

# Pre-Referral Processes in California State Preschool Programs: How Practitioners Decide to Refer Multilingual Children for Special Education Evaluation

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# Introduction

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California has made bold and historic investments in Universal Prekindergarten (UPK), including a dramatic expansion of the California State Preschool Program (CSPP) for income-eligible 3-year-old children and transitional kindergarten (TK) for 4-year-old children. Concurrently, the state has shown commitment to equity by promoting early intervention for children with disabilities and has supported their inclusion in early education settings. California's UPK initiative highlights the importance of early childhood education for children's long-term academic success and embraces the view that a child's experience with one or more languages is an asset to build upon. Attending to the intersection of language and disability in early education is critical, given that over 60 percent of California's children from birth to age 5 live in households where a language other than English is spoken (Holtby et al., 2017), and that children attend preschool early in their process of language learning (Sansavini et al., 2021). To date, though, for multilingual children in preschool, there is no information or guidance from the state about the pre-referral process—the process for determining whether to refer a child for a special education evaluation.

Whereas the pre-referral process in K–12 settings tends to focus heavily on concerns about progress in reading and writing, pre-referral at the preschool level tends to focus more often on speech and language. Language development for ML children occurs at different rates and in different ways; for example, some children begin learning two or more languages simultaneously at birth, whereas other children might add English to their home language in early learning programs (National Academies of Sciences, Engineering, and Medicine [NASEM], 2017). Given the diversity of home languages and dialects and the variation in ML children's language development, coupled with lack of guidance, distinguishing a language need from a disability-related need can be complex. In some cases, ML children might not be receiving adequate support, and so might require enhancements to help them thrive, yet there is no disability present. Research has shown that developmental language disorder (also known as speech language impairment) can be erroneously attributed to typical bilingual development; as a result, ML children are less likely than their non-ML peers to be referred for special education services in the early years (NASEM, 2017).

There is a common understanding that early identification of disabilities in children is key to improving their long-term educational and social and emotional outcomes. For ML children,

high-quality early learning—including high-quality access to home languages, early literacy learning opportunities, and instructional supports—helps rule out a lack of opportunity to learn as a contributing factor to a potential disability.

As the California Department of Education (CDE) has invested in expanding equitable access for ML children and children with disabilities in CSPP, specific attention to the intersection of language development and disability is an important next step. Now is a critical time to explore what is known about current practices in this area. To this end, a WestEd research team developed a study to explore the following questions:

- What is the pre-referral process by which local education agencies in California (i.e., counties and districts with oversight of CSPPs) determine whether to refer an ML child for a full-scale special education evaluation?
- What are the strengths in CSPP pre-referral processes for addressing ML children’s and families’ needs?
- What are site-, institution-, and system-level factors that constrain the pre-referral process for ML children in CSPP?

The team’s analysis of findings from research on these questions generated implications and recommendations that may be useful in helping advance California’s early learning system. For example, learning from local education agency (LEA) administrators about these questions can inform state efforts to maximize the long-term school success of ML children in CSPP and beyond. Ultimately, the aim is to ensure that LEAs have evidence-based pre-referral processes for all children, including ML children, so that ML children who might require special education services receive a timely evaluation. The intended audience for this report includes state and local policymakers, preK and TK administrators and practitioners, researchers, and funders.

To contextualize LEAs’ experiences and identify gaps, the following sections of this report summarize federal requirements for identifying children with disabilities and suspected disabilities, existing state guidance that is offered but not required, and information about California’s recent policy to collect language information on ML children in CSPP. Then, the report describes findings from the WestEd research team’s study of California LEAs’ pre-referral processes. The findings are followed by sections on implications, recommendations, and considerations for future research.

## **Federal Requirements for Identifying Children With Disabilities**

### **Child Find**

The federal Individuals with Disabilities Education Act (IDEA) is a law designed to ensure that eligible children with disabilities receive special education and related services. It governs how states and public agencies provide early intervention, special education, and related services to

eligible infants, toddlers, children, and youth with disabilities (IDEA, 2004). In California, Child Find (also known as Search and Serve) requires each district, county office of education (COE), and Special Education Local Planning Area (SELPA)<sup>1</sup> to actively and systematically seek out all individuals with exceptional needs from birth through 21 years old, including children in preschool. Each SELPA submitting a local plan to the superintendent must have in effect policies, procedures, and programs relating to Child Find and referral (see Riverside County SELPA, 2021, as an example).

## Head Start

The federal Head Start Program Performance Standards require that all Early Head Start and Head Start children “receive a developmental screening using research-based standardized developmental screening instruments that are valid and reliable for the population and purpose for which they will be used; age, developmentally, culturally, and linguistically appropriate, and appropriate for children with disabilities, as needed; and conducted by qualified and trained personnel” (Office of Head Start, National Center on Cultural and Linguistic Responsiveness and Quality Teaching and Learning, 2023). Based on the requirements in the Performance Standards, Head Start has also produced a guide for program leaders that focuses on ways leaders can make informed decisions about choosing screening instruments for ML children and implementing high-quality developmental screening practices for ML children (National Center on Early Childhood Development, Teaching, and Learning, 2023). Through braided funding, children in Head Start programs are sometimes in the same settings as children in CSPP.

## California State Guidance for Identifying Children With Disabilities

While the federal government *requires* states to identify children with disabilities, there are state and local guidance documents in California with a similar aim. However, there is no requirement to follow such state and local guidance.

## Early Start

California’s system of early intervention services for children with disabilities from birth through 3 years old and their families, required by Part C of IDEA, is called Early Start. It is a multiagency effort by the California Department of Developmental Services (DDS) and the CDE. Early intervention services can be accessed through regional centers for developmental disabilities, COEs, local school districts, health or social service agencies, and community family resource centers and networks. Early Start provides a variety of resources that parents, professionals,

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<sup>1</sup> A SELPA consists of one or more districts forming a geographic region of sufficient size and scope approved by the California Department of Education to provide a comprehensive range of special education programs and services for children and students.



and others may use to support Child Find and increase public awareness and outreach. For example, the Early Start Personnel Manual (California Interagency Coordinating Council on Early Intervention, 2010) includes a review and analysis of past practices and current evidence-based approaches in the field of early intervention and personnel preparation.

## **Other Guidance for Identifying Children With Disabilities**

State and local non-mandated guidance specifically for identifying young children with disabilities exists in California. Guidance documents include, for example, the California Department of Education's Handbook on Administration of Early Childhood Special Education Programs (2000); Los Angeles Unified School District's Special Education Policies and Procedures Manual (2007); and Riverside County SELPA's Policies and Procedures for Students With Disabilities: Preschool Through Kindergarten (2021).

## **State Focus on Young Multilingual Children in Preschool**

California has intentionally focused on the assets that ML children bring to preschool programs and schools, as well as their unique needs. For instance, the California English Learner Roadmap: Strengthening Comprehensive Educational Policies, Programs, and Practices for English Learners (CDE, 2018) promotes bilingualism for all children, beginning in early childhood. Additionally, the state's Master Plan for Early Learning and Care calls for legislation to identify and report the language status of ML children, and for expansion of state-subsidized preschool to 3-year-old children with disabilities (California Health and Human Services Agency, 2020). These recommendations of the Master Plan have been implemented via CSPP.

## **New Requirement for Identifying Multilingual Children in California State Preschool Programs**

Assembly Bill 1363 (2021) is first-of-its-kind legislation that requires CSPP to identify ML children through a family language instrument and a family language interview in order to learn about children's past experiences with languages and to support their optimal progress and development. Additionally, the interview document instructs CSPP staff to help families understand the benefits of multilingualism and the important role of the home language in supporting English development. The document also instructs staff to encourage families to continue developing their children's home languages at home.

## **K–12 Guidance at the Intersection of Multilingual Students’ Needs and Disability Needs: The California Practitioners’ Guide for Educators of English Learners With Disabilities**

While no current guidance exists at the intersection of multilingual children and disability at the preschool level, California is leading the nation in developing the most comprehensive guidance at the K–12 level: The California Practitioners’ Guide for Educators of English Learners With Disabilities (California Practitioners’ Guide) (CDE, 2019). The cornerstone of the pre-referral process outlined in this guide is the Multitiered System of Supports (MTSS) framework. MTSS is an integrated, comprehensive framework that focuses on the California state standards, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems needed for all students’ academic, behavioral, and social success. MTSS originated in the K–12 system and is not an early learning approach in the same way that Early Start and Head Start are. California’s MTSS framework is designed to ensure that K–12 students receive appropriate supports in the general education setting before being referred for a special education evaluation. If students still struggle after high-quality first instruction, known as Tier 1, they then move on to receive more targeted Tier 2 interventions, followed by intensified Tier 3 interventions. According to the framework, multidisciplinary teams regularly assess student progress within these MTSS tiers, using the data to determine additional interventions that might be required. Regarding ML students, the California Practitioners’ Guide promotes MTSS as a way to provide tiered interventions that address ML students’ cultural and linguistic strengths and learning needs. If an ML student does not demonstrate expected progress after receiving carefully designed and implemented tiered interventions, the student may be referred for a comprehensive special education evaluation.

### **Study of Local Pre-Referral Processes**

To help inform policy and practice, the WestEd research team explored the pre-referral processes that LEAs use to determine whether to refer an ML child in CSPP for a full-scale special education evaluation. The research team conducted in-depth interviews with 13 coordinators who oversee CSPP, TK, or both. The coordinators represent eight LEAs. Interviews focused on what happens from the time a concern is first raised about a child up to the decision to refer a child for a special education evaluation. Researchers’ questions did not address assessments, instruction, or services during or after a full-scale special education evaluation. The research team also consulted with three content experts in peer debriefing interviews. (See Appendix A for more on the research team’s methods.)

# Research Findings

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In light of the study's research questions, a few notable findings emerged from the analysis. CSPP educators indicated that they mostly engage in an MTSS-style pre-referral process of interventions and iterative data collection and analysis that is applied similarly for ML children and non-ML children alike. Many interviewees described concerted efforts to provide home language support as part of a robust early learning experience for ML children. Interviewees cited the considerable benefit of having bilingual staff for engaging with ML children and their families. Content experts in peer debriefing interviews also highlighted the need for *all* preschool practitioners to possess a refined understanding of the complexity of language development among ML children during the pre-referral process.

The following sections describe findings across key categories, including the pre-referral process in general, program strengths for supporting ML children, and systems constraints. A number of cross-cutting themes emerged, including considerations related to multilingualism, the importance of high-quality early learning, and meaningful family engagement. Please note that several terms are referenced in these findings and are briefly explained, and Appendix B provides a glossary of terms.

# Pre-Referral Process

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Although the pre-referral process as outlined by interviewees varied from site to site and district to district, some common components were identified, and themes emerged.

## Overview

For the most part, interviewees described a process that mirrored the MTSS approach typically used at the K–12 level. For example, as one early childhood education coordinator described,

I think we are trying really hard to align what the rest of the district has done with the whole MTSS system to preschool. This was the first year we were really trying to make everything align all the way across the board so we don't miss anybody. We can get them started with the right supports as early as we can.

Interviewees described MTSS-style processes as involving a multidisciplinary team that convenes to review baseline data (described in the following section). Interviewees used various terms to refer to these teams, including child support team (CST), student support team (SST), or student assistance team (SAT). (This report uses the term “multidisciplinary team” except when quoting interviewees who used other terms.) According to interviews, these teams tend to meet regularly—weekly, biweekly, or monthly. In these meetings, educators develop a follow-up plan for implementing interventions or discuss the interventions that have been tried and the children’s subsequent progress. Interviewees described these interventions in general terms, usually as providing “extra support in the classroom,” including support with home language development, in an effort to boost ML children’s learning and development.

The pre-referral process for determining whether to refer children in CSPP for special education evaluations consisted of similar steps for non-ML children and ML children alike. According to the interviews, interpreters and bilingual specialists (when available) are involved for ML children, but the steps of the process remain fundamentally the same. Interviewees did not describe using processes that are responsive to the differentiated language expression and development that can typically occur among young ML children. As one educational services coordinator explained, “It’s the same process, other than you have someone interpreting and reviewing everything with them.” When asked if the process was different for ML children, a

special education coordinator from another program stated, “Not at that initial stage of being referred to what we call the MTSS team, and then moving further to an SST or SAT if needed. No, that part would not necessarily change.”

The remaining subsections describe the steps of the pre-referral process as outlined by interviewees in this study. Their responses indicate that there is variation across sites, and some steps occur in a different chronological order at different sites. For example, an educator at one site might initiate the pre-referral process, and then baseline data would be collected; at another site, the collection of baseline data might be conducted first, at the point of the child’s enrollment. Hence, this report covers these steps chronologically; however, they might occur in a different sequence based on a program’s individual practices.

## **Baseline Data Collection: General Screeners and Observations**

In trying to understand the process that CSPP uses to decide whether to refer a young ML child for a special education evaluation, most interviewees described a similar set of steps once a concern was raised. Generally speaking, the first step is to review the existing baseline data to understand the child’s development.

Interviewees first described the information they collected on the family’s home languages, required by state law (AB 1363), including information collected by the family language survey and family interviews. In addition, they indicated that educators consider other forms of baseline data, such as the general screeners that families complete for CSPP: the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire: Social–Emotional-2 (ASQ®:SE-2). Interviewees confirmed that the Desired Results Developmental Profile (DRDP), a formative assessment instrument using classroom observations, is also administered twice per year for every child, per CSPP requirements. According to Espinosa and colleagues (2015), these tools do address the needs of ML children, particularly the call to assess their knowledge and skills in both the home language and in English. The ASQ and DRDP tools provide one important set of data among many sources of information to be considered in a robust pre-referral process.

Across the board, interviewees described how educators regularly access baseline data from the ASQ and DRDP. Educators might use these data to determine whether a child could benefit from additional instructional support. As an assistant director for preschool programs explained,

All the children get observed in all the developmental domains—so, social, emotional, cognitive, gross motor, fine motor, all the domains. Those come from the DRDP. That’s something where we pull those results together, we determine where the child lays in that domain, and to see if they’re being successful, if they might need more help.

Additionally, an assessment of the child's behavior, known as a functional behavioral assessment (FBA), might be conducted to understand the motivating factors behind a child's classroom behavior.

According to interviews, the frequency and processes by which educators review baseline data for children with potential disabilities varies. Interviewees described how their educators reference this baseline data, turning to the data if a concern arises that might be indicative of a disability. Programs differed in the way they record and track such concerns. Some have developed their own systems, such as color-coding on paper or in electronic files, to highlight which children have baseline data that suggest they may need deeper attention.

## **Educators Initiate the Pre-Referral Process**

According to interviews, the pre-referral process often begins when a teacher observes something in a child's learning or behavior that might indicate the presence of a potential disability. As one educational services coordinator explained in describing the teacher's initiation of this process, "A lot of it is probably just going to be observations in the classrooms, just noticing that kids' language is delayed and they need support." Teachers may initiate this process after reviewing the child's baseline data or after bringing the concern to an SST meeting where baseline data are reviewed collaboratively. Many interviewees reported that the teacher would notify their site-based multidisciplinary team, which is comprised of administrators, speech language pathologists (SLPs), school psychologists, behavior specialists, special education teachers, teachers on special assignment (TOSA), mental health consultants, or other educators and specialists, or the teacher would request that a qualified specialist visit the program to observe the child in the classroom setting and to collect additional information.

At this point, the teachers and specialists may refer back to the available baseline data, such as the child's ASQs and DRDP, and then conduct follow-up observations. These data are then reported back to the site-based multidisciplinary team for discussion.

Another way interviewees described the procedure that educators use to initiate the pre-referral process is through Child Find. For example, an SLP, psychologist, or other specialist might go into a classroom to provide services for one child and choose to remain in the classroom for additional time to observe another child who appears to require additional support. As a content expert observed, "These professionals know what to look out for." The specialist can then bring this information back to the multidisciplinary team to initiate the pre-referral process for the other child. As one director of special education explained, "That's part of our whole Child Find effort, is to just keep an eye on all the kids that we see when (the SLP) is doing inclusive activities out there." SLPs and school psychologists play an important role in the Child Find process.

## Efforts to Ensure High-Quality Early Learning

Overall, participants in the study described considerable efforts among CSPP staff to provide high-quality early learning to all children. Referring to ML children in particular, interviewees described programs that support children's home language development within the school day. A wide body of research likewise suggests that, prior to referring ML children for special education evaluation, it is imperative to ensure that there are supports for the home language, including partnering with families to promote continued use of the home language. Interviewees from one site shared that family members participated along with their children in the supplementary language program that took place for an hour each week. Families were given activities to do at home to further support language development. Several interviewees described the information that teachers share with families to promote home language use.

Some interviewees explained that multidisciplinary teams often wait until ML children have had more support with home language development before proceeding to make a referral for special education evaluation. As one early childhood education coordinator described,

So that's a primary question that we ask at the beginning, giving them more time if they're a multilingual learner, to help assess whether or not the support in the home language helps with that process. Or if it does not, then we look more at the disability side of it. So really, being able to provide a lot of home language support . . . very focused, very intensive with work with the parents as well, with activities that the parents can do at home to support language development.

At the same time, additional training could be needed. As an early childhood education administrator put it, "If (educators) see limited language fluency, there's the initial tendency to say there's a special need, but it's not. It's just language that needs to be developed . . . so, it's more access to training that's definitely going to benefit everyone."

Interviewees also described that their preschool teachers are trained to provide high-quality early learning opportunities to all children, especially to promote healthy social and emotional development. Approaches to high-quality early learning that focus on social and emotional learning include trauma-informed care, Conscious Discipline, and Pyramid Teaching. Interviewees cited these approaches as helpful in ruling out behavior as a factor before referring children for special education evaluations. As one early childhood education coordinator described the rule-out process,

We need to ensure that the classrooms are developmentally appropriate. Because if our classrooms are not developmentally appropriate, that's when you start seeing behavior concerns, which many of our teachers may confuse for a disability concern, and we don't want to over-refer or falsely refer children.

In general, interviewees described an effort to provide children with a variety of supports to ensure that the children's early learning needs are being met before making a referral for a



special education evaluation. As one interviewee emphasized, “We want to make sure . . . [that] we tried everything that we could have tried before making that official referral.”

## Interventions

Across the board, participants in the study described the pre-referral process as an iterative cycle of designing what they referred to as “interventions” based on classroom observation data, implementing these interventions, then reflecting on their success and refining them according to children’s learning needs. At the K–12 level, MTSS interventions are categorized based on level of support, with Tier 2 offering more intensive support than Tier 1 general instruction, and Tier 3 being a step more intensive than Tier 2. Overall, interviewees discussed pre-referral interventions in general terms rather than with the Tier 2 or Tier 3 labels that would suggest a more established protocol of tiered supports as they are defined and laid out in the California Practitioners’ Guide (CDE, 2019).

Further, while most steps of the preschool-level MTSS-style pre-referral processes were similar for ML and non-ML children alike, interviewees suggested that, during the intervention phase in which children receive additional support, the process might be different for ML children in terms of the home language support provided within the school day. As one early childhood education coordinator explained,

So, in preschool, we have a team of individuals that look at either parental concerns or teacher concerns, whether they are multilingual students or single-language students. And so, in those conversations, as we take a look at those students, we ask ourselves: is the delay because they’re a multilingual student, or [are] there other indications that it may be past that—maybe more than just the fact that they need the language?

According to interviews, interventions for ML children might include informal support with speech or language development. Sometimes the intervention is as simple as “watchful waiting,” a term used by SLPs to describe the period during which the child’s progress continues to be followed, allowing the ML child more time to further develop language and to adjust to the preschool setting. A few interviewees described a protocol of re-observing children during the pre-referral process after about 1 to 2 months to determine whether they have made anticipated progress. As one early childhood education coordinator described,

Give [the multidisciplinary team] 6 weeks and figure out, okay, did they make any growth in that smaller situation? And then we kind of move back to that SST process with that group and start having the conversation of, okay, maybe we need to look a little further at whether or not there’s some special needs involved.



An executive director of early education programs described the pre-referral process in a contrasting scenario in which a team decided not to refer an ML child for a special education evaluation:

Sometimes we need some more information. Here's some interventions the teacher can do in the classroom. Let's have her try those. The TOSA would go out and observe and coach the teacher of these observations, and then we would come back. A lot of the times, we saw improvement, so we would still track the child to make sure they were okay, but . . . we wouldn't move forward with [evaluation].

## **Family Engagement in the Pre-Referral Process**

Across the board, interviewees noted that families are an integral part of the entire pre-referral process from the beginning, when baseline data is first collected. As one director of special education explained,

Our preschool assessments are heavily dependent on behavior scales and ratings and input from the parent. The amount of [direct] assessment you can necessarily do with a kid, particularly if they have higher needs, can be somewhat limited because [it can be challenging to ask children] to engage with the assessment. . . . That parent input is a big piece of the assessment.

The pre-referral process can also begin when a family raises a concern with preschool educators. As one early childhood education coordinator pointed out,

Parents can also bring up concerns. There [are] a lot of conversations that happen at drop-off and pick-up, where parents will say, "Oh, I'm seeing this" [referring to a concern with the child's development].

Interviewees also noted families' engagement with multidisciplinary teams to discuss the child's learning and development and, in some instances, to receive supports to try at home that align with interventions being implemented at school. As one early learning program director stated, "Families are informed right away when there's a concern." Another interviewee offered a similar account: "[Families are] invited to the initial [meeting] so that their concerns can be heard. What do they hear at home? What are their concerns within the classroom? So, they're a part of that (pre-referral) team from the get-go." An early childhood education administrator also pointed to this partnership:

We would never bring anything to this team unless we have parent consent. So, parent consent is very, very big. . . . That's the common practice, is to make sure that literally the parent consents to you even getting together as an interdisciplinary team in discussing their child.

However, another interviewee suggested that families might be engaged only after the multidisciplinary team has discussed the child's progress. As this early childhood education coordinator explained,

The psychologist, myself, and the teacher all go out to that classroom and [observe in order to] gain some knowledge for ourselves. And then that team might get together before we invite the parent and kind of talk about it and say, yes, this warrants a student study team, or, let's try these things and bring the parent on board. So, there's usually an initial small group of staff that gets together and makes those decisions.

Some interviewees reported that educators in multidisciplinary team meetings describe what they observe in the classroom and ask families if they see similar behaviors at home, and what they notice about their children's development or progress. As one director of preschool programs explained regarding the beginning of the pre-referral process, "[Teachers] always want to get the parent input too, to see if there are any concerns at home." Specialists might also share strategies families can use at home to help their child before an evaluation referral is made. For example, as one director of early childhood education noted,

Then we come up with the follow-up action steps collaboratively with the preschool learning facilitator and the parent. What are we going to do now? Are we going to reassess on the ASQ? Are they fine and nothing needs to be done at this point? Are we going to provide [the] parent with some speech and language handouts? Like, okay, the /s/ sound isn't developmentally appropriate until the age of 6. The sounds when they're developmentally appropriate, like provide them handouts, things they can do at home.

Interviewees described meaningful family engagement and relationship-building as a focus during this process. They also explained that educators receive training on communicating and collaborating with parents, especially when there is sensitive information to share. As one director of preschool programs stated,

We facilitated a training for all of the teachers at [the preschool program] last spring on exactly what the [pre-referral] steps are to do. When a teacher has some concerns, what are some things to look for, and really how to speak to families about it . . . and so, it's really about how to sensitively have a conversation with a family.

Outside of the pre-referral process, all families are notified of DRDP results during twice-yearly meetings or conferences (referred to in interviews as "meet and greet" opportunities). At these conferences, educators might ask families questions about their child's language development, such as details on the child's speaking at home (e.g., speaking in complete sentences or in one-word utterances).

One director of early childhood education described the conversations that occur between families and educators at midyear conferences after some supports have been implemented:

Then at about 60 days, we have a parent conference. . . . We sit down . . . to review the results [of the ASQs], we show them where [their child is] and then [the teacher] discusses with the parent, “Are you still seeing these same things?” Some parents are like, “Nope. Now that they’re enrolled, they’re doing great.” It goes both ways. Sometimes the parents say they’re doing amazing, and we’re like, “Mm, we’re seeing these things.”

At this point, families sometimes ask for the evaluation referral to be made more immediately. In this case, educators might equip families with information about evaluation or about the potential benefits of waiting. For example, one early childhood education coordinator explained how her staff might encourage a family to wait:

The younger we get in preschool . . . the more parents seem to be concerned. And they automatically go to a disability, where it may not be that . . . and so, encouraging parents to give it time. And [telling families] preschool is an intervention in and of itself, and those ideas.

Although interviewees explained that members of the SST sometimes prefer to wait longer for interventions to have an effect, educators might also assist families in seeking a referral on a shorter timeline. Families might be encouraged to visit a pediatrician or other provider, such as an occupational therapist, who might conduct an evaluation. As one early education director noted,

We do ask teachers to put some interventions into place before referring a child to special education services. . . . It may be developmentally inappropriate to expect certain things out of children, but if we have a parent that is really wanting services, then we honor that parent’s request, and we may move forward with referral.

Many interviewees described families’ active engagement in conversation with CSPP staff before an evaluation referral is made. One interviewee indicated that families across the board, including multilingual families, are currently more aware about disabilities and the potential benefit of specialized services. As one early childhood education administrator described,

I think that families are becoming more aware of the needs of students with disabilities, but also they can detect when there’s an issue, and they’re being more proactive because they’re more aware. So, it’s that awareness that is actually making them request services at an earlier age, which is actually good because we’re trying to start soon and hopefully have them exit [special education services].

Evaluation referrals are expedited when they originate from a family request. CSPP educators can provide families with other resources to have their child evaluated at a Family Resource

Center, at a COE Regional Center, or with a pediatrician. As the same early childhood education administrator explained,

When a parent requests, it's like in district, you have so many days to provide the parents with a response . . . because now it's a requirement and they have to expedite the process. It allows us to do things at a faster rate, and it's normally a valid concern.

Another early childhood education administrator described the need to more directly support families to independently request an evaluation:

We go to the family first and, even then, it's months and months and months before we get anywhere, months and months, and sometimes a whole school year. And it's really hard, because we all know early intervention is key. Families basically don't understand the process . . . and we actually do create a letter for families to say, from their voice, "I would like an evaluation or a speech evaluation," because usually that's where it's coming up, and it's just hard. They don't get to the right person. They get the runaround.

Still, another early childhood education administrator described a similar effort to empower families to seek an evaluation:

If it's the parent coming with the concern and the teachers don't really have much concern in the classroom, then we may just give the parent information that we have of how their child is being successful in the classroom. But then, also let them know that there are services out there, and if they'd like to, they can always get an evaluation whether they are eligible for services or not. They're always entitled to get that evaluation.

One challenge associated with family engagement in this process is that it can be emotionally difficult for families. As one interviewee stated,

That can be really hard for a family to hear. . . . Then, we just have to provide a little bit more education to the family and let them know how helpful it can be for them to receive services if they're eligible, especially before they start kindergarten. The earlier, the better. A lot of it goes back to just putting a little bit more on our part, as far as parent education, and building those positive relationships.

Some families resist the pre-referral process because they do not want their child to be labeled with a disability. Interviewees described how they preempt this issue by building strong relationships with families and, later, by educating families about the potential benefit of special education services in cases where children are identified before kindergarten. One special education coordinator described how family liaisons through the COE can help schools better engage with families when a disability is suspected:

We do have some resources with our County Office of Education where they have parent liaisons that we can utilize to help navigate the special education process for families. . . . If we sense that maybe a situation might be sticky, or we don't have the best relationship off the bat, or we've had a previous negative experience with a parent, then we might bring them in as just a third party to help parents navigate the process. . . . We also have one of the school psychologists that works with preschool [who] is Spanish-speaking herself.

One interviewee explained how families might be more open to evaluations for speech and language than for other disabilities that are perceived as having a higher impact on children's learning. For this reason, the speech and language evaluation can be used as a gateway for conducting a more in-depth evaluation. As this interviewee put it,

Even if we suspect that there may be a disability that is more in-depth than just speech and language, oftentimes parents are more open to getting speech and language assessment than they are to a full developmental assessment. And so, a lot of the times, that's our gateway, if you will. And then, during the assessment for speech and language, the speech and language pathologist, if they feel that there might be more of a disability or concern beyond speech and language, then they might be able to bring that up with the parents as well.

# Strengths for Addressing Multilingual Children's and Families' Needs

## The Role of Bilingual Staff in Engaging Multilingual Families

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Some interviewees described having bilingual teachers as a strength in the pre-referral process to help rule out language development as a factor when a multilingual learner's development seems delayed. Others described bilingual SLPs and school psychologists as essential to this process but lamented the shortage of these professionals. Sometimes, monolingual SLPs and psychologists work with interpreters or other bilingual staff to conduct assessments. As one special education coordinator explained,

We have some highly skilled interpreters that have been with us for a long time that we use to help with the assessments. So, my speech teacher has a bilingual SLP basically, they work together. . . . That's how they tease that piece out.

Interviewees explained how bilingual SLPs and school psychologists have the ability to assess ML children in Spanish and in English. For example, a director of early childhood education stated, "[The] speech and language pathologist specialist . . . does look [at] 'Okay, is it a language or is it a speech?' She can speak Spanish, so she gets in there with the learners and can really try to determine that." An early education program director made a similar assertion:

We would have speech and language pathologists that were bilingual, and they can test in either language. And then, we had school psychologists that would also test in either language, right? Because you want to make sure, "Is this a language thing, or is this truly a learning disability issue?"

Although interviewees highlighted the benefits of having bilingual staff, interviewees did not describe a systematic process for distinguishing typical second-language development from potential disability in the pre-referral process. As one administrator stated, "I think what does

help with that is that we have bilingual, bicultural teachers that oftentimes speak the language of the child in concern.”

An early childhood education coordinator described the role of bilingual personnel similarly:

All of our classrooms have a Spanish speaker in them so that lessons can be translated and we can easily determine, okay, are they understanding things in their home language and just not in English yet? Or are they not understanding anything in either language and they’re still not producing anything in either language? In which case, then we have our special services lead take a look at that.

Similarly, a director of preschool programs shared,

It’s obviously a huge help, because if our teachers only knew English or only knew Spanish, then all of their observations on the children as far as trying to find out if they have a disability would be skewed in a way, because they would only be looking to see if this child is able to communicate in one language. But, because most of our staff are bilingual, they may try one language and see that the child is not responding, but then they may try another language or have one of their co-teachers try another language.

Administrators seemed to assume that a staff member’s bilingualism includes a comprehensive understanding of typical and atypical multilingual language development. However, some of their assertions might conflate the process of engaging children in multiple languages with the process of differentiating language development from disability.

There was consensus among interviewees that bilingual staff play a key role in developing trust between families and educators. For example, bilingual educators might explain aspects of the pre-referral process that are potentially confusing or daunting, such as describing learning needs to families. Interviewees also highlighted bilingual educators’ ability to facilitate communication between the school and the family about the child’s overall progress during the pre-referral process.

Sometimes, educators rely on interpreters working with families to understand how the children are progressing in multiple languages. One interviewee described the process of differentiating language development from a potential disability as follows:

Our interpreters are cultural ambassadors. They’ll talk to the parent as well, along with the speech teacher, and go, “Okay, when they’re talking in Spanish, do they have these errors, or do they have this jargon in Spanish as well?” That can help us out. And if the kid can’t say /s/ in Spanish and they can’t say /s/ in English, well, then that is helpful in making a determination around an articulation issue. But, the same can be said for jargon or other behaviors that might be associated with autism at home as well.

## **P–3 Alignment and Co-Location**

One of the CDE’s goals is to “elevate the role of high-quality, inclusive and multilingual preschool, strong early intervention services, and P–3 alignment in ensuring the future of California’s children” (CDE, 2023). Interviewees raised several issues related to P–3 alignment. First, there was consensus among interviewees that the co-location of CSPP on school sites promotes P–3 alignment. For example, when both CSPP and TK teachers are onsite, there is a greater likelihood that important information about children will not be lost in the transition to TK. Co-location also reduces the burden on families. Interviewees from an offsite CSPP described the burden on families of being responsible not only for sharing information back-and-forth between the preschool and specialists at the district site, but also for transporting their children to the district site for pre-referral supports during the school day. An interviewee noted that, because families are working, it simply might not be possible for them to have their child meet with specialists offsite. In multiple contexts, interviewees cited geographical proximity to the district sites (e.g., co-location or being within walking distance to the preschool), regular communications, and close working relationships with district staff as factors that tend to expedite the introduction of a specialist to a classroom to conduct initial consultations.

Interviewees also shared that tracking the interventions that a child has received in preschool can be challenging because no student identification system is in place. A student identification system could help the information about previous interventions to move with children as they progress from CSPP to the TK–12 system and could thereby reduce the burden on families to communicate this vital and complex background information.



# Systems Constraints

Interviewees described several constraints in implementing an effective pre-referral process, including a lack of appropriate observation tools, perceptions that undermine pre-referral decision-making, and the COVID-19 pandemic.

## Lack of Appropriate Observation Tools

Some interviewees explained that they lack pre-referral tools for understanding typical language development. As one special education coordinator explained,

I'm not always convinced that our assessments are necessarily going to find some kids who might need services but who might be overlooked because it's assumed that it's an EL issue. . . . There's no standardized assessment for figuring out how good a 3-year-old's English is. It's not existing, nobody's doing it. So, with a heavily essentially monolingual English preschool staff, . . . it's hard. Those are the questions that linger in my mind.

Some interviewees stated that their SLPs and psychologists use pre-referral assessments tailored to ML children but did not offer details about how these assessments might be sensitive to the typically occurring variability and patterns of multilingual language development. Interviewees described the need for more time from psychologists and SLPs to help determine whether children are being appropriately referred for evaluations.

## Perceptions That Undermine Pre-Referral Decision-Making

Other challenges related to all children, not just ML children, emerged in the data. Some interviewees shared that there is a fear at their site or district that children are being over-identified for disabilities. As one early childhood education director stated, "That is a constant thing you hear." This perception can become a barrier in the process of appropriately referring any child for an evaluation. Some interviewees explained that they made explicit efforts not to over-refer but instead to engage in "watchful waiting."

The research team also learned that being strategic drove decision-making in other cases, rather than decisions being guided by a strict focus on the child's learning needs. For example,

some interviewees explained that educators experience pressure to identify children for special education eligibility in preschool because they worry that children would “fall through the cracks” and not be identified once in the TK–12 system. This inclination applied to all children, with additional consideration to helping ML children develop language in preschool. As one early childhood education director stated, “We don’t wait the 2 years at all [to refer], unless we’re kind of like, ‘Is it a language, isn’t it?’, and then we determine, and we put them on by the end of the 2 years [in preschool].” These orientations to special education evaluation referral potentially undermine educators’ ability to engage in a data-informed and rigorous pre-referral process.

## **COVID-19 Pandemic**

One constraint commonly cited among interviewees was the COVID-19 pandemic, which, of course, affected all children. Uncertainties about the pandemic’s impacts on preschool children’s development further complicated the context in which practitioners navigated identifying and responding to potential disabilities among all children. Interviewees suggested that referrals for special education evaluations increased because children had not engaged with other children. As one early learning program director stated,

And we saw that a lot with our kids . . . the little delay. So, it’s wanting to make those referrals, and I’m like, “Give them another year, they’re not special need.” This is a common trend we’re seeing. . . . [The children] need to socialize because those are the skills that were lacking during the lockdown.

An educational services coordinator described the issue in terms of children’s speech and language development: “Our numbers of referrals for speech and language skyrocketed. . . . Kids weren’t around other kids, they were sheltered, and that caused some language delays. . . . Some kids went undetected until they showed up to preschool.” Another interviewee agreed about the rise in family concerns regarding children’s speech development. An early childhood education director described a similar phenomenon: “Especially with the pandemic and with our age group, we get parents constantly saying speech is a concern.”

Interviewees also cited trauma experienced among children during the pandemic as a cause for increased special education evaluation referrals, and noted the related difficulty of distinguishing between trauma or potential disability in children so young.

# Implications, Recommendations, and Considerations for Future Research

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Several noteworthy patterns emerged from the research team’s analysis. CSPP educators primarily follow an MTSS-style pre-referral process consisting of iterative data collection, analysis, and interventions. This approach tended to be similar for ML children and non-ML children alike. Many interviewees discussed their efforts to bolster home language development as part of a high-quality early learning experience for ML children but did not describe pre-referral processes tailored for differentiating multilingual language development from potential disability. Additionally, interviewees emphasized the significant advantages of having bilingual staff members to engage effectively with ML children and their families. Furthermore, interviewees expressed a need for a more precise approach and for additional professional learning to improve the pre-referral process for ML children.

Findings from the study suggest implications, recommendations, and areas for future research for state and local leaders, researchers, and funders to consider.

## Implications

- **Iterative cycles of data collection and review provide a more holistic view of children’s development than more “snapshot” approaches.** Interviewees shared that their educators are using an MTSS-style approach, examining multiple data sources and developing interventions to respond to children’s development and learning. During a peer debriefing interview, a content expert indicated that such an approach is more appropriate than quick decisions for referral. Additionally, such “snapshots” do not capture the full range of potential developmental issues, tend to focus more on identifying deficits than the higher range of performance, and cannot definitively identify or describe the nature or extent of a disability. Further, quick accounting does

not allow for consideration of a broader array of whole-child factors that impact language and learning.

That said, an MTSS-style model can have drawbacks for ML children if not implemented with accurate guidance. For example, as indicated in a peer debriefing interview, a perception exists that ML children need time to develop two or more languages. But, if a child does have a learning issue, special education services are needed, not more time.

- **Although interviewees reported using an MTSS-style pre-referral model, California's MTSS model was not designed with preschool in mind.** Some research has been conducted at the preschool level regarding MTSS implementation. A literature review on the effects of MTSS for preschool-age children was mixed. According to Shepley and Grisham-Brown (2019), state departments of education and accreditation agencies are developing systemwide tiered support systems (such as MTSS) for early childhood education; to provide interested parties with guidance on development and implementation, they conducted a literature review on MTSS in early childhood education. The authors assert that MTSS models targeting social and emotional development were most successful and that methodologically rigorous designs evaluating systems targeting literacy and language outcomes found marginal evidence of effects. These variable findings suggest the need for dedicated attention to developing a pre-referral model for preschool ML children in California.
- **Guidance on pre-referral processes for ML children in preschool is needed.** As the California Practitioners' Guide (CDE, 2019) makes clear, there are complex and unique considerations for ML students when determining whether to refer them for an evaluation for special education services. None of the interviewees referenced any published guidance for implementing the pre-referral process for ML children (or for any preschool-age children). Many of the study participants had worked in the K–12 system, so it is possible that their experiences with K–12 pre-referral practices carried over to CSPP. While there were fundamental patterns in the pre-referral process described by the study participants, there was also variation in the implementation. In peer debriefing interviews, content experts corroborated this pattern. Moreover, they suggested that there might be widely varying implementation across the state. Having guidance could not only help educators understand the nuanced elements of a robust pre-referral process for ML children but could also help improve the consistency and quality of implementation of such a process across the state. Furthermore, interviewees indicated that there has been a dramatic increase in special education referrals since the COVID-19 pandemic. In a peer debriefing interview, one expert shared that the lack of information about a pre-referral process, including the role of a multidisciplinary team in preschools, is a key driver of the increase in referrals to special education.

- **All preschool educators need training in how ML children develop language, especially given the variability in patterns and rate of multilingual language development.** Both the research literature and the experts consulted for peer debriefing maintain that specific training is required to recognize and understand typical multilingual development and the multiple factors outside of disability that influence its variability. The study findings affirm that bilingual educators are critical to the pre-referral process. Some interviewees shared their perception that bilingual teachers can understand and distinguish between typical multilingual language development and a disability by virtue of their bilingualism. But, research on speech and language disability and professional learning for early educators emphasizes that specific training is needed to understand the complexity and variability of typical and atypical multilingual language development (Scheffer et al., 2021; Zepeda et al., 2011). Experts consulted in peer debriefing interviews corroborated the research and similarly stressed that an educator's bilingualism alone is not enough for the educator to be able to understand the complexity of ML children's language development.
- **More specialists with expertise in working with ML children and their language development, including SLPs and school psychologists, are needed.** The findings suggest that these specialists play a linchpin role in the multidisciplinary team's final decision-making on whether to refer a child for a full-scale special education evaluation. Given the importance of their role, these specialists need to have expertise in working with ML children and their language development.
- **Close coordination between preschool staff and district staff facilitates a more expedient pre-referral process.** There was consensus among interviewees that co-location benefitted the pre-referral process by facilitating greater access to specialists located on school sites and alleviating the information-sharing burden placed on families.

## Recommendations

- **Require early childhood teacher preparation programs to integrate into the curriculum information on multilingual oral language development, the variation in language development for ML children, and the importance of home language support.** Given the percentage of young children who live in homes where a language other than English is spoken, and therefore the likelihood that all teachers will have multilingual children in their classrooms, the curriculum in early childhood teacher preparation programs should be revised to reflect the diversity of California's children and to prepare all teachers to support them.
- **Similarly, coursework about—and supervised clinical practice in early childhood settings with—multilingual children should be required for the Child Development Permit and for the Early Childhood Education Specialist Credential.**

- **Develop professional learning for all preschool teachers and specialists that focuses on oral language development for ML children, the variation in language development for ML children, and the importance of home language support.** All teachers and specialists can benefit from additional professional knowledge. Training on oral language for all, especially for ML children, would help teachers and specialists understand the kind of language development they might expect, and they would be more informed about bringing any concerns to an administrator.
- **Incentivize bilingual individuals to become specialists, such as SLPs and school psychologists.** According to research from the American Speech-Language-Hearing Association (ASHA, n.d.), the overwhelming majority of SLPs feel underequipped to serve ML children. According to experts who were consulted for peer review, all SLPs, including bilingual SLPs, require specialized training, including on how to conduct a culturally responsive observation of ML children. Interviewees described shortages of bilingual specialists, which is confirmed by recent data from ASHA (2023). According to ASHA, in California, there are 2,638 SLPs who self-identify as multilingual service providers. As described earlier, bilingual teachers and specialists are assets for engaging with ML children and their families; however, even bilingual staff need particular training.
- **Develop short, user-friendly state guidance for preschool educators on pre-referral processes for ML children.** The findings in this study indicate that guidance is needed. The research team recommends that the CDE convene a workgroup to develop a guide on evidence-based practices that includes resources such as observation tools and measures, a process map, information on different types of interventions, timelines for implementing and refining interventions, and sample forms for educators to use to ensure that children are referred for an evaluation in a timely manner. Participants in this study represent LEAs that were recommended to the research team as being attentive to pre-referral processes in CSPP. Content experts in peer-review interviews indicated that there might be no policies or procedures in place in other LEAs; in which case, as one expert put it, “We have to be systematic about these things.”

The guidance and resources should describe typical multilingual development in children’s home languages, acknowledge the typically occurring variability and patterns of multilingual language development, and describe a thorough pre-referral process that incorporates data from multiple perspectives and contexts. The California Practitioners’ Guide (CDE, 2019) has been described as too dense and too long; a shorter guide could be more educator friendly. The preschool guidance could also include links to the California Practitioners’ Guide as appropriate, as another way to promote P–3 alignment.

- **Develop purposeful dissemination strategies for the recommended professional learning and guidance to ensure that educators are aware of new guidance and receive training for implementation.** An example of this kind of tailored dissemination is the Imperial County SELPA’s Improving Outcomes for English Learners With Disabilities project. Funded by the CDE, the project provided professional learning opportunities and short, user-friendly materials for educators based on the California Practitioners’ Guide (CDE, 2019). Dissemination should also include the California Commission on Teacher Credentialing, institutions of higher education, other pre-service programs, and continuing education programs.
- **Provide incentives for LEAs to provide training on the implementation of guidance to ensure its uptake.** Guidance is only as powerful as its uptake. When guidelines or professional learning are seen as optional, there is less likelihood of their implementation, and the guidance can remain untapped.
- **Create mechanisms to improve information sharing between CSPP staff and TK–12 staff.** Interviewees celebrated the benefits of co-location of CSPP on school sites. However, given that co-locating preschool programs on school sites is not always possible, the state should identify opportunities to improve CSPP access to specialists and increase information sharing with the K–12 system. For example, coordinators at one of the participating sites described that district specialists make regularly planned visits to the CSPP for observations and communications with teachers. Such strategies not only can facilitate the pre-referral process but also can improve P–3 alignment.
- **Include CSPP students in the TK–12 student identification system as part of P–3 alignment efforts.** Doing so would entail having information about children in CSPP travel with them as they progress from preschool to the TK–12 system, ensuring that vital information, including pre-referral interventions, is not lost. Building CSPP student information into the TK–12 system would not only reduce the burden on families to communicate this information to TK teachers but would also allow TK and K teachers to review information about children’s engagement in previous preschool interventions before the start of TK or K.

## Considerations for Future Research

- Given how integral families are to determining whether to refer a child for special education evaluation, research is needed on how ML families experience the process. Since families are their children’s first teachers and have a unique lens into home language development, learning from them regarding what in the pre-referral process is working and what needs improvement is critical.
- Similarly, it is important to learn from teachers and specialists about the pre-referral process and any supports that would be helpful to them.



- This study focused on CSPP, but many ML children are in other early learning settings. Additional research could focus on pre-referral processes in other sectors of California's UPK mixed delivery system, including the federal Head Start Program, community-based organizations that operate subsidized preschool programs, family childcare settings, and private preschools.

## Conclusion

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The CDE is committed to closing opportunity gaps to ensure that all children start school ready to learn and that all schools are ready to support every child's success. With its ongoing efforts to elevate the importance of multilingualism and to support children with disabilities, California is positioned to advance the state's early education system by attending to the intersection of language development and disability for ML children. By implementing the recommendations in this report, California has an opportunity to not only assist educators in fostering the development and success of ML children, but also to continue taking a leadership role at the national level.



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# Appendix A: Methods

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The research team conducted a descriptive phenomenological study (Creswell & Poth, 2018), a qualitative research method used to explore and understand common features of a phenomenon (in this case, practices or processes) from the perspective of those who engage in these practices or processes. In keeping with the phenomenological approach, the researchers explored clearly defined research questions:

- What is the pre-referral process by which local education agencies in California (i.e., counties and districts with oversight of California State Preschool Programs [CSPPs]) determine whether to refer a multilingual (ML) child for a full-scale special education evaluation?
- What are the strengths in CSPP pre-referral processes for addressing ML children's and families' needs?
- What are site-, institution-, and system-level factors that constrain the pre-referral process for ML children in CSPP?

The research team gathered rich and detailed descriptions (Creswell & Poth, 2018) through interviews with LEA administrators overseeing CSPP/TK and CSPP contractors. In addition, researchers conducted a document review of relevant policies and procedures (e.g., legislation, California state department websites, policy briefs, and state and local guidance).

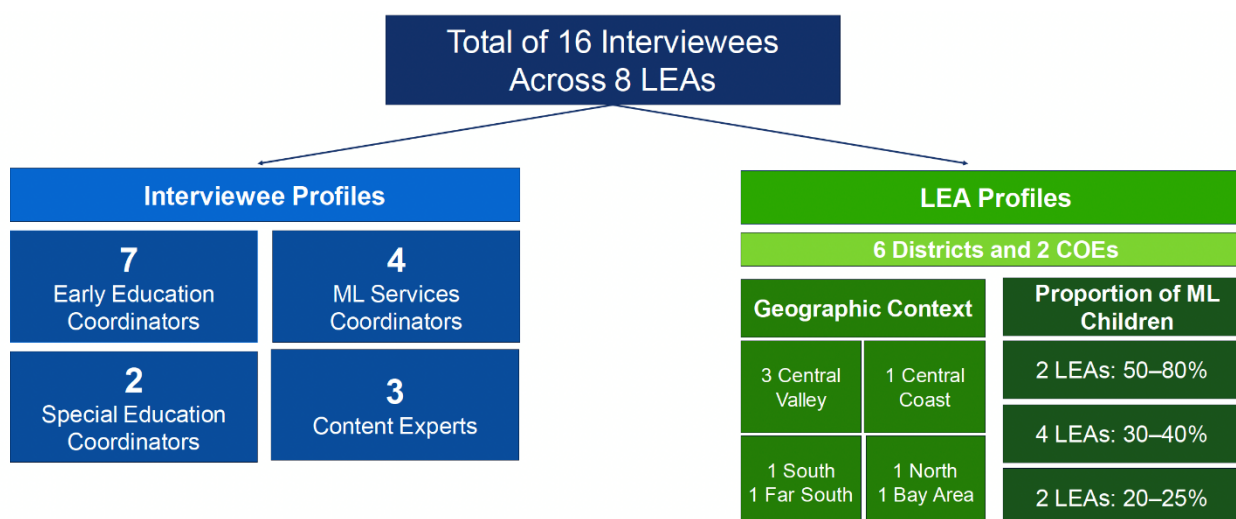
## Recruitment, Outreach, and Facilitation

To recruit LEA participants who have experienced this phenomenon (Creswell & Poth, 2018), the research team contacted content experts in California to nominate LEAs that are engaging in the study's area of interest. The team then contacted Early Education Directors in COEs to ask for referrals to district coordinators, then reached out to coordinators and administrators with expertise in early childhood, ML student services, or special education in these districts. This process was an intentional triangulation strategy to collect perspectives from individuals in multiple roles. Outreach consisted of an invitation email with a brief introduction to the study, including an explicit assurance of confidentiality. The research team sampled LEAs representing various geographic regions of California and with varying proportions of ML students and

overall student enrollment in kindergarten. (Because there are not yet statewide data on ML children in CSPP, researchers examined data on ML student enrollment in kindergarten in the districts nominated as a demographic proxy.)

Between May and September 2023, the research team conducted in-depth, semi-structured, open-ended interviews with leaders with deep knowledge of the process (Creswell & Poth, 2018). The team obtained informed consent and ensured participants' confidentiality, per Creswell and Poth's (2018) recommendations concerning ethics. At least two WestEd researchers administered the interviews, with one researcher facilitating and the other(s) participating and taking notes. Interviews were recorded with permission and transcribed.

**Figure 1: Overview of Interviewees**



## Analysis

Through iterative analysis using the constant comparison method (Creswell & Poth, 2018), the research team identified patterns and repeated ideas. These concepts were linked together into overarching themes as part of the research team's coding system. The team analyzed and synthesized data within these themes to illuminate the essence of the process. Researchers then re-examined the data, seeking corroborating and disconfirming evidence.

Following the analysis, the team shared a draft of the findings with peer reviewers and engaged in a peer debriefing process (Creswell & Poth, 2018) in which the research team interviewed content experts in the area of special education to better understand and contextualize the findings; the research team incorporated insights from these discussions into the report.

## Limitations

Although the research team designed the recruitment process, facilitated all interviews, and conducted subsequent analyses, the study did have limitations. The sample was small by any measure, let alone given the number of LEAs in California. Findings might not be representative of all possible experiences of coordinators and administrators, especially because the LEAs included in the study had been nominated by COE early education directors. Nonetheless, the research team specifically sought the expertise of content experts to gauge whether or not the study findings resonated, which they confirmed. Families and teachers, whose perspectives are necessary and integral to the pre-referral process, were not included in this study. The research team recommends including families' and teachers' perspectives, as noted in the section on considerations for future research.

With these limitations in mind, not all potential viewpoints are represented in the findings in this report.

## Appendix B: Glossary of Terms

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The following are working definitions of terms used throughout this report.

**Ages & Stages Questionnaires®** (ASQs) are family-completed developmental screening tools to help educators pinpoint a child’s development progress and determine whether follow-up steps are needed, including identifying children with delays or disorders in the early years.

- **Ages & Stages Questionnaires® Social-Emotional, Second Edition (ASQ®:SE-2)**—focuses solely on social and emotional development in young children. Accurately identifying behavior through ASQ:SE-2 can pave the way for the next steps (e.g., further assessment, specialized intervention, or ongoing monitoring).
- **The Ages & Stages Questionnaires®, Third Edition (ASQ®-3)** is the updated developmental screening tool for children between the ages of 1 month and 5 and a half years.

**The Desired Results Developmental Profile (DRDP)** is a formative assessment instrument developed by CDE for young children and their families to be used to inform teaching and program development. The DRDP is administered in natural settings through teacher observations, family observations, and examples of children’s work. Ongoing documentation of children’s knowledge and skills in everyday environments is a recommended practice for early childhood assessment. The DRDP includes a section on “Young Dual Language Learners and the DRDP” which emphasizes the differences that must be taken into consideration when assessing ML children and the importance of cultural and linguistic responsiveness.

**Developmental language disorder (DLD)** (also known as specific language impairment) is a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance. A DLD may be diagnosed by a speech-language pathologist in children who have difficulties with oral language that first become apparent in the preschool years.

**Educators** is a term that this report uses broadly to include all specialists, administrators, teachers, and other personnel involved in the pre-referral process.

**Evaluation**, for the purposes of this report, refers to the full-scale, comprehensive special education evaluation educators use to determine whether a child has a disability.

**Multidisciplinary team**, also known as the **child support team (CST)**, **student support team (SST)**, or **student assistance team (SAT)**, is the team that makes decisions regarding whether to refer students for a special education evaluation. The team usually includes the family, the preschool teacher and an administrator, a district representative, and specialists such as an SLP or school psychologist.

**Multilingual (ML) children** is the term CDE uses to describe children who are developing more than one language. Other terms commonly used are dual language learners and emerging bilinguals.

**Pre-referral process** includes any actions, considerations, or decision-making that *precede* a formal referral for a comprehensive special education evaluation.

**Preschool through grade 3 (P–3) alignment** includes both horizontal alignment (across different preschool programs) and vertical alignment (between the preschool and TK–12 system) and coherence across levels and systems to improve coordination of policies and practices in preschool, across transitions to TK and kindergarten, and through grade 3 and beyond.