EXECUTIVE SUMMARY:

According to the position paper of the American Speech-Language and Hearing Association (ASHA) on social dialects, “no dialectal variety of English is a disorder or a pathological form of speech or language” (ASHA 1983, 2003). However, until the publication of the DELV tests produced under this contract there have been no speech and language instruments specifically designed and constructed to distinguish dialect and development from disorder for learners of dialects other than mainstream American English (MAE). Since several typical African American English (AAE) dialect features bear a superficial resemblance to disordered speech and language in mainstream speakers, they have often been mistaken for signs of disorder. As a result, AAE speakers have been disproportionately represented in speech and language caseloads and in special education. The University of Massachusetts (UMass) DELV project, described in this report, provides a remedy for this situation.

Older approaches to the assessment of children who were not adequately represented in the normative samples for commonly used diagnostic language tests included several options, including alternative response sets and local norms. The innovative DELV approach for diagnosis does not focus on differences among the dialect communities but upon their commonalities, many of which are not readily apparent to the practicing speech-language pathologist. The DELV brings to bear three important traditions in contemporary research: 1) the study of universal grammar and its acquisition, 2) descriptions of African American English within theoretical linguistics, and 3) the study of Specific Language Impairment (SLI) cross-linguistically. By focusing on advances in our understanding of normal child language acquisition, AAE, and SLI, P. I. Seymour and his colleagues isolated tasks capable of identifying disordered language ability at an abstract level deeper than dialect. In this way the DELV achieves equity in assessment across dialect communities.

The empirical research program to create the DELV tests included three stages: local pilot testing of candidate items; nationwide fieldtesting to establish developmental milestones for AAE learners; and standardization of the final selection of items with a normative sample of AA children. Subsequent to the contract, the items were normed a second time on the general U. S. population. Reliability and validity studies confirmed
that the tests are statistically sound. In all, close to 4,000 children were involved in the process.

The DELV Screening Test, the DELV Norm-Referenced Test, and the preliminary edition, the DELV Criterion-Referenced are effective for children ages 4 to 9, speakers of MAE as well as AAE. They have two types of items: identifier items (10 morphosyntax and 5 phonology on the screener) which reliably distinguish AAE from MAE speakers among the typically-developing children, and 133 diagnostic items in Syntax, Semantics, Pragmatics, and Phonology, which reliably distinguish typical development from language disorder, regardless of dialect. These 133 items, 17 in the Screening Test and 116 in the Norm-Referenced and Criterion-Referenced, capture abilities developing in that age range, show no performance differences between AAE and MAE speakers, and discriminate clearly between typically developing and impaired children.

In this framework, creating a test for AAE learners did not involve “lowering the bar” so AAE speakers who failed traditional tests could succeed. In fact, the bar was raised for everyone. AAE and MAE learners who differ with respect to many elements of morphosyntax and phonology, can show their equivalence in a series of subtle semantic, pragmatic, and syntactic constructions. The DELV is a rigorous assessment resulting in no performance gap between black and white children.
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