

Historically, there has been an over-representation of culturally and linguistically diverse groups in special education in North America and internationally. Factors such as the linguistic bias that exists in speech-pathology and education, which favours standard language use, contribute to this disparity. This bias increases the likelihood that children demonstrating linguistic diversity will be compared to monolingual speakers of the ambient language. This is a concerning issue that contributes to misdiagnosis, as language differences seen in these speakers often overlap with indicators of communication disorders in monolingual speakers of the ambient language. Although policy documents exist in speech-pathology and education that acknowledge linguistic diversity, there is a practice gap in how these policies are realized in classrooms and clinics. Contributing to this gap is that research-based tools for clinical and educational management of these children's speech and language have not kept pace with implementing culturally responsive practices. In this presentation, approaches such as 'listening to children's talking experiences using their drawings', 'applying narrative comprehension and storytelling tools'; and 'incorporating linguistically-informed acoustic analysis for speech sound productions' will be described in different studies of 3-to-6 year old Jamaican pre-schoolers who speak Jamaican Creole and English. Examining this language pairing offers a model system for deepening and diversifying the range of typical language use to reduce the risk of arriving at a minoritized and marginalized view of development in children whose cultural and linguistic background vary from that of the mainstream. The aim of this presentation is not only to benefit underserved populations but to also enable cultural competence, responsiveness, and humility in clinical and educational practices.