

- **Pronoun confusion, such as “he/she,” is quite common during second language learning, and is not a sign of a language disorder.** Rather, it is a reflection of limited experience in using the second language. Experience and opportunity for practice are major factors in appropriate pronoun development for both monolinguals and second language learners. For example, later-born children tend to learn to use pronouns earlier than their siblings due to the increased chance of hearing pronouns being used in multiple person conversations.
- **Children who are outgoing and adventurous seem to learn the second language faster than those who are shy and introverted.** These personality traits are more likely to lead the child toward increased exposure to the second language and create more opportunities for language practice.
- **Children often transfer rules of grammar from the first language to the second.** This is a normal process and not a case of impaired language learning. A child may make an error in English grammar due to direct influence of grammar rules from his or her first language. For example, a child may say “I want the ball big.”
- **Inserting words from one language into sentences in the other language is a typical pattern for children learning two languages.** It reflects the fact that the child has learned a word in one language and not in the other. It is not a sign of a language disorder. Young children tend to insert single vocabulary words from one language into another, primarily to clarify statements. Children over 9 years of age tend to switch languages at the phrase level to convey social meanings.

Parenting Tips:

- **If parents speak both languages, use complete expressions in one language without mixing the two languages into one sentence or thought.**
- **If you are proficient in a language other than English, communicate with your child in that language. This will give your child a proper model for language development and help him or her become bilingual.**

Other Resources:

- **The American Speech and Hearing Association (ASHA)**
www.asha.org
- **The National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs (NCELA)**
www.ncela.gwu.edu/

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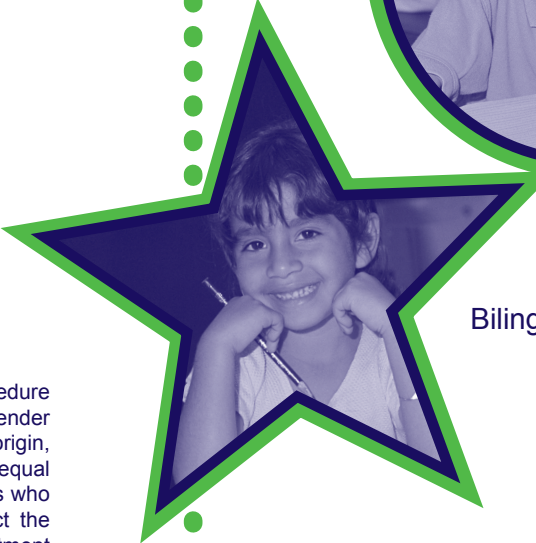
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Information for Parents on Second Language Acquisition:

What are expectations for the second language learner?



A joint project of the
Bilingual/ESOL Department
and
Exceptional Student
Learning Support



english

Introduction:

As your child learns a second language, you may have concerns about differences in the way he or she understands or speaks the second language. However, many of these language differences are a normal part of second language learning and should not be confused with a language disorder. This pamphlet will help you to identify normal behaviors for second language development.

Second Language Learning:

If a child is taught a second language before the first language is completely learned, he or she will begin to focus on learning the second language and the development of the first language may stop. Some second language learners can be delayed in both languages for a period of time because the first language begins to decline and the second language has not yet reached an age-appropriate level. This is a temporary imbalance and is considered to be normal.

Normal expectations for the second language learner:

- **As children learn a second language, they may have situation-specific vocabularies.** For example, a child may use and understand words in the first language for daily routines of the home such as family relationship terms like “brother” or “sister,” social routines, feeding and grooming activities. They may understand words in English for the preacademic concepts learned in school, such as colors, shapes and numbers.
- **When children are first exposed to a second language, they focus on listening.** These children are often very quiet and do not speak much as they focus on understanding the new language. The younger the child, the longer the silent period tends to last. Older children may remain in the silent period for a few months, and preschoolers may be relatively silent for a longer period of time.
- **Children need time to learn the more complex differences, such as the word order, of the two languages.** At first, children learn simple sentence structures in both languages, such as “I want milk.” But as they begin to use more complex grammar, children will learn how to say longer and more complex sentences in one language before the other.

Articulation refers to the way your child says the sounds of the language. Your child's speech may be difficult to understand because he or she says sounds incorrectly. These sound differences may be caused by second language learning factors.

- **Children learning English as their second language often pronounce English words differently from monolingual English speakers.**

Second language learners have a complex task of learning a sound system that may differ from the sound system of their first language. For example, the letter “v” in most dialects of Spanish is pronounced as the “b” in English. So, a child learning English might naturally say, “I love you bery much.” This would not represent an articulation disorder, but rather, a sound production difference.

- **Although children may initially blend the sounds from each language as they start to talk, they quickly learn to differentiate which sounds go with each language.** Children who are exposed to two languages simultaneously from infancy, are usually able to differentiate the speech sounds of each language by 3 years of age. However, depending on the amount of exposure to each language, some children continue to mix sounds even up to 4 or 5 years of age.
- **Children with chronic ear infections may have a more difficult time acquiring the sound system due to a fluctuating hearing loss that may have impacted their entire language system.**

Some family habits may lead to unclear speech. For example, the use of the bottle or pacifier after 2 years of age can result in weakness of the mouth muscles, which could cause unclear speech. Consider having the child use a regular drinking cup or a straw rather than a bottle.

Introduce a variety of food textures, such as crunchy and sticky foods that provide more exercise for the muscles of the mouth. These habits will improve oral muscular strength, which will increase the chances of your child speaking clearly.

Fluency of speech refers to the smoothness of your child's language production. Disfluency - or stuttering, as it is commonly called - may include such things as repetitions of certain syllables, words, or phrases; the prolonging of certain speech sounds; or unusual hesitation between words. These differences in fluency may be due to second language learning factors.

- **Most monolingual English speakers experience some problems with fluency, as they learn to speak the language.** It is normal for these problems to occur between ages 2 and 5, and for fluency problems to come and go. Disfluency is a sign that the child is learning to use language in new ways. If fluency problems disappear for several weeks and then return, the child may simply be going through another stage of language learning.
- **When children are learning new vocabulary words, they may hesitate in order to process the information and remember a specific word.** A fluency disorder should not be confused with problems resulting from lack of vocabulary.
- **Second language learners may hesitate as they speak because they are thinking about how to put the words together.** This is a normal part of second language learning and not a speech disorder.

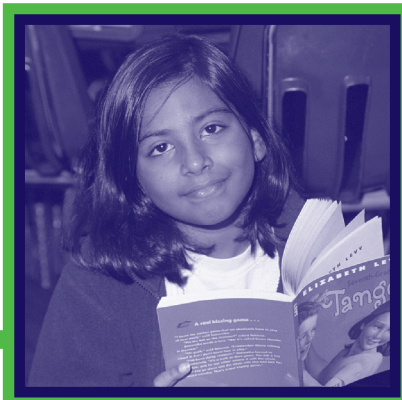
- When your child talks to you or asks a question, try to pause a second or so before you answer. This will help make talking less hurried and more relaxed. Your child will imitate your habit of pausing before speaking, which can help your child produce fluent speech.

- Try to give your child some individual conversation time each day.

Voice disorders refer to the way your child's voice sounds to the listener. Vocal qualities such as hoarseness (scratchy sounding), hypernasality (talking like the nose is plugged), or overly breathy speech (speaking with too much air escaping) can sound unusual. The pitch (highness or lowness) and intensity (loudness) of your child's voice may also sound different. These differences may be due to second language influences.

- **There are cultural differences in the way that vocal quality, pitch and intensity are used.** For example, speech that is considered extremely nasal by one culture may be considered as normal by another culture.
- **A voice disorder such as extreme hoarseness can be detected quite easily in either of the child's languages and is NOT considered normal.**

If you have any concerns about your child's voice, ask your doctor for a thorough examination to rule out any medical concerns.



- The abilities of English Language Learners (ELL) children should be evaluated in their native language or with the use of a trained interpreter as well as in English in order to determine if there is a language disorder. If speech errors are observed only in English, then it is likely that the problems are the result of the child's limited proficiency in English and not an articulation disorder. In the case of fluency concerns, if stuttering is observed only in English, then it is likely that the problem reflects the child's limited English. Likewise, a child cannot be considered to have a voice disorder if the "problems" are observed only in English and reflect the influence of "normal" voice patterns in their first language.

- Some ELL students may show some areas of lower performance in articulation and language when tested in their first language. As previously discussed, this performance can result from a slowing of first language development while the child begins to learn the second language. Evaluation teams should carefully consider this when interpreting evaluation results, since such performance may not be indicative of a language disorder.