

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

ENGLISH LANGUAGE PROFICIENCY POLICY

Revised and Approved September, 2008

The Department of Communication Sciences and Disorders (CSD) respects individual differences with regard to the cultural and linguistic backgrounds of its students and faculty. We hold similar regard for the clients and families who are served within the John W. Keys Speech and Hearing Center (JKSHC) and its clinical affiliates. An important part of our mission is to educate speech-language pathologists and audiologists who will be able to work effectively with individuals from culturally and linguistically diverse populations.

While diversity is welcome, we also recognize that our department operates within a predominantly English language community. The majority of clients for whom students will provide clinical services will be either native or non-native users of English, and, for this reason, all students must demonstrate proficiency in the comprehension, production, and use of English before being permitted to enter required clinical rotations. Proficiency is not required for the completion of clinical observation or shadowing activities.

Students who are proficient in English but whose use of an accent or a non-standard dialect is problematic in specific clinical practica may be permitted to enter clinical rotations if simultaneously attending counseling sessions to acquire strategies for improving their use of Standard English.

The Department of CSD has developed policies that address situations where students in clinical preparation programs demonstrate either 1) limited English proficiency or, 2) proficient English with use of an accent or non-standard dialect. These policies are consistent with related position statements published by the American Speech-Language-Hearing Association (ASHA) and they are described below.

I. Limited English Proficiency

According to ASHA (1998a, p. 3), individuals in this group of applicants are those, “**who learned their first language (s) and are in the process of learning English as a second language, but who have not yet acquired proficiency in English.** This group includes those persons who have moved to the United States permanently or temporarily, such as to attend college. “

The responsibility for program admission rests with the departmental Graduate Admissions Committees. Criteria considered for acceptance include GRE scores, TOEFL scores (where appropriate), cumulative GPA for the last sixty hours of

undergraduate coursework (or the sum of graduate credits completed where a minimum of 12 graduate cr. hrs. is required), letters of recommendation, a written career goal statement, and an interview. Applicants for whom English is a second language must earn a minimum score of 600 (paper-based), 250 (computer-based), or 100 (internet-based) within two years prior to application on the *Test of English as a Foreign Language* (TOEFL). In addition to competence in English reading and writing as measured by the TOEFL, admission is determined by whether or not the applicant demonstrates the receptive (auditory) and expressive (verbal) English language potential to complete the post-baccalaureate degree where information is delivered in English. The responsibility for monitoring the academic progress of all students, once enrolled, rests with the department's Academic Progress Committees (APCs) in Speech-Language Pathology and in Audiology. In instances where a student's satisfactory production of crucial phonetic or morpho-syntactic detail cannot be certified for clinical modeling after a reasonable course of counseling and/or direct instruction, possible options available to the student may include: a) completion of Master of Arts (M.A.) or Doctor of Audiology (Au.D.) academic course work with subsequent clinical placement in the country or region of origin, b) consideration for admission into an alternative non-clinical, research degree track (e.g., M.S., Ph.D), and/or c) dismissal from the professional clinical degree program (M.A., Au.D.). The length of a "reasonable course" will be determined by the APC in consultation with the student.

II. English Proficiency With Use of Accents and/or Non-Standard Dialects

According to ASHA (1998a, pp. 1-2), "an accent refers to a *phonetic* trait from a person's original language (L1) that is carried over a second language (L2); whereas, a dialect refers to sets of differences, wherever they may occur, that make one English speaker's speech different from another's (Wolfram & Fasold, 1974)." (italics added)

The American Speech-Language-Hearing Association (ASHA, 1998b) holds that,

"...students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, ***and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem.*** All individuals speak with an accent and/or dialect; thus, the nonacceptance of individuals into higher education programs or into the professions solely on the basis of the presence of an accent or dialect is discriminatory. Members of ASHA must not discriminate against persons who speak with an accent and/or dialect in educational programs, employment, or service delivery, and should encourage an understanding of linguistic differences among consumers and the general population." (bold italics added)

The Department of CSD subscribes to ASHA's position statement with respect to non-discriminatory practices for individuals who are proficient in the English language but who speak English with accents and/or who use non-standard dialects in spoken or written communication. Such speakers might be either CSD program applicants or enrolled students, for example, who comprehend, produce, and use English competently but whose speech may be influenced by the phonology of another language(s) or be heavily influenced by a non-standard variety of American English (ASHA 1998a). The Department of CSD does not apply unique admission standards to these individuals nor does it recommend limiting the practicum experiences of such individuals once admitted.

As referenced above, if students are able to provide accurate target *phonemic* or morpho-syntactic therapy stimuli for their clients, (e.g., in cases where the *phonetic* variations of accented verbal models are irrelevant), then CSD policy guidelines align with ASHA's (1998a) recommendations for provision of informational counseling sessions for students. In these sessions, students are simply provided with strategies for the more effective use of Standard English. ASHA does not provide guidance for circumstances where an accent/dialect prevents the accurate rendition of crucial phonetic detail that may be central to clients' articulatory or phonological treatment goals. When students are unable to provide appropriate models for target skills that depend crucially on dialect-specific phonetic detail, then more direct accent or dialect instruction may be required. The purpose of either a counseling or a direct instruction approach would not be to extinguish students' individual linguistic differences, but rather to proactively provide them with complementary language tools that they can use at will for their academic and professional success.

Clinical rotations begin during the first semester of enrollment within the Doctor of Audiology (Au.D.) program and the Master of Arts (M.A.) program in Speech-Language Pathology. It is therefore the responsibility of the faculty who coordinate student admissions to provide advance guidance for individuals who have been accepted into clinical programs but whose future enrollment in practica may be accompanied by accent/dialect counseling or direct instruction sessions. The responsibility for monitoring the academic progress of all students, once enrolled, rests with the department's Academic Progress Committees (APCs) in Speech-Language Pathology and in Audiology. In instances where a student's satisfactory production of crucial phonetic or morpho-syntactic detail cannot be certified for clinical modeling after a reasonable course of counseling and/or direct instruction, possible options available to the student may include: a) completion of M.A. or Au.D. academic course work with subsequent clinical placement in the country or region of origin, b) consideration for admission into an alternative non-clinical, research degree track (e.g., M.S., Ph.D.), and/or c) dismissal from the professional clinical degree program (M.A., Au.D.). The length of a "reasonable course" will be determined by the APC in consultation with the student.

References

American Speech-Language-Hearing Association. (1998a). *Students and Professionals*

| *Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations* [Technical Report]. Available from www.asha.org/policy

American Speech-Language-Hearing Association. (1998b). *Students and Professionals Who Speak English With Accents and Nonstandard Dialects: Issues and Recommendations* [Position Statement]. Available from www.asha.org/policy