

ELECTRONIC SUPPLEMENTARY INFORMATION

Speech-Language Pathologists' views and their approach towards assessment and management of child language disorders in bilingual context: Indian scenario

Ayisha Asif Patla, Sneha Madhusudhanan, Darshan H S *, Akhila Rahul

Department of Speech Language Pathology, Nitte Institute of Speech and Hearing, Deralakatte, Mangaluru- 575018, India.

* Corresponding author Phone no: +917204131907; Email: darshanhs23@gmail.com

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Appendix

Questionnaire: Speech-Language Pathologists' views and their approach towards assessment and management of child language disorders in bilingual context: Indian scenario

Section 1

If you are willing to participate in this survey, kindly provide your consent below.

Yes

No

Section 2

Demographics

1. *Your Highest Qualification*

ASLP or B.Sc (Speech and Hearing)

M.Sc .(SLP)

M.ASLP

Ph.D

Post Doc

2. *Years of work experience*

Section 3

Linguistic background

1. *First language (L1)*

2. *Second language (L2)*

3. *Age of acquisition (L2)*

0-3 years

4-6 years

7-9 years

>10 years

4. *Other language known in the order of acquisition*

5. *Rate your proficiency in L1*

0- Poor

1- Fair

2- Good

3- Excellent

6. *Rate your proficiency in L2*

0-Poor

1-Fair

2-Good

3-Excellent

Section 4

SLPs views about bilingualism and work

1. *SLPs should be fluent in more than one language*

Yes

No

Not sure

2. *Should professional bodies mandate the SLPs to be bi/multilingual for a better service delivery*

Yes

No

Not sure

3. Do you support the utilization of an interpreter during assessment and management for better output ?

Yes

No

Not sure

Section 5

SLPs thoughts on bi -multilingualism

1. Bi/multilingualism helps children to communicate with more people, connect to diverse environment, and therefore provides more opportunities to view and reflect the world

Yes

No

Not sure

2. Cognitive advantage can be linked to Bi/multilingualism over monolinguals ?

Yes

No

Not sure

3. Does exposure to more than one language in childhood increase the risk of language delay?

Yes

No

Not sure

3a. What are the potential risk factors associated with exposure to more than two languages?

Section 6

SLPs professional practice and caseload

1. Where do you work ?

Hospital

Private Clinic

Institute/University

School/ Education Setting

Outpatient/ Community Setting

Other

2. *Is your work setup in urban or rural?*

2a. *If it is Urban - mention the city - and its tier level*

3. *What is the percentage of bilingual pediatric cases in your workload*

0- 25% ; 26- 50% ; 51-75% ; 76- 100%

3a. *Mention the percentage of following cases in bilingual children from most to the least?*

(Receptive Expressive Language Disorder; Expressive Language Disorder; Childhood Fluency disorder; Childhood Dysphonia)

4. Which age range of children you deal with?

0-1 years; 1-3 years; 3-7 years

5. *What type of bilingual you encounter the most?*

Bilingual who knows two Indoaryan languages

Bilingual who knows two Dravidian languages

Bilingual who knows one Indoaryan + dravidian language

Bilingual who knows one Indoaryan + Foreign language

Bilingual who knows one Dravidian + Foreign language

6. *Does your assessment approach vary when a child is monolingual and bi/multilingual*

Always; Sometimes; Never

6a. *Do you assess for the abilities of the child in both the languages, if the child is a bilingual.*

Always; Sometimes; Never

6b. *How do you assess a bilingual child in both languages?*

Formal tests

Informal assessment

Any protocol used

6c. If you selected formal tests in response to question 6b, please list the test names.

7. Assessment should not be restricted to clinical setting, child's language sample should be collected to their environment.

Yes

No

Not sure

8. What's your interpretation when child exhibits varied linguistic profile across languages?

Diagnostic label is based on test scores across languages

Diagnosis is based on the linguistic concepts acquired irrespective of language

Not A or B

9. How often you target both languages during therapy?

Always; Sometimes; Never

9a. How do you decide regarding the choice of language for therapy?

L1 first;

L2 first;

Both simultaneously;

Sequential

10. Do you use any specific therapy approach for bilingual child with language disorder?

Yes

No

10a. If yes for question 10, name the therapy approaches.

11. How often you recommend structuring and restructuring the linguistic environment for bilingual child with language disorder at home?

Always; Sometimes; Never

12. How often you suggest use of two languages by parents/caregivers and family members with the child with language disorders?

Always; Sometimes; Never

13. How often you suggest the use of two languages in the language environment (at home, play home, recreational places etc - across settings) for child with language disorders?

Always; Sometimes; Never

14. Do you accept parent/cargiver's advice during the decision making about therapeutic management process? (example; support of two languages ; restricted to use only one language)

Always; Sometimes; Never
