

Investigating Parent and Professional Perspectives Concerning Special Education Services for Preschool Latino Children

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Abstract:

Population changes in the US have created new challenges for service providers responsible for screening, determining eligibility, and providing appropriate educational services to young English Language Learners (ELLs). Six focus groups (two each) with administrators, teachers, and parents were conducted in two different locations to investigate the referral, diagnostic evaluation, and placement of prekindergarten Latino children who are ELLs and their families. The purpose of this study was to: (a) identify effective practices that differentiate between cultural/linguistic differences and learning differences; (b) identify the gaps in the current special education services; and (c) make recommendations to reduce the disproportionate representation of young ELL children based on these data. The results revealed a number of factors contributing to the disproportionality of young ELL children in special services such as: inconsistent screening and evaluation methods; insufficient numbers of bilingual professionals and trained interpreters; communication barriers and contradictory procedures that undermine meaningful partnerships with parents of ELLs; the need for professional development on the purposes and administration procedures of screening and evaluation tools; and a need for policy and regulation changes pertaining to ELL children such as the timing of screenings and evaluations.

Keywords:

Early childhood special education - English Language Learners - Family participation

Article:

INTRODUCTION

Children of Latino families comprise the fastest growing population in the United States. According to the U.S. Census Bureau (2008a, b), by 2050 approximately 30% of the people living in the United States will be of Hispanic origin, and as soon as 2020 it is projected that one out of every four children will be of Hispanic origin (Federal Interagency Forum on Child and Family Statistics 2007). Though some Latino children speak English, many do not. Nationally, approximately 19% of children ages five and older speak a language other than English at home, more than half of whom (61%) are Spanish speakers (U.S. Census Bureau 2004).

Pre-kindergarten can be exciting for some children and daunting for others as they begin their journey in American education. Often their first experience, developmental screening, is a mixture of excitement and anxiety, particularly for children and families whose home language is not English. For these families, linguistic and cultural practices may be unfamiliar, and well-intended professionals may lack the tools they need to distinguish learning differences from language/cultural differences, resulting in erroneous referrals to special education. The magnitude of this problem was reflected in the recent reauthorization of the Individuals with

Disabilities Education Improvement Act (IDEA 2004), which now requires states to develop policies and procedures to prevent disproportionate representation of children by race and ethnicity in their special education programs (U.S. Congress 2004). Yet, little research has been conducted to identify the challenges and solutions faced by professionals, parents, and young ELL children during these processes. The purpose of this study was to investigate how cultural and language differences are being met during the referral, diagnostic evaluation, and special education placement processes for preschool Latino children who are English Language Learners (ELLs), as well as the types of accommodations being made to ensure meaningful parent participation. Six focus groups with administrators, teachers, and parents in two different locations in North Carolina were conducted to better understand these issues.

BACKGROUND INFORMATION

Disproportionality is the inappropriate representation of students by race or ethnicity in special education at either a greater or lesser rate than all special education students. Problems related to disproportionality have troubled special educators for more than three decades. Although court decisions concerning landmark cases compelled policymakers to revise unfair special education practices (*Diana v. California State Board of Education* 1970; Mclean 1995), recent studies suggest continued disproportionate placement of Latino children in special education (Artiles et al. 2005; De Valenzuela et al. 2006). Factors such as how to determine language proficiency, the effectiveness of screening and evaluation measures and professionals' understanding of their purposes, and a lack of meaningful family participation are discussed below as elements contributing to the disproportionate representation of Latino ELL children in special education.

Distinguishing language/cultural differences from learning differences is not easy. The first step in making this distinction is determining children's language proficiency in both the home language and English (Espinosa and López 2007; Solano-Flores 2008). Studies indicate that although children with limited English proficiency may be able to orally communicate in social situations in as little as one to 2 years in their new language, the skills required to be cognitively and academically proficient in English may take as long as 5–8 years to develop (Cummins 1981, 2005; Lake and Pappamihiel 2003; Tabors 2008). This fact alone brings into question the efficacy of screening and assessment results for pre-kindergarten ELLs.

In addition, there is little consensus among researchers as to what constitutes a comprehensive language proficiency test (Klingner and Harry 2006). For example, language proficiency tests may be aligned with English language standards associated with age or grade level expectations rather than based on the stages of second language development (Solano-Flores 2008). Also, there is a lack of understanding about the stages of second language acquisition, another contributing factor. Teachers sometimes interpret a quiet child who exhibits limited social interactions as autistic or having some other special need rather than a child in the silent period of second language acquisition (Tabors 2008). Even after the initial adjustment period, children may continue to learn at a slower pace due to language differences or differences in cultural practices such as unfamiliar teaching styles. These circumstances sometimes result in referrals to special education, which may or may not be justified (Barrera et al. 2003; Genesee et al. 2004; Grossman 1998; Lock and Layton 2002).

Another challenge is the questionable translations and psychometric properties of screening and diagnostic evaluation measures, along with confusion by professionals as to the purposes of these different types of instruments (Abedi 2006; Brown et al. 2007; Espinosa and López 2007). Insufficient representative samples for test standardization and culturally inappropriate test items are just two problems. For example, some instruments available in Spanish have been normed with monolingual native speakers in other countries with no US sample. Another factor is lack of clarity on the part of professionals about the purpose of screening and assessment instruments. For example, in a statewide survey of early childhood regular and special education professionals, Hardin et al. (2007) found that the DIAL-3, a developmental screen, was reported as a language proficiency test (16.7% of administrators, 40% of teachers) as well as a diagnostic assessment (15.4, 20% respectively). Related to this problem is an insufficient number of bilingual professionals and lack of trained interpreters.

Family participation is a fundamental principle of IDEA 2004 (Turnbull et al. 2006), particularly the provision of nondiscriminatory evaluation and procedural safeguards for family participation. Experts recognize the vital importance of the “funds of knowledge” young children bring with them when they enter school as well the value of gaining the parent’s perspective about their child’s prior experiences and current skills (Barrera et al. 2003; Moll et al. 1992). For young Latino children who may be entering school for the first time, family participation is particularly important and can provide insights otherwise obscured to outsiders such as school personnel. Yet, often parents of ELL children are limited in their participation due to language differences with professionals and a lack of resources to ensure their active participation (Espinosa et al. 2007).

Theoretical Perspective

Social constructivist theories suggest that language plays a key role in cognitive development and, therefore, can provide insight into a child’s overall learning and development (Vygotsky 1978). From a Vygotskian perspective, dialogue and the role of language during learning are essential to promoting cognitive development. The zone of proximal development is a case in point. As Rogoff (2003) points out, “For Vygotsky, children’s cognitive development had to be understood as taking place through their interaction with other members of society who are more conversant with the society’s intellectual practices and tools (especially language) for mediating intellectual activity” (p. 141). Thus, information on a child’s language development and cultural practices can provide insights into children’s cognitive development and should not be overlooked in the screening, evaluation, and placement process.

Little formal investigation of the referral, evaluation, and special education placement process for preschool Latino children who are ELLs has been conducted to better understand the impact of these issues. The purpose of this study was to: (a) better understand current practices that are effectively differentiating between Latino children who need special education services and those who simply are experiencing cultural/linguistic differences; (b) identify gaps to improve the delivery of Early Childhood Special Education (ECSE) services for Latino children and their families in North Carolina; and (c) identify strategies that would reduce the number of young ELLs erroneously placed in special education.

METHODS

Focus group interviews have proven to be extremely effective in providing a context for local stakeholders to share their perspectives in order to better understanding of an identified topic (Patton 1990). Data for this study were gathered through six focus groups in two difference locations as described below.

Research Sites

Two research sites representing diverse aspects of inclusive early childhood care and education services in North Carolina were chosen for the study. These sites were selected from a pool of 31 programs that participated in a statewide survey examining the same issues the previous year (Hardin et al. 2007). The following criteria were used to select the research sites. First, to gain an in-depth understanding of the impact of geographic factors, the sites needed to clearly represent either an urban or rural area. Second, the service area of the sites needed to be large enough to include services provided in multiple types of programs to understand similarities and differences according to program type. Therefore, only county-wide school districts with pre-kindergarten services, community child care centers, and Head Start services that provided services to Latino children who were ELLs and children with diagnosed disabilities were eligible. Third, a minimum of 5% of the county population needed to be Latino. Five of the 31 sites met these criteria and were contacted by telephone to participate in the study. Two of the six sites (one urban and one rural) agreed to participate.

The urban site had a population of approximately 450,000 people (U.S. Census Bureau 2008a, b). Preschool services in this county were provided through 59 inclusive pre-kindergartens, 11 Head Start centers, and more than 542 community child care programs (North Carolina Division of Child Development 2008). Immigrant

children participating in preschool services at this research site spoke approximately 100 different languages (Center for New North Carolinians 2008). Approximately 5.7% of the population was Latino.

The rural site was centered in a small town of approximately 2,800 people in a county of 38,000 people (U.S. Census Bureau 2008). The county preschool services included seven prekindergarten classrooms, six Head Start centers, and 37 child care centers (North Carolina Division of Child Development 2008). According to study participants, immigrant children participating in preschool services primarily spoke Spanish and were from a variety of Latin American countries, mostly Mexico. Approximately 8.6% of the population was Latino.

Participants

A purposeful homogeneous sample (Patton 1990) was recruited to represent three distinct perspectives of key stakeholders during the referral, evaluation, and placement processes, and who could therefore provide in-depth contributions to the overall purpose of the study. The three homogeneous groups of participants were parents, teachers, and administrators. One focus group for each type of participant was conducted in each of the two sites, for a total of six focus groups (three at each site). The focus groups included 15 administrators, 11 teachers, and 5 parents for a total of 31 participants. Table 1 shows the distribution of the participants by site, participant role, and program type. Six participants were male and 25 were female. There were seven African American participants, eight Hispanic/Latino participants, and 17 European American participants. All parent participants had preschool children with diagnosed disabilities. Teacher focus groups were comprised of both classroom and special education teachers. Administrator focus groups consisted of principals, program directors, and district level administrators. Every effort was made to recruit professionals from diverse cultural, language, and socioeconomic groups.

Table 1 Focus group participants by site, participant role, and program type

Focus group sites	Administrators	Teachers	Parents	Public school participants	Head Start participants	Child care center participants
Urban site	7	7	3	9	9	1
Rural site	8	4	2	5	5	2
Total	15	11	5	14	14	3

Procedures

The research team included two focus group moderators (the principal investigator and the doctoral student who worked on the survey project), a bilingual interpreter fluent in both English and Spanish, a doctoral student assistant who entered field notes on a laptop computer during each focus group session and transcribed audiotapes of the focus group sessions, and a doctoral student who assisted with the data analyses. Each team member was trained for their particular work on the project and was supervised by the Principal Investigator. Recruitment began by contacting local school district ECSE coordinators that participated in the survey project and inviting them to participate in the focus group study. The local ECSE coordinators worked with research staff to recruit individual participants. Dates and locations of the focus groups were determined after the participants for each focus group were recruited.

Each focus group met for two hours in a location convenient to the participants. At the beginning of each focus group, a focus group script was read to describe the purpose of the study, the specific responsibilities of focus group participants, and the roles of the research team members. Then consent forms and demographic forms were explained, signed, and collected before beginning the data collection. Focus group questions were based on the results of the survey project described earlier (Hardin et al. 2007). The focus group protocols consisted of open-ended questions regarding: beliefs surrounding educational services for young children, including those with disabilities; current processes used during the referral, evaluation, and placement process; and suggestions for improving these processes for children who are ELLs, particularly from the Latino population. Follow-up questions were asked when more details were needed to clarify points or expand on initial responses. The semi-

structured questions and focus group script was piloted with individuals from similar roles to check for clarity and to refine any parts that were problematic. All focus group sessions were audiotaped to ensure accuracy. Also, field notes were entered into a laptop computer during the sessions. Demographic information was gathered in written form from each participant. All written and verbal communication was presented in the participant's home language (English or Spanish).

Data Analysis

Data were analyzed using constant comparative coding (Patton 1990). First, all field notes and audiotapes were transcribed into text files. Spanish audiotapes were translated during the transcription process. Second, codes were developed using key words or phrases that identified common themes within and across types of participants and sites. As categories emerged, a coding form was developed for each of the three types of participants (parents, teachers, administrators) with examples that defined each category. Percentages and frequencies were recorded on an Excel spreadsheet for each category by site and type of participant. The constant comparative process included reviewing and reorganizing the data throughout the analysis process until a final set of coding categories was developed. The data were coded and recoded using the final categories by trained doctoral student and the lead researcher independently. Interrater agreement was 89% across the data sets. Coding classifications were compared and differences discussed and reconciled, when possible, during the final stage of the analyses.

RESULTS

Major themes that emerged from the data concerning beliefs and practices about the referral, diagnostic evaluation, and placement processes are described below. Each of these aspects of the special education process is described below from the perspective of each type of participant, including similarities and differences.

Referral Process

Each group of participants was asked to describe the local special education referral process and how language and cultural differences for Latino children were addressed, including effective strategies and suggestions for improving the referral process. The participants identified the following major themes as the most challenging aspects of the referral process: (a) language barriers; (b) parent participation; (c) time constraints; (d) procedural issues, including insufficient coordination among professionals with each other and families.

Language Barriers

Administrators, teachers, and parents were in agreement that language was the primary barrier during the referral process. The main challenge was how to bridge written and oral communication differences between mostly English-speaking professionals and mostly Spanish-speaking parents. Reported difficulties were directly related to the lack of bilingual staff and trained interpreters that could help professionals and families establish collaborative partnerships, thereby enabling everyone to fully engage in the referral process. Even when interpreters were available to assist with the referral process, a variety of difficulties would occur, ranging from inadequate training on the screening tools, which impacted the validity of their results, to an inability to read and write English (even though the interpreter could speak English) to inappropriate people, such as siblings, serving as interpreters. As a consequence, administrators felt that student responses were sometimes marked as wrong precisely because of these problems.

To reduce the amount of inappropriate referrals, professionals suggested that schools districts hire and train more bilingual teachers and specialists to assist families during the referral process, although they were acutely aware that resources for this purpose were scarce at best. They suggested that the interpreters be trained on the screening tools as well as general early childhood terminology.

Parent Participation

Professionals consistently voiced the importance of parent participation in the referral process. They believed careful consideration of the overall home environment, including child rearing practices and family values,

should be a part of working with young Latino learners. In addition, they felt that language barriers prevented parents from providing schools with critical information that would allow for a more comprehensive picture of their children's home environment, family history, and factors influencing their children's development. Both teachers and administrators stressed the importance of providing referral information to parents in their home language so they could be fully engaged in this process. Interestingly, translated documents appeared to be less available in the larger, urban service area than the smaller, rural service area. One possible reason appeared to be the more personal connections established between school personnel and families in the rural area.

Administrators and teachers noted frequent discrepancies between screening results and information gathered through parent interviews and/or observations in the home. One administrator stated that involving parents during the screening process had helped eliminate unnecessary referrals. Another stated: "You know the parents' input is a big part of whether we should refer or not refer. We don't just solely go on what we see on the screening."

Parents stated they wanted to improve their English language skills and placed less emphasis on interpreters than school officials. In the words of one mother, "Above all, our greatest need is to learn English in order to communicate our ideas." Also, they felt that professionals were generally helpful in serving their children throughout the referral process. However, there was uncertainty about the meaning of some screening and referral activities.

Professionals noted factors that influenced family participation in the referral process. For instance, administrators felt it was sometimes difficult to build trust because of the illegal status of family members. Parents voiced similar challenges, "...I have known that there are some people who are somewhat timid when it comes to approaching the authorities of the United States." Furthermore, professionals worried that parents frequently agreed with them out of respect for their position, whether or not they truly understood the reasons for the referral. This perspective was confirmed by parents who stated that some family members were afraid and did not have the "courage to explain what they need."

Professionals also believed that because some parents did not fully understand the purpose of the referral process or because of differences in cultural beliefs, they denied the request for an evaluation saying, "There is nothing wrong with our child." Administrators and teachers felt that simply supplying parents with handbooks concerning their rights was not enough. They recommended parent education classes.

Time Constraints

Both administrators and teachers reported that the timelines required by federal and state laws were a contributing factor to mislabeling ELLs. For example, Head Start must identify developmental, sensory, and behavioral concerns of all children within 45 days of their entry into the program, while they have 90 days to determine the health status of new enrollees (U.S. Department of Health and Human Services 2008). Participants from one school district stated that all incoming prekindergarten children were screened prior to the beginning of school. Teachers, in particular, felt these practices were unfair and that ELL children needed more time to adjust to their new environment before screening them. They felt additional time would allow professionals to build trust with children and families so that more in-depth information related to the children's language proficiency and developmental skills could be gathered. As one speech/language pathologist stated, "I normally only refer right at the beginning of the year if there's something really obvious." She went on to say that she typically waited until after the winter holidays to refer ELL children so they have time to learn English. However, there was disagreement among administrators on this issue. Some administrators voiced concerns similar to the teachers. Others felt the shorter timeframe (e.g., 45 vs. 90 days, for example) was best because, "...we can start getting those services to children so that the earlier we start identifying a special needs child, the better." The overall recommendation of the professionals was that federal and state policies and regulations be realistically adjusted to accommodate the needs of ELL students.

Procedural Issues

A common theme generated by the administrators was concern for the lack of consensus on how to conduct and interpret observations. They felt teachers and other professionals misjudge or misdiagnose developmental cues due to a lack of training and experience with ELLs. Also, they felt a lack of clear guidance from the state and federal levels about how to screen ELL children, how to make decisions based on screening results, and how to provide appropriate services contributed to the overall confusion over whether or not to refer them. Another issue was the time lapse between the completion of the developmental screening and the beginning of the referral process while interpreters were located and then connected with families to ask permission for a formal evaluation.

Professional participants questioned the meaning of school readiness in the context of diverse cultural and family practices and the validity of screening results that led to referrals. Teachers and administrators were concerned about making judgments about the school readiness of young ELL children within the context of an inconsistent process using invalid tools and that was completed before children had a chance to acclimate to their new surroundings. More specifically, participants believed screening and assessment tools, mostly administered in English, frequently led to inaccurate results. Administrators, in particular, reported concerns regarding the cultural sensitivity of the screening instruments and professionals' preparation to use them properly. As one administrator commented, "The language portion of it [the instrument] in Spanish is different from the language portion in English, so it [accuracy of the results] does change...." However, teachers stated that if the child was a "functional communicator," usually no referral was made and additional adjustment time was provided. Therefore, nonverbal cues were identified as an important factor to consider during the screening process. Professionals strongly felt that the small percentage of ELL children who did not respond over time to nonverbal cues might have serious developmental delays. As one administrator stated, "Many children might not be able to do it [DIAL-3 sorting activity] at the beginning, and when they just watch you do it, all of a sudden, they can just do it...[but] the big red flag [occurs]...if the nonverbal component is just not there...those are the kids of my biggest concern."

Administrators identified coordination among professionals as another factor impacting families of ELL children. They reported commonly working with families that do not qualify for other services, such as public health services, in an attempt to reach underserved groups and address the needs of ELL children that have otherwise "fallen between the cracks."

Evaluation Process

Next, participants were asked to share their beliefs and knowledge concerning the diagnostic evaluation process once a child was referred, including how the needs of Latino ELL children were addressed during the evaluation process, what strategies proved to be effective, and suggestions for improving the evaluation process. Two major themes emerged, both of which concerned parents: (a) parent participation during the evaluation, and (b) a lack of understanding about the purpose of evaluations and the meaning of some procedures.

Parent Participation During the Evaluation Process

Administrators and teachers emphasized that families provide critical information regarding the children's needs and their home environment. However, they felt parents were often confused about what to share. Administrators suggested using a cultural navigator or a parent liaison to help families better understand and actively participate in the evaluation process, a successful approach used by the Head Start participants. Interestingly, the Head Start parent participants appeared to understand the purpose of the evaluation more accurately than the school district parents, suggesting the parent liaison approach used by Head Start was indeed more effective.

Professionals felt that using observations, parent interviews, and home visits, as well as culturally responsive assessment instruments and evaluation methods not only helped them respond to legitimate needs of the families, but also facilitated the evaluation process itself. They reported parent interviews and home visits helped them gain insights about the language(s) and developmental skill levels of the children to better distinguish language/cultural differences and learning difficulties. However, there was no consistent approach to

utilizing these methods for gathering information, not even within the same school system. Though parents indicated they were comfortable with professionals coming to their homes, some parents had to work during the time of the home visits and were unable to talk directly to the professionals. Instead, professionals had to gather information from babysitters who were sometimes less knowledgeable about the children.

Due to the shortage of interpreters or bilingual professionals, parents who spoke some level of English often did not receive interpreting services. For example, when asked if there was an interpreter at his child's evaluation, one father commented, "Only at one [the first evaluation] because they didn't know what level of English I had and for the other two, no, I was there directly with the therapist... I had to answer [questions] and so she knew whether or not I was understanding." The father felt this approach worked adequately, but the mother reported feeling left out of the process without an interpreter. She eventually stopped going to meetings related to her child's special education services. Teachers reported that in the present context, any Spanish-speaking member of the community could be used as an interpreter, even with little or no prior knowledge of the test content, which contributed to unreliable results and placement decisions. One parent stated that having forms and evaluation results in Spanish was helpful because even though he could speak some English, it was easier to understand written information in Spanish.

Additionally, administrators believed that interviewing teachers who have direct contact with the child could provide them with a more comprehensive image of the child's performance. They also voiced the need for greater flexibility in evaluation procedures, such as administering part or all of the assessments in both English and Spanish, to gain a more accurate picture of the children's skill levels.

Parents reported that evaluations took place in schools, evaluation centers, universities, or their homes. Although they trusted professionals' decisions, parents were unclear about the reason for the different locations and the procedures involved in the evaluation process. However, they reported a high level of satisfaction with professionals' work. Personal connections between parents and professionals contributed to greater understanding of the evaluation process. One parent described how a therapist had taken him and his child to school for an evaluation. The therapist helped him complete paperwork and explained that his child would most likely qualify for services, "She said [child] would have a good chance of getting in because he was premature and everything else [multiple delays]...and then she was right." Specifically, parents felt very positive about the support they received from the teachers in helping their children. Parents reported that they try to reinforce at home what the professionals are practicing in school to foster their children's development.

Placement Process

Focus group participants were asked to identify challenges and successful strategies as well as to make suggestions related to the placement process for Latino ELL preschoolers. Challenges similar to those experienced in the referral and evaluation process were identified in the placement process discussion including: (a) the impact of cultural and linguistic differences; (b) lack of sufficient information to help families understand the placement process; and (c) issues related to interpreters. Since these issues were discussed earlier, two other concerns, the IEP and service delivery processes, are discussed below.

All participants felt IEP meetings were intimidating and confusing for parents, especially in the context of language barriers and shortage of interpreters. As one professional participant commented, "...they [parents] know a little amount of English but then when you get into an IEP, the language is very specific and technical and...and you ask for goals...and the parents will not be able to verbalize everything at that point..." Parents also referred to the IEP meetings as being difficult and emotionally charged experiences, especially due to the language barriers. They stated that the inconsistent use of interpreters made IEP meetings an even more challenging task in the context of a new system they were struggling to understand. Because of the language difference, one mother worried if she was helping her child with disabilities effectively.

Teachers felt parents were not clear about the purpose and the procedures of the placement process and that they need more information and support to make informed decisions for their children. Although somewhat informed

of evaluation results and the options they had for their children, parents recognized that, either due to the lack of interpreters or the lack of understanding of the whole process, they seldom actively contributed to the decision-making process. Some parents noted they were impressed with the therapies their children received once the special education service began, even though the purpose of the therapy was not always clear. For example, one parent described the following experience:

One time something very strange happened to me. A therapist told me the child needed a backpack to put on his back, that he had to wear it in the house. I asked why and they explained that [the child], at the age he was at, didn't feel the surface of the ground that he was standing on, so with the backpack that weighed about two or three pounds [at] the most, that was going to maintain him. I found that strange. I said the therapists know why they suggested that, so I put it on him...and the boy changed his manner of being, of running around. He would sit well whereas before he didn't sit.

Other Identified Needs

In addition to the needs described above, participants in the focus groups suggested that facilitating transportation, providing child care support to allow parents to attend meetings, and maintaining flexible meeting schedules would significantly improve access to services and family participation. Administrators felt it was equally important to provide parents with more family-friendly information to help them be more prepared to participate in the referral, evaluation, and placement processes. One recommendation related to this aspect of service was a video that explained these processes and parental rights according to IDEA 2004.

DISCUSSION

This study investigated ways early childhood professionals address cultural and linguistic differences during referral, diagnostic evaluation, and placement processes for preschool Latino children who are ELLs and their families. The results suggest that although professionals are making efforts to address their needs, there are barriers that continue to impede teachers and specialists to serve this group more efficiently. Also, although parents appeared to be generally satisfied with the progress of their children, they were unclear about many of the procedures and the ways they could or should be involved in their children's education.

Four distinct gaps in services were identified. First, inconsistent screening and evaluation methods appeared to contribute to the disproportionate number of children being referred and placed in special education. Participants identified a number of strategies to address this problem, including: testing children's language proficiency in the home language and English prior to developmental screening; developing evidence-based home and school observation tools; including parent report tools to more accurately understand children's language experience, usage, and proficiency in both English and the home language; developing and validating screening and evaluation tools using methods to ensure fidelity; including consistent translation/adaptation procedures and representative samples; developing and implementing an interpreter training program; and providing pre- and in-service training for teachers on how to administer screening and assessment tools to ELLs.

Second, strategies need to be implemented that facilitate meaningful parent participation. The results of this study are consistent with previous research findings (Harry 2008; Xu 2007) that indicate family participation as a key, yet vulnerable part of this process. Parents need real opportunities to participate in their children's evaluations and throughout the entire process. Interpreting services and access to written information in their home language, as well as support to understand and navigate the systems in an informed manner are fundamental needs that still must be addressed more effectively. IEP meetings are often highly emotional experiences in which parents experience confusion and anxiety, and feel intimidated by their lack of understanding of the processes involved in the services they are about to be provided, as well as by the linguistic barriers that impede them to communicate. These facets of the process are truly concerning since according to federal and state laws parents should be informed and joint decision-makers for their children. Strategies for improving services include: methods for building on family strengths; the creation and implementation of cultural navigator programs to assist families during the referral, evaluation, and placement process; development of videos to explain the screening and referral, evaluation, and placement process and

parental rights to families in their home languages; greater coordination with local agencies, universities, and other community groups to translate materials into home languages; and greater utilization of trained interpreters during the referral, evaluation, and placement process.

Third, a lack of professional development on methods of screening and evaluating as well as appropriate instruction for ELLs is needed. For example, intentional professional development on cultural practices, second language acquisition, and methods for addressing home cultures in IEP goals would benefit children, parents, and professionals. Also, incorporating experiences in professional development programs with children and families from unfamiliar communities would help increase the cultural competency of professionals.

Fourth, inconsistent and outdated policies pertaining to ELL children need to be revised, including: a re-examination of timelines for screening ELL children; avenues for making bilingual services available to both children and families; and additional funding to support training and materials for parents and professionals. Additionally, the reauthorization of IDEA 2004 contains several changes that could be used to improve services for ELL children. For example, under IDEA 2004 states are allowed to use 15% of their budgets for early intervening services prior to labeling a child in grades K-12. Some states have chosen to include preschool children. This mandate provides an opportunity for local school districts to sort through contextual factors that may be prohibiting expected learning outcomes, such as cultural and linguistic differences. Early intervening approaches such as Response to Intervention (RTI) and Recognition and Response (R&R), for example, hold promise as systematic methods for distinguishing learning and language/cultural differences for ELL children (Coleman et al. 2006; Division of Early Childhood 2007).

This study has limitations due to the small sample of participants, particularly the number of parent participants. Also, this study was conducted in only two locations in North Carolina. Therefore, additional research should be conducted to replicate these methods and further examine these issues with larger samples with participants from more diverse sites and educational programs.

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