

Recommendations for Working with Bilingual Children (Updated May 2011)

Introduction

In the world today bilingualism and multilingualism are a frequent phenomena and this has prompted the Multilingual Affairs Committee of the IALP to prepare suggestions for working with children with speech and language delay or disorders in culturally and linguistically diverse communities. These children may be bilingual, multilingual, or monolingual speakers of a minority language. We hope this information will help you to formulate guidelines in accordance with the specific needs of your own community.

Bilingual children, like all bilingual speakers, are a very heterogeneous group. There are many terms to describe the numerous ways children learn two languages and the degree they master them. Two broad categories have been proposed to describe bilingual acquisition, simultaneous and successive/sequential bilingualism. While simultaneous acquisition refers to the regular exposure to two languages since birth, successive acquisition describes exposure to a second language after there has been considerable development in a first language. Regardless of the acquisition pattern, it is important to keep in mind that comparisons of language proficiency among bilingual children warrants the individual attention of each bilingual child's experiences in each language over time, including languages used at home and school, and in the community.

For practical purposes, rather than describing each situation of bilingual acquisition, we use the term bilingualism as referring to the knowledge and/or use of two or more language codes (bilingualism or multilingualism). An individual will be regarded as bilingual regardless of the relative proficiency of the languages understood or used. A minority language is a language, which in contrast to the language used by a larger majority and media, is spoken by a smaller community or group. Some practical recommendations are given throughout these guidelines to tap into individual language experiences that result in proficiency differences in the bilingual child's two languages. These recommendations apply to children exposed to two languages (bilingual environment) or three or more languages (multilingual environment). The sections below deal with language delay/disorders, phonology and literacy. A bibliography is provided with summaries of some of the relevant research that has been published.

SECTION ONE
Language Delay/Disorders

There are individual differences in all language development and this will apply as well to children from bilingual, multilingual, and language-minority backgrounds. Therefore, clinical decisions made on the assessment and intervention with any child should take into account these individual differences, i.e. family background, the family's attitudes toward maintaining the home language(s), and also practical considerations regarding the availability of human and material resources to carry out intervention plans.

Bilingual children differ from one another in two very important aspects and these should be considered when treating a child:

1. They may be members of a minority group where the language is less widely spoken, has lower social status, may be associated with less or no socioeconomic power, and may receive less institutional support (e.g., Cantonese in Canada and USA, Spanish in USA, Turkish in Germany). They may belong to a majority group where the language is widely used, has high social status, is associated with sociolinguistic power, has institutional support from governments (e.g., English in America and Canada; German in Germany.)
2. The second factor to consider is whether they have learned two languages simultaneously from infancy (they have been given opportunities to learn two languages from birth, although not necessarily equal opportunities), or have learned a second language after a first has been established. There is no definitive cut-off age demarcating bilingual from second language acquisition but many researchers accept age 3 because a first language is well established at that point. These differences are discussed in the book by Genesee, Paradis, and Crago (2004).

It is apparent that the assessment of many aspects of children's speech and language requires specific background and skills. To provide assessment and remediation services in the minority language, it would be ideal if the speech-language therapist could have native or near native fluency in both L1 and L2. But it is recognized that in many countries this is not possible. Ideally, interpreters trained to work with speech/language therapists are recommended. These interpreters have to receive extensive training on the purposes, procedures and goals of the tests and therapy methods. They should also be taught to avoid the use of gestures, vocal intonation, and other cues that could aid the child during test administration. It would be helpful to use the same interpreter with any given minority

language group. The therapist should acknowledge the use of an interpreter in a written evaluation.

Case history

A full language background history should be taken for each language:

- When each language was first heard in the home
- What language is used at school
- It is important to estimate the amount of input from each parent in each language
- The level of language proficiency for each parent should also be established
- Attitudes to the use of each language in the home and for instructional purposes should be ascertained
- Language used with siblings should be noted.

Assessment

Therapists may choose formal or informal assessment materials. However, systematic standardized formal testing is not available in all languages. Practitioners knowledgeable in both the culture and languages of the bilingual/multilingual child can create their own informal testing procedures. These methods lend themselves to the assessment of bilingual individuals more readily than formal methods, as stimulus materials may be freely adapted to the child's language and culture. It is important to stress that test translations should not be used when not adapted to the language and culture of the child. Descriptive assessment materials devised for one population may need careful adaptation or revision to avoid cultural bias when used with another population. Ideally both languages should be tested.

The following best practices for culturally and linguistically diverse populations should be taken into account for all age groups:

- Normative data from formal tests normed on monolingual speakers cannot be applied to bilingual speakers. Currently there are limited tests available for the bilingual paediatric population. If attempting to translate a test into another language, the test should be carefully adapted into that language and culture, preserving idiomatic use of syntactical complexity, and so forth. Interpretation of results should be made with caution and normative data should not be referred to.
- Self devised tests that are culturally sensitive should be considered for qualitative interpretation and the establishment of a baseline for future reference. Assessment at the level of discourse (narrative, procedural etc..) may be a useful culturally-sensitive assessment tool for all age groups. For children who are not yet at this stage of

development, a developmental scale of functional communication should be administered for both languages.

- **Mode:** Consideration should be given to the question whether the assessment should be in monolingual mode (where only one language is spoken) or bilingual mode. Code switching (which has been defined by Romaine, 1995, and others as the combined use of two languages (i.e., words, phrases, sentences, etc.) within the same utterance) does not necessarily indicate that the child is confusing the two languages. It may in fact be a strategy for effective communication. In such cases it is recommended that an assessment be conducted to determine whether the child can in fact produce the word or syntactic structure correctly in the other language.
- Clinical experience has shown that obtaining a communicative score for a pre-school child can be useful. This means taking into account the vocabulary used in L1 while testing in L2 (or vice versa). When a child is being tested in one language and gives answers in the second language these should be taken into account as well. This may indicate the child's ability to communicate when conversing with people who know both languages.
- When possible the performance of a child on an assessment procedure, should ideally be compared to that of an age-matched normally developing bilingual. This matched child should be from a similar background with respect to combination of languages spoken, as well as the amount and type of exposure to each language (for example, a child from the same class or same family).

Therapy

In general one finds greater carryover of results from one language to the other if the targeted structure is language-universal. For instance, if word order is important for both languages, and word order retains a similar structure for both languages, then targeting a structure in L1 may generalize to L2. On the other hand there may not be generalization across languages when their structures are very different and the child may need therapy in each of the languages.

- It is now thought that children with language impairment should ideally receive bilingual language therapy instruction in order to maintain and promote their L1 skills while also helping them to learn L2. (Roseberry-McKibbins, 2002, p 205). The author believes that children will learn faster and more thoroughly and experience less language loss if they learn in these ideal bilingual situations.

Unfortunately it is not always possible or practical to provide bilingual therapy and so it is recommended that parents receive guidance on how to help develop L1 at home.

- The language of the home should never be changed to adapt to the language of therapy or education, as this will lead to loss of language that has already been acquired.
- The decision as to which language to treat should be done in consultation with the parents. The parents' attitude towards maintaining the home language is very important and must be considered. However, it should be pointed out to them that working in the stronger language initially may be to the child's benefit, even if it is not the language of education.
- The language skills acquired in the treated language may transfer later when the language is targeted in therapy. Working in the stronger language may necessitate making use of interpreter services.
- In the case of children with deficits in the semantic and pragmatic areas of language, it is possible to work in both languages simultaneously as these aspects of language are generalisable across languages and rely on the same cognitive skills regardless of language.
- Parent involvement is critical in working with bilingual children and they should constantly be informed of the principle guiding the choice of language for intervention. The amount and quality of input that children receive in each language will determine how proficient they may become in each language.
- Parents should be well informed about facilitation techniques for language acquisition and should use opportunities for language stimulation if the child is to become bilingual (e.g.,telling stories, watching videos, singing songs in the second language).

Bibliography

Genesee,F., Paradis, J. and Crago, M.B. (2004). *Dual Language Development and Disorders. A Handbook on Bilingualism and Second Language Learning*. Baltimore: Paul H. Brookes Publishers.

This book provides an excellent up to date summary of research findings and theoretical perspectives on Language and Culture, the language-cognition connection, bilingual language acquisition, code mixing, second language acquisition in children, schooling in a second language, and a whole chapter on assessment and intervention for children with dual language disorders.

Gutierrez-Clellen V. F. *Journal of Speech Language Pathology*, 8, 291-302.

The author provides an extensive overview of the available research She concludes that the literature on bilingual education suggests that children who are learning two languages “may benefit from a bilingual approach in intervention.” and that “There is no evidence that a

bilingual approach in intervention would ‘confuse’ or tax the learning abilities of children with disabilities” An extensive bibliography is provided.

Romaine, S. *Bilingualism* (2nd ed.). Oxford: Blackwell, 1995.

Roseberry-McKibbin, C. Principles and strategies in intervention. In A.E. Brice (Ed.). *The Hispanic Child: Speech, Language, Culture and Education*. Boston: Allyn and Bacon, 2002

Thordardottir, E.T. Weismer, Susan, E. and Smith, M. E. Vocabulary Learning in bilingual and monolingual clinical intervention, *Child Language Teaching and Therapy*, 13 (3), 215-227, 1997.

This study used a single –case alternating treatment design to compare effectiveness of monolingual and bilingual clinical treat approach in teaching English vocabulary to a bilingual child with language impairment. The conclusion reached by the authors is that bilingual intervention does not restrict language growth compared to monolingual treatment and is ,therefore, desirable since it avoids important negative aspects that result from eliminating either language of children who live in a bilingual environment

Wyatt, T. A. Assessing the communicative abilities of clients from diverse cultural and linguistic backgrounds. In D. Battle (Ed.). *Communication Disorders in Multicultural Populations* (3rd ed.). Boston: Butterworth-Heinemann 2002.

This chapter provides guidelines to implement realistic and sensitive services with clients from culturally and linguistically-diverse communities. To accomplish this goal, the chapter describes how several important cultural and linguistic areas in the clients’ background can have an impact on the various steps of the assessment process (i.e., case-history interview, test administration and interpretation, diagnosis, and report writing). The chapter describes important background areas to consider such as cross-cultural differences in communication styles, views toward health, illness, and disability; nature and prevalence of the communication disorders; and language differences.

SECTION TWO

Developmental Articulation and Phonological Disorders.

Typical Development

1. *Simultaneous and successive bilinguals may differ.* For example, de Houwer’s (1995) case study of simultaneous acquisition of Dutch and English showed development that did not differ from monolingual peers in either language. In contrast, studies of successively bilingual Cantonese-English indicate developmental speech error patterns that differ from those exhibited by monolinguals (e.g., Dodd, So and Li, 1996).

2. *The pattern of research findings is likely to differ according to the language pair acquired.* Most research on bilingual children’s acquisition of language has focused on children acquiring two languages from the same language family, e.g., English and French where the predominant language structures are similar (Zhu and Dodd, 2006).

Little is known about bilingual language acquisition involving different 'languages pairs'. For example, Navarro, Pearson, Cobo-Lewis and Oller (1995) analysed the phonology of 11 successive bilingual Spanish-English pre-school children, concluding that their acquisition differed from that of monolinguals but that bilingual children were *less* likely to use uncommon error processes. Meanwhile, Holm and Dodd (1999a) and Dodd, So and Li (1996) report some developmental patterns of bilingual Cantonese-English that were atypical of monolinguals; the latter 2 languages have very different phonologies.

Disorder

1. Evidence of phonological disorder in all languages spoken. Evidence from case studies of Cantonese/English-speaking bilingual children (Holm & Dodd, 1999b), and two Welsh/English-speaking bilingual children (Ball, Müller and Munro, 2006) suggest that a single deficit underlines disorder in the two phonological systems of bilingual children.

Assessment

The general principles of assessing children with a **phonological** disorder apply with bilingual children except that we are dealing with more than one language. We need to:

Attempt to examine phonological skills in both languages and elicit single word and connected speech samples in both languages.

Describe errors/error patterns in *each* language

1. Common error patterns (e.g., cluster simplification)
2. Uncommon errors (e.g., initial consonant deletion)
3. Cross-linguistic effects (not true errors so not treated) It is only possible to distinguish 'true errors' as opposed to language interference when there is normative data available on the bilingual development of the languages being acquired.
4. Dialect features (not true errors so not treated)

Choose language of intervention

Bilingual Approach

1. Focus on elements common to both languages (e.g., /s/)
2. Treat error patterns (or sounds in error) exhibited with similar rates in both languages
3. Treat error patterns (or sounds in error) exhibited with dissimilar rates in both languages

Cross-Linguistic Approach

1. Focus on skills unique (i.e., non-overlapping) to each language
2. Treat error patterns (or sounds in error) exhibited in only one language

2. Therapy on the phonological system of one language will NOT affect the other language.

However, intervention that focuses on motor production of speech sounds (articulation therapy) in one language will generalise to the other language (Holm, Dodd and Ozanne, 1997).

References

Ball, M., Müller, N. and Munro, S. (2006). Phonological development and disorder of bilingual children acquiring Welsh and English. In Zhu, H. and Dodd, B. *Phonological Development and Disorders: A Multilingual Perspective*. Clevedon: Multilingual Matters.

de Houwer, A. Bilingual language acquisition. In P. Fletcher and B. MacWhinney (Eds.). *The Handbook of Child Language* (pp. 219-250). Oxford: Basil Blackwell, 1995

Dodd, B., So, L. and Li, W. . Symptoms of disorder without impairment: the written and spoken errors of bilinguals. In B. Dodd, R. Campbell and L. Worrall (Eds.). *Evaluating Theories of Language*. London: Whurr Pub.1996.

Holm, A. and Dodd, B. A longitudinal study of the phonological development of two Cantonese-English bilingual children. *Applied Psycholinguistics 1999a* **20**, pp 349-376.

Holm, A. and Dodd, B. An intervention case study of a bilingual child with phonological disorder. *Child Language Teaching and Therapy 1999b* **15**, pp 139-158.

Holm, A., Dodd, B. and Ozanne, A. Efficacy of intervention for a bilingual child making articulation and phonological errors. *International Journal of Bilingualism 1997* **1**, (1): 55-69.

Navarro, A. Pearson, B. Cobo-Lewis, A. and Oller, D.. Early Phonological Development in Young Bilinguals: Comparison to Monolinguals. Paper presented to the American Speech, Language and Hearing Association Conference.1995

Zhu, H. and Dodd, B. (Eds.). 2006) *Phonological Development and Disorders: A Multilingual Perspective*. Clevedon: Multilingual Matters.

Selected Bibliography

Holm, A., Dodd, B., Stow, C. and Pert, S. Identification and differential diagnosis of phonological disorder in bilingual children. *Language Testing*1999, **16**, 271-292.

This paper presents data collected from 35 bilingual children acquiring Pakistani heritage languages and English. The children were assessed in their mother tongue and in English. The phonological processes present are outlined with examples. In addition detailed data are presented from two children. The data support the suggestion that for any language it is necessary to develop normative data for both monolingual and bilingual acquisition.

Holm, A., Dodd, B., Stow, C. and Pert, S. Speech disorder in bilingual children: four case studies. *Osmania Papers in Linguistics*,1998, **22-23**, 46-64.

This paper presents data from four children acquiring Pakistani heritage languages and English. The data supports the idea that bilingual children develop two separate phonological systems and need to be assessed in both languages they speak.

Stow, C., and Dodd, BA survey of bilingual children referred for investigation of communication disorders: a comparison with monolingual children referred in one area in England. *Journal of Multilingual Communication Disorders*, 2005, *3 (1)*: 1- 23.

This paper presents evidence that bilingual children in the UK who speak Pakistani heritage languages and have speech disorders are not being identified by referral agents.

Stow, C., and Dodd, B. Providing an equitable service to bilingual children in the UK: a review. *International Journal of Language and Communication Disorders*, 2003 **38**, 4, 351-377.

This paper gives an overview of all the factors which clinicians need to consider in providing an equitable service to all their clients, no matter what language or combination of languages they speak.

Stow, C. and Pert, S. The development of a bilingual phonology assessment. *International Journal of Language and Communication Disorders*, 1998 **33**, Supplement, pp338-342. This paper describes the process of developing a phonological assessment for Pakistani heritage languages. This may help in the development of phonological assessments in other languages

Yavas, M., & Goldstein, B. Phonological assessment and treatment of bilingual speakers. *American Journal of Speech Language Pathology*, 1998, 7, pp 49-49-60.

Zhu, H. and Dodd, B. (Eds.). (in press) *Phonological Development and Disorders: A Multilingual Perspective*. Clevedon: Multilingual Matters.

The book takes a multilingual perspective on phonological acquisition and disorders and addresses 12 different languages. It includes chapters by individual researchers or teams examining typical and atypical acquisition data from monolingual or bilingual children. Such data are useful for clinicians providing evidence relevant for clinical assessment and intervention of multilingual children with speech and/or language disorders.

SECTION THREE

Assessment of Literacy

Family based reading risk factors are critical in later literacy acquisition problems in young children. The identification of the risk levels are therefore crucial, in addition to a communication case history of the child (Specific Language Impaired pre-schoolers are high-risk for reading disabilities in any language).

A. Determine the size of the reading difficulties risks via a questionnaire. The more variables present the higher the risk (Hammer, Miccio, & Wagstaff, 2003):

- Child and family history of learning/reading disabilities
- Home languages (including nonstandard dialect) that are different from the school language(s)
- Low socio-economic status and one-parent family
- Minimal opportunities for verbal instruction
- Minimal support for literacy development.

B. Obtain a profile of the child's home literacy environment: In preschoolers, home language input and literacy support levels were found to be critical in predicting later school success in both monolinguals and bilinguals (Snow, Burns, & Griffin, 1998).

Develop your own scales to obtain a numeric value for each variable below. Even-numbered scales clearly separate positive or negative values (e.g. 0-3 or 1-4, etc.):

- *The value placed on literacy:* how much the parent reads and writes (for any purpose) and encourages their children to read. The less the parent uses literacy the lower the child's achievement.
- *The press for achievement:* how much direct reading instruction parents provide e.g., school related concepts and script, respond to the child's reading interest, belong to a local library or a cultural centre that includes home language library, and express their expectations for achievement.
- *The availability and use of reading materials:* how many adult and children's books, newspapers, and magazines (in home languages and/or school language) are in the home.
- *Parent-child reading frequency:* how often and for how long.

C. Observe and describe the mother-child reading interaction:

- Have the parent bring a few of their child's favourite books to the meeting, in their preferred language, and observe the style of reading and interaction. Is it dialogic, i.e., does the child participate as in two people having a conversation about the book or is he expected to listen only? Does he ask questions about the story? And what is the child's attention span in this activity?
- Does he know the print directionality? Can the child recognize any words? If the language is alphabetic, does the child know the names of letters? Can the child recognize named letters? Can he reproduce dictated letters? (Dodd & Carr, 2003)

D. Obtain a reading profile: In preschool children, assess phonological awareness in the family language, via the parent as presenter of the stimuli. In school age children, determine whether literacy is being taught in the home language. If it is, then interview the child's teacher to obtain information on the child's reading status and mode of learning. Develop an appropriate questionnaire for this purpose: include questions on reading decoding, comprehension, spelling, and writing, and whether the skills are worse, same, or better than same language peers.

Determine the language(s) the child will be schooled in and whether it is already one of the child's languages. If it is then assess reading in the school language:

- ◆ Give an oral language test: especially important is the language comprehension portion. A comparison of this result with the reading test results will help you determine the presence of dyslexia versus a generalized reading disability.
- ◆ Examine phonological awareness using Dynamic Assessment strategies such as Graduated Prompting (Laing & Khami, 2003) to examine rhyming, first and final sound recognition, syllable & sound counting, segmentation, and blending.
- ◆ Give a spelling task based on the word features of the school language: invented spelling is highly correlated with phonemic awareness (Viise, 1994; Lombardino, Bedford, Fortier, Carter, & Brandi, 1997).
- ◆ Use an early reading test to determine the child's reading development level in the school language.

Note: When no test exists: collaborate on constructing a test based on the Test of Early Reading Ability (Reid, Hresko & Hammill, 1991). Criterion-referenced measures work better with culturally and linguistically diverse children than norm-referenced standards (Battle, 2002). The former compares a child's performance on specific skills to pre-determined criteria, usually based on developmental information. In addition, think of constructing an Informal Reading Inventory (Burns & Roe, 2002). Obtain the reading standards for all grades from your local school boards or schools. The focus here is profiling the child's reading skills and needs. Share your instruments with other clinicians to obtain performance data.

References

Battle, D. Language development and disorders in culturally and linguistically diverse children. In D. Bernstein & E. Tiegerman-Farber (Eds.), *Language and Communication in Children*. Boston: Allyn & Bacon. 2002, pp.354-386.

Burns, P.C., & Roe, B.D *Informal Reading Inventory: preprimer to twelfth grade*. Boston: Houghton Mifflin Company. 2002.

Dodd, B. & Carr, A., Young children's letter-sound knowledge: *Language, Speech, and Hearing Services in Schools*, 2003 34, pp128-137.

Laing, S., & Khami, A.,. Alternative assessment of language and literacy in culturally and linguistically diverse populations. *Language, Speech, and Hearing Services in Schools*, 2003 34,pp 44-55.

Lombardino, L.J., Bedford, T., Fortier, J., Carter, J., Brandi, J., Invented spelling: developmental patterns in kindergarten children and guidelines for early literacy intervention. *Language, Speech, and Hearing in Schools*, 1997, 28, pp333-343.

Reid, D.K., Hresko, W., & Hammill, D. *Test of Early Reading Ability*. Austin, Texas: Pro-Ed. 1991.

Scheffner-Hammer, C.S., Miccio, A.W., & Wagstaff, D.A. Home literacy experiences and their relationship to bilingual preschoolers' developing English literacy abilities: an initial investigation. *Language, Speech, and Hearing in Schools*, 2003,34, pp20-30.

Snow, C., Burns, M.S., & Griffin, P. *Preventing Reading Difficulties in Young Children*. Washington, D.C.: National Academy Press.1998.

Viise, N., *Word Feature spelling: diagnosis of processing word knowledge*. Virginia: University of Virginia press. 1994.

Acknowledgement

The recommendations made are based on guidelines and position statements compiled by the *South African Speech Language and Hearing Association*, *The American Speech –Language-Hearing Association* and *The Royal College of Speech and Language Therapists, UK*, and clinical experience of members of the Multilingual Affairs Committee.

Thanks are due to Heila Jordan , Jose Centeno, Helen Grech and Yvette Hus for their contributions and help in preparing these suggestions. Special thanks are due to Yvette Hus for writing the literacy section and to Barbara Dodd and Brian Goldstein for reorganizing the phonology section.

Marion Fredman

SUGGESTED BIBLIOGRAPHY

BOOKS

Baker, C. (2006) *Foundations of Bilingual Education and Bilingualism* Multilingual Matters

Bialystok, E. (2001). *Bilingualism in Development: Language, Literacy, and Cognition*. Cambridge, UK: Cambridge University Press.

Cummins, J. (2000). *Language, Power and Pedagogy: Bilingual Children in the Crossfire*. Clevedon, UK: Multilingual Matters Ltd.

De Bot, K., Lowie, W., & Verspoor, M. (2005). *Second Language Acquisition: An Advanced Research Book*. London: Routledge.

De Houwer, A. (2009). *Bilingual First Language Acquisition*. Clevedon, UK: Multilingual Matters.

Edwards, V. (2009). *Learning to be Literate: Multilingual Perspectives*. Clevedon, UK: Multilingual Matters.

Genesee, F., Paradis, J., & Crago, MB. (2011). *Dual language development and disorders: A handbook on bilingualism and second language learning* (2nd ed.). Baltimore: Paul H. Brookes Publishing Co., Inc.

- Kohnert, K. (2008). *Language Disorders in Bilingual Children and Adults*. San Diego: Plural Publishing.
- McLeod, S. (2007, Ed.), *The international guide to speech acquisition*. Clifton Park, NY: Thomson Delmar Learning.
- Walters, J. (2005). *Bilingualism: The Sociopragmatic-Psycholinguistic Interface*. Mahwah, NJ: Lawrence Erlbaum.

CHAPTERS IN BOOKS

- Genesee, F. and Nicoladis, E. (2009) Bilingual first language acquisition. In E. Hoff and M. Shatz (eds), *Blackwell Handbook of Language Development* (pp. 324-342). Oxford: Wiley-Blackwell.
- Kampanaros, M., & Grohmann, K.K. (to appear). Profiling (Specific) Language Impairment in Bilingual Children: Preliminary Evidence from Cyprus. In V.C. Mueller Gathercole (ed.), *Bilinguals and Assessment: State-of-the-Art Guide to Issues and Solutions from Around the World*. Bristol: Multilingual Matters.
- Marinis, T. and Ozge, D. (2010) Measuring the language abilities of Turkish–English bilingual children using TELD-3: Turkish. In S. Topbaş and M. Yavaş (eds), *Communication Disorders in Turkish* (pp. 303-313). Bristol: Multilingual Matters.
- Meisel, J. (2004) The bilingual child. In T.K. Bhatia & W.C. Ritchie (eds), *The Handbook of Bilingualism* (pp. 91-113). Malden, MA: Blackwell.
- Paradis, J. (2009) Second language acquisition in childhood. In E. Hoff and M. Shatz (eds), *Blackwell Handbook of Language Development* (pp. 387-406). Oxford, UK: Wiley-Blackwell.
- Peña, E.D., & Bedore, L.M. (2009). Bilingualism in Child Language Disorders. In R. Schwartz (Ed.), *Handbook of Child Language Disorders* (pp. 281-307). New York: Psychology Press
- Rice, M. (2009) Children with specific language impairment: Bridging the genetic and developmental perspectives. In E. Hoff and M. Shatz (Eds.), *Handbook of Language Development* (pp. 411-431). Oxford, UK: Blackwell.

JOURNAL ARTICLES

- Armon-Lotem, S. (2010) Instructive bilingualism: Can bilingual children with specific language impairment rely on one language in learning a second one? *Applied Psycholinguistics*, 31, 253-260.
- Bedore, L.M. & Peña, E.D. (2008) Assessment of bilingual children for identification of language impairment: Current findings and implications for practice. *International Journal of Bilingual Education and Bilingualism* 11, 1-29.
- Bedore, L.M., Peña, E.D., Gillam, R.B., & Ho, T.-H. (2010) Language sample measures and language ability in Spanish-English bilingual kindergarteners. *Journal of Communication Disorders*, 43, 498-510.
- Bialystok, E. (2007) Cognitive effects of bilingualism: How linguistic experience leads to cognitive change. *International Journal of Bilingual Education and Bilingualism*, 10, 210-223.
- Cleave, P.L., Girolametto, L.E., Chen, X., & Johnson, C.J. (2010) Narrative abilities in monolingual and dual language learning children with specific language impairment. *Journal of Communication Disorders*, 43, 511-522.
- Conti-Ramsden, G.M., & Botting, N.F. (2006) Specific language impairment. *Encyclopedia of Language and Linguistics* (pp. 629-632). Oxford, UK: Elsevier.
- Damico, J.S., & Oller, Jr., J.W. (1983). The diagnosis of language disorders in bilingual children: Surface-oriented and pragmatic criteria. *Journal of Speech and Hearing Disorders*, 48, 385-394.

- Gathercole, V.M. (2010) Interface or face to face? The profiles and contours of bilinguals and specific language impairment. *Applied Psycholinguistics* 31, 282-293.
- Girbau, D., & Schwartz, R. G. (2008). Phonological working memory in Spanish-English children with and without specific language impairment. *Journal of Communication Disorders*, 41, 124-145.
- Gutiérrez-Clellen, V.F., Calderon, J., & Ellis-Weismer, S. (2004). Verbal working memory in bilingual children. *Journal of Speech, Language and Hearing Research*, 47, 863-876.
- Håkansson, G., Salameh, E.K., & Nettelbladt, U. (2003) Measuring language development in bilingual children: Swedish-Arabic children with and without language impairment. *Linguistics*, 41, 255-288.
- Jordaan, H. (2008). Clinical intervention for bilingual children: An international survey. *Folia Phoniatrica et Logopaedica*, 60, 97-105.
- Kambanaros, M., & van Steenbrugge, W. (2004). Interpreters and Language Assessment: Confrontation Naming and Interpreting. *Advances in Speech–Language Pathology*, 6(4), 247–252.
- Kohnert, K. (2010) Bilingual children with primary language impairment: Issues, evidence and implications for clinical actions. *Journal of Communication Disorders*, 43, 456-473.
- Kohnert, K., and Medina, A. (2009). Bilingual Children and Communication Disorders: A 30 Year Research Retrospective. *Seminars in Speech and Language*, 30, 219-233.
- Leonard, L.B. (2010) Language combinations, subtypes, and severity in the study of bilingual children with specific language impairment. *Journal of Communication Disorders*, 43, 310-315.
- Li, P., Sepanski, S., and Zhao, X. (2006) Language history questionnaire: A web-based interface for bilingual research. *Behavioral Research Methods*, 38, 202-210.
- Lyons, R., Byrne, M., Corry, T., Lalor, L., Ruane, H., Shanahan, R., and McGinty, C. (2008) An examination of how speech and language therapists assess and diagnose children with specific language impairment in Ireland. *International Journal of Speech-Language Pathology*, 10, 425-437.
- Paradis, J. (2004). On the Relevance of Specific Language Impairment to Understanding the Role of Transfer in Second Language Acquisition. *Applied Psycholinguistics*, 25, 67-82.
- Paradis, J. (2007) Bilingual children with specific language impairment: Theoretical and applied issues. *Applied Psycholinguistics* 28, 551-564.
- Paradis, J. (2005). Grammatical morphology in children learning English as a second language: Implications of similarities with Specific Language Impairment. *Language, Speech & Hearing Services in Schools*, 36, 172 – 178.
- Paradis, J. (2010). Response to commentaries on the interface between bilingual development and specific language impairment. *Applied Psycholinguistics*, 31, 119-136.
- Paradis, J., Crago, M., Genesee, F., and Rice, M. (2003) Bilingual children with specific language impairment: How do they compare with their monolingual peers? *Journal of Speech, Language and Hearing Research*, 46, 1-15.
- Paradis, J., Crago, M., and Genesee, F. (2005/6). Domain-specific versus domain-general theories of the deficit in SLI: Object pronoun acquisition by French-English bilingual children. *Language Acquisition*, 13, 33-62.
- Paradis, J., & Crago, M. (2000). *Tense and Temporality: A Comparison between Children Learning a Second Language and Children with SLI*. *Journal of Speech, Language, and Hearing Research*, 43, 834-847.
- Peña, E.D., Iglesias, A., & Lidz, C.S. (2001). Reducing test bias through dynamic assessment of children's word learning ability. *American Journal of Speech Language Pathology* 10, 138-154.

- Peña, E.D., Quinn, R., & Iglesias, A. (1992). The application of dynamic methods to language assessment: A non-biased procedure. *Journal of Special Education*, 26, 269-280.
- Purdie, N. & Oliver, R. (1999). Language Learning Strategies used by Bilingual School-Aged Children. *System*, 27, 375-388.
- Restrepo, M.A. and Kruth, K. (2000) Grammatical characteristics of a Spanish–English bilingual child with specific language impairment. *Communication Disorders Quarterly*, 21, 66-76.
- Thordardottir, E. (2010). Towards evidence-based intervention for bilingual children. *Journal of Communication Disorders*, 43, 523-537.
- Thordardottir, E., Rothenberg, A., Rivard, M.-E., & Naves, R. (2006). Bilingual assessment: Can overall proficiency be estimated from separate assessment of two languages? *Journal of Multicultural Communication Disorders*, 4, 1-21.
- Tsybina, I. & Eriks-Brophy, A. (2010) Bilingual dialogic book-reading intervention for preschoolers with slow expressive vocabulary development. *Journal of Communication Disorders*, 43, 538-556.
- Windsor, J. & Kohnert, K. (2004). In search of common ground-Part 1: Lexical performance by linguistically diverse learners. *Journal of Speech, Language and Hearing Research*, 47, 1271-1282.

JOURNALS

International Journal of Bilingualism

WEBSITES

Being Multilingual: <http://beingmultilingual.blogspot.com/>

Bilingualism in Children: Classifications, Questions and Problems:

<http://www.brad.ac.uk/staff/pkkornakov/bilHermeneus2000.htm>

Ethnologue: <http://www.ethnologue.com/>

For parents

The 30 Most Spoken Languages of the World: <http://www.krysstal.com/spoken.html>

Advice on bilingual Children for Parents: <http://www.huggies.com.au/parenting/advice/bilingual-children>