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CRITICAL COMMENTARY

Disability and foreign language learning: Countering systemic ableism in secondary and postsecondary education

Richard Sparks[1] and Allyson Harrison[2]

[1]Mt. St. Joseph University, Cincinnati, OH, USA and [2]Queen's University, Kingston, ON, Canada
Corresponding author: Richard Sparks; Email: richard.sparks@msj.edu

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Abstract

Ableist ideologies in schools and among clinicians have impeded equity for students with disabilities. By excluding individuals with diagnoses of learning disability (SLD) and attention deficit hyperactivity disorder (ADHD) from foreign language (FL) courses, professionals and schools discriminate against students who could benefit from participation. This essay reviews evidence falsifying the notion of an FL learning disability and contradicting the practice of FL substitutions for students with SLDs and ADHD. Evidence demonstrates that most students with SLDs and ADHD can pass FL classes. We maintain that clinicians who make these diagnoses and educators who recommend FL substitutions have no expertise in determining students' suitability for FL learning. Their automatic assumptions regarding exclusion from rather than inclusion in FL courses are a form of systemic ableism that ignores the intent of disability law and denies agency to these students. We explore how the myth of an FL "learning disability" emerged and why the myth persists despite evidence to the contrary.

Keywords: Learning disabilities; Foreign languages; Course substitutions; Waivers; Accommodations

Introduction

The bedrock foundations of social justice in an educational system are equal access to quality education, an equal opportunity to learn, and full inclusion (Pijanowki & Brady, 2021). Inclusive education is about ensuring equal access to appropriate education for all students and that the needs of each learner are met in a manner that is responsive, respectful, and supportive (Hutchinson & Martin, 2012). Furthermore, educational institutions have a duty to accommodate learning when a functional impairment associated with a diagnosed condition interferes with participation in a specific setting or course of study (Roberts, 2012). The goal of full inclusion is to provide all learners

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with the most appropriate learning environments and available opportunities as possible and to remove barriers that may lead to exclusion (Inclusive Education Canada, 2020). The principle of full inclusion in education, regardless of disability, is undergirded by antidiscrimination legislation in the United States (Americans with Disabilities Act [ADA], 1990; Americans with Disabilities Act Amendments Act [ADAAA], 2008), human rights legislation in Canada (Canadian Human Rights Act [CHRA], 1985), and the United Nations Convention on the Rights of Persons with Disabilities (UN General Assembly, 2007).

Exclusion occurs when students are denied access to an educational opportunity simply because they have a disability diagnosis, not because they are otherwise unable to benefit from that opportunity.[1] While American colleges and universities contend that the courses and programs they offer are accessible to all qualified students and say that they will make appropriate academic accommodations to support the learning needs of students with disabilities, this is not entirely true. Specifically, many, if not most, postsecondary institutions in the U.S. have policies for course substitutions (replacing a required course with another course that may have similar content) or waivers (excusing the student from taking the required course) that result in exclusion of students with disabilities from participating in required foreign language (FL) courses. Exclusions based simply on a diagnostic label are contrary to the expectation that academic accommodations be individualized and determined based on the intersection of the specific tasks required in a course and the person's documented functional impairments (Roberts, 2012). Nevertheless, previous research has shown that most postsecondary institutions have specific policies for FL course substitutions for students with a diagnosed disability (see Ganschow, Myer, & Roeger, 1989; Kravets & Wax, 1991, 2012). Furthermore, when the authors reviewed a large, cross-sectional sample of college and university websites for their current "foreign language course substitution policies and procedures," they confirmed that most of these institutions have a specific policy for FL course substitutions that applies generally to students with a diagnosed disability, and in a few cases, to those with "extreme" or "severe" learning problems. Notably, almost none of the policies specify how a student might meet the criteria for a course substitution, suggesting that a student may only have a diagnosed disability or exhibit unspecified "severe" learning problems to qualify for a course substitution. In our experience, students granted a FL course substitution have almost always been those classified with a specific learning disorder (SLD), or in some cases, attention deficit/hyperactivity disorder (ADHD).

Terminology and framework

The terminology used in this paper is not positioned within or advocating for any one disability-related framework or political stance. Instead, we focus on how and why the myth of an FL SLD emerged, and how this myth has become embedded in the current accommodation model at the postsecondary level. The fact that we switch between terminology derived from both the medical and social models of disability is because the overarching accommodations framework that currently exists (in schools, with

[1]Throughout this paper, when we speak of students with a disability, we are referring to those who have been given a disability diagnosis or labelled as "disabled" using criteria included in DSM-5. While there may be a need to examine how systemic barriers within educational institutions create exclusion in general, this discussion is beyond the scope of the current paper.

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professionals who assess students, in diagnostic codebooks, and within legislation itself) is grounded in and espouses the medical model. One can only qualify for a course waiver/substitution, in most cases, if one has been given a medical diagnosis of a disability. By contrast, we argue that this current system fails to support the actual needs and abilities of learners with individual differences, which is when we turn briefly to a lexicon of terms often used in Critical Disability Theory (CDT). However, the purpose of this paper is not to describe and expand upon CDT, but simply to identify that the current accommodations determination system used in the postsecondary educational system is flawed. We also acknowledge that there is currently a debate within the disability community regarding whether to use person-first language or identity-first language when describing a person who has a disability. We have chosen to use first-person language to emphasize the individual first and the disability second, viewing it as a label rather than a defining characteristic.

Accessing accommodations requires a diagnosis

A diagnosis is a label used to identify a set of symptoms, and is assigned to the disorder, not the individual (Sims, Michaleff, Glasziou, & Thomas, 2021). Diagnoses can only be given by qualified health professionals. According to the medical system of diagnosis, an individual either does or does not meet the criteria for diagnosis of a disability based on a list of specific signs and symptoms. Currently, to access academic accommodations in the postsecondary system, such as a course substitution/waiver, one must demonstrate evidence of significant functional impairments secondary to a diagnosis (Esposito, Madaus, & Dukes, 2023; Harrison & McCarron, 2023). The prevailing conceptualization of functional impairment, at both the postsecondary level and in current disability legislation, is that this must be determined relative to most other people in the general population (i.e., a normative weakness; Lovett, Gordon, & Lewandowski, 2009). The Americans with Disabilities Act, as amended in 2008 (ADAAA, 2008), uses this normative standard for determining the presence of a disabling condition, noting that "an individual must have an impairment that prevents or severely restricts the individual from doing activities that are of central importance to most people's daily lives."

The issue at the core of FL substitution and waiver policies is whether, by virtue of a disability label alone, a student is actually unable to benefit from participation in an FL course. As Roberts (2012) notes, academic accommodations are not required on the basis of a disability diagnosis alone, but rather on the basis of functional impairments that flow from the diagnosed condition and interfere substantially with equal participation in a specific activity or task. Assuming the need for accommodations based simply on a diagnosed condition alone is ableist because it assumes that all individuals with a given diagnosis have exactly the same (flawed) skills and are thus unable to participate equally in that task or activity. In our view, FL course substitution policies represent systematic ableism whereby students with disabilities are viewed as "less than" simply by virtue of *perceived* inability, not by objective evidence that they are unable to participate equally in, benefit from, or pass FL courses.

Regarding FL substitutions/waivers, Arnett (2013a) notes that in no other academic subject area are students exempted from compulsory study because of a disability label. She observes that students with disabilities are not exempted from compulsory courses such as math or physical education, even when their disability is specifically associated with the content of the course. For example, a student with a physical disability still

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participates in physical education classes with accommodations in place to allow the student to be part of the class. Students with an SLD in mathematics are provided with accommodations and specialized instruction to help them gain the benefits of learning math and meet instructional requirements. Similarly, guidance issued by the Ministry of Education in Ontario, Canada, states that "students with special education needs are included in [curricular] programs based on their ability to participate in the regular classroom, not based on the subject of instruction. When students with special education needs require additional supports or resources, these are offered in all applicable subject areas, enabling students to benefit from the learning" (Ontario Ministry of Education, 2015, p. 32). The guidance goes on to say that an exemption from a compulsory second language course should be a last resort, offered only when the student, when given appropriate instruction and accommodations, still cannot achieve minimal competence.

As such, it seems appropriate to question the legitimacy of substitutions/waivers for compulsory courses in FLs because: a) students with disabilities are excluded from, not included in, FL courses; b) the practice perpetuates the myth that FL learning is not for all students, particularly those with a disability label; and c) the practice implicitly suggests a prejudicial attitude where school administrators, professors, disability service staff, as well as the clinicians who recommend substitutions, have automatically discriminated against those with a disability label without first determining whether the student could be accommodated appropriately. Above all, one should question the practice of FL course substitutions for students with disabilities because it explicitly breaches the purposes of the ADA, ADAAA, and CHRA, namely inclusion, not exclusion, of individuals with disabilities and provision of opportunities by removing barriers that lead to exclusion (see ADA National Network, 2017; Blanck, 2023; Centers for Disease Control and Prevention, 2024; Government of Canada, 2013, 2022; Pappas, 2020; Stein, 2004; U.S. Department of Education, 2011).

The primary purpose of our paper is to tell the story of how educators—special education and FL educators alike, as well as disability advocates and clinicians—came to violate both the intent and spirit of the ADA, ADAAA, and CHRA by providing course substitutions that *excluded* students classified as having a disability from FL courses. Our focus is mainly on students classified as SLD, the group that has been shown to comprise the largest number of students who are granted an FL course substitution (Forsbach-Rothman, Padró, & Rice-Mason, 2005). We will, however, also include evidence regarding students classified as ADHD. We review the history of FL course substitutions, including when and how the practice of course substitutions/waivers began, and the types of students who received FL course substitutions. We also review a large body of empirical evidence from several databases of individuals classified as SLD who received course substitutions. This evidence will show that education, psychology, and medical professionals began (and expanded) the practice of FL course substitutions in the absence of objective evidence demonstrating that students classified as SLD were unable to participate in or pass FL courses. In fact, these educators and professionals ignored empirical evidence showing that students classified as SLD did pass FL courses and violated the intent and spirit of disability laws by introducing, maintaining, and expanding the practice of FL course substitutions. Along the way, we will discuss how problems with the concept and definition of SLD created the FL disability concept and explain how the myth of an FL learning disability emerged and why the myth flourished despite evidence to the contrary. Finally, we will discuss how this practice has cheated those with disability labels of the benefits of participating in second language education.

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What is a specific learning disability, and how is it diagnosed?

The term, specific learning disability (SLD), has been problematic since it was coined in 1963. A large part of the problem is that this diagnostic entity was born of advocacy, not scientific research (Kavale & Forness, 1998; Hallahan & Mercer, 2002). While the original notion was reasonable (i.e., identifying and supporting students with unexpected learning deficits), the operationalization of this concept has been extremely difficult and contentious since being coined by Kirk (1963). As an example, the definition of SLD adopted by the U.S. Office of Education (1978) was so broad that it could be applied to almost any problem or difficulty experienced by a learner of any age (see Moats & Lyon, 1993). Early on, SLD researchers Algozzine and Ysseldyke (1983) questioned whether SLD was just another name for low academic achievement; the editor of the flagship *Journal of Learning Disabilities* called SLD a "heterogeneous mess" (Senf, 1987); and longtime researchers Kavale and Forness (1998) wrote that the field of SLD was "inherently political."

The primary problem with the SLD concept itself is the fact that it does not have a valid definition and empirically-based diagnostic criteria on which professionals in the field agree or by which they consistently diagnose the condition (Elliott & Grigorenko, 2024; Harrison, 2017; Kelman & Lester, 1997; Stanovich, 1999). While the term SLD has been marked by numerous shifts in theory, definition, and diagnostic criteria, all have been framed using a deficit-based, medical model. For many years, no specific operational definition of SLD existed to aid in the accurate diagnosis of the condition. When the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV; APA, 1994) proposed a new way to quantify how to diagnose SLD, namely using an intelligence quotient (IQ)-achievement discrepancy model, clinicians were grateful for a seemingly objective way to determine who qualified for this diagnosis. However, it quickly became apparent that the "discrepancy" method was psychometrically flawed and in fact failed to identify the students who were struggling the most in school (Harrison & Holmes, 2012; Siegel, 1989; Stanovich, 1989, 1991). Indeed, due to a phenomenon known as regression to the mean, research demonstrated that the IQ-achievement discrepancy formula consistently *overidentified* higher IQ students with otherwise average academic abilities and *underidentified* academically struggling students whose IQ scores fell below the 50th percentile (see Harrison & Holmes [2012] for a comprehensive review of the problems with this model). However, owing to the successful initial campaign to promote the IQ-achievement discrepancy model, schools, clinicians, and professionals alike became wedded to the already falsified idea that the hallmark of SLD was a discrepancy between an individual's measured IQ and academic achievement.

Despite being soundly discredited as a diagnostic method[2] (e.g., see reviews by Aaron, 1997; Stanovich, 1999, 2005; Stuebing, Fletcher, LeDoux, Lyon, Shaywitz, & Shaywitz, 2002), many clinicians continue to use the IQ-achievement discrepancy model when diagnosing SLD, even after the DSM-IV criteria were revised (e.g., see Maki, Floyd, & Roberson, 2015; Harrison, 2017; Harrison, Lovett, Keiser, & Armstrong, 2021). In the U.S., despite the elimination of the now falsified discrepancy criterion from the DSM-5 guidelines in 2013, many states continue to inappropriately use discrepancy models to identify students as having a SLD. Stanovich (2005) wondered whether the SLD field would remain a "pseudoscience" because of its continued use of the discrepancy model, and researchers have been calling for a complete overhaul of the

[2]Note that here we refer to the IQ-achievement discrepancy model for diagnosing SLD being discredited, not to the use of IQ tests in general.

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definition and diagnostic criteria for SLD for many years (e.g., see Dombrowski et al., 2004). The main problem with the use of the IQ-achievement discrepancy diagnostic method was that many students with otherwise common academic and learning abilities were inaccurately labeled as having a "learning disability" even though their academic achievement was in the average range or better (see Maddocks, 2018, for an example applied to psychometric test scores).

The current version of the DSM (DSM-5; APA, 2013) requires that a number of criteria be demonstrated to diagnose a SLD. First and foremost, there must be objective evidence of chronic impairment in some aspect of academic achievement. As noted above, when quantifying evidence of functional impairment, DSM-5 criteria (APA, 2013) specifies that academic achievement, using standardized tests, should be at or below the 7th percentile, for the greatest diagnostic certainty, but DSM-5 allows clinicians leeway to use scores that fall below the 16th percentile (relative to one's same age peers in the general population) as evidence of functional impairment. Other criteria include the lifelong nature of the academic impairment (i.e., that an adult diagnosed with a SLD in reading should show lifelong difficulty learning and understanding any language), and that other possible causes for the observed difficulties be ruled out.

Unfortunately, research has shown that clinicians do not adhere to these criteria and will often make a diagnosis of SLD based on their own "clinical judgment" that ignores the requirement for academic impairment (e.g., see Dombrowski et al., 2004; Fletcher & Miciak, 2017; Harrison, 2017; Sparks & Lovett, 2009) or use the discredited IQ-achievement discrepancy model (e.g., Harrison et al., 2021). As a result, many students given a SLD diagnosis do not actually demonstrate any normative impairment (i.e., performing below the 16th percentile when compared to same age peers on standardized achievement measures) in any academic area and also lack evidence of a lifelong impairment (see Harrison et al., 2021; Sparks & Lovett, 2009; Weis, Erickson, & Till, 2016). Relying on clinical judgment rather than objective evidence of normative impairment, clinicians often assume that SLD is caused by some type of "processing" impairment. For example, they use the processing strengths and weaknesses approach (Flanagan, Fiorello, & Ortiz, 2010), a model that assumes a pattern of cognitive strengths and weaknesses is indicative of SLD (see Fletcher & Miciak, 2017; Maki et al., 2015). However, the processing strengths and weaknesses approach to diagnosing SLD has also been discredited (e.g., see Miciak, Fletcher, Stuebing, Vaughn, & Tolar, 2014; Steubing, Fletcher, Branum-Martin, Francis, & VanDerHeyden, 2012). Indeed, low scores and large intraindividual variability on cognitive measures are characteristic of healthy adults (see Binder, Iverson, & Brooks, 2009). Likewise, problems with information processing in general are not sufficient to make a diagnosis of SLD, and there is no such entity as a "processing disorder SLD" or an SLD in "processing speed."

Regrettably, based on nonscientific diagnostic methods, students are often not provided with accurate information about their own personal strengths and abilities, leading them to incorrectly believe they are incapable of certain things. We know that providing incorrect information to students about their strengths and weaknesses changes how students perceive themselves and how they self-report their skills and experiences. In fact, many studies show that such incorrect feedback can make students misinterpret their otherwise common, everyday experiences as being evidence of a disability (e.g., see Privitera, Agnello, Walters, & Bender, 2015; Suhr & Gunstad, 2002).

All of this information underscores the concern that relying mainly on a diagnostic label to grant a course substitution or waiver is a flawed and discriminatory system. The SLD label alone is not sufficient to demonstrate that a student has a significant

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functional impairment that would interfere with academic performance or learning in an FL course, the current criterion required for accessing disability-related academic accommodations.

Origins of the foreign language learning disability myth and adoption of FL course substitutions/waivers

Prior to the passage of the ADA in 1990 and the CHRA in 1985, the FL and SLD literature consisted of anecdotal accounts of both elementary and university students who experienced problems with FL courses. Arnett (2013a) traces the Canadian origin of the myth of a foreign language SLD to three methodologically flawed studies (Trites, 1976; Trites & Price, 1976, 1977). These studies examined elementary school students who were struggling in a French immersion program and suggested that these students might benefit from moving to an all-English program. Trites (1976) recommended that students be screened for "auditory processing" difficulties prior to enrollment in French immersion and championed the idea of allowing struggling students to transfer out of immersion. Problematically, however, information in the studies demonstrated that the immersion teachers were unwilling to deal with the wide range of learning needs in their immersion classrooms, and often discouraged enrollment or encouraged transfer out of the program for students whose learning needs appeared too great (Arnett, 2013b). Even though other researchers suggested that the problems experienced by students in French immersion had more to do with poor teaching methodology rather than student inability (e.g., Arnett, 2013a,b; Bruck, 1975; LeBlanc, 1990), the educational system (in Canada) removed struggling students and relegated them back to the regular classroom rather than addressing the shortcomings in their methods of teaching diverse learners.

In the U.S., Pimsleur, Sundland, and McIntyre (1964) reported on FL "underachievers" who had problems with "auditory ability" that could not be explained by intelligence or motivation. In 1971, Kenneth Dinklage, a counselor at Harvard, described a few cases over a 20-year period of struggling FL learners and the university's use of course exemptions for these students. Anecdotal evidence was introduced by counselors and SLD specialists at universities in the 1980s, all of which reported problems with the FL learning of some students they thought might have an SLD (e.g., see Cohen, 1983; Fisher, 1986; Gajar, 1987; Keeney & Smith, 1984; Pompian &Thum, 1988). During that period, several surveys revealed a concern among university personnel about the FL difficulties of students classified specifically as SLD. For example, Ganschow et al. (1989) found that of the postsecondary institutions responding to a survey about their FL requirements, 74% already had established either a formal or informal policy for FL waivers and course substitutions, although most reported that the policies applied only to students classified as SLD. In their survey, Kravets and Wax (1991, 2012) reported similar findings about course substitutions and exemptions. Contrary to the notions of equitable opportunities and provision of appropriate accommodations, these surveys found that universities rarely offered the options of modified FL coursework, tutoring, special sections of FL classes, and/or instructional and testing accommodations to students classified as SLD, counseling them instead to take a waiver or course substitution. (For an exception, see Downey & Snyder, 2001.) Indeed, by 1987, Freed had already summarized information on SLD and FL learning and detailed her university's policy on exempting students from FL requirements.

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The aforementioned anecdotal reports showed that the FL disability myth and the practice of FL substitutions had their origin in two ideas that had taken hold of educators in the 1980s and were established by the time the ADA (1990) and CHRA (1985) were passed. These two ideas—conflation of SLD with FL learning problems and students classified as SLD would have undue difficulty with and/or would not be successful in FL courses—became part of an ongoing narrative before *any* empirical evidence had been offered for their support. However, research findings emerged during the 90s that questioned these ideas and suggested instead that systemic discrimination existed in the form of discouraging learners, in this case, students classified as SLD, from taking FL courses.

What can research teach educators about FL learning and SLDs?

Even before ADA was passed, well-meaning educators, few of whom had experience with and/or expertise in disabilities or FL education, had already decided that students classified as SLD should not be required to enroll in and complete FL courses, i.e., they *excluded* rather than *included* students labeled as SLD from FL courses through course substitutions or waivers. Conversely, a handful of anecdotal reports emerged which showed that some university educators were successfully including SLD students in FL courses by using curricular accommodations (Arries, 1999), alternative teaching methodologies (see Sparks, Artzer, Patton, Ganschow, Miller, Hordubay, & Walsh, 1998), and special sections of FL classes for high school and university students labeled as "at risk" or with "language learning disabilities" (Downey & Snyder, 2001; Sparks & Miller, 2000). However, these practices were outliers, and an increasing number of universities simply approved the practice of course substitutions and waivers rather than using accommodations and other strategies to include SLD students in FL courses (e.g., see Freed, 1987; Shaw, 1999).

In the early 90s, Sparks and Ganschow found that college students who had been granted course substitutions for the FL requirement exhibited average or better, not deficient, first language (L1) skills (Ganschow, Sparks, Javorsky, Pohlman, & Bishop-Marbury, 1991). Their studies with secondary-level FL learners showed that students classified as SLD and low-achieving (non-SLD) students in FL courses displayed similar levels of L1 skills and FL aptitude (e.g., see Sparks et al., 1992). In 1995, the first author and his colleague, Leonore Ganschow, were presented with the opportunity to study databases of university students classified as SLD who had been provided with course substitutions for the university's FL requirement. This opportunity led to a study of 97 students classified as SLD at one university who had been granted course substitutions for the FL requirement over a 10-year period from 1986–1995 (Sparks, Philips, & Ganschow, 1996). Later, Sparks and Ganschow were granted access to additional databases with larger numbers of students classified as SLD who had received course substitutions for the FL requirement. Fortunately, the databases also included students with SLD diagnoses who were receiving services from the Disability Services Office, but who had nevertheless already fulfilled the mandatory FL requirement by completing and passing college FL courses at the same university. The databases also included students classified as Attention Deficit Hyperactivity Disorder (ADHD), most of whom had also satisfied the university's FL requirement by passing FL courses with or without accommodations.

The studies from Sparks et al.'s investigations have been reviewed thoroughly in several papers by the first author (Sparks, 2001, 2006, 2009, 2016) and more recently in

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a review of 25 years of research on the topic of FL learning and SLDs (Sparks, 2023). For readers who are unfamiliar with these studies, we constructed a table presented in Appendix A. The table includes the date of each study and the journal in which it was published, the purpose of the study, the major findings, and the implication(s). The studies are presented in a rough chronological order. Most of the findings have been replicated in one or more studies. Below, we summarize the most important findings from these studies regarding the relationship between SLDs and FL learning, as well as evidence about students classified as ADHD and SLD/ADHD.

First, the large majority of students classified as SLD who receive course substitutions do not actually meet the criteria for this diagnosis. *Second*, there are no differences in L1 skills, FL aptitude, and/or college grade point averages (GPAs) between university students classified as SLD who pass FL courses and those who withdraw from FL courses. *Third*, there are no differences in L1 skills and FL aptitude between students classified as SLD and low-achieving (non-SLD) students in FL courses. *Fourth*, students classified as ADHD and SLD/ADHD earned average, or better, grades in college-level FL courses. *Fifth*, there is no evidence that SLD students had to change their major course of study because they could not fulfill the FL requirement by passing FL courses. (In fact, the most common complaint of educators and the SLD students was that potentially lower grades in FL courses might decrease GPAs.) *Sixth*, IQ-academic achievement discrepancies are irrelevant for determining who will have FL learning problems or who will/will not pass FL courses. *Seventh*, SLD students who receive FL course substitutions exhibit, at a minimum, average written and oral L1 skills. *Eighth*, secondary and postsecondary SLD students earn mostly average FL grades. *Ninth*, many SLD students pass FL courses both with and without accommodations. *Tenth*, educators and disability service providers assume incorrectly that Withdrawal grades are evidence of FL course failure or evidence of a disability. *Eleventh*, most students who received FL course substitutions were not diagnosed as SLD until college, largely because of self-reported difficulties only with FL courses, and displayed no previous history of FL learning problems and/or academic problems, generally. The obvious conclusion from these studies is that there is not a unique relationship between lower achievement in FL courses and classification as SLD, nor is there evidence for an FL learning disability.

The studies presented in the Appendix (and their results summarized here) were completed by the first author and his colleagues prior to 2012. The first author attempted to replicate the studies with FL learners classified as SLD and ADHD at other colleges and universities. Several universities were contacted, some of which had disability services personnel who had invited replication with their databases. Each time, the universities rejected these proposals. To our knowledge, no studies of the type reported here have been conducted by other researchers. Even with a lack of evidence to support this practice, FL course substitution policies have been adopted on most university campuses and have also spread to high schools (see Wight, 2014).

Why course substitutions for the FL requirement are misguided

The policies that grant course substitutions to students classified as disabled are misguided for several reasons. First, exemption from compulsory courses should be the last resort undertaken and only after one has established that the student, when given appropriate instruction and accommodations, still cannot achieve minimal competence (e.g., Ontario Ministry of Education, 2015). Hence, the practice of

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automatically granting course substitutions (e.g., automatically assuming that students with a medical diagnosis of SLD, ADHD, and/or SLD/ADHD will experience failure and/or have severe difficulties in FL courses, or that they will demonstrate inability to fulfill FL requirements) without first providing them with appropriate accommodations and supports is discriminatory. Second, whenever possible, one should first attempt to include, not exclude, students from participating in compulsory courses. Hence, these exemption policies explicitly contradict the intent of the ADA and the CHRA by adopting an ableist philosophy that excludes, not includes, students classified as disabled from FL courses. Third, the idea of a "FL disability" has been fostered by the erroneous assumption that students *must* become fluent or literate in the target language to pass FL courses, i.e., they have to master the language to a certain level of proficiency.

The evidence that this third assumption is misguided is supported by a recent longitudinal investigation, which demonstrates that monolingual U.S. students whose native language is English and who pass FL courses actually achieved *very* weak basic FL skills compared to native speakers of the target language. In a longitudinal investigation over 2-3 years with nondisabled, secondary level (9^{th}, 10^{th}, and 11^{th} grades) FL learners enrolled in Spanish, Sparks, Luebbers, and Castañeda (2017) measured the FL achievement of students' Spanish word decoding, reading comprehension, spelling, vocabulary, writing, and listening comprehension using a standardized measure of Spanish achievement, the *Woodcock-Muñoz Pruebas de aprovechamiento*, normed with native Spanish speakers. They found that after two years of FL classroom instruction ($n = 262$), U.S. students' achievement in Spanish word decoding and spelling was similar to the average native Spanish speaker at a 5^{th} to 6^{th} *grade* level. However, the students' achievement in Spanish reading comprehension, vocabulary, writing, and listening comprehension was similar to the average student in preschool at a 2 to 3-year *age* level. The primary factor in the students' low Spanish achievement on the *Woodcock-Muñoz* was their very poor acquisition of Spanish vocabulary. While the achievement of the 3^{rd} year students ($n = 51$, 11^{th} graders) was somewhat stronger, their performance was more similar to rather than different from the students who had completed two years of Spanish, despite the added year of instruction. Notwithstanding their low levels of Spanish achievement, all of the students in the study passed the FL courses. These findings may not have been unexpected given that most U.S students live in a largely monolingual social context and are learning an FL in a manner very different from the way in which they had acquired their native language, i.e., learning to speak and comprehend the FL *at the same time* they are learning to read and write the FL rather than acquiring oral competency in their native language, then acquiring literacy several years later.

The assumption that students *must* learn the FL to a certain level of proficiency to pass FL courses has made it easier for some educators to believe that students with disabilities will be unable to fulfill FL course requirements. However, U.S. students enrolled in FL classes do not have to achieve a high level of proficiency in an FL. Instead, they have only to pass the course. Susan Gass, a prominent FL educator and researcher, and her colleagues have acknowledged the following:

> Not all universities have language requirements, but when they do, in most cases, the only requirement is seat time; that is, students are typically required to complete the equivalent of 2 years of a language to graduate. Thus, their actual learning may be somewhat irrelevant as long as they achieve a grade in the class that will allow them to move to the next course. Important to note is

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> that in most programs, students do not need to pass a language proficiency test… (Gass, Van Gorp, & Winke., 2019, p. 217).

The fact that students do not have to learn an FL to a certain level of proficiency and the evidence that students with, at a minimum, average L1 skills can meet curricular expectations in an FL, contradict the assumptions about students' requests for course substitutions and the motivation of educators who have developed substitution policies to support their requests. Most of the students in Sparks et al.'s studies had passed FL courses with average to superior grades *prior to* receiving course substitutions. Yet, these students still requested and were granted course substitutions. Recently, FL researchers have suggested that perseverance of effort, or "grit," specifically for FL learning in general, positively predicts success in language learning (Sudina & Plonsky, 2021). Since students do not have to master an FL to a certain level of proficiency but only have to meet minimal course expectations, it seems likely that many of the students classified as SLD in Sparks et al.'s studies who exhibited average, or better, L1 skills may have lacked persistence and/or support from FL instructors to complete FL courses, and may have been assisted in obtaining course substitutions by educators and disability services personnel who themselves may have been motivated by the erroneous assumption about having to "learn" an FL.

Benefits of participation in FL courses

Even if one does not fully master an FL, participation in FL courses can lead to positive benefits. From their inception, American postsecondary liberal arts colleges expected students to take at least one FL course with the goal of producing graduates who were well-rounded intellectually (Carter, 1942). This educational pillar was supported by the U.S. federal government's call to internationalize the postsecondary curriculum with the goal of producing "graduates with international and FL expertise and knowledge." The goal here was to build international and intercultural competence in students.

A working understanding of another language can be an important asset. Consistent with the belief that participation in FL learning improves students' vocabulary, literacy skills, and grammar knowledge in one's native language, research shows that participation in such courses can lead to improved overall academic performance (Bak, Long, Vega-Mendoza, & Sorace, 2016); heightened phonological, morphological and metalinguistic awareness; enhanced ability to use reading strategies (Muhling & Mady, 2017); and increased literacy skills (Woll & Wei, 2019). Furthermore, second language learning has been shown to improve memory and executive functioning (e.g., Schroeder & Marian, 2012); increase motivation, self-esteem, and confidence (Arnett, 2013a); and enhance problem-solving skills, creativity, and cognitive flexibility to formulate concepts (Alberta Education, 2009). Speaking another language also opens up additional job opportunities and increased earning potential (Alberta Education, 2009; Rios-Font, 2017), with demand for bilingual workers in the U.S. more than doubling between 2010 and 2015, especially in jobs with better pay and benefits (Reisberg, 2017).

In their comprehensive literature review and population survey, Woll and Wei (2019) itemized the demonstrated cognitive and educational benefits of FL learning involvement. Cognitive benefits included improvements in attention and mental alertness, improved creative flexibility, and protection against cognitive decline in later years. In their survey of over 700 adults, respondents had consistently positive views about the benefits of learning an additional language. The vast majority agreed that learning an additional language helps one better understand other cultures, develops

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analytical thinking skills, improves memory skills, and increases school/academic achievement. While very few respondents held negative beliefs about the cognitive benefits of FL learning, the majority acknowledged that learning a new language takes time and effort.

In the current global economy, knowing how to communicate in another language, even at a rudimentary level, can be an advantage, both economically and personally (Reisberg, 2017; Rios-Frost, 2017; Woll & Wei, 2019). It allows one to communicate across cultures, not only by using the correct words but also by developing a deeper understanding of the culture in which the language evolved (Reisberg, 2017; Woll & Wei, 2019). Furthermore, Reisberg notes that understanding an FL may help one to be more tolerant of nonnative English speakers' attempts and to better understand the range and types of errors that can be made when English is not one's native language. Many studies have demonstrated the academic benefits associated with learning an FL. For example, a longitudinal study by Deacon, Wade-Woolley, and Kirby (2007) provided powerful evidence of the transfer of knowledge across languages. Not only did English morphological awareness contribute to reading comprehension in French, but learning about French morphology had a positive impact on the English language reading skills of these students. Sauvé (2007) posited that those who learn to read a second language may receive more explicit instruction in reading strategies, which in turn improves their reading skills in their native language as well.

There is evidence, too, that learning an FL has benefits even for students with learning difficulties. For instance, Kruk and Reynolds (2012) demonstrated that participation in French language learning provided phonological, morphological, and metalinguistic benefits to English-speaking students deemed to be at-risk readers and that their reading skill gains transferred over to English language skills as well as French. Learning French also enhanced the ability of the students to use reading strategies more effectively in both languages. Similarly, Sauvé (2007) found no significant differences in the reading, spelling, arithmetic, or comprehension skills of students with specific reading disorders enrolled in either French immersion or English language programming.

Another potential benefit of participation in FL courses is that students' general aptitude for language learning has the potential to improve. In two studies, Sparks and colleagues (Sparks & Ganschow, 1993; Sparks et al., 1998) found that both at-risk (students with L1 learning difficulties) and not at-risk (average to above average L1 skills) high school FL learners' pre- and posttest performance on a measure of second language (L2) aptitude, the Modern Language Aptitude Test (MLAT; Carroll & Sapon, 1959, 2000), increased by one standard deviation after the completion of a first-year Spanish course. When the MLAT was administered at the end of the second year of Spanish, the results showed that the gains made after one year remained intact. In addition, the students' scores on some L1 measures, e.g., literacy, also showed significant gains.

Additionally, studies have shown that there are many social benefits that occur for students with special education needs who participate in FL study, including increased academic motivation, stronger self-esteem, and enhanced confidence (Arnett, 2013a). In addition, students with SLD who receive appropriate instruction in French as a second language programs can, with proper educational support and accommodation, experience the academic and social benefits of participation in an FL program (Ontario Ministry of Education, 2015). In contrast, no methodologically sound studies exist demonstrating that participation in an FL learning program has adverse consequences for young adults diagnosed with an SLD.

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Conclusions

The weight of the empirical evidence has done little or nothing to dispel educators' assumptions about purported connections between FL learning and SLDs. Given that the evidence failed to support a relationship between SLD (and ADHD) and a hypothesized FL learning disability, are there explanations for educators' widespread and longstanding acceptance of the FL disability concept and the use of FL course substitutions/waivers? In a previous paper (Harrison & Sparks, 2022), the authors suggested that one factor, *concept creep*, defined as the gradual expansion of harm-related concepts, has led to the pathologizing of what were once common, everyday experiences (Haslam, 2016). In this case, having difficulty with FL learning was perceived as a "harm" rather than a common experience encountered by many (if not most) students *without* disabilities in FL classrooms. In that same paper, the authors cited Critical Disability Theory (CDT; Hall, 2019), a social model of disability, and asked whether the meaning of the word *disability* has changed so that disability is not viewed as the consequence of impairment, but instead has expanded to include individuals without impairment who are thought to be in an academic or a social environment that does not meet their perceived needs. The invention of a new disability to pathologize a common phenomenon and the adoption of course substitutions might reflect both concept creep and CDT (see Harrison & Sparks, 2022). However, the proponents of an FL learning disability and their advocacy for course substitutions did not consider that their actions violate the intent of the ADA by excluding disabled individuals from FL courses and creating harm by denying them access to the benefits associated with studying an FL.

Another explanation for the widespread acceptance of a new disability and the granting of FL course substitutions may also reflect a longstanding *narrative* about SLDs that began in the 60s when the term "learning disability" was coined. A narrative is a story, fiction or nonfiction, for which events are selected and presented in a particular order that promotes/represents a specific point of view or value. Over the years, educators have promulgated narratives about new SLDs thought to affect learners, e.g., "stealth dyslexia" (Eide & Eide, 2012), "slow processing speed disabilities" (Braaten & Willoughby, 2014), all of which are false. Similar to children diagnosed as SLD who have substantial impairments in learning to read (often classified as reading disability, or dyslexia), educators settled on a new narrative: students in secondary and postsecondary education who reported problems with FL learning must *de facto* have a heretofore unidentified disability, an FL learning disability. Before determining whether these students were able to pass FL courses if provided with appropriate instruction and academic accommodations (and before any research had been conducted), educators declared the existence of this new disability and decided that these students required course substitutions. By the time the empirical research on students with FL learning problems showed that most students classified as SLD passed FL courses (usually with average or better grades), the false narrative had been established and was deemed to be more important than the evidence. The narrative that students classified as SLD could not pass FL courses and required course substitutions was so powerful that educators chose to ignore the intent of the ADA. Instead of providing accommodations (e.g., tutoring, instructional, and testing accommodations) that would allow students with SLD to be included in and benefit from FL courses, educators and disability services providers chose to exclude these students from FL courses. Excluding the students from FL courses excused disability service providers from having to provide accommodations in FL courses for the SLD students and relieved

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FL instructors from developing methods to teach students, SLD and otherwise, with FL learning problems.

Even so, we think that concept creep and the tenets of Critical Disability Theory were not strong enough for those in positions of authority (e.g., educators, disability advocates, administrators, health professionals) to ignore the plain intent of the ADA for inclusion and sustain the narrative for an FL disability. In our view, the narrative needed something equally or more powerful, in this case, a "virtuous lie." A virtuous lie is a "…false, misleading, or highly contestable claim that is promulgated without qualification as flatly true to serve an emancipatory end despite the fact that evidence of its falsehood is readily available" (Mackey, 2023, p. 174). A virtuous lie is misleading information that is easily debunked but carries with it positive moral power. Revealing the lack of empirical support ignores the ultimate point of a virtuous lie: the lie exists to serve an ostensibly liberating cause. To question the virtuous lie is to question the worthiness of the goal that the lie supports. Virtuous lies are almost always about oppression and inequality; in this case, the student thought to have a "FL learning disability" is said to be oppressed by even having to participate in a course that those in authority believe will be too difficult. In addition, administrators and health professionals assume, without any tangible evidence, that having an SLD will result in an unequal educational outcome when compared with nondisabled students. The strong moral component of the virtuous lie makes it effective and contributes to its acceptance, despite its falsity. In the case of SLD and FL learning disability, the strong moral component of the virtuous lie is important in overcoming the empirical evidence.

Qualifying for disability status is harder for university students than for younger students because most postsecondary students have been successful in secondary education and have likely passed previous FL courses with average or better grades. Likewise, students in secondary education enrolled in FL courses, at least in the U.S., are those who are taking the FL courses as a requirement because they plan on attending college. When evaluated by a clinician, most secondary and postsecondary students will exhibit average or better L1 skills and FL aptitude, the best two predictors of FL achievement (e.g., see Sparks & Dale, 2023). The virtuous lie is a convenient way for clinicians to resolve the problem presented to them by a paying client: despite average L1 skills, no history of learning problems, and success in previous FL courses, the clinician ignores the published DSM-5 criteria and "diagnoses" the student with a "new" FL SLD that purportedly explains the reported problems with FL learning (see Harrison & Sparks, 2022). The clinician is most likely unaware that a diagnosis of SLD is not only unrelated to FL learning problems but also is not a predictor of who will experience inordinate problems in FL courses. Provision of the diagnosis of an SLD is often done without any actual evaluation of the client's L1 achievement skills or FL learning aptitude, or with consideration that remediation, accommodations, and/or academic supports might allow the student to participate in and benefit from FL learning opportunities. Instead, provision of a course substitution (or waiver) is the fallback recommendation. The remedy of granting course substitutions is thought to "liberate" students with a disability label from the oppression of the FL course requirement and put them on equal footing with their nondisabled peers, i.e., course substitutions are thought to "level the playing field." However, granting course substitutions puts the disabled student on a level *above* their nondisabled peers because only the disabled students have access to alternative graduation pathways. Providing accommodations and/or academic supports for the FL courses would have leveled the playing field.

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The evidence reported here (and included in the Appendix) contradicting the notion of an FL learning disability has been available to educators for many years. However, this evidence has been no match for a virtuous lie that has sustained the narrative for the FL learning disability concept and the practice of course substitutions and exemptions. The history of FL learning disability is a reminder of how *language* can determine how a narrative is framed. If self-reported *difficulties* are instead called a *disability*, the mental and moral calculus changes. *Difficulties* are something that everyone experiences. *Disability* is different than a *difficulty*. *Disability* can be wielded as a linguistic weapon because it carries the force of law. Not unexpectedly, the effort to characterize FL *difficulties* as a *disability* was so successful that it achieved the status of a myth, something much more important than whether the claim of disability is true or false. Even when the myth of a relationship between FL learning difficulties, self-reported or otherwise, and classification as SLD was falsified and exposed, the narrative remained unchanged, and the myth persisted.

While outside the scope of the current paper, the information reviewed here points to a need to evaluate critically the current diagnostic and academic accommodation systems in educational institutions, to ensure that policies are based on evidence, not myth. Future research should focus on the problems with current accommodation policies and their shortcomings, specifically those that demonstrate systemic ableism by institutionalizing practices that fail to consider or accommodate diverse ways of learning and participation in FL classrooms. Reliance on flawed diagnostic processes perpetuates inequities in education, specifically in the FL classroom.

Supplementary material. The supplementary material for this article can be found at http://doi.org/10.1017/S0272263125101071.

Epilogue. If substitutions and exemptions are given to students with SLDs only in FL courses, the practice undermines the value of FL courses for other students, essentially admitting that the reason behind the compulsory participation is bureaucratic rather than pedagogical. It also demeans the time and cost that non-SLD students have had to invest in such courses. Either FL courses are essential to a well-rounded education, or they are not. If they are essential, then the only reasonable thing to do is to provide appropriate accommodations and effective teaching for students classified as disabled or those with severe FL learning problems, rather than providing course substitutions or waiving the requirement.

Competing interests. The authors declare no competing interests.

References

Aaron, P. G. (1997). The impending demise of the discrepancy formula. *Review of Educational Research*, *67*, 461–502. https://doi.org/10.3102/00346543067004461

ADA National Network (2017). *Postsecondary Institutions and Students with Disabilities.* https://adata.org/factsheet/postsecondary

Alberta Education. (2009). *What school administrators need to know about the inclusion of students with diverse needs in French immersion schools*. Author.

Algozzine, B., & Ysseldyke, J. (1983). Learning disabilities as a subset of school failure: The over-sophistication of a concept. *Exceptional Children*, *50*(3), 242–246. https://doi.org/10.1177/001440298305000307

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed). Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Author.

Americans with Disabilities Act. (1990). Public Law 101-336, 42 U.S.C. 12111, 12112.

https://doi.org/10.1017/S0272263125101071 Published online by Cambridge University Press

Americans With Disabilities Act Amendments Act of 2008. Pub. L. No. 110-325, 122 Stat. 3553 (2008).
Arries, J. (1999). Learning disabilities and foreign languages: A curriculum approach to the design of inclusive courses. *The Modern Language Journal*, *83*(1), 98–110. https://doi.org/10.1111/0026-7902.00008
Arnett, K. (2013a). French second language exemptions: Should students with learning difficulties be excused from French? *Canada Education*. http://www.cea-ace.ca/education-canada/article/french-second-language-exemptions
Arnett, K. (2013b). The genesis and perpetuation of exemptions and transfers from French second language programs for students with diverse learning needs: A preliminary examination and their link to inclusion. In C. Mady (Ed.), *Minority populations in Canadian second language education* (pp. 103–117). Toronto, ON: Multilingual Matters.
Bak, T., Long, M., Vega-Mendoza, M., & Sorace, A. (2016). Novelty, challenge, and practice: The impact of intensive language learning on attentional functions. *PLOS ONE 11*(4), e0153485. https://doi.org/10.1371/journal.pone.0153485
Binder, L., Iverson, G., & Brooks, B. (2009). To err is human: "Abnormal" neuropsychological scores and variability are common in healthy adults. *Archives of Clinical Neuropsychology*, *24*(1), 31–46. https://doi.org/10.1093/arclin/acn001
Blanck P. (2023). On the importance of the Americans with Disabilities Act at 30. *Journal of Disability Policy Studies*, *2023*(34), 176–198.
Braaten, E., & Willoughby, B. (2014). *Bright kids who can't keep up: Help your child overcome slow processing speed and succeed in a fast-paced world*. Guilford.
Bruck, M. (1975). *The effects of French immersion programs on children with language disabilities. A Preliminary Report*. (Working Papers on Bilingualism, No. 5).
Canadian Human Rights Act (R.S.C., 1985, c. H-6).
Carroll, J., & Sapon, S. (1959, 2000). *Modern Language Aptitude Test (MLAT): Manual*. Psychological Corp., Republished by Second Language Testing, Inc. http://www.2LTI.com
Carter, B. (1942). Foreign Languages and some objectives of the liberal arts college. *The Modern Language Journal*, *26*(6), 424–430. https://doi.org/10.2307/31616
Centers for Disease Control and Prevention (2024). *Disability inclusion strategies*. https://www.cdc.gov/disability-inclusion/strategies/index.html#:~:text=The%20Americans%20with%20Disabilities%20Act%20(ADA)%20of%201990%2C%20as,discrimination%20against%20people%20with%20disabilities.&text=Reducing%20barriers
Cohen, J. (1983). Learning disabilities and the college student: Identification and diagnosis. In M. Sugar (Ed.), *Adolescent Psychiatry: Developmental and clinical studies*, *Vol. 2*. University of Chicago Press.
Deacon, S., Wade-Woolley, L., & Kirby, J. (2007). Crossover: the role of morphological awareness in French immersion children's reading. *Developmental Psychology*, *43*(3), 732–746. https://doi.org/10.1037/0012-1649.43.3.732
Dinklage, K. (1971). Inability to learn a foreign language. In G. Blaine & C. McArthur (Eds.), *Emotional problems of the student* (pp. 185–206). Appleton Century Crofts.
Dombrowski, S., Kamphaus, R., & Reynolds, C. (2004). After the demise of the discrepancy: Proposed learning disabilities diagnostic criteria. *Professional Psychology: Research and Practice*, *35*(4), 364. doi: 10.1037/0735-7028.35.4.364
Downey, D., & Snyder, L. (2001). College students with LLD: The phonological core as risk for failure in foreign language classes. *Topics in Language Disorders*, *21*(1), 82–92.
Eide, B., & Eide, F. (2012). *The dyslexic advantage: Unlocking the hidden potential of the dyslexic brain*. Penguin.
Elliott, J., & Grigorenko, E. (2024). *The dyslexia debate revisited*. Cambridge University Press.
Esposito, C., Madaus, J., & Dukes, L. (2023). An overview of accessibility services for students with disabilities in higher education in the United States. In J. Madaus & L. Dukes (Eds.), *Handbook on Higher Education and Disability* (pp. 87–100). Edward Elgar Publishing.
Fisher, E. (1986). Learning disability specialist looks at foreign language instruction. *Hilltop Spectrum 4*(1): 1–3.
Flanagan, D., Fiorello, C., & Ortiz, S. (2010). Enhancing practice through the application of Cattell-Horn-Carroll theory and research: A "third method" approach to specific learning disability identification. *Psychology in the Schools*, *47*(7), 739–760. https://doi.org/10.1002/pits.20501

https://doi.org/10.1017/S0272263125101071 Published online by Cambridge University Press

Fletcher, J., & Miciak, J. (2017). Comprehensive cognitive assessments are not necessary for the identification and treatment of learning disabilities. *Archives of Clinical Neuropsychology*, *32*(1), 2–7. https://doi.org/10.1093/arclin/acw103

Forsbach-Rothman, T., Padró, F., & Rice-Mason, J. (2005). Course substitution practices, policies, and implications for students with disabilities. *NACADA Journal*, *25*(1), 17–25. https://doi.org/10.12930/0271-9517-25.1.17

Freed, B. (1987). Exemptions from the foreign language requirement: A review of recent literature, problems, and policy. *ADFL Bulletin*, *18*(2), 13–17.

Gajar, A. 1987. Foreign language learning disabilities: The identification of predictive and diagnostic variables. *Journal of Learning Disabilities*, *20*(6): 327–330. https://doi.org/10.1177/002221948702000604

Ganschow, L., Myer, B., & Roeger, K. (1989). Foreign language policies and procedures for students with specific learning disabilities. *LD Focus*, *5*, 50–58.

Ganschow, L., Sparks, R., Javorsky, J., Pohlman, J., & Bishop-Marbury, A. (1991). Identifying native language difficulties among foreign language learners in college: A" foreign" language learning disability? *Journal of Learning Disabilities*, *24*(9), 530–541. https://doi.org/10.1177/002221949102400905

Gass, S., Van Gorp, K., & Winke, P. (2019). Using different carrots: How incentivization affects proficiency testing outcomes. *Foreign Language Annals*, *52*(2), 216–236. https://doi.org/10.1111/flan.12389

Government of Canada (2013). *Federal Disability Reference Guide.* http://www12.hrsdc.gc.ca

Government of Canada (2022). *Canada's Disability Inclusion Action Plan.* https://www.canada.ca/en/employment-social-development/programs/disability-inclusion-action-plan/action-plan-2022.html

Hall, M. (Winter, 2019). Critical disability theory. In E. Zalta (Ed.), The Stanford Encyclopedia of Philosophy. https://plato.stanford.edu/archives/win2019/entries/disability-critical/

Hallahan, D., & Mercer, C. (2002). Learning disabilities: Historical perspectives. In R. Bradley, L. Danielson, & D. Hallahan (Eds), *Identification of learning disabilities* (pp. 1–67). Routledge.

Harrison, A. G. (2017). Clinical, ethical, and forensic implications of a flexible threshold for LD and ADHD in postsecondary settings. *Psychological Injury and Law*, *10(2)*, 138–150. https://doi.org/10.1007/s12207-017-9291-9

Harrison, A. G., & Holmes, A. (2012). Easier said than done: Operationalizing the diagnosis of Learning Disability for use at the post-secondary level in Canada. *Canadian Journal of School Psychology*, *27 (1)*, 12–34. https://doi.org/10.1177/0829573512437021

Harrison, A. G., Lovett, B., Keiser, S., & Armstrong, I. (2021). Learning disability documentation submitted by osteopathic medical students. *Applied Neuropsychology: Adult*, *28*, 245–256. https://doi.org/10.1080/23279095.2019.1627358

Harrison, A.G., & McCarron, M. (2023). Supports and services for students with disabilities in postsecondary education in Canada. In J. Madaus & L. Dukes (Eds.), *Handbook on Higher Education and Disability* (pp. 52–63). Edward Elgar Publishing.

Harrison, A.G., & Sparks, R. (2022). Disability diagnoses: Seven sins of clinicians. *Psychological Injury and Law*, *15*(3), 268–286. https://doi.org/10.1007/s12207-022-09449-x

Haslam, N. (2016). Concept creep: Psychology's expanding concepts of harm and pathology. *Psychological Inquiry*, *27*(1), 1–17. https://doi.org/10.1080/1047840X.2016.1082418

Inclusive Education Canada (2020). What is inclusive education? https://inclusiveeducation.ca/about/what-is-ie/

Kavale, K., & Forness, S. (1998). The politics of learning disabilities. *Learning Disability Quarterly*, *21*(4), 245–273. https://doi.org/10.2307/1511

Keeney, L. & Smith, N. (1984). Foreign language modifications for disabled students - The campus response. *AHSSPPE Bulletin*, *2*(1): 4–5.

Kelman, M., & Lester, G. (1997). *Jumping the queue: An inquiry into the legal treatment of students with learning disabilities*. Harvard University Press.

Kirk, S. (1963). Behavioral diagnosis and remediation of learning disabilities. In *Proceedings of the annual meeting: Conference on exploration into the problems of the perceptually handicapped child* (Vol. *1*, pp. 1–7). Evanston, IL.

Kravets, M., & Wax, I. (1991, 2012). *The K & W guide to college programs and services for students with learning disabilities or AD/HD* (11th ed.). Random House.

Kruk, R., & Reynolds, K. (2012). French immersion experience and reading skill development in at-risk readers. *Journal of Child Language*, *39*(3), 580–610. doi:10.1017/S0305000911000201

https://doi.org/10.1017/S0272263125101071 Published online by Cambridge University Press

LeBlanc, R. (1990). *The National Core French Study: A synthesis*. The Canadian Association of Second Language Teachers.

Lovett. B., Gordon M., & Lewandowski L. (2009). Measuring impairment in a legal context: Practical considerations in the evaluation of psychiatric and learning disabilities. In S. Goldstein & J. Naglieri (Eds.), *Assessing impairment: From theory to practice* (pp. 93–103). Springer.

Mackey, J. (2023). Virtuous lies, vicious politics. *American Affairs*, *7*(3), 174–184.

Maddocks, D. (2018). The identification of students who are gifted and have a learning disability: A comparison of different diagnostic criteria. *Gifted Child Quarterly*, *62*(2), 175–192. https://doi.org/10.1177/0016986217752096

Maki, K., Floyd, R., & Roberson, T. (2015). State learning disability eligibility criteria: A comprehensive review. *School Psychology Quarterly*, *30*(4), 457. http://doi.org/10.1037/spq0000109

Miciak, J., Fletcher, J., Stuebing, K., Vaughn, S., & Tolar, T. (2014). Patterns of cognitive strengths and weaknesses: Identification rates, agreement, and validity for learning disabilities identification. *School Psychology Quarterly*, *29*(1), 21. https://doi.org/10.1037/spq0000037

Moats, L., & Lyon, G. R. (1993). Learning disabilities in the United States: Advocacy, science, and the future of the field. *Journal of Learning Disabilities*, *26*(5), 282–294. https://doi.org/10.1177/002221949302600501

Muhling, S., & Mady, C. (2017). Inclusion of students with special education needs in French as a second language programs: A review of Canadian policy and resource documents. *Canadian Journal of Educational Administration and Policy*, *183*, 15–29.

Ontario Ministry of Education (2015). *Including students with special education needs in French as a second language programs: A guide for Ontario schools.* https://files.ontario.ca/edu-1_3/edu-including-students-special-needs-fsl-en-2021-11-18.pdf

Pappas, S. (2020). Despite the ADA, equity is still out of reach: Psychologists are intensifying efforts to improve health care, justice, employment and more for people with disabilities, *Monitor on Psychology*, *51*(8), 38. https://www.apa.org/monitor/2020/11/feature-ada

Pijanowski, J, & Brady, K. (2021). Defining social justice in education. In Mullen, C. (Eds.), *Handbook of Social Justice Interventions in Education*. Springer International Handbooks of Education. https://doi.org/10.1007/978-3-030-35858-7_106

Pimsleur, P., Sundland, D., & McIntyre, R. (1964). Underachievement in foreign language learning. *International Review of Applied Linguistics*, *2*, 43–50.

Pompian, N., & Thum, C. 1988. Dyslexic/learning disabled students at Dartmouth College. *Annals of Dyslexia 38*, 276–284.

Privitera, G., Agnello, J., Walters, S., & Bender, S. (2015). Randomized feedback about diagnosis influences statistical and clinical significance of self-report ADHD assessment in adults. *Journal of Attention Disorders*, *19(*5), 447–451. https://doi.org/10.1177/1087054712461178

Reisberg, L. (2017). Foreign language study should be mandatory! *Inside Higher Ed.*, March 13. https://www.insidehighered.com/blogs/world-view/foreign-language-study-should-be-mandatory

Rios-Font, W. (2017). Proficiency or exposure? Rethinking foreign language requirements within college curriculum reviews. *Hispania*, *100*(1), 16–29. https://www.jstor.org/stable/26387673

Roberts, B. (2012). Beyond psychometric evaluation of the student—Task determinants of accommodation: Why students with learning disabilities may not need to be accommodated. *Canadian Journal of School Psychology*, *27*(1), 72–80. https://doi.org/10.1177/0829573512437171

Sauvé, D. (2007). *The suitability of French immersion education for students with reading disabilities.* [Doctoral dissertation, McGill University].

Schroeder, S., & Marian, V. (2012). A bilingual advantage for episodic memory in older adults. *Journal of Cognitive Psychology*, *24(*5), 591–601. https://doi.org/10.1080/20445911.2012.669367

Senf, G. (1987). Learning disabilities as sociologic sponge: Wiping up life's spills. In S. Vaughn & C. Bos (Eds.), *Research in Learning Disabilities: Issues and Future Directions* (pp. 87–101). College-Hill.

Shaw, R. (1999). The case for course substitutions as a reasonable accommodation for students with foreign language learning difficulties. *Journal of Learning Disabilities*, *32*, 320–328. https://doi.org/10.1177/002221949903200406

Siegel, L. (1989). IQ is irrelevant to the definition of learning disabilities. *Journal of Learning Disabilities*, *22*(8), 469–478. https://doi.org/10.1177/002221948902200803

https://doi.org/10.1017/S0272263125101071 Published online by Cambridge University Press

Sims, R., Michaleff, Z., Glasziou, P., & Thomas, R. (2021). Consequences of a diagnostic label: A systematic scoping review and thematic framework. *Frontiers in Public Health*, *9*, 725877. https://doi.org/10.3389/fpubh.2021.72587

Sparks, R. (2001). Foreign language learning problems of students classified as learning disabled and nonlearning disabled: Is there a difference? *Topics in Language Disorders*, *21*, 38–54.

Sparks, R. (2006). Is there a 'disability' for learning a foreign language? *Journal of Learning Disabilities*, *39*, 544–557. https://doi.org/10.1177/00222194060390060601

Sparks, R. (2009). If you don't know where you're going, you'll wind up somewhere else: The case of "foreign language learning disability." *Foreign Language Annals*, *42*, 7–26. https://doi.org/10.1111/j.1944-9720.2009.01005.x

Sparks, R. (2016). Myths about foreign language learning and learning disabilities. *Foreign Language Annals*, *49*(2), 252–270. https://doi.org/10.1111/flan.12196

Sparks, R. (2023). Foreign language learning and learning disabilities: An historical, empirical, and cultural perspective for policies and procedures. *Journal of Disability Policy Studies*, https://doi.org/10.1177/10442073231177384

Sparks, R., Artzer, M., Javorsky, J., Patton, J., Ganschow, L., Miller, K., & Hordubay, D. (1998). Students classified as learning disabled (LD) and non-learning disabled students: Two comparison studies of native language skill, foreign language aptitude, and foreign language proficiency. *Foreign Language Annals*, *31*, 531–551. https://doi.org/10.1111/j.1944-9720.1998.tb00598.x

Sparks, R., Artzer, M., Patton, J., Ganschow, L., Miller, K., Hordubay, D., & Walsh, G. (1998). Benefits of multisensory language instruction for at-risk learners: A comparison study of high school Spanish students. *Annals of Dyslexia*, *48*, 239–270. https://doi.org/10.1007/s11881-998-0011-8

Sparks, R., & Dale, P. (2023). The prediction from MLAT to L2 achievement is primarily due to underlying L1 abilities. *Studies in Second Language Acquisition*, *45*(5), 1345–1369. doi:10.1017/S0272263123000037

Sparks, R., & Ganschow, L. (1993). The effects of a multisensory structured language approach on the native and foreign language aptitude skills of at-risk learners: A replication and follow-up study. *Annals of Dyslexia*, *43*, 194–216. https://doi.org/10.1007/BF02928182

Sparks, R., Ganschow, L., Javorsky, J., Pohlman, J., & Patton, J. (1992). Test comparisons among hi-risk, low-risk, and learning disabled students enrolled in foreign language courses. *Modern Language Journal*, *76*, 142–159. https://doi.org/10.2307/329768

Sparks, R., & Lovett, B. (2009). Objective criteria for classification of postsecondary students as learning disabled: Effects on prevalence rates and group characteristics. *Journal of Learning Disabilities*, *42*, 230–239. https://doi.org/10.1177/0022219409338746

Sparks, R., Luebbers, J., & Castañeda, M. (2017). How well do U.S. high school students achieve in Spanish when compared to native Spanish speakers? *Foreign Language Annals*, *50* (2), 339–366. doi: 10.1111/flan.12268

Sparks, R., Philips, L., & Ganschow, L. (1996). Students classified as learning disabled and the college foreign language requirement: A case study of one university. In J. Liskin-Gasparro (Ed.), *Patterns and policies: The changing demographics of foreign language instruction* (pp. 123–159). Heinle and Heinle.

Stanovich, K. (1989). Has the learning disabilities field lost its intelligence? *Journal of Learning Disabilities*, *22*(8), 487–492. https://doi.org/10.1177/002221948902200807

Stanovich, K. (1991). Discrepancy definitions of reading disability: Has intelligence led us astray? *Reading Research Quarterly*, 7–29. https://doi.org/10.2307/747729

Stanovich, K. (1999). The sociopsychometrics of learning disabilities. *Journal of Learning Disabilities*, *32*(4), 350–361. https://doi.org/10.1177/002221949903200408

Stanovich, K. (2005). The future of a mistake: Will discrepancy measurement make the learning disabilities field a pseudoscience? *Learning Disability Quarterly*, *28*, 103–106. https://doi.org/10.2307/1593604

Stein, M. (2004). Same struggle, different difference: ADA accommodations as antidiscrimination. *University of Pennsylvania Law Review*, *153 (2)*, 579–673. doi: 10.2307/4150664

Stuebing, K., Fletcher, J., LeDoux, J., Lyon, G., Shaywitz, S., & Shaywitz, B. (2002). Validity of IQ-discrepancy classifications of reading disabilities: A meta-analysis. *American Educational Research Journal*, *39*, 469–518. https://doi.org/10.3102/00028312039002469

Stuebing, K., Fletcher, J., Branum-Martin, L., Francis, D., & VanDerHeyden, A. (2012). Evaluation of the technical adequacy of three methods for identifying specific learning disabilities based on cognitive discrepancies. *School Psychology Review*, *41*(1), 3–22. https://doi.org/10.1080/02796015.2012.12087373

https://doi.org/10.1017/S0272263125101071 Published online by Cambridge University Press

Sudina, E., & Plonsky, L. (2021). Academic perseverance in foreign language learning: An investigation of language-specific grit and its conceptual correlates. *Modern Language Journal*. https://doi.org/10.1111/modl.12738

Suhr, J. & Gunstad, J. (2002). "Diagnosis threat": The effect of negative expectations on cognitive performance in head injury. *Journal of Clinical and Experimental Neuropsychology*, *24*(4), 448–457. https://doi.org/10.1076/jcen.24.4.448.1039

Trites, R. (1976). Children with learning difficulties in primary French immersion. *The Canadian Modern Language Review*, *33(2)*, 193–207. https://doi.org/10.3138/cmlr.33.2.193

Trites, R., & Price, M. (1976). *Learning disabilities found in association with French immersion programs*. Toronto Ministry of Education.

Trites, R., & Price, M. (1977). *Learning disabilities found in association with French immersion programming: A cross validation*. Toronto Ministry of Education.

UN General Assembly, *Convention on the Rights of Persons with Disabilities: Resolution/adopted by the General Assembly*, A/RES/61/106, 24 January 2007, https://www.refworld.org/legal/resolution/unga/2007/en/49751

U.S. Department of Education (2011). *Students with disabilities preparing for postsecondary education: Know your rights and responsibilities*. U.S. Department of Education, Office for Civil Rights, Washington, D.C.

U.S. Office of Education. (1978). *Definition and criteria for defining students as learning disabled*. *Federal Register*, *42:*250, p. 65083, Washington, DC: U.S. Government Printing Office.

Weis, R., Erikson, C. & Till, C. (2016). When average is not good enough: Students with learning disabilities at selective, private colleges. *Journal of Learning Disabilities*, *50*(6), 684–700. https://doi.org/10.1177/0022219416646706

Wight, M. (2014). Students with learning disabilities in the foreign language learning environment and the practice of exemption. *Foreign Language Annals*, *48*, 39–55. https://doi.org/10.1111/flan.12122

Woll B., & Wei L. (2019). *Cognitive benefits of language learning: Broadening our perspectives. Final Report to the British Academy*. The British Academy.

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