Lao at home. She lived and attended school in a refugee camp in Thailand for four years. She arrived in the United States in 1997 as a refugee and has been exposed to English for over seven years. She began her study of English in 2000 when she enrolled in a family literacy program. She is married and has children ranging in age from 2-11 years. She experiences frequent fatigue due to medical problems.

Salma was born in Somalia. She attended eight years of grade school and completed two years of high school in Somalia with some training in English. She reported difficulties in school with math, science, writing, and any assignment involving memorization. She immigrated to the United States in 1991 prior to the collapse of the Somali government and ensuing civil war. She reported being diagnosed previously with a learning disability, but no documentation was available. She has struggled with improving reading skills in her current ABE/ESL program, although her attendance has been irregular due to transportation and childcare barriers. She would like to complete her GED and enroll in post-secondary education.

Challenges

LDA anticipated many challenges in the implementation of the LD/ESL assessment model and planned on changes and revisions to the process.

The first challenge was receiving fewer LD/ESL referrals than expected. This was explained in part by a written evaluation of the 2003 resource *TAKING ACTION, a resource for ESL instructors serving adult with learning difficulties or learning disabilities*. Many respondents shared that after attending training and/or reading *TAKING ACTION*, they realized their ESL learner's significant difficulties were probably due to other factors (personal, physical, emotional, educational, socio-cultural) and not a learning disability. Consequently, they did not refer for assessment.

A second challenge was completion and submission of the two required referral forms available from *TAKING ACTION: the Screening Interview of Learning Difficulties for ESL Adults* and *History of English Language Learning and Instruction for ESL Adults*. Both are comprehensive and involve the assistance of the instructor or tutor for the ESL adult to understand the questions and provide essential and accurate information. Several ESL instructors were surprised by the responses they received to certain interview questions, which are typically not asked during their program intake. It is possible that completion of the interview also led to realizing the impact of other factors and interrupted the submission of some referrals.

Several challenges were presented by the formal standardized testing situation.

- (1) All testing was completed at the ABE/ESL site to avoid transportation and/or childcare barriers. It was often challenging for the referring instructor to locate a private, quiet testing space with few distractions amidst busy ESL programming.
- (2) Although all of the referred ESL adults were well-prepared by their instructors, many aspects of formal and standardized testing were unfamiliar and confusing to them. According to test protocol, test directions and items either cannot be repeated or can only be repeated once. When examinees are confused by test directions, the examiner cannot always be of enough assistance.
- (3) Several female examinees were uncomfortable being alone with the male psychologist in a room and the private testing space had to be modified to be less private.

- (4) Finally, both nonverbal and achievement testing was selected to be as “language and culturally sensitive” as possible; however, all of the selected subtests move from easy to difficult in order to determine accurate raw scores. The repeated entry into difficult levels tended to be very discouraging for the ESL learners as the majority had low literacy skills. It was often difficult for the examiner and examinee to complete the battery of tests.

Other challenges were related to scoring, interpreting, and written reporting. The majority of referred ESL adults received very low nonverbal intelligence scores, although their reported or observed social, adaptive, and functional behavior suggested at least average ability. It became very difficult documenting and reporting low nonverbal intellectual scores to the referred ESL learners and referring instructors. After research into the norm group of the standardization sample, which did include non-native English speakers, LDA realized that the referral group - primarily made up of adults with limited first language literacy from African nations - was most likely not well-represented in the norm group. This is not a criticism of the test, but rather the reality of Minnesota’s ESL population as compared to ESL adults from across the nation who participated in the norm group.

Outcomes

Of the ABE/ESL referrals, none were determined to have a learning disability; however, many were identified as having significant reading or learning difficulties. As reported earlier, all of the referrals were ESL adults with low literacy skills. Most were also preliterate (no written language), non-literate (written language, but no exposure/instruction), or semi-literate (written language and some exposure/instruction) in their varied native languages. Within this population, it became very challenging - if not impossible - to differentiate between L2 difficulties related to limited L1 written language exposure/instruction and neurologically-based learning disabilities. However, comprehensive documentation of each referred learner's personal, language, and learning history proved valuable to LDA, to the referring instructors, and often to the referred learner. Most participants in the LD/ESL assessment process came to understand the many challenges of acquiring English literacy skills when other interfering factors are involved from the past or present. Assessment reporting was also shared with family members and other adult service provider such as financial workers, social workers, and medical doctors.

LDA did determine the presence of a learning disability in an ESL adult who had graduated from a Minneapolis high school and was attending the University of Minnesota. He had the advantages of consistent formal schooling in his native country, Somalia, further formal education as a teenager in the United States, and successful completion of several years of post-secondary. He had acquired both social and academic language proficiency in English and he was able to articulate his life-long learning difficulties. Formal test results of his nonverbal intelligence and academic achievement combined with clinical history and observation provided valid and reliable data to make the determination of neurologically-based learning disability and processing deficit existing across several languages.

A major outcome of the LD/ESL assessment pilot was the decision by LDA to be much more selective in deciding which ESL referrals are appropriate for formal standardized assessment of a learning disability. Although this decision limits the number of appropriate referrals, it is a necessary one for valid determination of a learning disability or significant learning impairment according to accepted definitions and criteria. This leads to reasonable and appropriate accommodations under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act or additional support services. LDA will continue to provide LD/ESL assessments statewide. *Contact Marn Frank at mf@ldaminnesota.org for metro assessments and Mike Anderson at ma@ldaminnesota.org for traveling assessments.*

Another major outcome for LDA staff was insight into the crucial importance of phonemic awareness and alphabetic literacy in the acquisition of beginning English literacy skills. This insight led to revisions and expansion of *The Adult Reading Toolkit - Edition 4*. This research-based resource for adult literacy is available along with "practitioner circle" trainings at no cost to any Minnesota ABE program. *Contact Marn Frank at mf@ldaminnesota.org or 952-922-8374 to schedule a "Learning to Read" or "Reading to Learn" practitioner circle. There are a limited number available through FY 2006 ABE supplemental services grant funding.*

LDA HAS A NEW LOCATION!

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