

# Connections between Bilingualism and Autism Spectrum Disorder

## Consent Form

**\*1. Department of Communication Disorders  
Speech & Hearing Clinic**

**Monolingual and Bilingual Development in Autism Spectrum Disorder  
INFORMED CONSENT**

### **Introduction**

**My name is Tayler Finsel and I am an undergraduate student in the Department of Communication Sciences and Disorders at Bowling Green State University. For my honor's project, I am conducting a survey of monolingual and bilingual parents or caregivers of children with autism spectrum disorder. You are invited to participate in this anonymous survey if you are over the age of 18 and a parent or caregiver of a child with autism.**

### **Purpose**

**The purpose of my honor's project is to investigate language development of individuals with autism spectrum disorder when raised in a monolingual versus bilingual language environment.**

### **Procedures**

**Your participation in this study will involve completing an anonymous survey, which will take approximately 15-20 minutes of your time. While participating you will be able to withdraw at any time if you decide to not complete the survey.**

**This survey will include questions relevant to demographics, educational background, family environment, medical background of child with autism spectrum disorder, language background of family, and language development of child with autism spectrum disorder.**

### **Risks**

**There are no known risks associated with participation in this study.**

### **Benefits**

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**Participation in this study will help further the current knowledge base on language development for a child with autism spectrum disorder when raised in a monolingual versus bilingual language environment. The information gathered from this study will be helpful to professionals as they advise parents and caregivers on whether or not to encourage a monolingual or bilingual language environment in their child's home and school settings. We hope that you will be willing to share your experiences to help supplement the knowledge gained from this study.**

### **Payment / Costs**

**Your participation in this study is voluntary; there will not be a monetary gift or other reward available for participation in this study. Likewise, there is also no cost associated with your participation.**

### **Confidentiality**

**All records related to this research will be maintained on secure (password-protected) computer equipment. The investigators will not have access to your identity. Because this is an electronic survey, there are some recommendations to ensure confidentiality. (1) Some employers may use tracking software so you may want to complete your survey on a personal computer. (2) Do not leave survey open if using a public computer or a computer others may have access to. (3) Clear your browser cache and page history after completing the survey.**

### **Security**

**The survey will be conducted through <http://www.surveymonkey.com>. This web site is secure. Specifically, "Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that user data is safe, secure, and available only to authorized persons." ([http://www.surveymonkey.com/Monkey\\_Security.aspx](http://www.surveymonkey.com/Monkey_Security.aspx))**

### **Questions**

**If you have any questions, feel free to contact Tayler Finsel at 419-722-3664 ([tfinsel@falcon.bgsu.edu](mailto:tfinsel@falcon.bgsu.edu)). You can also contact my advisor Lynn Hewitt, Ph.D., at 419-372-**

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**2518 (lhewitt@bgsu.edu). Questions about rights as a human subject can be directed to the chair of the Human Subjects Review Board at 419-372-7716 (hsrb@bgsu.edu).**

## Consent

**Your participation in this survey is voluntary. You may choose to not participate or stop the survey at any time without repercussions by closing the survey window, clicking on the X in the upper right hand corner. By continuing on with this survey, you are indicating consent to serve as a participant in this research.**

Accept

## Family Background

### 2. How many family members are in your household?

- 2
- 3
- 4
- 5
- More

### 3. Are you now, or were you formerly, a primary caregiver of a family member with ASD?

- Yes
- No

If indicated "no", what is your relationship with the child you has ASD?

### 4. Please list the role and age of each family member below (start with yourself: ex. Mother 32, Brother 7):

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

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## 5. What is your education level?

- 0-12 years, no high school diploma
- High school diploma
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or professional degree

## Child with ASD Background Information

### 6. Age of your child:

### 7. Gender:

- Male
- Female

### 8. Age when your child was diagnosed with Autism Spectrum Disorder?

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- Older

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## 9. Please provide information about who diagnosed your child:

- Family Physician
- Neurologist/ Neuropsychiatrist
- Psychiatrist
- Development Pediatrician
- Psychologist
- Speech language pathologist

Other (please specify):

## 10. What is your child's current diagnosis?

- Autism
- Autism spectrum disorder
- PDD-NOS
- Asperger syndrome

Other (please specify):

## 11. What is your child's overall functioning, relative to age peers, in your opinion (consider all contexts- home, school, play, community, vocational as relevant)?

- Close to normal for age in almost all areas. Differences from typical are subtle.
- Able to do most things that age peers do, with minimal supports. Some challenges.
- Able to do some things age peers do, with support. Several challenges.
- Difficulty participating in activities that other age peers can do. May be able to participate in some with moderate-intensive supports.
- Difficulty in all areas; intensive supports needed at all times.

## 12. Please list and briefly describe any special talents your child has:

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## 13. Please check the response that most clearly describes your child's speech ability:

- Communicates using clear, easy to understand speech
- Communicates using speech, but with some speech errors
- Communicates using some speech, not always intelligible
- Limited vocal communication, very hard to understand
- Communicates primarily by using means other than speech

If child communicates by using means other than speech, please list:

## 14. Please check the response that most closely describes your child's language ability:

- Uses complete grammatically correct sentences
- Use mostly correct sentences, some errors but typical for age
- Speaks in sentences, with errors in word choice or grammar, not typical for age
- Limited ability to speak in sentences, uses short phrases
- Uses single words only
- Does not speak

## 15. What is your child's current living situation?

- Lives with family
- Attends residential K-12 school
- College student living in dorm
- Supported living situation in community (staff on site 24 hours)
- Supported living situation in community (support staff visits occasionally)
- Lives independently in community without supports

Other (please describe):

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## 16. What is your child's education level?

- Nursery/ Preschool
- Kindergarten
- Elementary
- Middle School
- High School
- Some college
- College graduate

Other (please specify):

## 17. Please indicate which level of educational inclusion your child experiences:

- Fully included, no aide
- Fully included with one-on-one aide
- Included for most subjects but attends resource classroom part time
- Included for one or two activities but spends most of day in specialized classroom
- Experiences reverse inclusion (typical classmates come to his or her classroom)
- In separate support classroom, in school building, not included with typical peers
- Attends specialized program for students with disabilities in separate building
- Home schooled
- In college
- Not in school at this time

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## 18. What supports and services has your child experienced (past or present)?

- OT
- PT
- Speech
- Special education classroom
- One-on-one aide
- Intensive behavioral intervention
- Job coach
- Educational Accommodations

Other (please list):

## Language History

### 19. Please indicate your level of proficiency for each language, using a 1-5 scale (1 being the least proficient with little fluency or understanding, 3 being some fluency and understanding, and 5 being complete fluency and understanding).

	1	2	3	4	5
Language 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 20. Please list your native language (L1) followed by any other languages you may also speak:

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

### 21. Do you or anyone in your household fluently speak another language?

- Yes
- No



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## 22. Does your child speak/ understand multiple languages?

- Yes
- No

## 23. Which language(s) has your child who has autism learned?

- Native language only
- English only
- Native language and English
- Both languages plus an additional language or languages

## 24. List of other language(s) your child understands and/or speaks:

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

## 25. Around what age did your child with ASD begin to learn English (if spoken)?

- From birth
- 1-2
- 3-4
- 5-6
- 7-8
- Not applicable

Other (please specify):

## 26. How fluent is your child in English (if child speaks more than two languages, refer to most fluent second language)?

- Understands and speaks fluently
- Understands well but does not speak fluently
- Understands fairly well but speaks only a little
- Understands a little but does not speak

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**27. After you learned that your child was diagnosed with ASD, were you ever professionally advised to:**

- Discourage bilingualism with your child
- Encourage bilingualism with your child
- Neither encouraged nor discouraged

Other (please specify):

**28. How often does the family speak in the native language in the home around the child who has autism?**

- 0-20%
- 30-50%
- 60-80%
- 90-100%

**29. How often does the family speak English in the home around the child who has autism?**

- 0-20%
- 30-50%
- 60-80%
- 90-100%

**30. How often is a language other than the native and second language spoken in the home to the child who has autism?**

- 0-20%
- 30-50%
- 60-80%
- 90-100%

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### 31. How often do the siblings speak your native language?

- Rarely
- Occasionally
- Frequently
- Never
- Not applicable

### 32. How often do the siblings speak English?

- Rarely
- Occasionally
- Frequently
- Never
- Not applicable

### 33. If you are originally from another country, do you and your child ever travel back to your native country?

- Rarely
- Occasionally
- Frequently
- Never
- Not applicable, not from another country

### 34. Which language is most often spoken to your child at school?

- Native language
- English
- Third language
- Spoken equally
- Other

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## 35. Which language is most often spoken to your child at home?

- Native Language
- English
- Third Language
- Spoken Equally
- Other

## 36. Which language do both parents use to address your child who has autism?

- One parent speaks native, other parent speaks English
- Both speak native language only
- Both speak English only
- Both speak native and English to child

## 37. Do other family members live in the home?

- Yes
- No

If yes, which language(s) do they speak?

## 38. What was your approach, as a parent, to speaking more than one language to your child before you knew that your child had ASD?

- Encouraged native language
- Encouraged English
- Encouraged both
- Was not concerned with which language to speak

Other (please describe):

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**39. What was your approach, as a parent, to speaking more than one language to your child after you knew that your child had ASD?**

- Encouraged native language
- Encouraged English
- Encouraged both
- Was not concerned with which language to speak

Other (please describe):

**40. How many years of formal school instruction has your child received in learning the second language, if any?**

- None
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- o More than eight years

**41. How did your child learn the second language (check all that apply)?**

- Parents
- School
- Extended family

Other (please specify):

**42. What is the child's preferred language?**

- Native
- English
- Uses both equally

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**43. Which language is used by the child when socializing?**

- Native language
- English
- Both interchangeably
- Neither

**44. How many hours per day is your child engaged with media such as the web, television, video games, etc. in their native language?**

- None
- 1-2hrs
- 3-4hrs
- 5-6hrs
- More

**45. How many hours per day is your child engaged with media such as the web, television, game console, etc. in English?**

- None
- 1-2hrs
- 3-4hrs
- 5-6hrs
- More

### In your own words:

**46. What is your belief about the effects of hearing more than one language in the home on the development of a typical child (one who does not have a disability)?**

**47. What is your belief about the effects of hearing more than one language in the home on the development of a child with autism spectrum disorder?**

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**48. What were you encouraged to do concerning speaking more than one language in your family when you learned of the diagnosis of your child? What did you decide to do as a result?**

**49. If your decision was to avoid speaking English to your child or around your child, what in your opinion have been the effects of that decision for your child and your family?**

**50. If your decision was to continue speaking more than one language to your child and around your child, what in your opinion have been the effects of that decision for your child and your family?**

**51. Do you know other families who have been in similar situations? What did they choose to do?**

**52. Please share any additional thoughts you may have:**