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ASL/Spanish/English Trilingualism of Hispanic/Latino Deaf Children in the United States

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<u>NOTE</u>: This author recognizes the difference between the definitions of "Hispanic" and "Latino" and prefers to purposely synonymize the two terms.

<u>NOTE</u>: Throughout this paper, "deaf" not capitalized will mean one who has a hearing loss sufficient to significantly affect the acquisition of speech while "Deaf" capitalized will mean one who is "deaf" and who additionally considers themselves a member of American Deaf Culture.

Demographics

Hispanics/Latinos now comprise the largest ethnic/cultural minority group in the United States. The 2000 U.S. Census counted 35.3 million Hispanics/Latinos or 12.5% of the general population. Those numbers are even higher today. By 2050 that number will have reached approximately 102.5 million. In other words one in every eight Americans is Hispanic/Latino now, and in less that fifty years one in every four Americans will be Hispanic/Latino. Currently about fifteen million are of school age: twenty-one years or younger (U.S. Census Bureau). Of these fifteen million, nearly ten thousand are deaf or hard of hearing. This may seem like a comparatively small number but it is actually 24.5% of the entire deaf/hard of hearing student population in the United States, 41.4% of all deaf/hard of hearing students in the West, and the majority (53.9%) of the deaf/hard of hearing students in California (Gallaudet Research Institute). The dominant language used in most of these students' homes is Spanish (Delgado 2001). As the general Hispanic/Latino population increases, so will the deaf Hispanic/Latino population. These demographics translate into serious implications for the field of Deaf Education.

History of Education of Hispanic/Latino deaf Students

The history of education of Hispanic/Latino deaf students has been one of misevaluation, misplacement, and misunderstanding. As early as 1972 there was empirical evidence that Hispanic students in general in the United States were overrepresented under the label of educable mentally retarded (EMR). This was largely due to low IQ scores, which tested heavily students' verbal English skills (Mercer, 1972, 1973). The same kinds of blunders were occurring within the Hispanic deaf population. Kopp (1984a) was already at work within the Department

of Communicative Disorders at San Diego State University establishing an outreach program for Hispanic deaf in 1970. Grant was already aware of the need for a merger of bilingual education and special education in 1972. The results of Luetke's questionnaire to Mexican-American parents of "hearing-impaired" children in 1976 revealed how frustrated a mother or father could become when cultural and linguistic barriers stood between the home and the school. During the 1979-1980 academic year, Delgado (1984) conducted a national survey, which found that fiftyone percent of hearing-impaired students from non-English-speaking homes were reported as also having additional handicaps whereas this same incidence rate for all hearing-impaired students was a mere twenty-nice percent. The following have all been cited as reasons for these deficiencies: ethnic and racial bias, misunderstanding of the language acquisition process, confusion as to the role of culture in the learning process and curriculum, past experience with an essentially monocultural population of deaf students, the desire to have programs work for every child in the same way, and a general over-protectiveness of the education of the deaf (Blackwell and Fischgrund). In the 1980s and into the 1990s significant attention was paid to non-English speaking (NES) deaf children. Concerned educators alerted the field of the shortcomings and scattered changes were implemented. "However..." as Delgado (2000) succinctly put it: "what evolved was a passing interest...No sustained efforts occurred" (31). He and others attributed this misfortune largely to the fact that all the attention and focus (of educators, of funding, etc.) was used up in new bilingual/bicultural or "bi/bi" programs; the "bi" representing ASL/American Deaf Culture and English/White American Hearing Culture. Penetrating were narrow views that being Deaf somehow superseded being Hispanic or Russian or Hmong or Black or Chinese or Native American or Filipino, etc. In 1990, Cohen stated the obvious, what many have known for many years: that Deaf in this country are not only Deaf but have ethnicities too.

With the turn of the century came another valuable national study of Deaf Hispanic/Latino students by Delgado (2001), only the second of its kind. It was discovered of Hispanic/Latino Deaf students (among other findings) that they no longer appear to be disproportionately classified as multi-handicapped, they tend to graduate or complete high school programs in the same number as non-Hispanic/Latino Deaf students, with whom their class attendance is also equal, and a small but growing percentage go on to college. With all these wonderful strides, it seems there is one essential ingredient missing: almost none of them know Spanish well. This can alienate them from their own family and ethnic roots and keep them from being as much "Latino" as they are "Deaf" as was shown in Page's study of Ethnic Identity in Deaf Hispanics of New Mexico.

Trilingualism and Triculturalism Defined

English then Spanish are the two most widely used languages in the United States (U.S. Census Bureau). With the fairly recent success in allowing American Sign Language count toward foreign language requirements in high schools, colleges, and universities across America and with entire Deaf Studies majors popping up around the nation, some believe that ASL (excluding fluency as a factor) is now the third most widely used language in the United States (California State University, Sacramento). In any case there can be no disagreement that in the high-paced global marketplace of today, knowing three languages will undoubtedly make a person, hearing or deaf, much more likely to succeed. If attained, it could make up much lost ground had by Hispanic/Latino deaf students due to a history of under-education. This being a

valid reason for which one might wish to be trilingual and tricultural, there exist many others, some much more important. These will be brought up in the discussion section of this work.

In order to discuss trilingualism and triculturalism it will be necessary to first define what is meant by these terms. Employing definitions from the field of bilingualism, the term bilingual is often applied to persons from certain ethnic/cultural groups without regard to linguistic ability even though its derivative meaning is to be equally fluent in two languages (Kopp 1984b, 69). Hereafter tricultural will imply somewhat the former, being a member of and actively involved in three distinct cultural groups (American Deaf, Hispanic or Latino or whatever the country of origin, and American) while trilingual will indicate the latter, i.e., equal language fluency albeit in three languages (ASL, Spanish, and English). By equally fluent it is understood that there is little difficulty whether cognitively or linguistically with respect to input or output in any language, all three languages having been acquired at an early age. It should be understood that knowing a language natively does not equate to being lingual and possessing vocal speech abilities. Through the medium of literacy one can be perfectly fluent in a language without being oral. There is another perhaps sub-subculture which can also be traced, and that is the Hispanic Deaf culture (Gerner de García 1995b). Hispanic Deaf culture per se will not specifically be addressed in this work. However, cultural lines are never clear-cut and much of what will be discussed is in fact part of what makes up Hispanic Deaf culture.

<u>Is ASL/Spanish/English Trilingualism Possible?</u>

Perhaps there is significant disbelief as to the likelihood of truly trilingual Deaf students. The roots of these opposing arguments are well documented. In the 1960s and 1970s there was widespread belief that two languages (and especially *three* languages) was far too much to ask of

children who were sometimes perceived as having no language at all when entering school (Dean 63, Grant 1984, 191, Fischgrund 95). (It is important to note that in this era it was normally assumed that to be fluent in a language required input in the form of auditory stimuli and output in the form of oral speech.) Gerner de García writes that opposition to trilingual education for deaf children may be more political than pedagogical (2000). "It may be the result of linguicism, as well as...the low status of the Spanish language and Spanish speakers" (162). This linguicism, she says, "colors the widespread view of Hispanic/Latino deaf children and adults. It is based in the racism that permeates this society that holds some languages and cultures as more valuable" (162). As it turns out, the bulk of the world's population is actually multilingual (Tokuhama-Espinosa, Sneddon). It is here in the United States that only one in seven speaks a language other than English at home (U.S. Census Bureau). Far too often in this country monolingual teachers are found in schools teaching children and young people who are conversationally multilingual and who have the potential to become academically multilingual as well as literate in their other language(s). Indeed educators still to this day oppose ASL/Spanish/English trilingualism (Steinberg et al. 30).

There ought to be little doubt in our time as to whether or not trilingualism is achievable for with the passing of time and as more and more research has been done in the field of linguistics in general and bilingualism and trilingualism specifically, some significant findings have been obtained. They include: that when two languages have equal status, bilingualism enhances rather than diminishes cognitive and educational achievement (Lambert); that the ability to know two symbols for one object or action promotes meta-linguistic awareness (Cazden); that the deaf individual from a Spanish-speaking home who is required to learn English may more appropriately be categorized as trilingual (sign, Spanish, English) than

bilingual (Kopp 1984b, 71); that three languages will not confuse a deaf or hard-of-hearing child

(Gerner de García 1993b, 1995a); that as long as self identity is not in dilemma, being trilingual

can boost a child's self esteem (Haydon); that trilingual children performed on a test of reading

comprehension at a level higher than children who spoke only English (Sneddon); that by age

eleven, trilingual children are doing better in school than their monolingual peers (Sneddon).

Finally, however small in number one need only look to those Hispanic/Latino Deaf role models

who actually are ASL/Spanish/English trilingual such as Franklin C. Torres, Marta Ordaz,

Armando Muñoz, Horacio Muñoz, etc.

The How

The most complex question to ask is this: How is it all to be done? There is a somewhat

sizeable amount of literature concerning the most appropriate testing/assessment of

Hispanic/Latino deaf students as they first enter school (Zieziula, Secada, Figueroa et al.,

Bennett 1987, 1988, Gerner de García 1995a, etc.). This section will instead focus on how to

facilitate ASL/Spanish/English trilingualism before the formal entrance into schooling. The

premise is the following: it must be found out no later than onset that the Latino child is deaf,

after which ASL immersion must occur immediately. Continuous ASL immersion should be

followed by early and ongoing Spanish and English literacy. Time may not necessarily be spent

on speech output or speech recognition. It will be obvious that the job of professionals is to

ensure Hispanic/Latino families have the essential tools at their disposability and that with those

tools it is ultimately up to the parents to make certain their deaf child becomes trilingual.

Understanding Families on Their Level

One important point must be made before moving on. Before professionals can aid Hispanic/Latino families with their deaf children, they must understand the family in an historical, social, and cultural context (Blackwell and Fischgrund 157). It is beyond the scope of this discussion to include lengthy treatments regarding these issues. Readers are referred to such articles as Grant (1984), Ramsey, Maldonado-Jackson, etc.

Finding Out About Deafness No Later Than Onset

The importance of knowing as early as possible that a child is deaf cannot be understated. Over ninety percent of all deaf individuals currently of student age in the United States were born to hearing parents, of whom the vast majority had had no prior exposure to deafness (Gallaudet Research Institute). (Incidentally, despite its many very real similarities, this is one of the principal factors that make American Deaf Culture different from other ethnic cultures: the fact that the culture itself is fundamentally passed down through non-generational lines.) Because of the low-incidence of deafness (statistics are blurry here but Moores (1) estimates that early childhood deafness occurs in less than one child in a thousand), many hearing parents do not worry to find out whether their child is hearing or not. Many Spanish-speaking parents confront additional barriers when they receive medical attention in English only or not at all. (Fortunately the field of healthcare interpreting for Limited English Proficient (LEP) patients is a growing one.) By the time deafness is diagnosed, the child may have already missed out on many invaluable months of the language and cultural acquisition process. Thankfully, technology now allows for simple, relatively inexpensive yet reliable hearing screening tests to be done immediately after birth before the mother and baby are even discharged from the hospital. Tests can be done while the baby is asleep. Otoacoustic Emissions or Auditory Brainstem Response can measure the reaction of the infant's eardrums in each ear. In California, the Department of Health Services, Children's Medical Services Branch (CMS) has a statewide Newborn Hearing Screening Program (NHSP), which helps identify deafness or hearing loss in infants and whose goal is to link them with services by six months of age.

The diagnosis of deafness in an infant or child has a profound impact on a hearing family. Parents can experience a wide range of emotions including disbelief, grief, anger, guilt, helplessness, and confusion (Ogden). Ogden maintains that these are natural stages through which hearing parents must pass and which should not be rushed. The NHSP type of program mentioned above can work wonders with regard to early intervention. However, care should be taken not to limit the kind of services and resources offered parents. Extra care should be taken to ensure equality of access for Spanish-speaking families. One recent study showed that culturally and linguistically appropriate resources and services were indeed sparse for Hispanic/Latino Spanish-speaking parents of deaf children. "Most parents relied on the professionals who were treating their child to provide information, not only about hearing loss itself, but also about available services, medical assistance, and the rights of the child and parents" (Steinberg et al. 21). Throughout history there has been only one way of viewing deafness: as a deficit or a disease to be prevented or cured. Too often medical professionals today have only been educated in this medical or pathological model of deafness and hence the attitude is passed on to parents of deaf children (Steinberg et al. 28). Not often enough do these hearing parents get early exposure to the social/cultural model of deafness, one in which deafness is viewed not as a deficiency but a difference "that is part of the human condition [which] places no limits on social, emotional, intellectual, and academic development" (Moores 1). American Deaf Culture and Deaf adults are not often enough present during the early stages after the diagnosis of deafness. Ogden makes clear that for these hearing parents, the newly

discovered deafness is only about communication; finding a way to communicate clearly with

their child. (As it turns out, a substantial portion of Ogden's book has been translated into

Spanish and would be a fair start for at least highly literate Spanish-speaking parents.)

Immediate and Continuous ASL Immersion

Now there arise many problems when there is no uniformity of home language among

Hispanic/Latino deaf children. The parents and children may be using some oral Spanish, some

oral English, some of their country of origin's signed language, some signed English, some ASL,

some home signs, gestures, and/or a combination of any and/or all of the above! Adults who are

Deaf will consistently answer that for them the eyes, even more important than the hands, are the

lifeblood of communication. It seems only logical then that a complete and independent

visual/gestural language would be the most natural native first language for the child to learn.

There is little controversy now that American Sign Language fulfills all these requirements and

more. Depriving a deaf child of his or her natural language may be the reason why s/he never

reaches his/her potential in *English* language usage (Christensen 1993, 18, emphasis added). The

Hispanic families in the study by Steinberg et al. were more positive about learning to sign and

communicating with deaf people than were non-Hispanic families taken from a separate study.

A Few Arguments Against the Teaching of ASL Refuted

Without a doubt one of the most common arguments against the teaching of ASL as a

child's native language is the fear of having the inability to communicate with society at large as

adults. This argument falls fast and hard in the face of a Deaf person who has mastered English,

much more Spanish, even if in just written form. Written English and Spanish aside however,

some parents are discouraged when they are informed that first their entire family must learn

ASL for it to be an effective form of communication for their child. Instead of looking at it as a guaranteed chance to learn fluently another language for themselves and their other children, they fear it. If the parents are willing to put forth the rewarding effort to learn ASL fluently, there awaits them good news with respect to the society at large understanding their children when they are adults. As it turns out, at no other time in history has any form of sign language been as wide-spread among any hearing population as American Sign Language is in the United States today. Although it is only used in the U.S., Canada, and several other nations to some extent, it is universal enough to make possible some feats formerly not possible. Not only do thousands upon increasing thousands of college students take beginning ASL courses each year, but the concept of baby signs is also becoming more and more prevalent. Thanks to an increasing body of research showing that very young children are capable of expressing their needs and wants through their earlier-developed motor skills as opposed to later-developing vocal language skills, many parents are seeing the benefit of learning a signed language in order to communicate with their child while the child learns to communicate vocally. Though many parents may only learn very basic vocabulary, as long as it remains true to ASL and not invented baby signs, it can create a foundation as well as spark interest in the more complete learning of ASL at a later time. This could potentially alter significantly the number of hearing individuals in society able to communicate with Deaf individuals. For Deaf adults this increasing number of individuals learning ASL may not always be a good thing since it raises the potential for hearing individuals to be placed in jobs Deaf individuals might more appropriately fill such as teachers of the Deaf. Ideally the entire society should know the country's signed language for discrimination to equal zero and equality one-hundred percent. While this probably will never come about, at least it is not as far-fetched an idea any longer.

Another argument which is now quite out-dated and inaccurate is that teaching deaf

children sign language will cause them to accomplish less in their speech ability and/or their

acquisition of English. (Research shows just the opposite. See section titled Comparisons of deaf

Offspring below.) Just as it is a natural tendency for hearing people in general to mistakenly

believe that sign language is universal world-wide, it appears to be the natural tendency for some

hearing parents of deaf children to believe this archaic myth. Most likely they have latched onto

this myth because of what they have been told by medical and other professionals who are

merely perpetuating accepted practice in their field and/or utilizing out-dated literature to make

such claims.

[F]or parents not to communicate with their child in signed language is tantamount to not

communicating with the child at all. This advice frequently makes the parents feel guilty

(for not providing "the best" language environment), angry (since they cannot live up to

the professionals' ideal), and mistrustful (since the advice is counter to their loving desire

to communicate) (Lane et al. 29).

Steinberg et al. found that frequently the professionals consulted by Hispanic families

gave little consideration to alternative approaches and proposed only one option for future

education. Oralism was presented as the only option to some families; however it was a

combination of sign language and speech that was most often advised as the only approach

available. There are several problems inherent in each of these two methods of communication

for Hispanic/Latino deaf children.

Problems with Oralism

First and most obvious, if oralism (without a cochlear implant) is chosen as the only

method of communication, the child may be destined to a lifelong pursuit of reaching for a

perfection s/he may never reach. S/he will have instilled in her/himself that s/he has a disability and must overcome it. While it is true that hard-of-hearing children may obtain more oral success than deaf children, one must not forget that expensive hearing aids and auditory devices will have to be purchased and regularly fitted and troubleshot in ongoing clinical appointments at a qualified center. Most of all, however, the child must commit much time and effort to extensive specialized training in speechreading (lip-reading) and the use of residual hearing for a very many number of years if any achievement is to be made. The problem becomes further complicated when the family realizes the child might need double the training in order to learn English and Spanish, with resources very scarce for the latter. One intrinsic problem herein is that speechreading is a visual representation of acoustic output and according to Kopp the two codes lack a one-to-one correspondence. "When this input is distorted by being filtered through a hearing loss or hearing aid, it is only the redundancy of speech (with consequent opportunities for auditory closure) that permits intelligibility" (Kopp 1984b, 71-72). What is more, "If the auditory stimulus at home is in Spanish and at school is in English, opportunities for input/output confusion are even more probable among the hearing impaired than the hearing" (Kopp 1984b, 73). Lip-reading and learning to articulate a spoken language is fundamentally more difficult for children who were born deaf, for they have never heard the language and are unfamiliar with its pronunciation. It can be summed up by saying that on the whole, "The use of vision to perceive a language code designed for oral/aural transmission is, at best, difficult" Kopp 1984b, 73. Worthy of mention is a study conducted with one hundred teenagers with profound hearing loss educated orally. The study found no correlation whatsoever between student speech intelligibility or speech perception and that student's reading achievement (Geers and Moog, Moores and Sweet).

Problems with Cochlear Implants

A cochlear implant can range from being very successful to failing miserably at its intended goal. For children implanted whose families use principally Spanish (or any third language for that matter) at home and who happen to be in Total Communication programs, the challenges to making progress in speech perception skills appear to be even greater than for their monolingual peers (Levi et al.). Any caring audiologist will consistently state that the success of a cochlear implant hinges greatly upon the efforts of the school district in which the child resides. In addition to the standard Spanish-English language and cultural barriers that nearly always exist between Spanish-speaking families and English-speaking schools, there can be no guarantee as to how "caring" the school district in charge of the child's schooling will be. Neither does it help that such a large proportion of Hispanics/Latinos in the United States live in low socioeconomic conditions. Within these poorer neighborhoods, incapable schools and school districts are abundant (more likely due to a lack of resources than a lack of willingness). In any case it must be kept in mind that first, a cochlear implant is a major surgery intended for very young children. Second, given current American life expectancies, the foreign object may be inside the person's head for upwards of eighty years. And third, thirty-nine percent of Hispanic families in the United States do not have health insurance, the highest uninsured rate of any group of people in the United States (Aetna U.S. Healthcare).

Problems with Sign Language/Speech Combinations

If a combination of sign language and speech is chosen as the child's method of communication, a different set of problems arises. Once again quoting from Kopp:

...manual communication input/output code systems are quite different from the oral/aural codes.... Simultaneous communication (sometimes called total communication) requires the sender to process two separate motor output codes simultaneously: speech and manual sign or fingerspelling. The deaf receiver must process acoustic and visual input perceived simultaneously in three different codes: acoustic, manual, and speechreading (1984b, 73).

Secada states that informal observations led him to conclude that "the strict use of exact English [sign language] (i.e., of there being a precise one-to-one match between oral and manual morphemic productions) is very rare. More commonly, teachers omit endings, functors, and entire words in their signing; students often use signs without either following English syntax or using extensive speech" (85). Moreover, in order for LEP Hispanic/Latino parents to learn an English sign system to use with their child, they must first learn English (grammar, syntax, word order, etc.) and then the sign system, as it is the sign system which is based on English, not vice versa. English alone for so many LEP Latino parents is extremely intimidating and difficult, and their motivation for learning it is influenced by a different set of factors and circumstances. One can imagine how much more overwhelmed parents might feel when they are told that in order to communicate fully with their child, not only must they master English but they must also master a sign language system based on English. Parents even sometimes attempt to throw out their Spanish altogether in a misinformed leap of faith that even their poor modeled English will help their child with language (Schaeffer-Dresler). The House Ear Institute's (HEI) CARE (Children's Auditory Research and Evaluation) Center in Los Angeles, California used to counsel their multilingual families to adopt their child's language of instruction in school as the primary language in the home, without regard to the parents' actual proficiency in this language. "For most of our bilingual families, this demand was both unrealistic and unsympathetic, given their need to find a balance between the two cultures. Results of this retrospective analysis have encouraged clinicians at the Center to adopt a more realistic and culturally sensitive approach when counseling multicultural families..." (Levi et al.). Besides being unrealistic and unsympathetic, it is very harmful to parent-child interaction since it can make parents feel inadequate just when they are learning to cope with their child's deafness (Blackwell and Fischgrund 156). More often none of the above expectations of Hispanic/Latino LEP parents is realized. The child's upbringing becomes what the school makes of it since most individual communication takes place therein as opposed to the home. Would it not seem practical for parents to concentrate most on learning an independent sign language not based on any spoken language so as to be able to develop as soon as possible intimate communication with their child? ASL acquisition by Latino parents and family will be treated in more detail shortly.

There are many who observe the successful late acquisition of ASL by deaf oral individuals who seem to be very successful academically and who can now mingle in the hearing and Deaf cultures. They then argue that oralism ought to be started early on to ensure the deaf child has oral skills. Then, the argument goes, if the individual at a later date wishes to learn ASL, s/he may do so. The fact of the matter is these deaf oral and now bicultural individuals are actually exceptional cases, hence their considerable notoriety. Many of them acquired spoken language first and later became deaf. More frequent occurrences are that the *deaf child* falls behind in core academic subjects due to excessive time spent in auditory training, the *family of the deaf child* gives up on oralism because of its difficulty, the *older deaf child* resents oralism and prefers ASL because of its visual ease, the *deaf adolescent* finds s/he has to sacrifice extracurricular activities in order to continue her/his oral training and stay on top of her/his

proficient in ASL only to disappointedly find out it may take five to seven years to become

proficient enough to perform academically well in ASL, the older deaf individual is only able to

acquire a second-language mastery of ASL as opposed to native language ability and may thus

be looked down upon within the Deaf community, or the deaf individual gets caught in an

identity crisis, finding s/he does not completely fit in either in the hearing or the Deaf world.

Dagenais and Day said of the trilingual (hearing) children in their study living in Canada

attending a French immersion school: "It appears that these children have developed, so far, a

positive view of themselves as trilinguals, believing that they have acquired a certain prestige by

speaking three languages. Their sense of self reflects not only their experiences and their contact

with others, but also their parents' values concerning language" (N. pag.).

Comparisons Between deaf Offspring

Much can be learned by observing the similarities and differences between deaf offspring

of deaf parents and deaf offspring of hearing parents. The two groups are consistently equal in

their speech ability, social maturity, and intelligence but differ greatly in the level of acceptance

they feel as a deaf child, one of the most essential factors for a child's positive self-esteem.

Additionally, Maldonado-Jackson and Bockmiller showed that deaf children of deaf parents

continuously score higher in cognition than deaf children of hearing parents and maintain this

advantage throughout school. The principal difference in upbringing is continuous exposure to

ASL from birth. By providing this same continuous exposure, hearing parents can attain the

same outcome for their deaf children. The *general* acceptance of ASL as a linguistically true and

complete language during the last thirty years or so has been, in a way, the hearing population's

author's opinion, it would simply be a pity not to use something that works so well.

ASL Acquisition by Latino Parents and Family

If ASL is to be the first language of the Hispanic/Latino deaf child and yet the parents

and family of the child have no previous exposure to deafness (much less visual spatial

communication), a dilemma is indeed apparent. However if it is known immediately that a child

is deaf or will become prelingually deaf, options can be immediately given parents who can then

begin learning ASL thus obtaining a head start before their child catches up to them in ASL

ability (Christensen 2000). In dealing with Hispanic/Latino families, it must be remembered that

traditional maternal and paternal roles are usually present. That is, the father is the breadwinner

and is less often found at home while the mother is the homemaker. Hence although it is ideal for

both parents to become proficient in ASL, the mother will be the key figure while the father may

unfortunately not even be interested (Steinberg et al. 28). Another key characteristic of

Hispanic/Latino parents is the almost universal presence of multiple children. This means that

the Hispanic/Latino deaf child will almost always have siblings. It is a well-known fact that

because of the differences in cognitive programming before and after puberty, children in general

are much more capable of absorbing with ease new languages than are adults. These multiple

siblings ought to be urged into ASL fluency. They will also most likely be fluent in Spanish and

English, making them trilingual. It is these siblings who could become the greatest pool of

potential in filling the existing shortage of ASL/Spanish/English trilingual professional educators

and trilingual interpreters.

It should be quite obvious by now that, as implied earlier, it will be extremely difficult if

not impossible to obtain success if educators are to deal with Hispanic/Latino families in a

language other than Spanish and on any other level but their same cultural level. Many more ASL classes taught in Spanish need to be made available (Delgado 1984, Christensen 1986, Gerner de García 1993b). In 1982 Christensen took it a step further than a mere class and carried out a one-year trilingual education project. Videotaped sign language instruction programs targeting monolingual hearing Spanish-speaking parents of Hispanic/Latino Deaf children were televised at a weekly rate. The series was accompanied by an illustrated manual with direct Spanish and English translations of video scripts. The study found that the parents who faithfully viewed the programs were successful in the acquisition and use of a rudimentary signed language. Additionally, the parents' attitudes towards their children's deafness were improved. An unanticipated finding of the study with extreme potential for utility was that some parents were pleased to find they were *simultaneously* learning English as well (Christensen 1986). Furthermore, that ASL can work successfully as a "bridge" between the two spoken languages of

Early and Ongoing Spanish and English Literacy

Spanish and English has also been established by Christensen (1985).

Once and only once ASL has been established as the Hispanic/Latino Deaf child's native language, early literacy activities can commence. Among three-language combinations spoken by individuals throughout the world, the ASL/Spanish/English combination is a unique case in point in that two of the languages are aural/oral in nature accompanied by a written form while the other is based on a visual medium and for which there is no written form widely in use. Deaf in this country use English to fulfill literacy necessities. For this reason "triliteracy" is not necessary, only "biliteracy." Catherine Snow of Harvard University has stated that the essential elements of parent-child interaction, which sustain language acquisition in young children, are also present and sustain the early acquirement of reading and writing. Videos are shown in Deaf

Education courses around the country outlining principles for parents to follow when reading to deaf children. These principles can be applied to reading in any language. Nevertheless it MUST be kept in mind at all times that when confusion is present in a child learning three languages, the source is most often her or his merely not knowing when each of them is being used (Saunders). A cognitive overload does not occur as was believed for many years. It simply always and consistently needs to be made clear which language is being used at what time. Arguments continue for and against whether ASL is a sufficient base upon which to build second language literacy (see Akamatsu and Cole 102-104). If the bilingual/bicultural programs withstand the test of time, then will it be known that a language as difficult as English can indeed be learned well through literacy and in the absence of speaking, listening, and signing in English.

It must be realized that most languages originated aurally/orally and only later were abstract symbols assigned to represent the acoustic information. Through time these symbols have not been exposed to the same amount of change and evolution as has the aural/oral portion. "Thus, the language which we read and write often has not kept pace with the phonetic and phonologic changes of the spoken language" (Kopp 1984b, 70-71). It will therefore be required of the Deaf Hispanic/Latino child to learn both the formal reading and writing necessary for academic advancement as well as the informal speaking (and say, note-writing or 2-way paging) of both English *and* Spanish.

Kopp states that the complex spelling rules and their exceptions do not make English an easy language to master (1984b, 71). Those who must learn English as a second language whether hearing or deaf can attest to its difficulty. Spanish, as it turns out, is a language governed by rules that are only seldom broken. This fact alone makes Spanish literacy much more attainable. Given this difference between English and Spanish, it is expected that the bulk of the

effort to become literate in English will occur once formal schooling has commenced (although

Spanish literacy for deaf students should not be altogether ignored in the schools as it has been in

the past) while the effort to become literate in Spanish can occur principally at home. It is therefore crucial for the Hispanic/Latino parent to read and continue to read *with* their deaf child

(not to their deaf child) in Spanish. English literacy could also be introduced prior to schooling

but parents must realize that until solid trilingual school programs are established in this country,

the Spanish skill level obtained by the child will depend on his/her exposure to it within the

confines of the home. This alone will also later serve as a language base for the acquisition of

skills in English. As Barbara Gerner de García explained:

No one has to be taught to read more than once. Once a child knows how to decode print,

that child can decode print in other languages by transferring what he or she already

knows to the other language. This makes it possible for any child, deaf or hearing, to

become biliterate. Hispanic Deaf children also feel empowered as they realize that the

language they use at home is also something that they can read (1993b, 84-85).

Once the child can read on her/his own, s/he should be encouraged to read as much as

possible! The activity should be made into an amusing pastime to be enjoyed by family members

together. A deep, long-lasting appreciation and love for reading will do more for the literacy

skills of that individual (in any language s/he reads in) than any other single factor. This is

something the child will most likely learn from the parents and should not be left exclusively to

school personnel. Besides reading from children's and other books, written conversations with

extended family members not fluent in ASL can help to teach the informal ways Spanish and

English are spoken. Watching captioned television shows and movies is another good way to

learn informal language used every day by society in general. English-to-English captions are

very easy to come by. Spanish-to-Spanish captions are less common but becoming more

widespread. Dr. Tomás García's efforts to spearhead a movement along with the Captioned

Media Program and the California School for the Deaf at Riverside to provide Spanish-to-

Spanish captions of the story-telling, value-perpetuating, culture-maintaining movies of the

Golden Age of Mexican Cinema can accomplish much towards the literacy abilities of the

children under treatment (La Promesa de Un Tesoro).

Residential Schools vs. Mainstreaming

If the Hispanic/Latino Deaf child has truly been immersed continuously in ASL since the

onset of deafness and if early and ongoing Spanish and English literacy has taken place, the child

will be well ahead of his/her classmates at the time of formal entrance to schooling. This is the

goal. But which school will the child attend? This paper is not ample enough to include the

debate on the residential vs. mainstreaming approach to education. However several points

should be made. First, if the deaf child who is Hispanic/Latino is to become truly tricultural, one

of the groups s/he must belong to is American Deaf Culture. It is a well-known fact that this

Deaf Culture is passed on in large part through the residential schools for the Deaf. Dr. Oscar

Cohen, superintendent of the Lexington School for the Deaf in New York, has declared on more

than one occasion that residential schools for the Deaf as opposed to public schools can much

better serve the needs of Deaf students, especially multicultural Deaf students (1987). It has been

shown that the best medium for children's learning, especially during their young years, is their

native language (Andersson and Boyer). It is the hope that these multicultural Deaf students will

be truly trilingual by adolescence at latest (meaning that by then there is little difficulty whether

cognitively or linguistically with respect to input or output in any language). At this early point

in schooling, then, ASL is their native first language. As far as the government is concerned with

P.L. 94-142, the fact of the matter is that the public school where mainstreaming takes place may not be the least restrictive environment for the Deaf student whose native language is ASL since

there is no guarantee that communication among peers will occur there.

Because of the low-incidence of deafness, residential schools for the Deaf are few and far between. The dilemma of distance to a residential school will always come up. However, if all deaf students currently in mainstream programs of all types were to make the shift back to residential schools, there would have to be an increase in number of residential schools hence making them that much physically closer to each family with a deaf child. Coupled with improvements in public transportation, perhaps these residential schools could ultimately become normal public day schools as opposed to "residential" schools. Of course there would be other impacts inherent in such a shift. For good reason, most mothers (not excluding Hispanic/Latina mothers) much rather prefer to have their child live at home during the week throughout child-rearing years. To suggest to a Hispanic/Latina mother that her deaf child would be better off living during the week at a school away from home may be taken as an insult as though the message were insinuating that the parents were not doing their best to take care of their deaf child (Ramsey, 138). Additionally, given that most Hispanics/Latinos have less marketability in this country than White Americans, it is even more difficult for those families to simply up and move close to the residential school, especially since they are not habitually located in large metropolitan areas. Even so the Hispanic families in the study by Steinberg et al. were reliably less inclined than non-Hispanic families to favor the mainstream educational settings for their deaf children (61).

Appropriate School Curricula

One of the goals of a typical bicultural curriculum for hearing children is to provide the Hispanic Spanish-speaking child with conceptual data in order than s/he can assimilate the new culture being learned upon going to school. If this is not done, the child oftentimes knows only that something is different between the home and the school. Then because of unintentional but powerful peer influence, the child determines that what is different, that is, his or her family and home life, is inferior (Fischgrund 102). Hence the high number of Latino hearing children and adolescents who seem to be monolingual when they begin school (Spanish) and monolingual when they finish with school (English). They seem to somehow lose their first language. Instead, each language needs to be given equal status. Even with the increasing population of Hispanic deaf children, there are only a select few trilingual programs that systematically address the needs of trilingual Deaf children (Gerner de García 1995b). The ones that do exist (Williams) need to be examined more closely. Sneddon's report concluded that if the children's multilingual experiences were acknowledged, they could be put to greater use. Once again as Barbara Gerner de García explains so clearly:

The process of learning two new languages should not mean substituting the new languages for the original language,... A Spanish literate deaf child should continue to get support and instruction in Spanish while learning English. Such a student may learn a signed language more quickly than hearing children learn conversational English, but his or her academic progress may depend on continued support in Spanish. Competence in ASL doesn't eliminate the importance of reinforcing academic content in Spanish (Gerner de García 1993b, 81).

Several other aspects of an ideal trilingual program must not be forgotten, like the inclusion of cultural-specific curricula. Literature, stories, history, etc. told from the

Latino/Chicano point of view must be a part of what Latino Deaf students are learning about. Trilingual/multicultural staff is fundamental. Adult Hispanic Deaf role models are indispensable Indeed they exist: Dr. Tomás García, Dr. Robert Dávila, Kimberly García, Angel Ramos, Mark D. Apodaca, etc. The need for trilingual interpreters is great and should be even greater in the future (Gerner de García 1993b, 1995b, 2000, MacNeil, Struxness). The Texas Trilingual Initiative is in its first of a three-year grant obtained by the National Center for Interpretation of the University of Arizona to establish an ASL/Spanish/English Trilingual Interpreter Certification Program for the state of Texas. Trilingual options are already offered in Interpreter Training Programs at such places as San Diego State University, San Antonio College, Santa Fe Community College, and Dutchess Community College in New York.

Discussion - The Why

The question of whether or not the attempt *should* be made to raise trilingual Hispanic/Latino Deaf children can be answered logically. The mere fact that these children are deaf equates to the fact that they are not hearing. This insinuates that they ought *not* to be thought of as hearing and should therefore *not* be educated as though they were hearing. In his role as president of Gallaudet University, I King Jordan put it, "...deaf people can't hear. That's so fundamental and simple that people seem to forget it. We can't hear. Therefore, we see. What language could be better for vision than sign language, a language that was created to be seen, not a language that was created to be heard and spoken." This is why ASL should be their first and native language. ASL comes together with its accompanying culture and history, one of harsh struggle that is now triumphing. By being Deaf in this country, these children have membership in a group of which no hearing person can every completely become a member.

The overwhelming majority of these children are born to hearing parents. More than most of these parents dominantly use Spanish in the home. These parents have successfully resisted total assimilation into the larger White American Culture. They are living within their own Hispanic/Latino-American culture. This is the world these children live in at home. They have a natural curiosity and desire to learn Spanish. To the same degree they learn the Spanish language they will be able to inherit the rich cultural heritage of which they are a part. They will be able to develop a firm and lasting bond between themselves and their family and their family's generations.

These children and youth are being raised in the United States of America. The "language of this country" and much of the rest of the world now is English. It is here they will most likely finish school, go on to college, obtain jobs, and raise their own families. They will encounter on a daily basis hearing mainstream Americans and this American culture will undoubtedly be a part of their everyday lives.

It is not hard to see then that these children and adolescents by default live in a trilingual/multicultural world. Denying this reality is contributing to their failure. Denying them the three languages is taking away the very medium through which each culture is passed on. Their parents overwhelmingly want them to be trilingual (Steinberg et al. 30-33). Additionally, once a child knows one signed language, this puts them at a predisposition to learn another signed language such as that of their country of origin. Once a child can read and write two languages their ability to learn more languages becomes greatly facilitated. Indeed they will be much more marketable. But more importantly, they will be able to choose who they want to be, whether Deaf, Latino/Hispanic, American, or any combination of the three, specific or general, or even genuinely all three.

"The question for Hispanic Deaf children is: Can we expect them to be trilingual or

multilingual and biliterate or multiliterate? Children, including deaf children, can become

multililngual" (Gerner de García 1993b, 82, emphasis added).

This entire work can be summed up by using a quote from a Puerto Rican mother

speaking of her six-year-old Deaf son. She was living in Florida at the time with her other

hearing son and husband:

I want him to be trilingual when he is an adult so that he interacts with his family in

Spanish, that he obtains a good job, that he is well paid because he can speak three

languages, that if someday he finds himself in a group situation where everyone is deaf,

he will be able to communicate with them on an equal basis, that he does not feel apart

from the Hispanic group because he is Hispanic, that he does not feel as an outsider with

deaf people because he is deaf, and that he does not feel as an outsider with English

because he lives here, it is the language of this country and he must be fluent. I think he

will have more advantages than other people. And for this reason, I want him to be able

to communicate in the three languages (Steinberg et al. 32, translated from Spanish).

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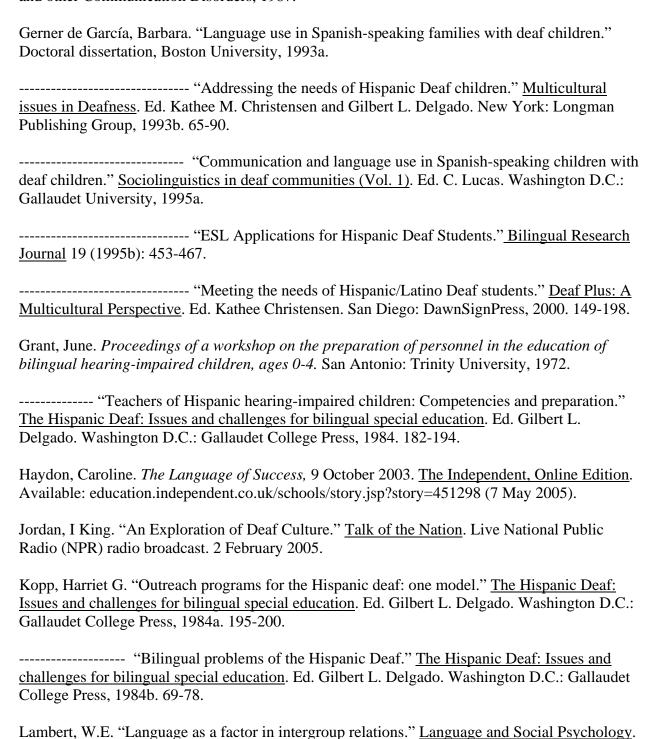
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