

Diagnosing Learning Disabilities in Community College Culturally and Linguistically Diverse Students

Deborah Shulman
Cabrillo College

Abstract

The difficulty of determining if a student's learning difficulties are the results of learning disabilities or issues related to cultural and linguistic diversity (CLD), often causes problems when individuals are referred for a learning disability assessment. This article discusses the many issues related to assessment of adults in community colleges from cultural and linguistically diverse backgrounds and presents an adapted LD Symptomology checklist that can assist ESL instructors in making appropriate referrals. Due to a shortage of qualified bilingual diagnosticians who can determine eligibility for community college learning disability service most assessments of CLD students are performed in English, making administration of an adult language proficiency test crucial. Given the data from a language proficiency test, the administration and interpretation of standardized cognitive tests must be accurately and fairly assessed to be as unbiased and culturally neutral as possible. The article concludes with a discussion of test selection and dynamic assessment techniques that are particularly appropriate for this population.

Anna (fictitious name) was in her early thirties. Upon leaving Mexico, 12 years earlier, her dream had been to become a nurse. Ten years later she was enrolled in the nursing program at her local community college. She began with English as a second language (ESL) and basic skills classes. Because she had two children and worked part time, it had taken her several years to complete the necessary prerequisite courses. She used Extended Opportunity Programs and Services (EOPS) tutors, but still needed to repeat some of the difficult science courses. Although Anna did well in the clinical part of the program, she was having difficulties passing the exams in her theory classes. Therefore, her advisor suggested she be tested for a learning disability. As the learning disabilities (LD) specialist who administered the tests, the author found that Anna was eligible for learning disability services according to California Community College (CCC) guidelines.

Later at a conference attended by the author, a fellow LD specialist related a story of a student very similar to Anna. Although her student met the CCC guidelines for learning disability services, this LD specialist did not find the student eligible. She felt her student's learning problems were related to the student's cultural and linguistic differences, not a learning disability.

How often do dilemmas like this arise? Both LD specialists followed the recommended procedures for "Culturally &/or Linguistically Diverse Students (CLD): Guidelines of Assessment in the Community College Setting" in the DSP&S Learning Disabilities Eligibility Model 1999. Both students had lived in this country for more than seven years (sometimes considered the "standard" length of time needed to acquire sufficient English language skills). But in one professional's judgment, the learning problem was related to a lack of English proficiency, not a learning disability. Despite

test scores that would have qualified her, learning disability services were denied. Were there sufficient data in the second case for most other LD specialists to form the same conclusion? Were data misinterpreted in either case?

Is it possible that additional objective data and information are needed to help determine if learning problems in adults are caused by learning disabilities or ESL issues?

Cultural/Linguistic Diversity & Learning Disabilities

Recently the term “culturally and/or linguistically diverse” (CLD) has been used to describe the very heterogeneous population that is the focus of this research:

“CLD students are those whose backgrounds encompass a range of cultural, ethnic, racial, or language elements beyond the traditional Euro-American experience; ‘language different’ signifies the same as ‘linguistically different.’” (Smith, Dowdy, Polloway, & Blalock, 1997, p. 303)

Linguistically diverse individuals include a wide range of non-native English speakers, ranging from persons who are mono- or multilingual in languages other than English to those with varying degrees of proficiency in their first language (L1) and second language (L2), English. Also included are students who would be considered bilingual (McGrew & Flannagan, 1998). The term, then, encompasses English as a second language (ESL) students as well as students classified as Limited English Proficient (LEP), English Language Learners (ELL), and multicultural, or non-English language background (NELB).

Like individuals from culturally and/or linguistically diverse backgrounds, individuals with learning disabilities are part of a very heterogeneous group. Therefore, an adult can have a learning disability and also be CLD. But a true learning disability is not caused by cultural and/or linguistic diversity.

Adults with learning disabilities have average or above-average intelligence, but have “significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.” This dysfunction exists

despite standard classroom instruction. It may also manifest itself in problems related to “self-regulatory behaviors, social perception, and social interaction” (National Joint Committee on Learning Disabilities definition, as cited in Smith et al., 1997, p. 41).

It can be very difficult to determine if a student’s learning difficulties are caused by learning disabilities. Limited academic background, stress, memory problems, ineffective study habits, attention difficulties, and/or emotional difficulties can influence the academic progress of any adult community college student (Schwarz & Terrill, 2000). Even among students who are not from culturally or linguistically diverse backgrounds, these and other variables must be considered before the diagnostician determines that the cause of the student’s difficulties is a learning disability.

The matter is even more complicated for linguistically diverse students because “it is not always easy to distinguish between permanent language-learning problems and normal second language (acquisition) problems” (Root, 1994, para. 8). A learning disability or linguistic diversity can cause a student to have difficulties expressing concepts she appears to understand. Although it is possible that a language disorder may be caused by a learning disability, in the ESL student these language difficulties may just as likely be caused by the typical development of new language acquisition.

According to McPherson (1997), the difficulties experienced by adult ESL students when learning a new language include limited education, illiteracy in their first language, non-Roman script background, emotional effects of trauma in their homeland, and cultural and educational backgrounds different from the mainstream culture. If learning difficulties still persist after these issues have been adequately addressed, then a referral for LD assessment is appropriate (Barrera, 1995).

Learning Disability Referrals for CLD Students

The dilemma of when to refer a CLD student for a LD assessment perplexes many educators. In the United Kingdom, this dilemma for

multilingual dyslexic adults was named a “Catch 22.” Although these students had difficulties making progress in their English classes, they were told it was not possible to test them for dyslexia because they had not gained sufficient English language skills. Since these students are not assessed, they cannot benefit from the extra support and services that could help them succeed (Sunderland, 2000). The same “Catch 22” affects many American adult students in ESL programs.

Judith Rance-Roney of Lehigh University has adapted an LD Symptomology Checklist (Appendix) for ESL adult students. The ESL instructor is asked to rate students on areas related to memory, spatial relationships, visual perceptual organization, conceptual deficits, observation of auditory processing, and attention. Although there is no fixed score to indicate a definite deficit, suspicions of a disability may arise when three or more items in one area receive a low score. This instrument not only gives LD specialists useful data, but could help ESL instructors make more appropriate referrals.

Given the problems discussed above, it is not surprising that there is a “failure to accurately distinguish normal, culturally based variation in behavior, first (L1) and second (L2) language acquisition, acculturation, and cognitive development from true disabilities. (This) has led to overrepresentation of individuals from diverse populations in special education and other remedial programs” (McGrew & Flannagan, 1998, p. 425, citing Cervantes, 1988). To date there is no available evidence supporting this trend in adult populations.

Language Assessments for Linguistically Diverse Students

Once the decision has been made to test a linguistically diverse student to determine her eligibility for learning disability services, a decision should also be made about her dominant language and English proficiency. According to Standard 9.3 of the Council on Measures in Education’s Standards for Educational and Psychological Testing (revised 1999), tests “generally should be administered in the test taker’s most proficient lan-

guage, unless language proficiency is part of the assessment” (Young, 2000b, slide 31).

The importance of differentiating between learning problems related to the acquisition of English language proficiency or disability has been acknowledged for many years. For example, Title VI of the Civil Rights Act of 1964 requires that all LEP students be assessed for language proficiency so that problems related to disabilities can be distinguished from language proficiency issues (Burnette, 2000).

According to Cummins (1984), there are two levels of language proficiency - Basic Interpersonal Communicative Skills (BICS) and Cognitive/Academic Language Proficiency (CALP). BICS is often acquired in 2 - 3 years and includes basic communication in most social situations. CALP, which can take 7 years to develop, refers to more advanced language proficiency and “includes conceptual level knowledge, reasoning and abstractions associated with academic learning and performance” (Hessler, p. 88, 1993, as cited in McGrew & Flannagan, 1998). Due to the complexity of the verbal information required at a community college, CALP in English is needed for a student to be successful.

A few standardized language proficiency tests have been normed on adults. Although several of them are available to determine the English proficiency of Spanish speakers, very few tests are available to evaluate L1 in other languages. The use of the Woodcock Munoz Language Survey was recommended by Glenn Young, disabilities and adult education specialist with the U.S. Department of Education, Office of Vocational and Adult Education (Young, 2000a), who is working with a group to develop guidelines on learning disabilities and Spanish-speaking adults. If the results of the Woodcock Munoz Language Survey are not conclusive, the Woodcock Language Proficiency test may be administered. Another option is the Language Assessment Scale-Adult version (ALAS).

The Woodcock Munoz Language Survey measures CALP, but it may be problematic for students who have lived in the United States for many years. Since it was normed on monolingual

Spanish speakers, a low score could be indicative of a student's use of "Spanglish" or "TexMex," and should not necessarily be confused with a developmental language disability (Bernal, 1997). The Language Assessment Scale (LAS) is very popular in the K-12 system, where it is widely used to classify ESL students, but it does not report a CALP score.

In an attempt to deal with the language proficiency issue, the CCCs have developed the Culturally/Linguistically Diverse supplemental interview as part of the LD assessment process. Although the results of this survey give the diagnostician much-needed information, it was not designed to be a standardized measure of language dominance or proficiency. However, it can be used to determine if a formal measure of language proficiency is needed. Unfortunately, because of lack of time, and/or qualified personnel, a test to measure CALP is usually overlooked by many CCC LD specialists. As a result, language dominance and language proficiency are then often determined largely on the basis of the subjective interpretation of this supplemental interview.

Guidelines for Testing CLD Students for Learning Disabilities

Because there is a lack of properly educated personnel to assess culturally and linguistically diverse students (Flores, Lopez, & DeLeon, 2000), professionals who do evaluate CLD students for learning disability services often lack the formal training needed to fairly assess these students (Valdes & Figueroa, 1966). The ideal diagnostician should be well trained, bilingual, and bicultural (Young, 2000a). However, even if diagnosticians are bilingual, the "mere possession of the capacity to communicate in an individual's native language does not ensure appropriate, nondiscriminatory assessment" (McGrew & Flannagan, 1998, p. 426). Therefore, diagnosticians working with CLD students should, at least, be culturally sensitive to the needs of their students.

Since it is often difficult to find qualified bilingual diagnosticians to administer LD assessments, interpreters may be used under the direct supervision of a trained diagnostician. According

to Standard 9.11 of the National Council on Measurement in Education, if an interpreter is used during the testing, "the interpreter should be fluent in both the language of the test and the examinee's native language, should have expertise in translating, and have a basic understanding of the assessment process" (Young, 2000a, p. 19). It should be noted that there could be problems when an interpreter translates standardized tests. First, the test will take longer to administer. Second, because the instrument is being interpreted, and therefore not being administered according to the standardized guidelines, the validity of the scores can be questioned.

Even when qualified bilingual assessors are available, there are other concerns regarding translated versions of standardized tests. For example, "many concepts in one language don't have literal equivalents in another" (Lewis, 1998, p. 225). As a result, instructions may be unclear and responses unreliable. Also, when tests are translated, vocabulary is often changed, which can affect the difficulty of the test items. Lastly, translated tests do not account for regional or national differences within the same language (Lewis, 1998). A translated test, therefore, could be considered a new instrument that may not accurately measure the same constructs as the original.

Deponio, Landon, and Reid (2000) advocate an assessment procedure for diagnosing bilingual dyslexic children that includes the following elements:

- Screening—Checklists to gather data on language, memory, sequencing, and personal issues such as organizational problems, and classroom performance inconsistencies
- Diagnosis—Standardized tests, provided they are adapted and interpreted correctly
- Language—Dynamic assessment (discussed in the next section of this article)
- Learning style—Cultural differences often affect how students learn, and accordingly should be considered

Since traditional assessment instruments may not be appropriate for CLD students, Morrison recommends (2001) that a LD evaluation also include family, developmental, and health history;

cultural attitudes toward education; and educational history, including current academic data and instruction in L1.

Many professionals believe that to be identified as having learning disabilities, a person's learning disabilities must be present in both languages and cultures (Fradd, Barona, & Santos de Barona, 1989). This can be difficult to document because a subtle learning disability in the native language may be masked by an individual's compensatory strategies (Ganschow & Sparks, 1993), and therefore not become evident until a student begins to learn English (Morrison, 2001). Also, the differences between two languages can cause a learning disability to be more pronounced in the new language. For example, a native Spanish speaker might have experienced minimal difficulties spelling in her native language, but when this same student is confronted with the unpredictability of the English language's sound-symbol correspondences, her learning disability may become evident.

Both CLD students and students with learning disabilities often demonstrate a discrepancy between verbal and performance measures on intelligence tests. In the English language learner this discrepancy is not necessarily evidence of a learning disability. These students often complete more performance (nonverbal) items correctly because they depend much less on their ability to use and understand their non-native language (Cummins, 1984).

Cognitive Testing

Aside from the problems previously discussed so far, another major assessment dilemma involves determining which tests to administer to accurately and fairly diagnose a learning disability in the CLD student. Because most standardized tests were not normed on CLD individuals, interpreting the data from such tests is an area of great concern. Most experts agree that standardized assessment instruments cannot be totally culture-free. Therefore, a student's level of acculturation and/or the cultural specificity of the test can bias scores. Accordingly, diagnosticians are often asked to find instruments that are culture-reduced. These instruments are often "more process versus product dominant,

contain abstract or unique test items versus culturally explicit items, and require minimally culture bound responses" (McGrew & Flannagan, 1998, pp. 433-434). Nonverbal tests such as the Raven's Progressive Matrices and subtests such as the Block Design in the Wechsler Intelligence Scales are often administered since they are generally perceived to meet these criteria.

Ian Smythe, an international dyslexia researcher from the United Kingdom, has developed a model to be used as the basis for assessing dyslexia by examiners anywhere in the world. Smythe and Everatt are "attempt(ing) to look at dyslexia in different languages and compare and contrast the orthography and phonology across different languages" (Smythe, 1999, *Dyslexia in Different Languages*, para. 1). His model is based on his theory that dyslexia can be attributed to biologically based cognitive deficits in phonological segmentation, auditory and visual skills, speed of processing, and/or semantic access. As a result, his assessment battery, International Cognitive Profiling Test (ICPT), evaluates these attributes as well as testing, reading, spelling, nonverbal reasoning, quantitative reasoning, and motor skills. Deficits are looked at based on local standards and successful trials have been performed on children from diverse linguistic backgrounds—Portuguese, Russian, Chinese, and Hungarian. Some tests can even be given in L1 by practitioners who do not speak that language.

The ICPT sounds promising, but currently there are no data available on adults. Because it is designed to assess dyslexia, it is not apparent that the test battery evaluates the verbal comprehension skills adults need to succeed in college. Nevertheless, the results of this research could still be helpful to LD specialists and ESL instructors by enabling them to make better judgments about which learning problems are caused by language acquisition and which are caused by potential learning disabilities.

The Raven's Progressive Matrices (1938), which is part of the Smythe's ICPT, and the Leiter International Performance Scale (1938) are adult-normed, paper-and-pencil, standardized nonverbal tests. In the Raven's, a popular untimed test

of nonverbal reasoning, the subject chooses the missing element to complete a row or column of increasing difficult matrices. Since it has been criticized as “measur(ing) only observation and clear thinking rather than overall intelligence” (Lewis, 1998, p. 223), the Raven’s is sometimes used as a screening device before further LD testing is con-

sidered. The Leiter is a multiple-choice test. Because it is timed and includes lengthy verbal instructions, many CLD students may still not perform to their potential on this instrument (Lewis, 1998).

Nonverbal tests are often criticized because they assess a very limited range of cognitive abil-

Table 1

Degree of Cultural & Linguistic Demand on Cognitive Ability Tests

Gf-Gc Cross-Battery Approach to Assessing and Interpreting Cognitive Ability

from Kevin McGrew & Dawn Flannagan’s

Selective Cross-Battery Assessments: Guidelines for Culturally & Linguistically Diverse Populations (1998)

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(Data are only provided for widely used adult normed standardized tests)

Cultural Content LOW/Linguistic Demand LOW

<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
KAIT	Memory for Block Designs	Gv
WECHSLER’S	Block Design	Gv
WMS-R	Visual Paired Associates II	Glr
RAVEN’S	Progressive Matrices	Gf

Cultural Content LOW/Linguistic Demand MODERATE

<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
WAIS-III	Digit Span	Gsm
LAMB	Digit Span	Gsm
WMS-R	Digit Span	Gsm
WJ-R	Memory for Names	Glr
WJ-R	Delayed Recall- Memory for Names	Glr
LAMB	Simple Figure	Gv
LAMB	Complex Figure	Gv
WMS-R	Figural Memory	Gv
WMS-R	Visual Reproduction I	Gv
WMS-R	Visual Paired Associates I	Glr
WAIS-III	Digit symbol-Coding	Gs
WJ-R	Visual Matching	Gf
WJ-R	Cross Out	Gs

Table 1 - Continued

Cultural Content LOW/Linguistic Demand HIGH		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
WJ-R	Concept Formation	Gf
WJ-R	Analysis Synthesis	Gf
LAMB	Supraspan Digit	Gsm

Cultural Content MODERATE/Linguistic Demand LOW		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
WECHSLER'S	Object Assembly	Gv
WJ-R	Picture Recognition	Gv
WJ-R	Visual Closure	Gv

Cultural Content MODERATE/Linguistic Demand MODERATE		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
KAIT	Rebus Learning	Glr
KAIT	Rebus Delayed Recall	Glr
WJ-R	Visual- Auditory Learning	Glr
WJ-R	Delayed Visual- Auditory Learning	Glr
KAIT	Mystery Codes	Gf
K-SNAP	Four- Letter Words	Gf
WMS-R	Verbal Paired Associates I & II	Glr
KAIT	Logical Steps	Gf
LAMB	Word Pairs	Glr
WECHSLER'S	Arithmetic	Gq

Cultural Content MODERATE/Linguistic Demand HIGH		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
WJ-R	Incomplete Words	Ga
WJ-R	Sound Blending	Ga
WJ-R	Memory for words	Gsm

Cultural Content HIGH/Linguistic Demand LOW		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
K-BIT	Matrices	Gf

Table 1 - Continued

Cultural Content HIGH/Linguistic Demand MODERATE		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
KAIT	Famous Faces	Gc
WJ-R	Oral Vocabulary	Gc
WJ-R	Picture Vocabulary	Gc
K-BIT	Expressive Vocabulary	Gc
K-SNAP	Gestalt Closure	Gv

Cultural Content HIGH/Linguistic Demand HIGH		
<i>BATTERY</i>	<i>SUBTEST</i>	<i>Gf-Gc ABILITY</i>
WECHSLER'S	Similarities	Gc
WECHSLER'S	Vocabulary	Gc
WECHSLER'S	Information	Gc
PPVT-3	Peabody Picture Vocabulary- Third Edition	Gc
WJ-R	Listening Comprehension	Gc
LAMB	Word List	Glr
WECHSLER'S	Comprehension	Gc
WMS-R	Logical Memory 1	Glr

ity and therefore are often assumed to be a less reliable measure of intelligence than verbal tests (Ascher, 1990). To get a full picture of a student's cognitive ability a more comprehensive test of intellectual abilities is needed.

Carroll and Horn-Cattell developed the popular Gf-Gc model as a theoretical basis of cognitive abilities, considered the "most researched, empirically supported, and comprehensive framework ... to organize thinking about intelligence tests" (McGrew & Flannagan, 1998, p. 27). It includes fluid intelligence (Gf), crystallized intelligence (Gc), quantitative knowledge (Gq), reading/writing ability (Grw), short-term memory (Gsm), visual processing (Gv), auditory processing (Ga), long-term storage and retrieval (Glr), processing speed (Gs), and decision/reaction time or speed (Gt).

In 1998, McGrew and Flannagan developed

Selective Cross-Battery Assessment: Guidelines for Culturally and Linguistically Diverse Populations to help diagnosticians select tests that may provide a more valid assessment for CLD individuals (see Table 1). These guidelines provide a matrix that compares various subtests of many popular cognitive batteries. Each subtest is classified according to its cultural content, linguistic demand, and Gf-Gc ability. Table 1 shows the adult-normed tests listed in their matrices.

Another way to help ensure fairness of testing for CLD students is to use dynamic assessment. Lewis (1998) refers to this process as one in which the examiner "intentionally changes the traditional static testing situation by going beyond the standardized instructions" (p. 230). Often called "testing the limits," the purpose of this method is to try and ascertain a student's true potential. The changes in performance in these

altered circumstances are not intended to change the subject's score. Rather, the additional information gained from this process should be used to assist in interpreting what a student's "real" potential could be if CLD factors could be negated.

Lewis mentions five methods of dynamic assessment.

1. The most popular is to eliminate time limits. The examiner notes when the standardized time limit is reached, and the subject is then given unlimited time to complete the task.
2. Additional cues are used to determine if a student could correct poor or wrong responses. With this method the examiner may readminister an item and ask for an alternative answer, or request correction of the original response, or offer cues in steps necessary to solving a problem.
3. To identify a student's problem-solving strategy the examiner readministers the item and ask the student to verbalize how they arrived at their answer.
4. Probing questions are asked to clarify or elaborate on a student's initial response.
5. In changing the modality of the administration, a student responds orally or verbally rather than in writing (Lewis, 1998).

Regardless of how an assessment was administered (according to standardized guidelines or using dynamic assessment techniques), the interpretation of the scores is crucial, and the variables mentioned in the section on cultural/linguistic diversity and learning disabilities must be carefully considered. In addition, the interpretation must account for the fairness of the testing procedure given the student's cultural/linguistic diversity (Lewis, 1998).

Conclusion

A major problem in determining best practices for assessing CLD community college students is that based on existing research specific to college students, there appears to be "relatively little attention . . . paid to multicultural dimensions of assessment and intervention with adults with

learning disabilities" (Ross-Gordon, 1996, p. 94). The following conclusions are based on the available data, however sparse.

Because of cultural or linguistic differences, some diagnosticians advocate the use of nontraditional assessment instruments to measure the cognitive abilities of CLD students. Some professionals in the K-12 system are advocating for portfolio assessments and the use of culturally based behavior checklists. However, to date research has not revealed any public adult institution that will accept a verification of a learning disability that does not include the use of traditionally recognized and standardized tests. When using standardized tests, diagnosticians of CLD students "have an ethical and professional obligation to ensure every effort has been made to make the assessment as culture-free as possible" (Lewis, 1998, p. 240). This goal can also be accomplished by exploring the possibility that low scores are caused by a cultural and/or linguistic difference rather than a disability, and by utilizing tools and methods that maximize the validity of standardized tests.

Furthermore, practitioners should be encouraged to think outside of the box when assessing CLD students. According to conventional wisdom before a learning disability can be diagnosed in L2, learning difficulties must be apparent in L1. Yet, Scwarz (2000) and others have reported that students may have learning disabilities in L2 when they did not have learning disabilities in L1. This is logical, given the varied linguistic demands of different languages and the heterogeneous nature of learning disabilities. Many professionals accept that an adult can be diagnosed with a learning disability for the first time in college, when the learning tasks became more complex. Therefore, why can't an adult who does not show evidence of a learning disability in her native language be diagnosed with a learning disability only when faced with learning the more complex orthography of a new language?

Practitioners who are thinking outside the box should also stay abreast of new work in the field, like the International Dyslexia Test by Ian Smythe. Eventually, this may make the dilemma

of learning disability versus linguistic diversity less confusing in our increasingly multilingual society.

The ideal LD assessment for a CLD adult student currently includes:

- Administration of language proficiency tests to linguistically diverse students
- Dynamic assessment
- Use of McGrew & Flannagan's Selective Cross-Battery Assessments: Guidelines for Culturally & Linguistically Diverse Populations (Table 1)
- Analysis of relevant educational data such as instruction in L1
- LD Symptomology checklist completed by an ESL instructor or other referring faculty (Appendix)

Given "the administrative complexity and linguistic demands of the tests ... a definitive identification of a learning disability (in CLD students) may be nearly impossible" (Rance-Roney, 2000, para. 4) Therefore it is not surprising that the LD specialists referred to in the beginning of this article formed different conclusions despite very similar data.

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About the Author

Deborah Shulman has been a Learning Disabilities Specialist in California for over fourteen years. Her Learning Disability Specialist duties at Cabrillo College include teaching and assessing students as well as supervising the Learning Skills Program. Prior to this she was a Learning Disabilities Specialist at Hartnell College.

APPENDIX

SYMPTOMOLOGY CHECKLIST LEARNING DISABILITIES

from Harwell, (1989). The complete learning disabilities handbook. The Center for Applied Research in Education. New York: Simon & Schuster.

Adapted for the Adult ESL Student by J. Rance Roney
<http://www.lehigh.edu/~jar7/Idlchandouts.html>

Directions

Observe the students in your ESL class. For each student, fill out this observational checklist to screen for learning difficulties.

Rate the student in reference to his or her classmates in the following areas.

B = performs better than other members of the class

S = performs the same as other members of the class

L = lags behind other members of the class

X = not able to perform in this area

Observation of Memory Efficiency

If shown a picture, can remember most items in the picture.	
Can repeat a sequence of 4 numbers given orally in either the native language or English.	
Can copy math problems with several numbers accurately from the board.	
Can remember most spelling words taught the previous class.	
Can remember events from long ago, but not from recent classes.	
Has good sight word vocabulary appropriate for the level.	
Can memorize simple poems or songs.	
Does not make the same error after it has been taught.	
Writing mechanics are good for the level; remembers punctuation, capitalization and indenting.	
Listens to a simple story and can retell the main events of the story.	
Can remember the vocabulary words' for concrete objects that have been taught previously.	

Observation of Spatial Relationships

Does not get lost; can find locations and classrooms.	
When writing, the student keeps similar spaces between words.	
Walks and runs appropriately; does not bump into things.	
Once taught, understands and remembers prepositions of up/down, over/under, in front/behind.	
At appropriate level, can follow a simple map when instructions are given in, English or the native language.	
After teaching, the student can identify major American cities accurately on a map.	

Visual Perceptual Observation

Does not reverse letters in writing or reading (p/b, p/q, w/m, u/n) when asked to write or read a word.	
Reads comfortably in any language; does not rub eyes or squint	
Uses both eyes when reading; does not close one eye.	
Can copy words accurately.	
Reads in any language without skipping words	
Reads in any language without skipping lines or having difficulty finding his/her place.	
Can read the words was/saw and on/no accurately in the same sentence.	
Sees the main theme in a picture, not just the details in response to the question, "What is happening here?"	
Does not use excessive erasing.	
Handwriting is neat and letters are well formed.	
Holds a pencil comfortably when writing.	
When writing on lined paper, letters stay on the line.	

Conceptual Deficits

Can compare how things are alike, different and other classification activities.	
Can see relationships among similar concepts.	
In reading or listening to stories, can infer what is not directly stated.	
Can see logical consequences in a story or real life; if X, than Y.	
Answers to questions are on topic and appropriate.	
Classroom comments are normal and appropriate.	
Can form letters well in writing either in the native language or in English.	

Observation of Auditory Processing

Can follow three step directions given in native language or in simple English.	
Can repeat words of two syllables with pronunciation accuracy.	
Can understand conversation in English at the appropriate level.	
Can hear the differences between d and t; j and g.	
Can hear a simple conversation in a noisy room, filtering our extraneous noise.	
Can repeat sentences of 4 or more words accurately.	
Can sit still and work quietly.	
Thinks before he/she reacts in a situation.	
Does not get inappropriately frustrated; able to tolerate stress.	
Keeps eyes on work and is not overly distracted by surroundings.	
Is calm; does not fidget, sway or move the body.	
Can attend to tasks over 15 minutes in duration.	
Is able to start and complete a task in a reasonable time.	
Is organized in study habits and with materials.	
Keeps on task and does not daydream or wander off.	
Stays in a consistent mood throughout class; does not get excitable.	
Is positive in outlook; cooperates with others in class.	

SCORING

Three or more low scores (L or X) may indicate the need for a learning disability assessment referral.