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CHAPTER 2

Early Childhood Education in the United States and Latin America

HORTENCIA KAYSER

My first day of kindergarten was not a pleasant one. I remember that I entered an old and very large school and I heard English dominate the school building. My mother handed me to the teacher and left the room. I got up from my wooden desk and followed my mother out of the classroom. I followed her across four streets, walked four blocks, and into the safety of my home. My mother immediately took my hand and walked me back to the school. HK

The development of school programs to assist children's cognitive and language abilities is a relatively new concept in Mexico and Latin America. It is an important component of U.S. societal expectations for preschool children. Understanding the differences between Latin Americans and U.S. American preschool programs can provide valuable information for professionals as they meet families from Latin American countries. Professionals must understand parents' perceptions of early childhood programs and assist families and children transition to U.S. educational expectations.

As an example, I have visited urban and rural early childhood programs in Mexico. San Felipe, Guanajuato, a rural community, did not have preschool programs in 1997. They had difficulty finding teachers for their elementary schools. Any adult with a high school education could be a teacher in the classrooms. Children with disabilities did not attend the public schools. In Peru, this same general scenario still exists and is reported to be similar in other Latin American countries. There are problems with the quality, equality, and efficiency in schooling of children in rural areas, especially those whose first language is not Spanish (Inter-American Development Bank, 2006). Whereas in Ciudad Queretaro, Queretaro (Mexico), an affluent and urban area of Mexico, private Montessori and other preschool programs flourish, public school preschool programs are limited throughout Mexico.

The public school programs I have observed in Ciudad Queretaro, Ciudad Zacatecas, Cuernavaca, Ciudad Chihuahua, Ciudad Juarez, and Ciudad Guanajuato had 30 or more kindergarten children in small classrooms. Activities were completed as the teacher explained each step of a project. Independent work and play was not possible in these crowded classrooms. Playgrounds were typically concrete with no playground equipment. Young girls sat or walked around in groups talking while boys ran around the grounds playing with sticks as swords, or chasing each other. Boys and girls did not play together. During the day, there was organized play led by the teacher for each classroom. Resources were often not available for a quality early childhood program.

In the private Montessori schools, there were fewer children per classroom. Children worked independently on activities that interested the child and the teacher served as the guide for their work. Children worked on the floor on carpets or at a table. In contrast, I visited one preschool classroom in Panama that was organized like typical preschool classrooms seen in the United States. There were centers, toys, posters written in Spanish, the room was colorful, and the teacher was trained in early childhood education. In one private school in Queretaro, Mexico that was attended by international and Mexican residents, the children had classrooms much like those organized in the United States, with centers for imaginative play, art, and literacy (Figure 2-1). The children's library was beautiful. There was a large round music classroom for the preschoolers and the children danced, sang, and played with "play" instruments. Over 100 preschoolers and kindergarteners attended this school so a full-time music teacher provided this education. It was a magnificent sight to watch the children "salsa" to their classrooms after music class.



Figure 2–1. This is a typical preschool classroom in Mexico. This one is in Quere-
taro, Mexico.

This chapter aims to describe early childhood education in Latin America and the United States. We discuss Head Start and a variety of preschool programs developed for bilingual preschool children in the United States and present short descriptions of programs in New York and one that I (Kayser) worked with for language-impaired preschoolers. This should give the reader a glimpse of the variety of programs that have been developed for Latino children in the United States and in Latin America.

EARLY CHILDHOOD PROGRAMS IN LATIN AMERICA

United Nations Educational, Scientific, and Cultural Organization (UNESCO) leads the international interests of early childhood care and education. The organization publishes briefs and case studies for policy makers and reviews early childhood policies and systems in different countries. Their goal is to challenge decision-makers with knowledge from research and experience, offer different strategies and approaches to early childhood programs and issues, and be an advocate for young children.

UNESCO (2004) reported that the most difficult challenge they face in Latin America is the misunderstanding of the purpose of early education of young children. There are debates on what to call these programs as well as their purpose. Different names used are Early Childhood Care (ECC), Early Childhood Development (ECD), and Early Childhood Education (ECE).

Each of these names for programs reflects how the country views the purpose of early childhood programs, how the program will be affiliated to the educational system, and how the country will finance the program. ECC is viewed as a daycare for children whose parents must work and need a place to leave their children. ECD is a program for children who need a health, nutrition, and hygiene program and are disadvantaged. ECE is a preschool program that offers the benefits like those of Head Start in the United States. ECE emphasizes the child's physical, emotional, social, and cognitive development. As this program does not focus on a social agency or department of education, ECD is more accepted in Latin America.

There is still a misunderstanding between the relationship of early childhood education programs and success in later school education. Therefore, countries are not sure how these programs are to be supported. In some countries, ECC, ECD, and ECE are not always separated, but are combined into school programs from age 3 to kindergarten. Some countries prefer the name of ECE because it is easier to justify and invest in education rather than child care. ECE is the only program that would require teachers, whereas the other programs would not.

UNESCO reported that approximately 30% of Latin American preschoolers attend one of these different forms of early childhood programs. The numbers are increasing as educators in various developing countries recognize the importance of developing the children's physical and cognitive development.

Latin American parents who arrive in the United States have not seen the type of early childhood programs that we provide in our schools through Head Start and private programs. To them, the purpose of the program might be just for child care so that the parents may work without worrying about their children. The educational component may not be understood or thought appropriate for this age level. Parent education is crucial so that they understand the importance of developing their child's physical, cognitive, language, social, and emotional growth and well-being.

EARLY CHILDHOOD EDUCATION IN THE UNITED STATES

Early Childhood Education in the United States has several levels of vigilant organizations and governmental agencies that observe, protect, and set guidelines for early childhood education. The National Association for the Education of Young Children (NAEYC, 2006) is the guiding force that promotes position statements concerning the appropriate environments and educational curriculum for preschool children. There are a variety of programs such as private preschool programs, Federal programs such as Head Start, Montessori preschools, daycare centers, home child-care centers, university programs in Early Childhood that serve the public, as well as Speech and Hearing Programs that provide early childhood classroom experiences for children with

developmental disabilities, and/or speech-language disorders. Preschools are organized around the needs of children and serve the differences that children present. There are guidelines, but individual classrooms are different. Classrooms vary as do the children who attend preschools.

The U.S. Department of Education (2002) estimates that 54.6% of children 3 to 4 years of age were enrolled in a center-based early childhood program in 2001. More 4-year-olds were enrolled in schools than 3-year-olds, 66.2% and 43%, respectively. When children are 5 years of age, there are 40 states that require school districts to offer kindergarten programs. Nine states require full-day kindergarten. Unfortunately, only 12 states require children to attend kindergarten and two states require children to attend full day kindergarten. In total, 2.9 million 5-year-old children were enrolled in kindergarten in 2000 (Education Commission, 2002).

HEAD START PROGRAM

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. Head Start programs are child focused and have as a goal to increase the school readiness of young children in low-income families. Head Start programs have enrolled more than 23 million children since it began in 1965. It is administered by the Head Start Bureau, Administration for Children and Families (ACF), Department of Health and Human Services (DHHS). The 1994 reauthorization of the Head Start Act expanded its services and established the Early Head Start program for low-income families with infants and toddlers (Head Start, 2002).

Head Start programs have five major components that promote children and families' welfare: disabilities, education, family and community partnerships, health, and program management and operations. Children with disabilities are included in classrooms and are a required component of Head Start Programs. It is estimated that 12.5% of the Head Start enrollment consists of children with disabilities, including children with mental retardation, health impairments, visual handicaps, hearing impairments, emotional disturbance, speech and language impairments, orthopedic handicaps, and learning disabilities (Head Start, 2002).

A program goal is education and ensuring that children who leave Head Start are ready to learn in the public schools. Program activities are directed toward skills and knowledge that are prerequisites for school entrance. Therefore, children are monitored for progress in their educational goals. Family and community partnerships are an important contribution to the success of Head Start. Community members volunteer services and time in the classrooms and both parents and community members are involved in the operation, governance, and evaluation of programs. The health component provides

health screenings, health status, and regular health checkups. It includes good practices in oral health, hygiene, nutrition, personal care, and safety. The last component, program management and operations, focuses on delivering high-quality child development services to the children. This includes in-services and conferences for parents and staff members.

The total enrollment for Head Start in 2005 was 906,993 children. The racial/ethnic composition of the children was 35% White, 32.9% Hispanic, 31.1% African American, 7.4% biracial, 5.2% American Indian, 1.9% Asian, 0.8% Hawaiian-Pacific Islander, and 18.6% unspecified/other. The U.S. Department of Education estimates that 40% of Hispanic children ages 3 to 5 attended preprimary education programs (2002). Head Start was the primary provider for Hispanic children when comparing Head Start enrollment and the USDE estimates.

Unlike public school preschool programs that require state certification and a bachelor's degree in Early Childhood Education, 69% of Head Start teachers have an A.A. degree in Early Childhood Education. Head Start depends upon volunteers. Over 890,000 parents volunteered in Head Start programs across the country. Therefore, classrooms vary in environment, teacher, and volunteers' capabilities.

In a program I worked with in the Southwest, there was a strong Hispanic grandparent volunteer program. The grandparents required that I eat breakfast with them before I could begin my work with children. It also meant that grandparents were more than helpful; they picked up after the children, cleaned, and made sure that the children behaved. They loved the children in their own way, but they could not help with reading to the children. Allowing the children to learn to put their own toys away and become independent was another concern.

In another program in an urban center, the children had books but they were stored in another classroom. The teachers focused on behavior management. Some programs are totally in the children's native language, some bilingual, and other programs do not promote or support the child's native language. Continuity in programs is attempted through curriculum but teachers' attitudes and beliefs prevail, and supervisory staff and parent boards all have a say in how the program is implemented. Evaluating the child's success in a Head Start program depends upon the administrator's skill and dedication to maximizing teachers' effectiveness in the classroom.

ALTERNATIVE LANGUAGE PROGRAMS

As the majority of Early Childhood programs are developed for the English-speaking preschooler, these are the programs that many Latino children enter. The public schools in various states have developed a number of alternative programs for their Latino children because of need and because they know that English-only programs do not meet the academic needs of these children.

There are also programs that have been developed by concerned parents who believed that their children needed something better than what was offered. Examples of programs developed for the Latino preschool follow.

English as a Second Language Preschool Programs

English as a second language preschool programs are developed for children who do not speak English and where there are no bilingual teachers. There may be a teacher's assistant who speaks the child's native language, but typically this type of program aims to systematically teach English to all children as they learn the fundamentals of a preschool curriculum. This type of program is especially popular when there are many children who speak different languages and the lingua franca is English. The teachers are the models for the children and older children from other classrooms may assist in the classroom by reading to the children or by assisting teachers when necessary. The advantage of this type of classroom is that all children are receiving the same English input from the teachers. The main disadvantage is that children do not have other children as English models. If there are a number of children from the same language group, it is likely that they will group themselves together to communicate needs and concerns when they don't understand the teacher.

Bilingual Education Preschool Programs

The purpose of bilingual education preschool programs is to gradually introduce English to the children while bilingual teachers present academic material in the native language. The teacher transitions the academic work gradually to English as the children become more fluent in English. Spanish is used less as the academic year ends. Many children are speaking English by the end of the academic year, but there are those children who do not learn English well enough to continue classes in English. Some programs use English from the beginning of the school year and use Spanish only to explain to children concepts that are not readily understood. Then there are programs that use both languages concurrently. The teacher says something in English and then repeats the same thing in Spanish. All three types of language interaction are used by teachers. The latter two are not particularly controlled programs but rather programs of convenience for teachers and classrooms that may have a combination of monolingual Spanish speakers and bilingual children.

Dual Language Program

Dual language programs are growing and popular programs for children from both English-speaking and Spanish-speaking backgrounds; both sets of children are in the same classroom. Ideally, half the class is made up of monolingual English speakers and the other half is composed of Spanish-speaking

children. Children hear both languages in a systematic format. The schools may have English half the day and Spanish the other half. Other schools may prefer to have whole days in Spanish and the next day in English. The curriculum is not repeated, the children learn the academic material in the language of the day. In truly committed schools, the language of the day is used by all faculty and staff. It is not just a classroom language shift, rather the whole school shifts languages. The result is that children learn both languages from teachers and other children in the classroom. The teachers, teacher assistants, and speech-language pathologists must be bilingual.

Early Childhood Special Education Programs

This is an important program for children with special needs and children who are Spanish-speaking who may have a disability. These classrooms are special education classrooms for children who have been identified with a disability. Depending upon school districts, some classrooms have the gamut of children with disabilities from visually impaired, to hearing impaired, to speech and language impaired. Other school districts have special classrooms just for children who are speech and language impaired. The classroom may have an early childhood teacher or a speech-language pathologist as the lead teacher. Some school districts require early childhood special education endorsements, which means that speech and language clinicians are ancillary services and provide treatment programs in a collaborative, for example, go into the classroom and work with a group of children, or pull-out model, for example, the clinician takes children into a therapy room. Collaboration would be the better program, especially when a bilingual speech-language pathologist is available who could support the Spanish language of the Latino child with a disability. The whole class would benefit from the bilingual clinician's efforts to improve communication skills.

Bilingual Special Education Early Childhood Programs

There are bilingual special education early childhood programs in the United States. The difficulty in developing this type of classroom is finding a teacher with three credentials: bilingual, early childhood, and special education. The Southwest has programs like these because of the need to provide special-needs Spanish-speaking children with classrooms that can provide an environment that will meet both English and Spanish language requirements of the children. The bilingual teacher and speech-language pathologist provide the academic and treatment for bilingual children in either or both languages. Latino children with disabilities do become bilingual. Programs like these are needed and provide an educational model for the child and parent that are accessible and understandable.

EXAMPLES OF BILINGUAL PRESCHOOLS

La Escuelita

This section contributed by Jennifer Friedman, Director of Development, La Escuelita, New York, NY.

La Escuelita was founded in 2002 by two parents, both professional educators, who wanted bilingual play and preschool experiences for their children. Jennifer Friedman and Jennifer Woodruff were shocked when they were unable to find a dual language Spanish-English preschool for their children in Manhattan, so they decided to start one.

La Escuelita's mission is to support bilingualism in children from birth through third grade. The school has three core values:

- There is an appreciation for the cognitive, social, and cultural value of early acquired bilingualism,
- La Escuelita welcomes families who are active members of a diverse community who promote equality within the community through respectful, direct communication, and
- La Escuelita recognizes the importance of both independent play and teacher-directed activity.

The school is located on the Upper West Side of Manhattan in the basement of a Greek Orthodox Church. The classrooms are spacious with high ceilings and plenty of light. Classrooms have centers for art, blocks, dramatic play, books, manipulatives, water, sand, and music. The school is one block from Riverside Park and Hippo Park playground, which provide areas for outdoor activities.

La Escuelita's families are truly diverse, coming from varied racial, religious, linguistic, and socioeconomic backgrounds as well as having varied family structures. La Escuelita offers tuition reduction that is built into the yearly budget to ensure that families who cannot afford to pay full tuition can still attend the school. No yearly fundraising is conducted to prevent any feelings of inequality that fundraising activities may foster. In addition to being balanced for factors such as gender and age, the classrooms are additionally balanced for language experience. Although few families speak only Spanish at home, most children who attend La Escuelita have significant exposure to Spanish before entering the preschool and very few enter with no previous experience with Spanish. This includes many families in which one parent speaks Spanish and the other speaks English, families who speak both languages at home, families who speak English but have extended family or a full-time caregiver who speaks Spanish with the child, and so forth.

All head teachers and assistant teachers at La Escuelita are bilingual. Teachers instruct in their native language, but have excellent communication skills in both languages. Extensive staff development is provided for all staff, including sponsored attendance at the annual conference of the National Association for the Education of Young Children and on-site workshops for advanced understanding of bilingual language development. To promote cultural awareness in the classroom, each classroom team consists of at least two different dialects of Spanish. Although code-switching between English and Spanish is discouraged in order to focus on Spanish language development, teachers are encouraged to utilize grammatical structure and vocabulary specific to their dialects.

La Escuelita's 2-year-old and 2- to 3-year-old classes are full immersion, taught entirely in Spanish. The 3-, 3- to 4-, and 4-year-old classes are taught primarily in Spanish, with a short English period each day, following a 90%/10% dual language model (i.e., 90% Spanish, 10% English). The English period is used for vocabulary enhancement and to reinforce concepts, including literacy, that were taught in Spanish. At La Escuelita, the curriculum is based on the following, that children:

- Learn multiple languages best at an early age,
- Learn through independent play, real-life experience, and teacher-directed activity,
- Respond well to caring and attentive adults, and
- Feel secure when there is structure and predictability to their day.

The curriculum of each classroom at La Escuelita is organized around themes that are selected by the teaching team. The curriculum is developmentally appropriate or it may change because of students' interests in specific topics. Themes have included: families, babies, the neighborhood, spring, pets, buses, restaurants, nature, and water. Activities in each subject matter, including literacy, math, art, dramatic play, manipulatives, and music are integrated into these themes.

Open-ended materials such as blocks, sand, water, art materials, and clay support children's creativity through their play. Teachers facilitate children's play by helping them to develop language to enhance what they are doing, and to help them work through problems they encounter. Real-life experiences also provide ample opportunities for learning; a genuine sense of accomplishment is felt by a child who helps a teacher prepare snacks, take attendance, or water the classroom plants. Teacher-led activities are also an important method of instruction at La Escuelita. Learning to participate in a group, listen, and follow directions are important skills for young children first coming to school. Literacy and math skills, taught in both languages dur-

ing small and large group lessons, are important for older children preparing for kindergarten.

Social and emotional learning is an important part of preschool. At La Escuelita children develop social and emotional skills through group lessons as well as individual interactions between children and teachers. La Escuelita's staff is trained to model and teach children social problem-solving skills. Younger children will become aware of their emotions and the emotions of others, identify and talk about their feelings, express needs, and negotiate resolutions with classmates. As children become older, they will interact with classmates through cooperative play, learn to "read" the emotions of others, and work together to solve problems. By the time children enter kindergarten, they are fully prepared to discuss their needs, listen to the needs of others, and work out resolutions with classmates independently.

La Escuelita preschool graduates are prepared for Spanish-only, English-only, or bilingual classrooms. Graduates have attended private schools and selective public schools, including dual language and gifted and talented programs. Dual language programs are considered the best next step for continuing the bilingual language acquisition that the students have experienced at La Escuelita. However, even with the extensive choices available to parents in New York City for elementary school, there are no private schools that are Spanish-English dual language programs and the public elementary schools with dual language programs are not available to many of the families who send their children to La Escuelita. For graduates who attend English-only elementary schools, La Escuelita provides a Spanish After-School Program for continued opportunities to enhance their academic and communication skills in Spanish.

Los Amigos Preschool

Los Amigos Preschool (Figure 2-2) was developed to assist the public schools in serving children who were identified as language impaired and spoke only Spanish. It was housed at New Mexico State University in the Early Childhood Classroom Center. The teacher, teacher assistant, speech-language pathologist, and graduate assistants were bilingual and provided instruction and therapy in Spanish. There were eight children in the morning class and eight in the afternoon class. The children had a variety of speech and language disorders and were referred to this classroom by the school system. The children included nonverbal 3-year-olds, children who were abandoned in the streets of Juarez, Mexico and brought to the school because their only words were profanity. There was also a child who had a seizure disorder that affected her language centers. When she had a seizure, she would lose her language abilities for a week or two. There were also children who had severe phonological disorders, apraxia, and children suspected of having specific language impairment.



Figure 2-2. Los Amigos Preschool. This is a typical American preschool classroom but adapted to meet the cultural needs of Mexican children with speech and language disorders attending the school.

The classroom was typically organized with art, music, writing, role-play, and reading centers. There was a wonderful outdoor play area with tricycles and paths for the children to follow. Within the clinician-child interactions, the instruction typically was child-directed, meaning that the child took the lead in topic interests. For some children, the therapy had to be teacher-directed, for example, the teacher decided what was to be taught. The children attempted to sing in Spanish, they danced to Latin music, and they loved to be hugged. The curriculum was geared toward music because the teacher was a musician and occasionally played the guitar. Several times professional guitarists came to play for the children. There was little emphasis on writing or reading, primarily because the children were not interested in these areas. These centers usually were not used by the children. The graduate students did read to the children in small groups or individually in cozy areas of the classroom. It was difficult to keep these children's attention at group story time. What made the classroom unique was the physical environment. Every attempt was made to make the room look Mexican. Bright colors were used to drape paper and materials along the walls and across the windows. Musical instruments and toys were brought from Mexico. Games such as Loteria (Lottery; a Bingo game with objects in the squares) were used to interact with the children. Food boxes and items that were commonly used within Mexican homes were placed in the play kitchen area as well. Everything was geared toward making the child feel at home.

The parents participated in activities that were held monthly and these meetings were a celebration with plenty of food. Newsletters were always in English and Spanish. What I enjoyed about meeting with the parents at

midterm or at the end of the year IEP meetings was the parents' perception that this was also a time to celebrate. Parents brought food to share with the teachers, professionals who tested the children, and principals who were receiving their children into the public schools.

An interesting observation was that a few children tried very hard to speak English, even though their parents did not speak English and the staff used Spanish in the classroom. The majority of the children did improve their use of the Spanish language, whether it was pragmatically, phonologically, semantically, or syntactically. This was a learning experience and an enjoyable time of my career.

SUMMARY

This chapter provided a description of not only the wide discrepancy in early childhood education between Latin America and the United States, but also the variety of programs that are available within the United States. Children in Latin America are entering preschool programs that are not prepared to provide the best education for these children. The U.S. programs across the country that have qualified bilingual preschool educators, I believe, do their best to create learning environments for these young newcomers into our country. Latin America is just beginning its work with early childhood education. Their attempts come with great barriers from centralized educational systems and poverty conditions in urban and rural settings. Parents who immigrate to the United States may not understand why we bother to begin education with our children at such a young age. What they do not understand is that the requirements of our educational systems become more complex as their children progress through school. Early childhood education is not just child care or play in the classroom; it is an integral step into school academics.

DISCUSSION QUESTIONS

1. What was your understanding of early childhood education in Latin America before reading this chapter?
2. How has your thinking about Latino parents' understanding of what happens in preschool changed?
3. What type of program is available to Spanish-speaking preschoolers in your area?
4. What additions or services are possible for children in your agency?
5. How could you provide support to Spanish-speaking preschoolers in your area?

CASE HISTORY QUESTIONS (SEE APPENDIX A)

1. Did your child attend a preschool in your native country?
2. What type of program do you remember was used in the classroom in your hometown? Was English taught in the classroom?
3. Does your child like school? Why or why not?
4. Preschool programs in the United States encourage parent participation. How can you best receive information from the school so that you can participate in programs and meetings?

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CHAPTER 8

Treatment of Communication Disorders in Latino Children

HORTENCIA KAYSER

I frequently hear from faculty from other universities who tell prospective bilingual graduate students that there's nothing to becoming a bilingual speech-language pathologist. You just have to be able to speak Spanish. I'm Latina and I can say that I had to learn from my mistakes and what I learned about treatment for European Americans does not work for Latino children. Just knowing Spanish will not provide children with the best treatment for communication disorders. HK

There are so many issues that have been discussed concerning treatment for the Spanish-English speaking preschooler. Should we provide therapy in English? Should we provide therapy in Spanish only? Should there be therapy in both languages? What are we doing to children when we put them in English-only classrooms? Are bilingual classrooms better than monolingual English classrooms for language-impaired bilingual preschoolers? There are the discussions about whether we should provide therapy on concepts that the child already knows in the first language. Should we try English as a second language procedures with these children as part of our therapy? Should monolingual clinicians be working with children who do not speak English? Should we wait until they learn to speak English? How are we to approach treatment for the Latino child with speech and language disorders? This chapter doesn't ask any more questions, but instead provides a framework that, I believe, helps clinicians understand how to approach the treatment process. I am not recommending any particular approach because I know that every child is different and what works with one child may not work with another. Speech-language pathology is an art and master clinicians recognize when to change the approach to a treatment problem in children with communication disorders.

The purpose of this chapter is to discuss theories proposed concerning the type and basis of therapy for children who are using two languages. I also discuss cultural behaviors that might influence therapy, and provide a model developed in the state of Missouri for preschoolers as an example. I do not want you to think that Missouri has the answer, but I am using it as an example so that you can look at your own state's guidelines and then work from their model.

THEORY

Cummins (2001) proposed two hypotheses to explain different cognitive and linguistic abilities in bilingual individuals. The first is the threshold hypothesis and the second is the developmental interdependence hypothesis.

The threshold hypothesis proposes a minimum level of linguistic competence that a child must attain to avoid cognitive deficits. If there is a low competence in L1, it is likely that a similar low level will be present in L2. The significance of this hypothesis is that children who do not develop their first language do not develop the second language well. Children who learn Spanish from birth in a monolingual home and then are put into a preschool program that is promoting English-only may be at a disadvantage as this can be detrimental to the child's cognitive and linguistic growth in both languages.

My experiences with Head Start, which focused on English-language learning in young Spanish speakers, have been negative in the majority of cases. Children lose the ability to speak their native language (Wong-Fillmore, 1991) and begin to use English that is not truly proficient or ready for the

demands of literacy in kindergarten or first grade. I have spoken to principals who say that their first grade teachers are not sure what to do with these children who do not appear to understand or speak either language well enough for teaching. The tragedy is that these children want to communicate but are limited in their vocabulary, syntax, and pragmatics.

The positive aspect of this hypothesis is that if Spanish-speaking children who are at risk are encouraged to use the native language until age 5 when their language and cognitive abilities have matured, these children should learn English readily. Cummins (2001) proposes that these children will be able to transfer the native language knowledge to the new language. Thus, the cognitive demands of schooling will be less difficult for the child.

I know that some parents want their children to learn English earlier, but these parents do not understand that the social and political stressors of learning English are great and that it truly affects the child's self-esteem, pride, and lack of desire to speak the home language (Kayser, 1996). Wong-Fillmore (1991) describes how these children lose the native language faster than older children and the families are left with a child with whom the parents cannot communicate their culture, expectations, roles, what is beautiful, and what is right and wrong.

Using this hypothesis as a basis for treatment and preschool classroom instruction would mean that the children's native language would be used to increase their linguistic and cognitive development. I have seen Head Start programs that have been totally in Spanish with Spanish speech and language services for children in Chicago at El Valor and also in the rural areas of New Mexico's Dona Ana Head Start in four different centers. It is a magnificent sight to see children actively participating in classroom activities and speaking the home language to learn the concepts needed to get prepared for literacy and the public schools.

I know that there are early childhood programs that do not have the resources to provide an all-Spanish curricula and the expertise of a bilingual speech-language pathologist. The developmental interdependence hypothesis assumes that if the outside environment provides sufficient stimuli for maintenance of L1, then intensive exposure to L2 in the school leads to rapid bilingual development with no detrimental effects to the first language.

This theory is for the English-only programs across the country. What this hypothesis is saying is that we need to encourage parents to use the native language at home and not tell them to speak English and not use Spanish. Support of the native language, providing pride in who these children are as Latinos, and accepting parents into the classroom and school without fear, embarrassment, or judgmental attitudes will help in this effort (Kayser, 1996; Roseberry-McKibbin, 2002). There are many activities that can be done by the innovative clinician and early childhood teacher to help parents understand that their assistance in teaching their child the native language is important for the child's cognitive and linguistic development for early literacy and learning English in kindergarten or first grade (Genishi & Fassler, 1999; Moll, 1992).

CULTURE AND INTERESTS

Taylor and Clark (1994) outline three rationales for incorporating culture in treatment services. First, all behavior is acquired within a family-community context. Second, the determination of what is considered typical or atypical is culturally determined. Third, intervention should be culturally relevant if treatment is to be effective. Kayser (1995) states that acknowledging the child's culture through the materials that are used for language interventions is likely to bring about positive responses from children. The child's cultural interest facilitates the objectives for the session, and it also will help to develop the children's sense of worth and pride in who they are.

Among the majority of Latinos, children are precious and loved just like any other culture. If you will recall Triandis et al. (1988) in chapter 4 and the qualities of collectivistic societies, there are qualities about Latinos that should be kept in mind. Ramirez and Castaneda (1974) described Latinos as having certain personal and learning characteristics. Not all children are like this, but many are and others would be if they knew they were safe to be themselves. They called their description Field-dependent or Sensitive. Latino children are sensitive to the environment and people around them and want to interact with people they admire. Table 8-1 lists the qualities of Latino children that I have observed in Latino children, adults, professionals, graduate students, and speech-language pathologists.

Table 8-1. Field-Dependent or Sensitive Behaviors in Latino Children

Latino children:

1. enjoy working together to achieve a common goal;
 2. enjoy assisting others;
 3. are emotionally sensitive to feelings and opinions of others;
 4. express their positive feelings for a teacher;
 5. will ask personal questions of the teacher's tastes and personal experiences;
 6. enjoy guidance and demonstration of activities from the teacher;
 7. will seek ways to strengthen their relationship with the teacher;
 8. will be highly motivated to work individually with the teacher;
 9. prefer global aspects of the curriculum to be carefully explained;
 10. prefer to have the curriculum explained in humanized or story format; and
 11. prefer to have concepts explained with personal stories and experiences.
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Source: Adapted from Kayser, H. (1998). *Assessment and Intervention Resource for Hispanic Children*. San Diego, CA: Singular Publishing Group.

Music

Music is an important part of early childhood classrooms. Head Start programs follow programs that encourage music development. What is not recognized is that many cultures use music for different purposes, have different rules as to who can sing what type of songs, and so forth (Garcia, 2001). Sometimes the culture will make a transition. For example, Mariachis are usually Mexican men dressed in handsome attire who play folk music with trumpets, violins, and a variety of large string instruments. Mexican children learn to dance their folk dances to these musicians and some Catholic churches have Mariachi mass, where you can see children dancing in the aisles.

Rodriguez (1995), in her analysis of home literacy events in three Dominican families, noted that children were encouraged to sing and dance because listening to music, singing, and dancing are an important part of the Dominican culture. She reported that listening to music and singing were significant activities along with reading and writing in developing literacy.

With limited literacy skills, Mexican and other Latin Americans choose music as a form for singing, music, guitar playing, dancing, and for enjoyment. Despite poverty, many children do learn to play guitar, perform folk dances, and make folk costumes at classes in schools. I (Kayser) visited an early childhood summer school in Queretaro, Mexico. Children were busy with the arts and gymnastics. The teacher stated that parents pay for summer school and want their children to relax and enjoy themselves after a year of working hard at school (Blanca Alvarado, personal communication, July, 2000). This teacher was also the preschool music teacher in a large school for international and affluent families.

I have worked with young Latino children who become animated when therapy includes music. Garcia (2001) reported that, among the rural children of southern New Mexico, it was a common practice for the families to sing in the car while listening to the radio. He found one 4-year-old child who could perform 39 different Spanish songs learned from listening to the radio. Music can be used to teach English, vocabulary, syntax, concepts, literacy, and promote self-esteem (Campbell & Scott, 1995; Dominguez, 1991; Graham, 1975; Handy, 1996; Jalongo, Ribblette, & McDonald 1997; Stellaccio & McCarthy, 1999).

EXAMPLES OF CULTURE INTERVENING IN TREATMENT

This section contributed by Mark Guiberson, Ph.D., University of Colorado

For seven years I provided IFSP services to young children of Mexican immigrants. Many times I observed that parents very much wanted their children to behave. On one occasion a 3-year-old girl became very defiant during a play activity, so I switched activities to something that she preferred. At the next home visit, the girl's father pulled me aside and said that he wanted me to be stricter with his daughter and that I should send her to her room if she misbehaved. At first I was uncomfortable with the idea, but I also agreed that

I should match the parents' style. That same session the child sabotaged a game that we were playing. I followed her father's suggestion and sent her to her room. I never had a behavioral problem with this child again.

For eight months I worked with a 2½-year-old with Down syndrome. His parents very much loved him, and they were enthused to begin services in the home. I quickly became aware that the parents met a lot of this child's needs, and that he didn't have to do much for himself. They bathed and dressed him, fed him, brought toys to him, and carried him around the house. These routines were the parents' way of demonstrating closeness and love for their child. I wanted to respect their interaction style—and to expand upon it in a culturally resonant way. We began by having “teaching” times, where parents would label items in books, and provide scaffolding during play activities so that they were more complex or lasted longer. Later we began to focus on getting their son “ready” for school; in this context we were able to encourage more self-help, and communication skills through reinforcing the parents' value in their child's education.

THE MISSOURI MODEL

There can be many goals for an early childhood program or a Head Start Center. Each program's director has the ability to improve the education of teachers and to provide the best environments for the children in that program. Latino children in preschool appear to be labeled immediately as second language learners and needing English as a second language (ESL). The focus is taken off early childhood education for many of these children and put on learning English. These children need the cognitive and linguistic growth required for the basis of their future education. Learning English should not be the focus when these children enter the preschool classroom.

Every state has standards for early childhood education. The state of Missouri has Early Childhood Standards that include Preliteracy Standards as well. The first step for speech-language pathologists is to know what the standards are in their state and how treatment goals can be integrated with goals. Therapy does not become a tutoring program; therapy includes the foundations that the classroom is using with children and also the individual needs of the children's communication disorder. Missouri's standards include the following:

- Symbolic development: represents feelings and ideas in a variety of ways.
- Spoken expressive language: uses language to communicate ideas, feelings, questions, or to solve problems.
- Listening/receptive language: listens for different purposes.
- Written language: uses writing as a means of expression/communication.

- Knowledge of print and books: applies early reading skills.
- Sounds of language (phonological awareness): attends to sounds in language.

Table 8-2 provides the indicators for each of the standards.

Table 8-2. Missouri Pre-K Literacy Standards and Indicators

Standard	Indicators
Symbolic Development	<ol style="list-style-type: none"> 1. Represents feelings and ideas through pretend play. 2. Represents feelings and ideas through movement. 3. Represents feelings and ideas through music. 4. Represents feelings and ideas through art and construction.
Spoken/Expressive Language	<ol style="list-style-type: none"> 1. Communicates in home language and is understood by others. 2. Uses language to pretend or create. 3. Initiates and responds appropriately in conversation and discussions with adults and children. 4. Uses complete sentences of varying length.
Listening/Receptive Language	<ol style="list-style-type: none"> 1. Follows simple directions. 2. Listens responsively to books and stories. 3. Listens to and engages in conversations with others. 4. Responds to questions.
Written Language	<ol style="list-style-type: none"> 1. Experiments with writing tools and materials. 2. Uses scribbles, shapes, pictures, and letters to write. 3. Tells others about intended meaning of drawings and writings. 4. Uses a variety of resources to facilitate writing.
Knowledge of Print and Books	<ol style="list-style-type: none"> 1. Shows interest in reading and books. 2. Exhibits book-handling skills. 3. Pretends to read easy or predictable books or tries to read along during his or her favorite part of story. 4. Responds to text. 5. Reads environmental print and symbols. 6. Identifies some alphabet letters. 7. Recognizes that print represents spoken words. 8. Develops a sense of story.
Sounds of Language (Phonological Awareness)	<ol style="list-style-type: none"> 1. Repeats rhymes, simple songs, poems, and finger plays. 2. Participates in word games. 3. Discriminates some sounds in words.

Source: Adapted by H. Kayser from Missouri Department of Education Web site (2006).

Each of these indicators is important for the child's early childhood experiences. Focusing only on the disorder that has been identified has to include some aspect of the child's needs for the classroom whether it is phonology, morphology, syntax, semantics, or pragmatics. Keeping these foundational standards in mind can help the clinician and the teacher to remember the important curricular focuses for all children.

Appendixes I and J are designed to help teachers relay the progress of children in class and determine the literacy environment of the home. Knowing what the child brings into the educational experience will help in designing and recognizing the strengths and weaknesses of children in classrooms. The literacy activities questionnaire also is a way for schools to determine if the teachers want to collaborate with the clinician on a literacy program for parents and children during or after school. There are volunteers in the community who can help with literacy programs for preschoolers and their parents. Contacting any volunteer organization, sorority, or church will be good starts.

SUMMARY

This chapter was designed to provide a framework that professionals can use to educate young Latino children. It does not provide techniques. The Additional Readings at the end of this chapter provide those techniques. The goal was to provide professionals with an understanding of where to go with those techniques. Research in the effectiveness of intervention for Latino children is a priority and one that must include the cultural values and beliefs of the people. As speech-language pathologists, we can provide treatment programs that may be convenient for us, but the search for resources to meet the needs of young Latino children must become paramount.

DISCUSSION QUESTIONS

1. What do you focus on in therapy with Latino preschoolers?
2. Do the children smile or do they appear bored?
3. How do you respond to personal questions from children?
4. Do you attend to cultural "mistakes" when they happen in therapy?
5. What are your state's standards for early childhood education and pre-literacy?

CASE HISTORY QUESTIONNAIRE (SEE APPENDIX A)

1. Has the child been in a preschool program of any kind here in the United States or in your native country?
2. What did the program emphasize?
3. What do you know about our preschool programs here at our schools?
4. What would you like to know about them?

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