



October 2, 2026

The Honorable Alex J. Adams, PharmD, MPH
Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Comments on Notice of Proposed Rulemaking, “Reducing Federal Burden for Head Start Programs”

Dear Assistant Secretary Adams:

The American Speech-Language-Hearing Association (ASHA) appreciates the opportunity to comment on the Administration for Children and Families’ (ACF) Notice of Proposed Rulemaking, “Reducing Federal Burden for Head Start Programs.”¹

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Our members serve millions of children and adults with communication disorders across the nation’s schools, hospitals, clinics, and other settings, including a substantial number of children with disabilities who receive services under various programs ranging from the Individuals with Disabilities Education Act (IDEA) to Medicaid.

Audiologists specialize in preventing, assessing, and treating hearing and balance disorders. SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. Services provided by audiologists and SLPs are medically necessary, evidence-based, and essential to health and independence across the lifespan. SLPs are both specialized instructional personnel and related service providers in the context of delivering education services in early intervention and school-based settings.²

Our members provide screening, assessment, and intervention services to Head Start and Early Head Start children every day, and many serve as consultants, itinerant service providers, or staff within Head Start programs.

ASHA supports ACF’s stated goals of reducing unnecessary administrative burden and returning appropriate discretion to local programs, and we recognize that many of the proposed changes reflect flexibility that grantees have long sought. We write to raise a specific significant concern regarding the proposed rule’s treatment of English language instruction and its potential—likely unintended—effects on evidence-based multilingual language support for children with and without disabilities, screening, assessment, and intervention, as well as on augmentative and alternative communication (AAC), including signed communication for children served by Head Start.

The Value of Multilingual Language Support for Communication and Education

Supporting English development and supporting children's home languages are complementary—not competing—goals. Children benefit when early childhood programs recognize and build upon the linguistic resources they bring to the learning community. Continued development and use of a child's home language can support relationships with parents, caregivers, extended family, and community members; participation in daily life and family routines; development of identity and belonging; and meaningful communication across settings.

For multilingual learners, including children with disabilities, home language support should not be characterized as an obstacle to English language acquisition. Children can (and do) learn English while continuing to develop and use additional languages. An additive approach supporting English alongside a child's home language can preserve access to family communication and help ensure that children are able to participate fully in learning, play, routines, and relationships.

This support is especially important in Head Start settings, where family engagement is central to children's learning and development. Families are best able to share information, participate in decisions, reinforce learning at home, and collaborate with educators and service providers when communication occurs in a language they understand and use comfortably.

Implications for Universal Screening, Assessment, and Intervention

Audiologists and SLPs are concerned that an English-only instructional mandate may also influence the availability of resources to support language access in Head Start programs and services. This may include universal screenings, developmental monitoring, referrals, assessments, and services. English-only screening or assessment procedures may not provide valid information about a multilingual child's communication abilities. A child's performance in English alone may reflect differences in language exposure, opportunity, or proficiency rather than a speech, language, hearing, or developmental disorder.

Accordingly, multilingual children should be screened and assessed using tools and approaches that consider the child's skills across the languages and modalities they use. Qualified multilingual personnel, appropriately trained interpreters, family input, and assessment tools or procedures suitable for multilingual children may be necessary to diagnose communication and/or learning disabilities. Without these supports, programs may face increased risk of both over-identifying and under-identifying children who need further evaluation or intervention.

The proposed rule should also preserve the ability of audiologists, SLPs, and other qualified providers to deliver intervention in the language/s and communication modalities that are functional and appropriate for an individual child. This includes services provided in classrooms and other natural learning environments, consistent with each child's individualized needs.

The Central Role of Audiologists and SLPs in Instruction for Individualized Multilingual and Multimodal Communication Supports

The use of more than one language (or languages besides spoken English), AAC, and/or signed communication are not language-enrichment activities. For many children, they are primary or essential means of communication. Children who have communication disorders, who are nonspeaking or minimally speaking, who are deaf or hard of hearing, or who have complex communication needs may rely on individualized AAC systems—including signed languages—to participate in learning, express needs and preferences, develop relationships, and engage with caregivers, teachers, and peers.

Audiologists and SLPs are trained to evaluate a child's hearing and communication profile; select or design an appropriate AAC system; collaborate with families to select a communication modality that meets the child's and family's needs; and provide families, classroom staff, and interventionists training on their consistent use. This clinical decision-making is individualized to each child and is often, by functional necessity, multimodal and multilingual. A child's AAC vocabulary and signed lexicon are most effective when they reflect the languages and dialects used in the child's home and the language of instruction.

We are concerned that the proposed directive that “all education” be conducted in English could be interpreted at the grantee or local level to restrict access to home-language supports; multilingual AAC options; multilingual screening, assessment, or intervention; or related services in the classroom.

Moreover, this policy may decrease access to qualified interpretation and translation necessary for individualized service delivery and for families to participate meaningfully in decisions affecting their children. Even if ACF does not intend these results, ambiguity in the final rule could lead to inconsistent implementation and harm to children who rely on clear, individualized, and accessible communication supports.

ASHA's Requests

To prevent unintended harm to multilingual learners, children with communication disabilities, and children who are deaf or hard of hearing, ASHA respectfully asks ACF to use the final rule to do the following:

- 1) **Affirm an additive approach to communication development.** State clearly that English acquisition should be supported without restricting children's home language development or use consistent with the substantial body of research showing that multilingual and home-language supports do not impede, and often strengthen, English acquisition.^{3,4}
- 2) **Protect communication access and individualized educational support.** Clarify explicitly that “all education” in English does not restrict access to individualized AAC options, including multilingual vocabulary or signed communication; classroom-based speech-language and hearing services; qualified interpretation or translation services; or communication with families in their preferred language.
- 3) **Protect multilingual screening, assessment, and intervention.** Clarify that any requirement that education be conducted in English does not restrict linguistically appropriate universal screening, developmental monitoring, evaluation, assessment,

intervention, or referral practices. The final rule should affirm that programs may use multilingual personnel, interpreters, translated materials, family input, and other appropriate supports to ensure access to education and support, appropriate for the communities they serve.

- 4) **Reaffirm existing civil and disability rights obligations.** Confirm that nothing in the final rule alters, narrows, or is intended to be read to alter or narrow a program's existing obligations to children with disabilities under IDEA, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or Title VI of the Civil Rights Act of 1964.

ASHA appreciates that the proposed rule does not purport to amend these underlying statutory protections. Because Head Start staff, contracted providers, and families will look to the final performance standards for day-to-day guidance, however, an explicit statement to this effect in the final rule's text would meaningfully reduce the risk of misapplication in the field and would protect continuity of services for children who communicate through AAC or sign.

ASHA welcomes the opportunity to serve as a technical resource to ACF as it finalizes this rule, including with respect to evidence-based practice in AAC, multilingual service delivery, and early hearing detection and intervention.

Thank you for your consideration of these comments. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

¹ Children and Families Administration. (2026). Reducing Federal Burden for Head Start Programs. *Federal Register*. <https://www.federalregister.gov/documents/2026/08/07/2026-16134/reducing-federal-burden-for-head-start-programs>

² American Speech-Language-Hearing Association. (2024). *The Value of Multilingual Speech-Language Pathologists*. <https://www.asha.org/research/ebp/demonstrating-your-value/multilingual-service-providers/>

³ American Speech-Language-Hearing Association. (n.d.). *Multilingual Service Delivery in Audiology and Speech-Language Pathology*. <https://www.asha.org/practice-portal/professional-issues/multilingual-service-delivery/>

⁴ American Speech-Language-Hearing Association. (n.d.). *Research Articles Supporting Multilingual Service Provision*. <https://www.asha.org/siteassets/multicultural/research-articles-supporting-multilingual-service-provision.pdf>