A PHENOMENOLOGICAL STUDY OF MULTICULTURAL/ MULTILINGUAL INFUSION IN COMMUNICATION SCIENCES AND DISORDERS

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— ABSTRACT —

Purpose: The purpose of this study was to examine the phenomenon of multicultural/ multilingual infusion (MMI) in communication science and disorders courses from a pedagogical perspective in order to assist future instructors in teaching their students in the area of multicultural issues. **Method:** The participants were recruited during a National Black Association of Speech, Language, and Hearing (NBASLH) Conference. They completed an online questionnaire with 10 open-ended questions pertaining to how they infused multicultural information into their courses. **Results:** Survey data revealed various themes that addressed MMI and examples of strategies and activities. **Conclusion:** The results highlight methods and resources for MMI. The use of MMI as a way to begin eliminating racism with the field of Communication Sciences and Disorders is discussed.

INTRODUCTION

The United States has been racially and ethnically diverse from its beginning, but it is only in the past four decades that the Communication Sciences and Disorders (CSD) professions have addressed this diversity in a significant way (ASHA, 1983). Furthermore, it is only within the past two decades that the instruction of multicultural issues in CSD has been mandated by the American Speech-Language Hearing Association (ASHA, 2004). In 2020, the widely publicized cases of police brutality resulting in the killing of Black Americans, such as George Floyd, Breonna Taylor, and Ahmad Arbery raised global awareness of the rampant and ongoing effects of systemic racism. Following these tragic killings, ASHA (2020b) and the National Black Association of Speech, Language, and Hearing (NBASLH, 2020),

along with all the other groups in the Multicultural Constituency Coalition, issued position statements against racism. Furthermore, many in the CSD professions demanded that ASHA and the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology (SLP) strengthen requirements that academic programs train their students and current members about systemic oppression and working with culturally and linguistically diverse populations. ASHA specifically wrote such an objective in their strategic plan ending in the year 2025 (ASHA, 2020a).

The need for SLP and audiology students and members to be educated about diversity issues within the field is only growing more urgent. In a field that is made up of over 90% White women, yet is directly influenced by cultural and linguistic diversity within

society, our professionals must have the awareness, knowledge, and skills to interact with clients from a variety of cultures, abilities, and political systems. Additionally, speech-language pathologists (SLPs) and audiologists also need to be aware of inherent racism and bias within the systems in which they practice, as they are often on the frontline of maintaining, supporting, and challenging policies and procedures that may be implicitly or explicitly biased against groups of people. This reality is why one of the best places to begin to eradicate racism is in the classrooms preparing CSD students for professional practice.

Multicultural education began as a reform movement intended to change educational practices that hindered the achievement of Black, Indigenous, and People of Color (BIPOC) students and further reinforced the discriminatory practices and ethnic stereotypes present in society (Banks, 1989). Multicultural/Multilingual instruction has now evolved into a phenomenon that can assist students in their quest to become culturally competent and practice cultural humility (Hyter & Salas-Provance, 2019).

In the CSD curricula in the United States, courses devoted to multicultural issues are common (Stockman, Boult, and Robinson, 2008). However, the most efficacious multicultural instruction plan may involve the infusion of multicultural issues throughout the curricula *in addition* to having a devoted multicultural course.

The current study investigates how instructors infuse multicultural content into courses that are not devoted to the topic using a phenomenological approach. Yin (2011) discusses qualitative research in the form of a phenomenological study. In this type of study, human events may be considered unique or have some properties that are relevant. Phenomenological studies focus on capturing and interpreting participants' words and language as well as the potential need for a thematic analysis.

This phenomenological study is a type discussed by Yin (2011) that involved gaining access to the field setting where the individuals have the information that is to be studied.

Review of the Literature

Stockman, Boult, and Robinson (2004) conducted a nationwide survey of instructors that investigated attitudes, practices, and beliefs about the infusion of multicultural issues in CSD courses. While many faculty members of CSD programs supported the concept of infusion, there is considerable disagreement about what was meant by infusion (Stockman, Boult, Robinson, 2004). Some viewed infusion

as merely *inclusion*, where multicultural issues are addressed somewhere in the curriculum or course. Others felt that, by simply adding a multicultural lecture to a course, infusion had been achieved (i.e., the *annexation model*). Stockman and colleagues (2004) introduced the field of CSD to an *integral infusion model*. Integral infusion includes examining each component of service delivery for ways in which that component may differentially apply to different groups of people:

(1) Referring: Providing clients access to clinical services

(2) Scheduling: Selecting the time for clients to receive clinical services

(3) Gathering information: Obtaining clients' initial background information

(4) Assessing: Determining the nature of the clients' complaints

(5) Treating: Modifying clients' hearing and/or communication status

(6) Recommending: Advising and counseling clients about potential action plans

(7) Discharging: Terminating the client/clinician relationship

The job of the instructor is to teach the student how to accomplish the above tasks while becoming culturally competent through the meeting of the guidelines set forth by ASHA in their Knowledge and Skills Acquisition (KASA) Summary Form for Certification in SLP (2009) and increase knowledge, awareness, and skills across different cultural groups (Horton-Ikard, 2009). In an effort to maintain consistency in the field, ASHA's CAA in Audiology and SLP has developed six components that are essential to quality education in the field. One of the components is for the curriculum to prepare students in the full breadth and depth of the scope of practice (2008). The document states ASHA's accreditation requirements but places the responsibility of how to adequately meet the requirements on each program.

Multicultural Education Studies in General Education

The idea of creating a multicultural learning environment is not a novel one. Educators on all levels from elementary schools to higher education have pondered this dilemma. The landscape of the United States is an ever-changing one, so the professionals that serve these populations must change to meet the needs of their clients. This change is achieved primarily through education. Therefore, it is not a question of whether or not MMI should occur, but how it should be accomplished.

In 1997, Gay introduces the idea that multicultural education be embedded in the tools and techniques used in educating student teachers. She also maintains that elements of cultural diversity and multicultural education should be incorporated into every aspect of curriculum planning and professional development. This supports the idea that there should not be only separate classes or addenda to courses, but a full conceptual framework. MMI should be reflected in the curriculum, climate, philosophy, and pedagogy of teacher education programs.

Wallace (1997) echoed these ideas in her book chapter regarding MMI in the area of neurogenics. In her study, 68% of the clinicians felt that they did not feel competent in providing clinical services to diverse populations. She offered various approaches to remedy this situation, with infusion as the preferred approach. However, many instructors may feel that multicultural issues are not relevant to some courses, particularly those that are more scientific (e.g., speech science, research methods) compared to courses that are more clinically focused (e.g., child language disorders, speech sound disorders; Stockman et al., 2008).

Morey (2000) presented a framework for establishing an enabling environment that will spawn a systematic change in the curricula that highlights multiculturalism. She maintained that all grade levels can integrate ethnic content into their curriculum by using the following approaches: the contribution approach (what various cultures contribute to society), the additive approach, the transformative approach, and the action approach. These approaches may be used when infusing the curriculum with multicultural information. This approach is a dynamic process that demands the development of faculty expertise in this area.

Gender and race were at the core of Pope and Mueller's 2005 examination of multicultural competence of faculty in higher education. They found that women and minority faculty were more likely to infuse or integrate multicultural issues into the curriculum. It was suggested that this may happen due to the faculty member's personal experiences with racism, sexism, and social identity. Faculty members who did not identify with an oppressed group may need more education in this area.

Hammond (2015) asserted that the current teaching models used to educate underrepresented populations make the mistake of attempting to simplify content instead of allowing the inherent complexities to prevail. Such simplification models are built upon assumptions that underrepresented populations are cognitively inferior to others. Hammond proposed *culturally responsive teaching* as a model that does not shy away from complex topics, but instead, highlights the nuances, inconsistencies, and complications present in the academic content. Culturally responsive teaching, in essence, primes and stimulates neurological centers in the brain to attend to and ultimately acquire the academic content, while exciting the student to learn more.

Multicultural Education in Communication Sciences and Disorders

Hyter and Salas-Provance (2019), discussed culturally responsive practices from speech, language, and hearing sciences. They provided a cultural framework for global and cultural service. This pedagogical framework involves the domains of research, curriculum, teaching and clinical for the education of students as well as professionals. They asserted that building one's own conceptual framework or philosophy of practice will serve as a guide for providing culturally responsive services and that there are diverse ways of thinking about culturally responsive practices. This requires educators to start with a social theory to guide their thinking about the development of their conceptual framework. They further reviewed five models of culturally responsive practices: The Vision Model (Bellon-Harn and Garrett, 2008), Proposed Pedagogical Frameworks (Stockman et al., 2004; Horton-Ikard et. al., 2009), Hierarchy of Cultural Knowledge (2010), and a Conceptual Framework for Responsive Global Engagement (Hyter, 2014).
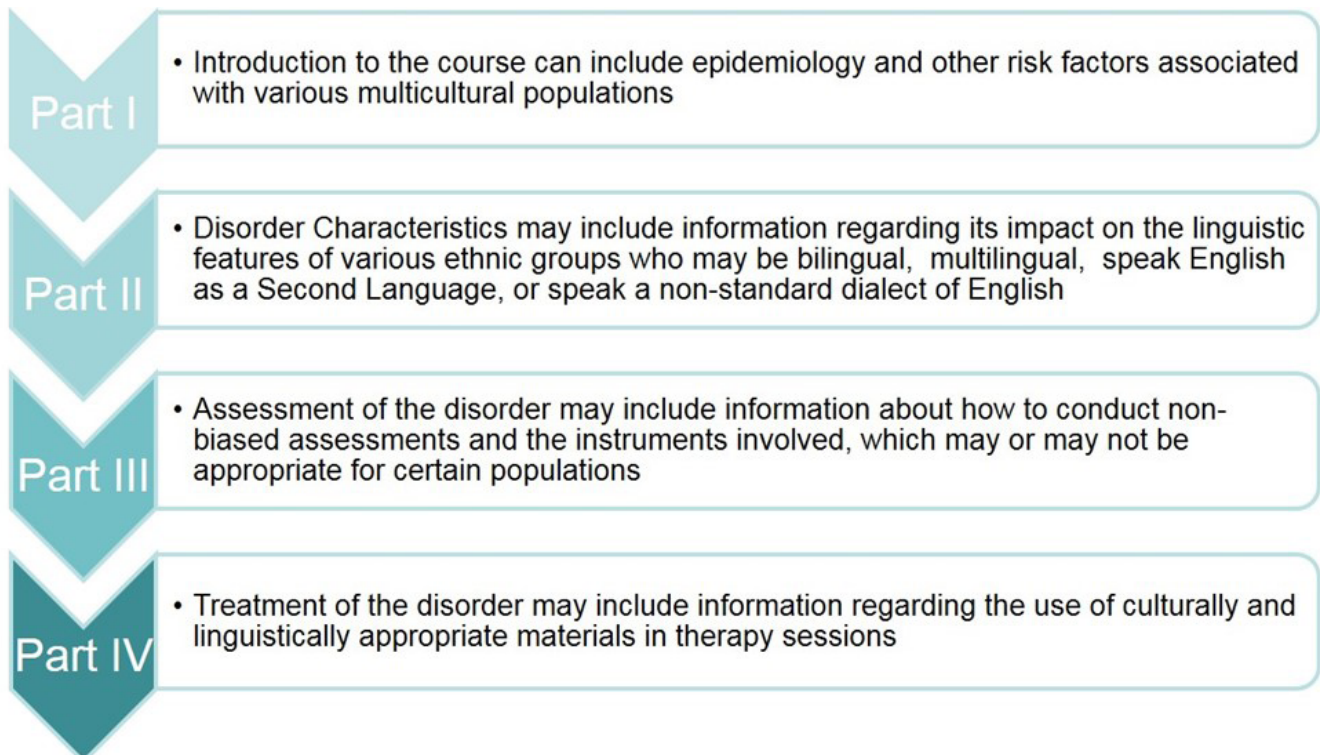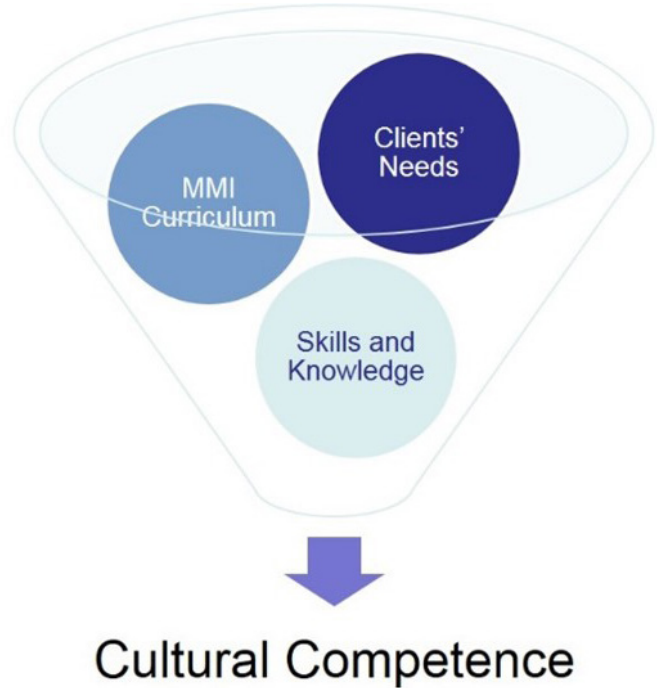
Resources for MMI are offered on the ASHA website (ASHA, 2020). Despite the development of this pedagogy and ASHA's various attempts to offer instructors in the field resources to assist with MMI, most programs do not meet competencies related to minority issues (Horton-Ikard and Muñoz, 2010). A checklist was developed to assist programs in developing an environment that fosters MMI. They suggested that at least 30% of the faculty in a department be BIPOC and at least 30% of the faculty be bilingual. The field of CSD is 91.7% White (ASHA, 2020), so this may be difficult for most programs to achieve.

With such an overwhelming support for MMI, why is it not being done on a wider scale in the field? Is it possible that the field does not agree upon the exact definition of infusion or could it be because they are unclear on the details of how to adequately achieve this phenomenon? The current study will explore how instructors in the field of CSD infuse multicultural/multilingual information into their scientific/theoretically based courses using qualitative information and insight.

Current Study

In this phenomenological study, the manner in which the instructors who infuse multicultural issues into courses that are scientific/theoretically based topics was explored. This information is necessary to educate current and future instructors of CSD regarding ways to infuse multicultural issues into their scientific/theoretically based courses. This study is focused on which MMI methods are being used by CSD instructors in their curriculum.

Focus and Bounding. This study was limited to instructors in the field of CSD. A conceptual framework was used to explain the main issues to be studied within a given context. This study was bound by the literature related to MMI. Phenomenological studies involve the examination of a particular event as experienced by a small group of people. This study is based on a conceptual model which outlines a study design for cultural competence. This includes MMI in the CSD curriculum as a component. Figure 1 displays this conceptual model. Figure 2 is adapted from Wallace's (1997) concept of MMI into courses. Most CSD courses focus on one disorder and follow a certain format that includes four main parts: introduction to the disorder, characteristics of the disorder, assessment of the disorder, and treatment of the disorder.

- **Part I** • Introduction to the course can include epidemiology and other risk factors associated with various multicultural populations

- **Part II** • Disorder Characteristics may include information regarding its impact on the linguistic features of various ethnic groups who may be bilingual, multilingual, speak English as a Second Language, or speak a non-standard dialect of English

- **Part III** • Assessment of the disorder may include information about how to conduct non-biased assessments and the instruments involved, which may or may not be appropriate for certain populations

- **Part IV** • Treatment of the disorder may include information regarding the use of culturally and linguistically appropriate materials in therapy sessions

METHOD

In the current study, the authors were licensed and certified speech pathologists and members of an ASHA special interest group as well as a minority constituent group. All participants were made aware of the authors' status and the details of the current study.

Participants

The investigators attended the National Black Association of Speech-Language-Hearing (NBASLH) to recruit participants. The authors also contacted some of the instructors via telephone, in person, or email to invite them to participate in the study. Participants were provided with a description of the study, outlining the important aspects to allow them to make an informed choice as to whether they wish to participate or not. The participants were required to give only an email address. In an effort to maintain confidentiality, no further identifying information was required for participation in the study. The completion and return of the internet questionnaire indicated their consent to participate in the study.

It was noted in the study by Stockman and colleagues (2008) that educators who reported that they were utilizing an MMI method were located in areas with a higher BIPOC density or were BIPOC themselves. Therefore, the majority of the participants were recruited from an annual conference of NBASLH. Other participants were contacted directly by the authors because of their experience with MMI in the field. Instructors in the field of CSD were invited to participate without concern for the type of courses they taught; however, the investigators specifically sought out instructors that taught scientific/theoretically based courses.

Survey Construction

A copy of the survey is provided in the appendix. The survey was constructed to gain information about the participants (Question 1-4), their professional preparation to teach multicultural information (Question 9), the multicultural/multilingual issues content they chose to teach (Question 6), and their methods of instruction (Questions 5, 7, and 8). Question 10 asked if there was anything else the participants would like to share with the investigators. The questions were open-ended, allowing the participants to describe their answers in their own way.

Procedures

Once the participants had been identified and assigned a participant number, they received an email with a link to complete a questionnaire with 10 open-ended questions via Survey Monkey (see ap-

pendix) to ensure anonymity. The initial questions were asked to provide demographic information. The remainder of the questionnaire presented the participants with open ended questions regarding MMI. The questionnaire remained open for participant response for one month.

Data Analysis

A thematic analysis was completed manually and cross-checked by both investigators. During this initial phase of data analysis, the data were disassembled and categorically coded in an attempt to move to a higher level of abstraction. This process is described by Yin (2003) as a way to sort the items into similar and dissimilar groups. Once sorted, the related features of these groups were examined and further insight was gained. As this was completed, several themes were created regarding the instructors themselves as well as their method of infusing MMI into the CSD curriculum.

RESULTS

Demographics

The participants included seventeen instructors with a range of 4 to 40 years of experience - an average of 24 years of experience. The ethnic groups represented in the study were: Black or African American (N=11), White or Caucasian American (N=4), Haitian American (N=1), and Hispanic (N=1).

The overall themes for research areas/areas of interest for these participants included: Multiculturalism/Cultural Diversity, Neurogenics (adult/child/feeding/dysphagia), and Child Language. The participants taught a variety of course types including some audiology courses on all educational levels to include bachelors, masters, Ph.D., and Au.D.

Survey Questions/Answers

The themes and example responses from participants are presented in Table 1. We received responses that represented all three of the infusion models outlined by Stockman and colleagues (2008): integral infusion, inclusion, and annexation. Out of these three approaches, integral infusion was the method discussed most frequently by the participants. The participants also used a variety of assessment and instruction methods. Interestingly, many of the participants gave responses that crossed multiple themes. Most of the respondents used knowledge from courses, continuing education, and personal experiences; however, one participant stated that they did not have any preparation to teach multicultural content in their course.

QUESTION	THEMES REVEALED	Participant Response
Question 1: How many years have you been an instructor in the field of communication sciences and disorders?	• Range from 4 years to 40 years (average = 23.88 years)	Specific responses retained to maintain participant anonymity
Question 2: What is your race/ethnicity?	• African American/Black • White • Haitian American • Hispanic	Specific responses retained to maintain participant anonymity
Question 3: What are your research areas (areas of interest)?	• Multiculturalism/ Cultural Diversity • Neurogenics (adult/child/feeding/dysphagia) • Child Language	Specific responses retained to maintain participant anonymity
Question 4: What scientifically/theoretically based courses do you teach?	• Variety of courses on all educational levels	P1: "acoustics/psychoacoustics intro to research advanced diagnostics"
		P6: "Voice; Clinical Skills Training; Health Literacy; Neurogenics"
		P17: "Neurology for Human Communication; Anatomy and Physiology of the Speech and Hearing Mechanism, Aphasia and RHD, TBI and Dementia, Motor Speech Disorders, Voice Disorders, Feeding and Swallowing Issues Across the Lifespan, Language Development, and Intro to Neurogenic Communication Disorders"
Question 5: How do you incorporate multicultural/ multilingual issues into your scientifically/ theoretically based courses?	• Integral Infusion: Application of information in all material (as an overriding philosophy)	P15: "Introduced through full lecture that includes the vision of the department, school, and university; then it is addressed in every aspect of all lectures in the course; must be included within the texts of essay questions during testing; must be addressed in clinic planning and implementation of evaluation and treatment"
	• Inclusion Method: Application of information when considered relevant	P4: "In every single course, when appropriate, we discuss multicultural and multicultural factors. My research has focused on these as well."
	• Annexation: Dedicated unit to topic in course	P8: "The course is dedicated to multicultural and bilingual issues"

Question 6: What type of academic content do you focus on when incorporating MMI into your scientifically/theoretically based courses?	• ASHA Documents	P2: "1. I like to start with ASHA's stance on these issues by using ASHA position statements, guidelines and reports."
	• Census Data	P3: "Research articles, U.S. Census data, Websites: CDC, AARP,etc.,ASHA Special Interest readings"
	• Clinical Information: Assessment & Intervention of Minority groups	P2. "3. I present assessment issues related to multicultural clients including issues related to standardized test, ethnographic interviewing and alternative assessment procedures. 4. I include intervention issues related to multicultural clients."
	• Multicultural information of cultural groups	P9: "My use of an integral model of infusion requires me to regard MMI in every aspect of any course. So MMI could be discussed within the range of subject matter included in any course. This included prevalence, identification, treatment and prevention of communication disorders as well as research methods"
Question 7: What types of activities do you require students to engage in which increase awareness of MMI?	• Classroom Discussions	P13: "Lecture, research, projects, and discussion of clinical implications"
	• Class Activities: Writing Journals, Role Play	P11: "communication with classmates because most of my classes include students from multiple cultures; case studies; role playing of arena team centered diagnostic sessions with individuals representing multiple cultures; reviews of case studies from different cultures."
	• Critical Thinking Activities: Review of Case Studies and Literature Reviews	P4: "Comparing research done on subjects from different cultural and linguistic backgrounds. Critically analyzing how the cultural and linguistic factors can affect the outcomes of the research. Looking at how different cultural and linguistic factors can affect our services for clients."
	• Field Trips: Cultural Immersion Activities, Museums	P15: "I address major research needs in the field related to MC/ML populations. In the dysphagia course, I address the need to consider cultural preferences in food choices (i.e. sweet potatoes vs white mashed potatoes) with African Americans and plantin and mangos with Latinos, etc... In the Medical SLP course, areas addressed include the disparity of health care to MC/ML populations, issues related to test bias which affect differential diagnosis (i.e. Type I vs Type 2 errors), determination of severity levels and the importance of considering cultural variables (e.g. focus on religion, and media etc...) when working with African Americans and Latinos which would influence choice of materials to use in therapy (i.e. Bible, booklets of inspirational readings, magazines like Ebony, Jet and Essence, etc...). This is just a small example of areas addressed in my courses relevant to MC/ML populations."

Question 8: How do you access your students' knowledge of multicultural/ multilingual issues in your scientifically/ theoretically based courses?	• Examinations	P14: "Exams on information presented in the lectures, texts and required readings".
	• Papers	P9: "I always included several exam questions about MMI issues in any course taught. I also regarded the personal growth statements that students made about their MMI knowledge in their journals for the MMI course."
	• Projects: Case Studies, Presentations, Journaling	P14: "Projects based on specific assignments given in a particular class."
	• Lab Activities	P2: "In class diversity awareness activities Case summaries Assessment projects"
Question 9: Please describe any type of specific professional preparation you have had regarding incorporating multicultural/multilingual issues.	• Specific Courses	P13: "My doctoral education included specific coursework in cultural linguistic diversity as well as the infusion of cultural linguistic diversity (CLD) throughout the curriculum; I've also taken numerous professional development courses on the topic and I've taught courses on CLD in CSD as well as developed curricula that infused CLD which continued my opportunities to learn."
	• Continuing Education	P7: "continuing education, invited speaker"
	• Personal Research/Study	P12: "I served as a member of a focus group (MC2) created by the ASHA Office of Multicultural Affairs to prepare a paper addressing various models available to improve preparation of students in professional training programs in the CSD discipline in the area of multicultural issues. This required research into various models which were then presented in an article published in the ASHA Leader. The models included: 1) infusion model, 2) single course model, 3) guest lectures and 4) Seminars with invited speakers who taught for a 1/2 or full day on a specified topic relevant to assessment and treatment of MC/ML populations and other issues."
	• Personal Experience	P13: "I've also traveled and communicated with people from diverse cultures"
	• None	P9: "I had no professional preparation for teaching multicultural/multilingual issues."
Question 10: Is there anything further that you would like to share that is pertinent to this study? (Please explain below) or May we contact you for further information or clarification? (Please provide contact information if willing)	• Positive Responses	P1: "I look forward to seeing the results so I can broaden how I make this material meaningful to my students."
		P15: "I have found that the infusion model is the best way of integrating information on MC/ML populations into my courses. Yes, I am willing to be contacted."
		P17: "Wonderful questions. Best wishes with the research. You may contact me if needed

DISCUSSION

The purpose of this study was to explore the manner in which instructors in the field of CSD infused multicultural issues into their courses and curricula. Results from a previous study by Stockman and colleagues (2008) indicated that professors who use MMI were ones who taught in BIPOC dense areas or were minorities themselves. The participants in this research were selected as instructors who are knowledgeable about multicultural issues and likely infusers. The results from the online survey revealed that the participants' interests represented a wide variety of content areas, approaches, and assessment methods. The participants seemed comfortable and well prepared for infusing multicultural issues into their courses. They also described the importance of multicultural content, and the activities described by participants were experiential and appeared to seek changing students' attitudes and perceptions. Finally, ASHA documents appeared to be an important resource for instructors in MMI.

It was found that most of the participants used MMI by employing one or more of the three infusion methods by way of class activities. Most of the participants had taken courses regarding multicultural issues or had taken continuing education courses; however, most of the participants had not taken courses that involved pedagogy in which the integral infusion had been taught. The integral infusion model was specifically mentioned by some and described by some, but in many cases, the activities described reflected the inclusion and annexation models.

MMI to Eliminate Racism

Horton-Ikard (2009) stated that three areas should be addressed in the multicultural education of CSD students: knowledge, awareness, and skills. True integral infusion would serve to dismantle and eliminate racism by addressing these three areas: (a) Knowledge: Integral infusion ensures that the students do not receive biased cultural content. (b) Awareness: It increases the students' awareness of ongoing systemic racism and their role of maintaining and dismantling those systems. (b) Skills: It increases the adaptability of students to treat various cultural groups while developing cultural competence and cultural humility.

Recall that the integral infusion model (Stockman, et al., 2004) suggests considering each area of service delivery as a potential source for cultural bias, prejudice, and discrimination. Each area can be cross tabulated with different aspects of culture, such as language, materials, rituals, values, beliefs, etc. Such a cross reference and analysis does not need to be used solely for cultures that experience ongoing systemic discrimination, but the dominant cultures should also be analyzed for sources where unearned privileges exist that unfairly bias members of that culture over others.

Limitations and Future Research

The design of this study was phenomenological in nature to observe the themes that arose from the participants' experiences while infusing multicultural information into their courses. Although there was a small number of participants, this is not viewed as a limitation and results can be generalized to appropriately suit CSD departments with or without a diverse faculty and staff. Although NBASLH members have been trailblazers in the professional policies regarding multicultural issues, a clear limitation to this study points directly to the fact that this group of participants may not be the only group of individuals with insight to this information. Racism is often magnified when combined with other stigmatized identities, such as sexual orientation, gender diversity, and disability. Intersectionality is an under-researched area that needs further investigation, especially regarding how it is taught in CSD courses.

Another limitation is that clinician and graduate student's perspectives of being culturally competent were not solicited. Finally, this study did not explore why infusion methods are not being used in many CSD curricula.

Research is needed that investigates the processes of MMI, using qualitative research methodology, such as deep description and participant observation. Further research should involve exploration of the process of integral infusion, students' perspective of cultural competence, creating and universalizing a pedagogical model of integral infusion, efficacy of experiential activities on changing perceptions and attitudes of students toward various cultural groups, and methods of assessing cultural competency in graduate students.

Conclusion

Due to the current racial climate in the country and the most recent Black Lives Matters protests, it is apparent that we must make some very necessary changes in our curricula and in our service delivery to address the systemic racism that exists in the field of communication sciences and disorders (CSD). This study provides information as to how instructors have used MMI to teach courses not specifically devoted to that topic. The innovative activities and approaches shared by the respondents of this study highlight the assertion that multicultural issues are not something that should be sequestered into one

isolated class (annexation model) or merely included "as appropriate", but discussed as integral concepts to the study of communication sciences and disorders. It is impossible to discuss communication disorders without addressing culture; therefore, the question is not "*Is* culture being addressed?" but "*Which* cultures are being addressed, and which cultures are being subverted or erased?" Only with the understanding that culture is inherent across the scope of practice in CSD, can we ever hope to begin the long road to eliminating racism within the field.

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Appendix A

Multicultural/Multilingual Instruction

Exit this survey

*1. How many years have you been an instructor in the field of communication sciences and disorders?

2. What is your race/ethnicity?

*3. What are your research areas (areas of interest)?

*4. What scientifically/theoretically based courses do you teach?

*5. How do you incorporate multicultural/multilingual issues into your scientifically/theoretically based courses? (Please be specific)

*6. What type of academic content do you focus on when incorporating multicultural/multilingual information into your scientifically/theoretically courses? (Please be specific)

*7. What types of activities do you require students to engage in when increasing awareness of multicultural/multilingual issues?

*8. How do you assess your students' knowledge of multicultural/multilingual issues in your scientifically/theoretically based courses?

*9. Please describe any type of specific professional preparation you have had regarding incorporating multicultural/multilingual issues.

***10. Is there anything further that you would like to share that is pertinent to this study? (Please explain below) or
May we contact you for further information or clarification? (Please provide contact information if willing)**

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