


New York City Department of Health

**CULTURALLY AND LINGUISTICALLY  
APPROPRIATE EVALUATIONS:  
WHAT EVERY EI EVALUATOR IN NYC  
NEEDS TO KNOW**

**Module 3:** Distinguishing a child eligible for services and one within the wide range of average.

Catherine J. Crowley, J.D., Ph.D.  
Teachers College, Columbia University  
[crowley@tc.columbia.edu](mailto:crowley@tc.columbia.edu)  
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**NYSDOH Communication Clinical Practice Guidelines**

9-12 mths Language Milestones

- Attracts attention (vocalizing, coughing)
- Shakes head “no”
- Waves “bye bye”
- Indicates requests clearly. (Looks back and forth to request something from adult)
- Imitates new sounds/actions
- Shows consistent reduplicated babbling

**NYSDOH Communication Clinical Practice Guidelines**

12-18 mths Language Milestones

- Single words begin
- Requests objects: points, vocalizes, may use word approximations
- Gets attention
- Understands agency (adults can do things for him/her)
- Protests: says “no”, shakes head, moves away, pushes objects away
- Comments: points to object, vocalizes, or uses word approximations
- Acknowledges: eye contact, vocal response, repetition of words

**NYSDOH Communication Clinical Practice Guidelines**

18-24 mths Language Milestones

- Uses mostly words to communicate
- Begins to use two-word combinations, first ones usually memorized forms
- Later combinations with relational meanings (“Daddy shoe”, “more cookie”)
- By 24 mths has at least 50 words, can be approximations of adult forms

**NYSDOH Communication Clinical Practice Guidelines**  
 24-36 mths Language Milestones

- Engages in short dialogue
- Expresses emotion
- Begins using language in imaginative ways
- Uses attention getting devices, e.g. “hey”
- Preparative development characterized by collections of unrelated ideas and story elements linked by perceptual bonds
- Begins to include articles and appropriate morphology

**NYSDOH Motor Clinical Practice Guidelines**

Age	Gross Motor	Fine Motor
12-18 mths	<ul style="list-style-type: none"> <li>• Throws ball</li> <li>• Crawls or climbs up stairs</li> <li>• Lowers self from standing</li> <li>• Walks alone</li> </ul>	<ul style="list-style-type: none"> <li>• Turns knobs</li> <li>• Pushes, pulls, pokes toys</li> <li>• Turns pages in hardbound books</li> </ul>
18-24 mths	<ul style="list-style-type: none"> <li>• Stands up from stooping</li> <li>• Climbs onto chairs</li> <li>• Stands on one foot</li> <li>• Rides big toy cars</li> <li>• Kicks balls</li> </ul>	<ul style="list-style-type: none"> <li>• Scribbles with crayon</li> <li>• Completes simple puzzles</li> </ul>
24-29 mths	<ul style="list-style-type: none"> <li>• Walks down steps with alternating feet</li> <li>• Runs, jumps with 2 feet</li> </ul>	<ul style="list-style-type: none"> <li>• Strings beads</li> <li>• Scribbles are more controlled</li> </ul>

How can standardized and criterion-referenced tests tell us what to expect at a specific month or three month range when the Clinical Practice Guidelines cannot?

(**Hint:** They lack sufficient content and construct validity)

*Why is informed clinical opinion so important in EI?*

**The Wide Variability of “Normal”**

Olswang, Rodriguez, Timler (1998)  
"We know a lot"

Most toddlers identified as  
**Late Talkers**

Gradually move to normal language skills by the  
first years of school

Olswang, Rodriguez, & Timler (1998). Recommending Intervention for Toddlers With Specific Language Learning Difficulties: We May Not Have All the Answers, But We Know a Lot. American Journal of Speech-Language Pathology, 7(1), 23-32.

**We need to consider**

Whether comprehension skills are  
age-appropriate.

Olswang, Rodriguez, & Timler (1998).

**We need to consider**

Whether toddlers who were not producing any  
spontaneous two-word utterances imitated two-word  
combinations during dynamic assessment using a  
variety of prompts and cues.

Olswang, Rodriguez, & Timler (1998)

**We need to consider**

**Communicative capacity:**  
Whether the toddler is using representational  
or communicative gestures combined with  
single words to indicate movement from using  
predominantly single words to word  
combinations.

Olswang, Rodriguez, & Timler (1998).

**We need to consider**

Whether the toddler has good social skills and is active and assertive in peer interactions.

Olswang, Rodriguez, & Timler (1998).

**We need to consider**

Whether the child demonstrates strong communicative intent appropriate for his age and background.

**We need to consider**

Whether phonological development is limited such as having few prelinguistic vocalizations, a limited number of consonants (e.g., 4 or 5 consonants at 24 months and limited number of vowels) and limited babbling structure.

Olswang, Rodriguez, & Timler (1998).

**We need to consider**

Whether the child is making progress each month in language development, e.g., new words, new gestures, more sounds, more advanced imitation and interaction.

<http://www.asha.org/public/speech/disorders/LateBlooming/>

## **We need to consider**

Whether there is a family history of speech and language problems or learning problems.

## **NORMAL LANGUAGE ACQUISITION**

1. Enjoys interacting with others
2. Cause and effect, Object permanence
3. Develops strategies to attract attention (vocalizing, throwing, dropping toys/food, later with words/word approximations)
4. Reciprocal babbling. Sound system develops
5. Uses gestures, facial expressions, intonation, and imitation skills to enhance communication
6. Comprehends most of what is said to the child
7. Words develop. Single words, then two- and three-word combinations, and then simple sentences
8. Can be understood most of the time taking into account developmentally appropriate sound errors.

## **[www.LEADERSproject.org](http://www.LEADERSproject.org)**

Grammar Fundamentals for a Pluralistic Society

Differential Diagnosis in a Preschool Evaluation

Disorder, Difference, or Gap? A School-Age Disability Evaluation

Model Speech-Language and Psychological Evaluations

Test Reviews of most commonly used tests

Research Associate: Casey Sheren

Research Assistants: Marcos Sastre, Grace Frutos

Illustrations: Tina Yeung

Video: José Font Bullrich


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**[www.LEADERSproject.org](http://www.LEADERSproject.org)**

