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# Bilingual Speech-Language Pathologists and Audiologists: Definition

*ASHA Committee on the Status of Racial Minorities*

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**About This  
Document**

The following definition, drafted by the Committee on the Status of Racial Minorities, was adopted as an official statement of the American Speech-Language-Hearing Association by its Legislative Council in November 1988 (LC 17-88). Members of the committee during development of the definition were Lorraine Cole (ex officio), Lupe L. Delgado, Gladys F. DeVane, Doreen G. Holliman, Hortencia Kayser (chair), Jeniece E. Nelson, William T. Simpkins, Jr., and Deborah W. White, under the guidance of Robert L. Douglass, monitoring vice president.

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**Bilingual Speech-  
Language  
Pathologists and  
Audiologists:  
Definition**

Speech-language pathologists or audiologists who present themselves as bilingual for the purposes of providing clinical services must be able to speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management.

To provide bilingual assessment and remediation services in the client's language, the bilingual speech-language pathologist or audiologist should possess:

1. ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals and how those processes are manifested in oral (or manually coded) and written language;
2. ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders in oral (or manually coded) and written language;
3. ability to apply intervention strategies for treatment of communication disorders in the client's language; and
4. ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to the client's language community.