

1 **Position Statement: American Sign Language (ASL)**

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3 Ad Hoc Committee to Develop a Position Statement on American Sign Language (ASL)

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5 **About This Document:** This position statement is an official policy of the American Speech-Language-
6 Hearing Association (ASHA). The position was developed by the ASHA Ad Hoc Committee to Develop a
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8 Childress; Cheryl DeConde Johnson; Brenda Seal; Aaron Shield; and Adena Dacy, ex officio. Marie
9 Ireland, Vice President for Speech-Language Pathology Practice (2018–2020) served as the Board of
10 Directors liaison.

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12 The request to draft this statement was based in part on inconsistencies among federal agencies about
13 whether ASL is a distinct language. The United States Department of Education’s (ED) guidance letter to
14 state administrators of Title III programs prohibits administration of funds for language services for
15 students whose primary language is ASL because ED does not recognize ASL as a native language
16 distinctly different from English (U.S. Department of Education, 2011). However, the National Institute
17 of Health’s National Institute on Deafness and Other Communication Disorders (NIDCD) and National
18 Science Foundation (NSF) identify ASL as a complete, non-English language associated with its own
19 culture (NIDCD, 2019; NSF, 2019).

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33 **Position Statement: American Sign Language (ASL)**

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35 It is the position of the American Speech-Language-Hearing Association (ASHA) that American Sign
36 Language (ASL) is a complete language, possessing similar levels of language organization found in
37 spoken languages, including phonology, morphology, semantics, syntactic structure, and discourse and
38 pragmatic rules. ASL is a naturally occurring visual–gestural language with an associated culture. It is
39 distinct from other signed languages around the world and from spoken English. ASL also differs from
40 invented sign systems (e.g., Signing Exact English) and approaches (e.g., simultaneous communication,
41 cued speech) designed to support spoken language.

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43 **Rationale**

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45 **Introduction**

46 ASL has existed in the United States and parts of Canada for more than 200 years. ASL signs are
47 composed of purposeful handshapes, locations, orientations, and movements combined with facial
48 expressions and body postures. ASL users¹ are historically and culturally identified by this shared
49 language that is acquired naturally through interactions with other ASL users. ASL linguistics has evolved
50 as an independent research discipline, with graduate courses and doctoral studies in universities
51 throughout the United States and abroad. Support for research on ASL continues to be provided by the
52 NIDCD and the NSF.

53

54 **Historical Background**

55 ASL originated in the 19th century at the American School for the Deaf in Hartford, Connecticut. ASL was
56 founded in 1817 by Thomas Hopkins Gallaudet and Laurent Clerc (Bahan, 1996). Its roots trace back to a
57 mixture of Old French Sign Language and the signing systems in use in the Deaf communities of 19th
58 century New England (Lane & Grosjean, 2010; Lane, Pillard, & French, 2000; Padden, 2010). Professor
59 William Stokoe of Gallaudet College’s Linguistics Research Lab first described ASL as a language in 1960
60 (Stokoe, 1960).

¹ASL is used for face-to-face communication by individuals who are d/Deaf, hard of hearing, DeafBlind (d/D/HH/DB), and hearing (e.g., Children of Deaf Adults [CODAs], teachers of the deaf and other service providers). For purposes of this document, we refer to this collective community as “ASL users.”

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Neurobiological Equivalence of Signed and Spoken Languages

ASL has the essential hallmarks and characteristics of naturally occurring spoken languages (ASHA, 1982; Klima & Bellugi, 1979; Stokoe, 1960; Stokoe, Armstrong, Karchmer, & Van Cleve, 2002; Valli, Lucas, Mulrooney, & Rankin, 2011). For example, deaf babies acquiring ASL will babble with their hands before producing first signs similar to vocal babbling in hearing infants prior to first words (Petitto & Marentette, 1991). Babies acquiring ASL from ASL users reach language milestones on the same trajectory as hearing children acquiring spoken languages (Anderson & Reilly, 2002; Emmorey, 2002; Meier & Newport, 1990; Newport & Meier, 1985). Moreover, the “critical period” of language acquisition also applies to ASL, such that late learners do not attain the same degree of fluency as early-exposed signers (Mayberry & Eichen, 1991; Newport, 1990). The language centers of the brain involved in the comprehension and production of ASL and other signed languages are also implicated in the comprehension and production of spoken languages (Campbell, MacSweeney, & Waters, 2008).

Autonomy of the Linguistic System

ASL is distinct from English and from invented sign systems, such as Signing Exact English (Pfetzling, Zawolkow, & Gustason, 1972). ASL possesses its own rules of phonology (Brentari, 1992; Sandler, 1989; Stokoe, Casterline, & Croneberg, 1976), syntax (Aarons, 1994; Chen Pichler, 2002; Liddell, 1980; Neidle, Kegl, MacLaughlin, Bahan, & Lee, 2000) and morphology (Aronoff, Meir, & Sandler, 2000, 2005; Bahan, 1996; Padden, 1988), which differ in significant ways from English. ASL also has conventions for formal and informal communication, as well as pragmatic rules for turn-taking, initiating, maintaining and changing communication topics (Holcomb, 2013; Mindess, 2014; Wilbur, 2006; Wilbur & Petitto, 1983).

ASL is not a translation of English, nor is it derived from English. ASL users may offer vocal sounds and speech movements that correspond to spoken English, but individuals cannot communicate in both ASL and spoken English at the same time. Signed languages also differ throughout the world. ASL is not mutually intelligible with the signed languages of other English-speaking countries such as the United Kingdom and Australia, which have their own unrelated signed languages (Johnson & Schembri, 2007).

93 **ASL and English**

94 ASL and English exist in a situation of language *contact*. Because English is widely spoken and written
95 throughout the United States, and individuals who are d/D/HH/DB are typically educated to read and
96 write English, many words from English that do not yet have a corresponding ASL sign have made their
97 way into the ASL lexicon via *fingerspelling*, a system of handshapes and movements representing the
98 English alphabet (Battison, 1978; Emmorey & Petrich, 2011; Keane & Brentari, 2016). Similarly, some
99 signs show the influence of English through the use of handshapes that also represent the English
100 alphabet (e.g., “initialized” signs; Akamatsu & Stewart, 1989; Brentari & Padden, 2001). However, the
101 core lexicon of ASL is independent from that of English, and fingerspelled words appear relatively
102 infrequently compared with non-fingerspelled signs (Padden, 1991). Individuals who use both ASL and
103 written and/or spoken English are referred to as “bimodal bilingual” (Emmorey, Borinstein, Thompson,
104 & Gollan, 2008).

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106 Because a written language like English is not an orthographic code for a signed language like ASL, many
107 children who are d/D/HH/DB must learn to read and write English like non-native speakers who learn to
108 read and write English as a second language. Learning both English and ASL requires specialized
109 knowledge and skills from professionals trained in ASL. These professionals include but are not limited
110 to bilingual (ASL and English) audiologists and speech-language pathologists as well as teachers of the
111 d/D/HH/DB and interpreters.

112 **Research and Teaching of ASL**

113 A relatively young but growing literature exists on ASL linguistics and ASL users, with periodicals that are
114 both dedicated only to sign language (e.g., *Sign Language Studies*, *Sign Language & Linguistics*, *Journal*
115 *of Deaf Education and Deaf Studies*) and periodicals that publish to a broader readership (e.g., *Science*,
116 *Journal of Applied Psycholinguistics*, *Journal of Child Language*, *Brain and Language*, *Language and*
117 *Cognition*). Similarly, many federal agencies (e.g., NIDCD, NSF, Office of Special Education Resources)
118 support research on the linguistics of ASL and ASL users. Research by Looney and Lusin (2018) indicated
119 that ASL was the third most studied “foreign” language in the United States (after Spanish and French),
120 with increasing numbers of students enrolling in college ASL courses. Moreover, ASL was the fastest
121 growing foreign language in terms of college enrollment, with a 34% increase over a 10-year period,
122 whereas overall foreign language enrollment declined by 10%.

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124 **Conclusion**

125 Because ASL and English are separate languages with distinct histories, because ASL is influenced by but
126 not derived from English, and because most d/D/HH/DB children are born to hearing parents who use
127 spoken language in the home, exposure to both ASL and English requires specialized knowledge and
128 skills from professionals trained in ASL and Deaf culture. These professionals include but are not limited
129 to bilingual teachers of the d/D/HH/DB, audiologists, and speech-language pathologists.

130 ASHA members serving individuals who are d/D/HH/DB promote early acquisition of linguistic skills and
131 development of communicative competence using modalities, languages, and strategies that are most
132 fitting for those individuals and their families (ASHA, 2004a, 2004b, 2008, 2013). Audiologists and
133 speech-language pathologists who are proficient in ASL provide direct assessment and intervention for
134 ASL users to ensure a strong language foundation for future learning. Those who are not bilingual in ASL
135 and English collaborate with interpreters to serve those who use ASL (ASHA, n.d.). Recognizing ASL as a
136 language supports the work of these professionals.

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