Vygotskian Theory and Its Application to Assessment: An Overview for Speech-Language Pathologists

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Most speech-language pathologists are likely familiar with the well-known, acclaimed theories of child development set forth early in the century by the French child psychologist, Jean Piaget. Much less familiar are the seminal theories of the influential Russian psychologist, Lev Vygotsky. Although a contemporary of Piaget, Vygotsky’s contributions to the study of child development were not readily available until 1953, when a Soviet ban on his and other prominent Eastern European scholars’ works was lifted (Belmont, 1989; Berk & Winsler, 1995). Scholars’ accessibility to Vygotsky’s theories, including those elaborated in his pioneering volume, Thought and Language (1986), has increased as a result of the availability of English translations of Vygotsky’s writings. This has given rise to a dramatic growth in citations to Vygotskian theory in the literature on child development and educational intervention over the last two decades (see, for example, Belmont, 1989; Diaz, Neal, & Vachio, 1991; Werisch, 1984).

Contemporary applications of Vygotskian theory are predominantly based on his argument (Vygotsky, 1978, 1986) that much of children’s conceptual development occurs through socially mediated instruction under the guidance of a peer who has more experience and knowledge (see, for example, Goodman & Goodman, 1990; Kaderavek & Sulzby, 1998; Olswang, Bain, & Johnson, 1992; van Kleeck, Gillam, Hamilton, & McGrath, 1997). Vygotsky suggested that to foster children’s learning, adults must provide mediated assistance, or social guidance, at a level beyond the child’s independent capabilities. By working within this “zone of proximal development,” adults’ social guidance scaffolds children’s learning and thus stimulates their development (Bruner, 1981; Vygotsky, 1978, 1986; Wertsch, 1984).

Vygotsky’s emphasis on the role that adults play in shaping children’s development is in contrast to Piaget’s stance that devalued the influence and importance of social interaction during children’s earliest formative years (Vygotsky, 1986). Not surprisingly, post-Piagetian scholars have begun to recognize the important contribution of adult guidance to children’s development and learning (Inagaki, 1992).
Vygotsky's description of the weight that social guidance plays in children's development appears especially applicable given current directions in speech-language pathology, in which clinicians are encouraged to foster a more family-centered paradigm (Andrews, 1996; Bruce, DiVenere, & Bergeron, 1998; Rossetti, 1996). For example, Rossetti encouraged clinicians to train parents directly in methods (i.e., scaffolding) by which to stimulate their toddlers' early language development, and Kaderavek and Sulzby (1998) recently described an observational protocol for assessing parents' use of scaffolding behaviors during joint reading interactions with preschoolers. Similarly, Ezell and Justice (1999) developed an intervention to enhance adults' use of nonverbal and verbal scaffolding techniques to stimulate the metalinguistic focus of shared book reading. Such recent trends have a theoretical basis in Vygotsky's belief in the critical nature of parent-child interactions, thus suggesting that the future of speech-language pathology increasingly will be influenced by Vygotskian theory.

The purpose of the present article is threefold. The first goal is to introduce (or reintroduce) speech-language pathologists to the theories of Lev Vygotsky, and in particular his views on how and why social guidance plays such an important role in stimulating children's development. The second goal is to provide an overview on how Vygotskian theories are reflected in current assessment practices in speech-language pathology. The third goal is to describe potential future research directions in language assessment within a Vygotskian perspective.

AN OVERVIEW OF VYGOTSKIAN THEORY

Vygotsky (1978, 1986) argued that it is only through social interaction with members of one's society that children are able to internalize the symbols and tools of their culture. Language plays a distinctly important role within a Vygotskian framework because communication provides the key means by which children are able to acquire higher level cognitive skills (Berk & Winsler, 1995; Ratner, 1991; Rosa & Montero, 1990; Vygotsky, 1986). Social guidance provided by adults stimulates children's acquisition of distinctively human processes, such as refined language abilities, literacy, reasoning, and self-regulation. In other words, these higher level skills are considered by Vygostky to have strictly social origins (Wertsch, 1984), and higher mental functions can be identified specifically as those that are acquired as a function of social activity.

The Development of Higher Psychological Processes

To summarize Vygotsky's view, cognitive and linguistic processes are evolved through social activity—a result of mediated activity between children and other cultural members (Rogoff & Wertsch, 1984). Accordingly, higher mental functions have at their foundation an external and socially embedded stage of development, or that point at which they are introduced to and acted on by the child within a social context (Blanck, 1990; Vygotsky, 1986). Subsequently, these external functions move inward into the child's internal, or psychological, plane. Thus, children's development occurs on two planes, and moves from the "outside-in": Concepts first are introduced on a social or interpersonal plane, after which they move inward to develop on a psychological or intrapersonal plane (Blanck; Vygotsky, 1978, 1986).

The first stage represents the introduction and use of a concept between two interactive social partners, whereas the second stage represents the movement of the concept from outward social use to inner psychological ownership by the child. Terms that have been used to describe this movement of concepts from the social to psychological plane include internalization, interiorization, and appropriation (Berk & Winsler, 1995). As Berk and Winsler noted, however, Vygotsky's description of internalization does not depict a one-way transmission of knowledge from caregivers to children. Rather, children's conceptual development is the unique result of interactive collaboration between adult and child, in which the child actively contributes to the process of internalization. Table 1 depicts Vygotsky's conceptualization of development as a two-stage process.

Thus, conceptual development occurs first as a result of social guidance from a more capable peer, which sparks the child's process of internalization. Therefore, Vygotsky emphasized that instruction always precedes development, a philosophy that contrasts with perspectives viewing development and skill maturation as prerequisites for learning, such that instruction is not useful if a child has not matured to a specific level (Vygotsky, 1978). Rather, Vygotsky argued that the goal of instruction must be to target those concepts that have yet to mature, which are introduced to a child through an instructional process that involves a more capable peer mediating between the child and a goal (other-assistance). As a result of this scaffolding, the child ultimately will be able to act independently to meet the goal (self-assistance) (Galimore & Tharp, 1990; Moll, 1990). As Vygotsky (1986) so aptly described it, those tasks that a child can accomplish today with assistance, he or she will be able to accomplish independently tomorrow.

Table 1. Development as a two-stage process: A Vygotskian perspective.

| Stage 1. The interpersonal (social or external) plane |
| Characteristics of children's conceptual performance: |
| a. Dependent on a social context within a collaborative activity |
| b. Mediated by their own developmental level |
| c. Scaffolded by a more capable and knowledgeable peer |

| Stage 2. The intrapersonal (psychological or internal) plane |
| Characteristics of children's conceptual performance: |
| a. Independent of a social context |
| b. Mediated by their own developmental level |
| c. Automatized and regulated by self |
The Zone of Proximal Development

Of all Vygotskian concepts, perhaps none has sparked more interest than his introduction and elaboration of the zone of proximal development (see, for example, Berk & Winsler, 1995; Diaz et al., 1991; Schett & Stremmel, 1994; Wertsch, 1984). To preface, Vygotsky argued vehemently that static measures, such as intelligence tests, are significantly limited in their usefulness as tools for understanding a child’s capabilities because these measures depict only “the level of [the child’s] mental development at a particular time” (Vygotsky, 1986, p. 187). This level is what Vygotsky referred to as the child’s actual developmental level. A measurement taken of only a child’s actual developmental level is limited in its potential to describe a child’s skills because it represents only those skills that the child has already mastered, thus telling nothing of those skills that are in the process of maturation (Vygotsky, 1986). In fact, static measures depict a child’s development retrospectively, which is of little use when one wants to understand a child’s future capabilities (Vygotsky, 1978).

To illustrate, two children may be identical in what they can accomplish independently (their actual developmental level), yet quite different in terms of those skills that are in the process of maturing. Rather, Vygotsky suggested that to truly understand a child’s level of development and ability, one must measure not only what the child can achieve independently, but also what the child can achieve under the guidance of a peer, because children’s development occurs on two levels: that level that is reached in collaboration with others (the social plane), and the actual development level (the psychological plane). Indeed, determining what children can accomplish with the assistance of others is “more indicative of their mental development than what they can do alone” (Vygotsky, 1978, p. 85).

Vygotsky (1986) illustrates:

Having found that the mental age of two children was, let us say, eight, we gave each of them harder problems than he would manage on his own and provided some slight assistance.... We discovered that one child could, in cooperation, solve problems designed for twelve-year olds, while the other could not go beyond problems intended for nine-year olds. The discrepancy...indicates the zone of his proximal development; in our example, this zone is four for the first child and one for the second. Can we truly say their mental development is the same? (p. 187)

To conceptualize children’s development along this continuum, Vygotsky conceived of the zone of proximal development as the difference between a child’s “actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (Vygotsky, 1978, p. 86). In other words, the zone of proximal development depicts a child’s learning potential, which can only be examined by assessing a child’s performance in collaboration with a more capable peer (Meyers, Pfeffer, & Erbaugh, 1985).

To determine a child’s zone of proximal development, or learning potential, a dynamic assessment paradigm must be used in which the goal is to determine those skills that have not yet been mastered yet are in a state of maturation. This process-oriented approach identifies the width of a child’s zone by determining what level of guidance is required for a child to perform independently (Meyers et al., 1985). By applying this double-layered analysis within assessment, such that a child’s independent skills are determined as well as his or her performance within a social context, the dynamic nature of a child’s development can be truly understood (Vygotsky, 1978).

Vygotsky’s description of the zone of proximal development set a precedent for an alternative means for understanding and assessing children’s development as well as for planning and delivering intervention. That is, Vygotsky believed that not only assessment, but also instruction, is ineffective when it focuses solely on those processes that have been mastered already, for instruction must precede development. For instruction and assessment to be maximally effective, they must identify and target those skills that are in the budding stage, ready to be matured through social guidance.

VYGOTSKIAN THEORY AND ASSESSMENT

There are two primary ways in which Vygotsky’s descriptions of children’s development, and in particular his belief in the zone of proximal development, currently are being applied to assessment within the field of speech-language pathology.

First, the use of dynamic assessment has been advocated in the language intervention literature as a diagnostic paradigm in which children’s learning potential and maturing skills might be determined in ways that are untapped by static measures (Bain & Olswang, 1995; Olswang & Bain, 1996; for a comprehensive description of dynamic assessment, see Lidz, 1987). Although the use of dynamic assessment has not been applied widely by interventionists (Lidz, 1987), its potential for providing both a more holistic measure of children’s performance and for assessing potential directions for intervention increasingly has been encouraged (Bain & Olswang, 1995; Berk & Winsler, 1995; Cioffi & Carney, 1983; Feuerstein, Rand, Jenson, Kaniel, & Tzuriel, 1987; Meyers et al., 1985; Missiuana & Samuels, 1989).

Second, efforts to describe and assess parent-child interactions have used a Vygotskian perspective in order to examine parents’ scaffolding strategies and the effects of scaffolding on children’s performance. Current applications of Vygotskian theory to practices in assessing parent-child interactions within speech-language pathology have likely been influenced by research and practices in related disciplines, such as special education, which have emphasized a Vygotskian perspective in recent decades. This momentum in general has likely been influenced by early intervention directives that have underscored the importance of creating family-centered intervention in which parental involvement is considered a key element (Andrews, 1996).
Dynamic Assessment

According to Vygotsky, traditional assessment strategies depict only one aspect of a child's development; that is, static tests assess only those skills that a child already possesses. A more important and effective diagnostic strategy is to identify those skills that are in a process of maturation (Minick, 1987). Both theoretically and practically, the determination of a child's developing skills can only be determined by examining performance within socially mediated collaborative activities, in which the child's ability to participate is defined by the extent to which the required skills have matured (Wertsch, 1984). This two-level process provides a comprehensive assessment of a child's level of development, in which the maturing competencies of the child are brought forth through the assistance of an examiner to determine the child's potential for performing at a higher level (Mearig, 1987; Minick, 1987; Olswang et al., 1992).

In dynamic assessment, the clinician takes an active role in examining children's responsiveness to mediated assistance in the form of prompts, cues, and feedback, frequently within a test-teach-test framework (Meyers et al., 1985; Olswang et al., 1992). Typically, the child is first introduced to a task or concept so that baseline performance can be established. Subsequently, assessment phases include providing minimal intervention, such as cueing the child through verbal mediation to use those skills required for task performance, and providing direct intervention along a course of graduated prompting, including performing the task with the child (Lidz & Thomas, 1987; Mearig, 1987; Olswang et al., 1992). Ultimately, the goal of dynamic assessment is to identify exactly how much and what type of intervention is required for a child to perform a task (Missiuana & Samuels, 1989). Table 2 illustrates a test-teach-retest model of dynamic assessment.

The viability for dynamic assessment to examine the learning potential of children has received attention from related disciplines; in particular, attention has been directed toward its applicability for examining the skills of youngsters for whom static measures in isolation may underestimate their potential. For example, dynamic assessment has been used with children who are deaf (Keane & Kretschmer, 1987), preschoolers with special needs (Missiuana & Samuels, 1989), and children with learning disabilities (Cioffi & Carney, 1983).

With regard to youngsters with language impairment, dynamic assessment has been advocated as a viable means for examining these children's learning potential (Olswang et al., 1992; Pena, Quinn, & Iglesias, 1992), for differentiating children with language differences from those with language disorders (Pena et al., 1992), for differentiating children who require language therapy from those who may not (Olswang & Bain, 1996; Olswang et al., 1992; Schneider & Watkins, 1996), and for determining the direction for therapy by assessing when a child is ready to learn a new skill or behavior (Olswang et al., 1992; Schneider & Watkins, 1996). To illustrate, Olswang and her colleagues (1992) developed and investigated a graduated prompting sequence with which to assess a toddler's potential for producing two-word utterances, which included the following: general statement, elicitation question, close or sentence completion, indirect model, direct model, and shaping. By following this sequence, examiners could manipulate the assistance provided to the child in order to determine what level of support was required in order to produce a two-word utterance.

A recent group investigation of the predictive validity of these dynamic assessment procedures indicated that children requiring lower levels of support at pretest made greater language gains after a period of intervention than children requiring greater levels of support (Bain & Olswang, 1995). In addition, a case study approach of two youngsters' performance using a dynamic assessment protocol suggested that whereas static assessment identified the two children as quite similar in performance,

<table>
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<tr>
<th>Sequence of assessment</th>
<th>Examiner's role</th>
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<tbody>
<tr>
<td>I. Test: Baseline measure</td>
<td>Examiner observes.</td>
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<tr>
<td></td>
<td>Examiner provides no guidance or support.</td>
</tr>
<tr>
<td>II. Teach: Mediated performance</td>
<td>Examiner repeats instructions as needed.</td>
</tr>
<tr>
<td>1. Instructions repeated</td>
<td>Examiner clarifies instructions as needed.</td>
</tr>
<tr>
<td>2. Instructions modified</td>
<td>Examiner questions, comments, requests.</td>
</tr>
<tr>
<td>3. Verbal cues provided</td>
<td>Examiner points or gestures.</td>
</tr>
<tr>
<td>4. Indirect nonverbal cues provided</td>
<td>Examiner provides direct verbal model.</td>
</tr>
<tr>
<td>5. Verbal models provided</td>
<td>Examiner physically guides child.</td>
</tr>
<tr>
<td>6. Direct nonverbal cues provided</td>
<td>Examiner completes task with child.</td>
</tr>
<tr>
<td>7. Examiner performs with child</td>
<td></td>
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<tr>
<td>III. Retest (measure from baseline)</td>
<td>Examiner withdraws support.</td>
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</table>

Note. Development of the mediated performance sequence was influenced by Lidz and Thomas' (1987) and Olswang, Bain, and Johnson's (1992) descriptions of dynamic protocol for cognitive and language assessment, respectively.
dynamic assessment revealed significant differences in the two children’s learning potential; that is, one child required fewer supportive cues, whereas the other child required greater assistance (Olswang et al., 1992). Therefore, in terms of diagnostic decision-making, the latter child might appear a better candidate for intervention (Olswang et al., 1992). For both children, however, the use of dynamic assessment may suggest the sequence of subsequent intervention by providing details of the types of assistance required for children to master more complex linguistic forms. These findings are consistent with demonstrations of dynamic assessment as a viable method for determining the maturing processes of children with mental retardation, learning disabilities, and other special needs (Cioffi & Carney, 1983; Keane & Kretschmer, 1987; Missiuna & Samuels, 1989; Vye, Burns, Delclos, & Bransford, 1987).

Parents’ Scaffolding Strategies

Vygotsky’s views on social interaction have also provided a theoretical basis for current directions regarding the assessment of parent-child interactions. In particular, interest has been directed toward measuring parents’ interactions within their children’s zone of proximal development. Examinations of parental scaffolding have included parents interacting with children who are typical (Berk & Spuhl, 1995; Sonnenschein, Baker, & Freund, 1993; van Kleeck et al., 1997), at-risk (Diaz et al., 1991), of low socioeconomic status (Edwards, 1989), and deaf (Jamieson, 1994).

Gallimore and Tharp (1990) suggested that there are four stages of the zone of proximal development, the first of which is when a child’s performance requires assistance from another. This is the stage of development when children are yet incapable of performing a task independently. Subsequently, children replace other-assistance with self-assistance, at which time their performance is automatized and independent. Therefore, the critical role that adults play during dyadic interactions is to stimulate children’s performance toward automatization and self-assistance. Examinations of parent-child interactions from a Vygotskian perspective seek to identify the type of parental scaffolding strategies that facilitate children’s movement toward independent or improved performance.

Assessment of parental scaffolding during joint activity suggests that some adult behaviors are more effective than others for moving a child toward independent or improved task performance. Using the common early childhood activity of shared book reading as an example, it has been hypothesized that scaffolding behaviors such as open-ended questions, wh-questions, expansions, and praise can be used by parents during this activity to enhance their children’s language skills (Whitehurst et al., 1988). Similarly, parents’ use of distancing strategies and sensitive withdrawal during other childhood tasks has been observed to stimulate children’s takeover of a task and improve children’s subsequent independent performance (Diaz et al., 1991).

Distancing strategies include open-ended questions and representational descriptions, whereas sensitive withdrawal describes parents’ gradual withdrawal of verbal and nonverbal support during completion of a task (Diaz et al., 1991). Conversely, parents’ use of controlling strategies, such as directives and commands, appears to inhibit their children’s movement toward independent task performance (Berk & Winsler, 1995; Diaz et al., 1991; Roberts & Barnes, 1992). Table 3 depicts parental scaffolding strategies that contribute to children’s movement toward independent or improved task performance.

Although the focus of this overview is to detail ways in which Vygotskian theory is currently being applied to assessment, it should also be noted that a Vygotskian perspective on the nature of parent-child interactions may subsequently be used to guide clinical intervention. A number of recent intervention studies have focused on enhancing parental scaffolding as a means for promoting their children’s language performance (see, for example, Crain-Thoreson & Dale, 1999; Dale, Crain-Thoreson, Notari-Syverson, & Cole, 1996; Girolametto, Pearce, & Weitzman, 1996; Kaiser et al., 1996; Whitehurst et al., 1988). For example, Dale and his colleagues trained parents of children with language delay to increase their use of evocative strategies, such as open-ended questions and praise, during shared reading. Accordingly, when parents increased their use of these scaffolding techniques, their children demonstrated considerable language gains, such as increased mean length of utterance. Both strategies have been identified as supportive scaffolding techniques that increase children’s task performance (Diaz et al., 1991), and in this case, children’s language development. Thus, the assessment of parent-child interactions from a Vygotskian perspective may subsequently provide a theoretical basis for the development of parent training programs aimed at providing parents with strategies to enhance task transfer and their children’s linguistic performance.

Table 3. Examples of parental scaffolding strategies for facilitating task transfer.

<table>
<thead>
<tr>
<th>Adult behavior</th>
<th>Example</th>
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<tbody>
<tr>
<td>Competence attributions</td>
<td>You know how to do this part, I bet!</td>
</tr>
<tr>
<td>Praise</td>
<td>Good job!</td>
</tr>
<tr>
<td>Open-ended questions</td>
<td>What part should we do next?</td>
</tr>
<tr>
<td>Conceptual questions</td>
<td>Why do you think that happened?</td>
</tr>
<tr>
<td>Sensitive withdrawal</td>
<td>I’ll let you do this part.</td>
</tr>
</tbody>
</table>

Note. These scaffolding behaviors were detailed and investigated by Diaz, Neal, and Vachio (1991).

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FUTURE RESEARCH DIRECTIONS IN SPEECH-LANGUAGE PATHOLOGY

Lev Vygotsky argued that children’s conceptual development occurs through social interaction, during which higher mental processes develop from a social plane inward to an internal plane. Although both adults and children play an active social role in these interactions, adults play a critical role in shaping their social guidance such that task responsibility is transferred to the child through scaffolding. In this way, children can move toward independent task performance.

This conceptual framework of development can be seen to influence the process of assessment in two ways. First, because children’s development is a two-stage process, dynamic assessment provides a means by which children’s learning at both stages can be described. That is, dynamic assessment can be used to determine children’s independent capabilities as well as those skills that are maturing. Second, because adults’ scaffolding strategies are critically important for transferring skills and knowledge to children, assessment should also determine how adults interact with children so as to effectively transfer task responsibility to the child. Effective task transfer ultimately results in independent performance by the child.

The importance of assessment strategies for determining children’s learning potential (Bain & Olswang, 1995; Olswang & Bain, 1996) and for describing parent-child interactions (Kaderavek & Sulzby, 1998) has received recent attention in speech-language pathology; Vygotskian theory provides an important theoretical foundation for the future direction of this work. In terms of dynamic assessment, future research in speech-language pathology should include the following directions.

- First, although dynamic assessment has been used with several subgroups of children with disabilities (see, for example, Keane & Kretschmer, 1987; Missiuna & Samuels, 1989; Vye et al., 1987), this approach has received only limited attention in the literature on the assessment of children with language disorders. Thus, as suggested by Olswang and colleagues (1992), language researchers and clinicians must determine what types of dynamic assessment procedures specifically evoke particular language behaviors and, in particular, what language behaviors can be elicited through adult guidance.

- Second, although the usefulness of dynamic over static assessment has recently been demonstrated with preschoolers with language impairment (Bain & Olswang, 1995; Olswang & Bain, 1996), the advantages of using dynamic assessment over standardized language measures need to be established with other clinical populations. For example, dynamic assessment might provide an effective means for more accurately differentiating those school-age children who require speech or language intervention from those who show potential to improve without direct therapy.

- Third, dynamic measures for examining children’s language development are not yet widely detailed in the speech-language pathology literature. Thus, a future direction for research should include further development of dynamic language measures or the modification of existing static measures for dynamic applicability. This latter option may be appealing to clinicians who require a comparison of a youngsters’ performance to a normed sample but desire a more dynamic procedure. On this premise, Lidz and Thomas (1987) developed an extension of a normative, standardized preschool cognitive measure to dynamically assess preschoolers’ actual developmental level as well as their learning potential. Modification of psychometric tests for dynamic assessment of language skills would include directions for scaffolding youngsters’ performance to determine what level of support is required for independent performance (Feuerstein et al., 1987).

Future directions for research in speech-language pathology can also be guided by Vygotsky’s description of the zone of proximal development and of parental scaffolding strategies that effectively guide children’s maturing capabilities.

- First, future research might determine assessment strategies for clinicians to use that examine parents’ use of scaffolding or assess the relationship between parents’ behaviors and their children’s performance on language tasks. A recent development in this area is Kaderavek and Sulzby’s (1998) observational tool for examining parents’ use of scaffolding during book reading interactions.

- Second, should parents require or desire training to enhance their interactions with their children, there is a need to determine what types of training methods are most effective for modifying parents’ scaffolding behaviors. Recent research suggests that the use of video training can be an effective and cost-efficient means for delivering this type of training (Arnold, Lonigan, Whitehurst, & Epstein, 1994; Ezell & Justice, 1999).

- Third, clinicians providing speech-language intervention clearly play a pivotal role in providing social guidance to youngsters at critical junctures in their development. Thus, future trends might include examining clinicians’ scaffolding skills and determining their effectiveness at transferring task responsibility to children during clinical interactions.

Lev Vygotsky’s theories provide a lucid conceptual framework by which to understand children’s development and the important role that social interaction plays in guiding children’s learning. Only in the last several decades have his theories become widely available, thus resulting in a surge of interest in applying his theories to educational and clinical practices. Both theory and practice in speech-language pathology are increasingly being influenced by Vygotsky’s pivotal theories, perhaps as a result of recent trends toward a clinical emphasis on the social use of language and by directives for a more family-centered focus in service delivery. In particular, Vygotsky’s theories are shaping
contemporary movements in reconsidering how children’s learning potential can be better assessed by considering the social context of language acquisition and how parents can be more effectively assisted toward providing social guidance to their children. As more clinicians become acquainted with the contemporary applications of the theories of Lev Vygotsky to speech-language pathology, they can play an important role in evaluating the potential of his theories for shaping the future of language assessment.

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