Who are bimodal bilinguals?
Bimodal bilinguals are individuals who have received early exposure to languages in two different modalities: signed and spoken. This group includes both hearing children of deaf parents (kodas) and, increasingly, cochlear implanted children who are learning both signed and spoken language.

Project background
Previous research on sign language development has focused on deaf children of deaf parents, trying to learn what natural and "ideal" development in ASL looks like. This project extends the domain of study to include hearing children of deaf parents (kodas), and deaf children with cochlear implants who are learning ASL. Investigations of these bimodal bilingual children offers us a more comprehensive picture of ASL acquisition. For instance, we already know from studies of bilinguals learning two spoken languages that they use a lot of mixing and code-switching from very early ages. This mixing is normal, but it requires us to revise our theories of language development, which are based on acquisition of one language only. This project aims to make a careful and systematic study of the language of bimodal bilinguals, so we can compare this with (1) monolingual ASL development by Deaf children and (2) monolingual English development by hearing children. This is especially important because some educators still worry that bilingualism can cause language delays in children, and they cite mixing as support for their argument. Many parents of bimodal bilinguals have fascinating stories about how their children use ASL and English together in creative, innovative ways, and we feel intuitively that these children are not "confused," they are simply using normal code mixing. Ultimately, we hope that if people understand how mixing works in natural koda language, they will no longer see it as a sign of confusion or language delay.

What this project involves - longitudinal data collection
When a family agrees to participate in our study, we agree on the best time and location for weekly filming sessions. Sometimes we film at the child’s home; in other cases we arrange to film at school or at one of our labs. The filming is generally done by our trained researchers. Sometimes parents play with the child as we film, and sometimes a researcher plays with the child. We have age-appropriate toys and books and encourage the child to interact with us. We never push the children to speak or sign, because we want to get a natural sample of their normal language use. Filming sessions last for about an hour, sometimes less if the child is very young, or tired, or cranky. We feel it's important to keep the visits easy-going and fun. We start filming children as early as the age of 1-1.5, up to about 4.5, with the exact ages varying according to the family’s situation. We are looking for families willing to make a commitment to continue in the project for two to three years. Families are paid $20 after each filming session. During the summer or vacation times, we often arrange with parents to film themselves. Although it's important for us to keep as much as possible to a regular filming schedule, we know that parents are giving us a lot by welcoming us into their homes every week, so we do everything we can do accommodate their vacation and family schedules.
Criteria for participants

This project includes both hearing and implanted participants. We are currently recruiting young implanted children for long-term commitment who:

• receive input in both ASL and English on a regular basis (either from home or school)
• have or are scheduled to receive a cochlear implant by two years of age
• will be between 1 and 3 years old at the start of filming
• are talkative, enjoy interaction with other people (including people outside the family)
• have no known health complications or learning disabilities (to keep the data as consistent as we can)
• are available for the long term on a weekly basis (again, we are flexible)
• are *not* receiving regular exposure to a third or fourth language

Who to contact

If you are interested in this project and would like more information, please contact the principal investigator closest to you:

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This project has been approved by the Gallaudet and UConn Institutional Review Boards (IRB) for the protection of human participants.