

Ling51/ Psych56L

Fall 2016

Review Questions: Special Populations

(1) Terms/concepts to know: ASL, simultaneous articulation, deaf-of-deaf, deaf-of-hearing, manual tradition, oral tradition, total communication, cochlear implants, Developmental Arrest hypothesis

(2) Are signs in ASL atomic units, or are they broken up into features the way that some parts of spoken languages are? What is one major difference between spoken and signed languages when it comes to features?

(3) Do ASL speakers have categorical perception? How do you know?

(4) Do both signed languages and spoken languages have instances of simultaneous articulation?

(5) Why might it be surprising that deaf children learning sign language take a while to understand what the signs for “you” and “I” refer to? Does their performance on these signs support the idea that learning a signed language is the same as learning a spoken language? Why or why not?

(6) Why are deaf children trained in the oral tradition at a disadvantage with respect to achieving native-level skill in a language when compared to deaf children trained in the manual tradition?

(7) Can cochlear implants help answer the question of critical/sensitive periods for language development? (Hint: Think about children who receive cochlear implants earlier vs. later in development. Are they like second language learners?)

(8) Do cochlear implants work the same way for everyone? (Hint: Think about the auditory signal people with cochlear implants hear. Is there any variability?) Is it a good idea for children with cochlear implants to still be exposed to sign language? Why or why not? (Hint: Think about what happens if the auditory signal isn't very good.)

(9) How can mentally retarded children's language development help us answer the question of whether language is a separate (domain-specific) ability?

(10) Describe the basic profile of a typical Williams Syndrome child. How does this differ from the profile of a typical Down syndrome child?

(11) How does the Developmental Arrest Hypothesis explain Williams Syndrome individuals' ability to acquire some kinds linguistic (and spatial) knowledge but not other kinds? (Hint: Think about when different kinds of knowledge are learned by typically developing children.)

(12) Suppose you discover that full mastery of a certain linguistic structure is acquired by typically developing children around age 8. Would you expect Williams Syndrome adults to

have full mastery of this linguistic structure, based on the Developmental Arrest Hypothesis? What if typically developing children acquired the linguistic structure by age 4 instead?

(13) Does Williams Syndrome, and the linguistic development of children who have it, clearly support the dissociability of language and general intelligence? Why or why not?

(14) What is one major difference between Williams Syndrome and Down Syndrome individuals when it comes to language abilities?

(15) What is one major difference between Williams Syndrome and Down Syndrome individuals when it comes to visuospatial abilities?