

Phase 5 for Arabic

Advanced Language Learning:

Phase 5 of the Growing Participant Approach

More Than 500 Hours of Native-to-Native Speech and Reading and Writing

Adapted by B. C. for Arabic from Greg Thomson's Materials

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Goals:

- 500 hours or more of language* sessions
- An additional 3500-4000 words in the GP's "iceberg," so that he can understand most of what people say in the target language, even if they are speaking to each other and not directly to him
- To become more fluent in speaking about a wide range of topics
- To understand more of the local culture
- To gain a foundation in reading and writing in areas that will help the GP with his present or future work and life in the country. This may take longer than 500 hours in Arabic, because the written language is so different than the spoken language. GPs need to set reasonable goals (perhaps with the help of their supervisor or a language learning adviser) and continue until they reach those goals. A few examples of possible goals for reading and writing in phase 5 (there are many others the GP might choose): to be able to read and understand a children's story written in MSA; to be able to read and understand the headlines in the newspaper; to be able to read and understand a religious text that interests the GP; to be able to fill out a basic government form; to be able to send text messages in Arabic and understand text messages that are sent to the GP; to be able to read and understand a computer magazine (or a medical booklet, or a women's magazine, etc., depending on the GP's work and interests); to be able to write a note to someone; to be able to decipher a handwritten personal letter (the GP can start working on this in phase 5, and continue in phase 6); etc.

[*Note that the "language sessions" will always include a growing understanding of local culture, which is closely connected with the language, and which is always explained in the target language.]

Speech and Comprehension:

The most difficult level of normal speech for GPs to understand is when native speakers talk to each other. In talking to a GP, most native speakers will simplify their language somewhat. But when they talk to each other, they do not do this. If a GP wants to be truly comfortable in a

culture, and to understand what is happening around him, he needs to learn to understand native-to-native speech.

To help him do that, the Nurturer will need to find or make recordings of native speakers talking together about various topics. The first recordings used may be simple, like a mother telling a story to a child. Then the Nurturer and GP should move to recordings of people discussing topics the GP is already familiar with, and then to unfamiliar topics. The recordings should be made when the GP is not present, so that the discussion is not in any way adapted to the GP.

In language sessions, the GP and the Nurturer listen to these recordings together and massage them. (The GP stops the recording whenever he does not understand something; they negotiate meaning in the target dialect until he understands; new words, phrases, and structures are added to the word log; and they continue listening to the recording.) The GP listens repeatedly to the recordings at home.

At this point the GP may be ready to start listening to material in other dialects that are common in the country where he lives; some recordings may be made in those dialects (similar to the one he is learning) so he can begin learning to understand a wider variety of spoken language. Recordings of radio and television programs in the target dialect or similar local dialects may also be used in the same way.

Reading and Writing:

At this stage, if the GP chooses to learn reading and writing, he can begin to focus on materials written for native speakers. Start with familiar stories such as those used in phase 3, simple story books written for children, or kindergarten and first grade school textbooks. If there is vowelized material available, use that first. Then progress to more difficult materials. See the following list. (If the GP did not begin reading and writing in phase 4, at this time the Nurturer will need to teach him the shapes of the letters and how to connect them. The shapes of the letters can be reviewed with the Dirty Dozen as in Phase 1.)

Procedure for Written Materials in Phase 5

The Nurturer reads the material aloud while the GP records. (The GP should not look at the material while the Nurturer reads.)

Massage the recording until the GP understands all the vocabulary. Negotiate meaning using whatever words the GP knows in the target language.

Optional step: The GP reads the story aloud with the Nurturer's help. The GP asks about any words or phrases he didn't get from massaging the recording. (The GP may want to do this until he gets comfortable with a certain type of material. For instance, he may want to read children's stories in class until that becomes easy for him, then he can read the stories at home and not in class. But after that if he starts newspaper reading, for example, he may want to again read

newspapers aloud in class until he becomes more comfortable with that skill, and then read the newspapers at home on his own rather than in class.)

At home, the GP listens repeatedly to the recording and reads the material again, possibly as he listens. He should try to read it aloud to himself. If he finds this too difficult, he can read it aloud in the next language session so that the Nurturer can help him with reading. (The Nurturer may also, at this time, help him with pronunciation, and give him ideas on reading text without vowels.) Do not waste time in language sessions with the GP reading aloud materials he could easily read aloud by himself for practice; do it only if he needs help from the Nurturer.

At more advanced stages, when the GP can read fairly easily, the GP and Nurturer may read some material together, perhaps taking turns, and message it as they read it. Or they can both read the material before the language session and then discuss it together. But they still need to be using some oral recorded materials such as radio or television programs.

During Phase 5 the GP should start reading some materials by himself, outside of the language sessions. He might choose to read parallel classics (simplified classic stories written with Arabic on one page and English on the next) or other stories of which he can understand at least 95%.

Grammar in Phase 5:

During Phase 5, the GP may find it helpful to get an introduction to the ten forms of Arabic words. He might read this from a textbook or find someone to explain to him the ten forms, and perhaps some other practical grammatical information. The GP should not spend a lot of time on this, and it should probably be done outside of his language sessions. He is looking for an explanation that helps him to better recognize the patterns of the words he is hearing and reading, and more quickly figure out the meanings of new words. He should not try to memorize these forms or other points of grammar, but may write them down to use occasionally as a reference. He might need to be familiar with the ten forms in the future so that he will be able to use a dictionary, after finishing phase 5.

Throughout Phase 5, the Nurturer may also need to explain various other aspects of grammar, particularly as the GP reads and writes in MSA. These explanations should be done in the target language and should generally be brief and practical. Or, the GP may want to read about these principles himself from a textbook in English or another language, outside of his language sessions. He should continue to focus only on grammar that has naturally arisen from what he is trying to say, understand, read, or write. After a point of grammar has been briefly explained, the GP will probably continue encountering it and it will be reinforced and move up in his iceberg.

Doing a "Record for Feedback/Correction," as described in the Appendix, can help identify grammar issues that are still difficult for the GP, so he can focus on those.

The GP can sometimes practice new grammar patterns with Input and Output Flooding, using busy pictures, when he needs to. This may sometimes have a written part, for grammar that is mostly used in MSA. For example, if he comes across the dual form of verbs (The two boys walked, the

two girls ran, etc.) in something he is reading, the Nurturer can explain briefly, in Arabic, that the ending of the verb is because two are doing the action. Then the Nurturer might locate (or write) a simple story about two people, which he and the GP could message together. Then, for homework, the GP might write his own story about two people. A Nurturer or GP or LLA might also create a set of pictures to practice different grammatical structures (such as pictures of two people doing various actions).

Writing Assignments:

The Nurturer in phase five will need to assign the GP to write at home, and then the Nurturer will correct the GP's writing. Assignments might include filling out a form (after the GP has read and discussed completed forms); writing a personal letter, preferably a real letter to a real person (after the GP has read and discussed models of letters or real letters the Nurturer wrote); writing a journal about his daily activities, thoughts, and feelings; writing a summary of something the GP read; taking notes on a television show, news broadcast, lecture, etc. (after the GP has massaged television programs or news broadcasts and is listening to and understanding them at home by himself); dictation exercise taken from something the GP has read and massaged in a language session; writing an explanation of how to do a familiar task (how to take local transportation, how to make tea, etc.); writing a simple story; writing a news report about something that happened recently, perhaps something he read about in the newspaper, in a language session, or listened to a news report about; essays about a topic the GP is interested in or that relates to his work; etc. The Nurturer and the GP should discuss what the GP's goals are—what kind of writing he or she may need to do for their job or want to do for other purposes, and focus on those types of writing. The GP should learn to write on an appropriate level for the type of writing. For instance, a personal journal might be written in less formal language, while a form might be completed in more formal language—the Nurturer should try to help the GP understand what is appropriate. Start with simple, short assignments, then move to more difficult ones. Do NOT assign translation from English into Arabic or from Arabic into English unless the GP requests that kind of assignment because of his future plans or needs. However, it might be a helpful exercise if the GP reads something in English and then attempts to clearly explain it to the Nurturer in Arabic.

Nurturers, please, NEVER ask a GP to go home and transcribe (put into writing) an oral source such as a television recording or a recording of a conversation. Instead, all oral sources should be listened to together, massaged (stopping and discussing parts the GP did not understand), then listened to by the GP repeatedly at home.

Other Activities:

Hole-Finding: GPs should continue to look for "holes" in their language ability and try to fill them. They should keep lists of topics they find difficult to talk about, and try to talk about those topics repeatedly with different people. The GP might want to carry a notebook with him to write down

these “holes” as he notices them when he is talking with people. The GP or the Nurturer should try to get recordings of native-to-native conversations about these topics for use in language sessions.

Use “Record for Feedback/Correction,” as described in the appendix, to find areas the GP needs to focus on. This may point out areas of grammar, vocabulary, culture, or other areas that the GP needs to focus on. The GP may want to do one of these about once a month during Phase 5.

The GP still needs to speak a lot, and may try giving a speech, more complex role-playing (these may focus on how to be polite and speak appropriately in different situations), detailed observations as in phase 4, and discussions focused on topics that the GP is interested in or that relate to his long-term work.

See also other supplementary activities described in the Phase 4 manual, such as an advanced picture story book, or a new phase 3 story in MSA and in dialect.

Resources Needed for Phase 5

Please try to get a variety of resources from ALL of these categories. This is in approximate order from easiest to hardest, but both oral and written materials should be used every week. Each week should include materials in local dialects and materials in MSA. Use audio, video, and printed materials written for Arabs. Include a variety of styles of language, from very colloquial, to formal spoken language, to academic written language. Both the GP and the Nurturer can gather materials to use and to share with others.

To choose which source is appropriate for a GP, the GP should already understand at least 95% of the words in the source; if the GP has to stop at more than 5% of the words and phrases, the source is not appropriate for that GP at that time, and should be put aside for later. If there is not easy enough material available, the Nurturer or GP should find or create some!

Resources:

–Live recorded speech addressed to small children (for example, a local woman or man telling a story to a 4 or 5-year-old child). This may include a parent or other adult instructing or disciplining a child. (The GP will gain cultural insights from these conversations, which he usually would not have a chance to hear.)

–Materials written for small children, including picture books (with simple words on each page), magazines, and comic books. You may also use books of familiar stories such as those used in phase 3. Collections or anthologies of short stories for children can be helpful, as they often use repeated vocabulary and grammatical patterns.

–Materials broadcast or recorded for small children, including TV shows, children’s cartoons, simple children’s songs, children’s radio programs, and commercial recorded stories such as recordings of Ladybird books or Arab folktales

- Textbooks for any school subject (reading, math, science, social studies, religion) from the early grades (kindergarten through sixth grade, but start with kindergarten and first grade). These are very useful, as they will give the GP a wide range of subjects that local people might talk about.
- Real recorded school lessons (a teacher in a class teaching the class about some subject, recorded for the GP to listen to later). After massaging some recordings of school lessons, the GP might try visiting some real classes and listening to the lessons.
- A wide range of live recorded conversations. This is VERY IMPORTANT! Please gather recordings of local men discussing various topics with no foreigners present, and local women discussing various topics without foreigners present. If possible, it would also be helpful to have recordings of other combinations of people talking to each other, such as conversations between a husband and wife, between a brother and sister, between several friends, between several strangers, and between several people in the same family. You need many different topics. Examples of topics: a controversial issue (something they disagree about and can argue about), telling each other stories from their lives, explaining their work or a special interest to another local person, discussing family life, cooking, religious beliefs, health issues, events such as weddings or births, concerns about current issues, talking about their childhood or what happened that day, or any other topic. (Please avoid recording discussions that might cause trouble for the GP or others. For example, criticism of the government might not be appropriate for a recording.) Topics the GP is familiar with will be easiest and should be listened to and massaged first; recordings of local people discussing topics that are not familiar to the GP should be listened to and massaged later. Most of these should be in the target dialect, but some may be in other, similar dialects spoken in the area.
- Novels, short stories, and magazines for older children and young teens
 - If available, books geared to newly literate readers on adult themes such as health or farming
- GPs could bring in products such as canned or boxed foods or the packaging (box, carton) from a radio, telephone, etc., and read the words written on the packages with the Nurturer. (Or this might be an assignment for GPs to do on their own.)
- Practical examples of written language that native speakers regularly deal with such as forms to fill out, legal documents, diagrams, product instructions, and so on
- Samples of personal and business letters
 - The GP may request or provide materials specifically relating to his field of interest, such as conversations between a doctor and a patient, agricultural training materials, a computer magazine, a women’s magazine, etc.
- Textbooks for middle school and high school
- Video or DVD recordings of documentary and educational films or television programs on many topics (films for children on school subjects, films on topics such as sewing, cooking, art, car care, baby care, history, nature, science, health, religion, and more)

–Recordings of television shows such as musalsalas (soap-opera type series) in various dialects, religious programs shown in Ramadan, news broadcasts, comedy programs, sports broadcasts such as football games, advertisements, talk shows, popular programs, etc.

–Recordings of movies, such as romances, comedies, mysteries, science fiction, historical and religious films, and many others. In some, people may speak in Modern Standard Arabic, and in others they may use colloquial dialects. (GPs might also be encouraged to practice at home watching shows with Arabic subtitles.)

–Recordings of radio programs such as news broadcasts, local programs in dialect, advertisements, songs, etc.

–Adult literature, including newspapers, news magazines, women’s magazines, novels, poetry, books of jokes, books of proverbs, advertisements, plays, etc.

–Recordings of songs, such as those sung at weddings or other occasions

–Recordings of speeches, lectures, upper-level or university classes, sermons in the mosque or religious talks given in homes

Appendix 1: A Summary of Other Useful Techniques to use in Phase 5

Detailed Observation or Participant Observation (Phase 4)

Directions for the GP:

- Choose a social situation that you can observe in careful detail.
- Imagine you have never been in this country or in this situation before; what would you notice?
- Take detailed notes either during or immediately after the situation.
- Examples: a bus ride; a transaction at a vegetable stand; lunch at a neighbor’s house; people at a specific place . . . Also watch for one-time events, such as a traffic accident, a fight, a death, a birth.

Write in the detailed observation:

- Place and time: Where and when?
- Actors: Who?
- Activities: What are they doing?
- Details, as noticed:

–Clothing

–Actions

–Language used, including repeated phrases

–Body Language

–Repeated sequence of events

–Eye contact

–Setting

- Try to describe to your language helper everything you observed (negotiate meaning!) and ask for his/her interpretations and labels (Is it good or bad to dress like that? Is it polite to say that? What is that called?)

- Record your host friend's summary of the scene and commentary on it.

For anything important to you, check for other friends' interpretations.

Massaging a Recording (Phases 2-5)

Get a recording the GP can mostly (at least 95%) understand.

Listen to it together very carefully.

The GP should stop the recorder whenever he doesn't understand something—words, phrases, cultural meaning.

The Nurturer should explain those parts in Arabic, writing new words in the Word Log.

The Nurturer and GP continue listening to the recording, stopping and explaining as necessary, until the GP understands all of the recording.

The GP should listen to the recording repeatedly after he understands all of it; the new words will rise in his iceberg.

Improving Speaking Ability: Record for Feedback (to use in phases 2-5)

The GP should do one of these, while recording:

- Describe a busy book picture
- Tell a wordless book story
- Retell a familiar story
- Tell a story from his childhood (not skipping any parts that he would tell in his own language!)
- Explain both positions on a controversial issue
- Summarize the news from television and discuss the implications
- Explain to people exactly what he does professionally

- Describe a sequence of actions in great detail (i.e. how to make tea, what you do when you get up in the morning)
 - Listen or observe, noticing what he doesn't know how to talk about, and practice bringing that topic up and talking about it repeatedly for the next days.
 - Take a stroll through town, noting anything he wishes he could talk about but can't (people, scenery, what to say to someone, his thoughts . . .)
 - Watch a wordless movie or cartoon (i.e. Tom and Jerry, Mr. Bean, Charlie Chaplin) with the Nurturer and try to describe everything that happens.
- The Nurturer and GP should listen to this recording together and the Nurturer should consider: "Could I have said it that way?." The GP should work on problem areas by repeatedly talking about those areas with various people, using the new words and phrases in as many ways possible, and listening for them in people's conversations.

Shared Stories (from Phase 3):

First, the GP reviews the story in his language and the Nurturer reviews the story in Arabic. The story must be familiar to both the GP and the Nurturer.

The Nurturer tells the story, without pictures, in the target dialect. Record it.

Listen to the recording together, stopping and discussing whatever the GP doesn't understand (massage the recording). Add new words to the word log.

At the end, the Nurturer should use the word log to help the GP focus on the new words. He may use Dirty Dozen or TPR or questions with easy responses.

Then the GP should record while the Nurturer says each new word, uses it in a sentence that shows the meaning, and says the word again.

The GP listens to the recording repeatedly at home.

Sources of shared stories:

- Folk tales or religious stories
- Arab folk tales or stories the GP reads in translation beforehand
- Action cartoons you've watched together
- Silent movies like "Mr. Bean" or Charlie Chaplin you've watched
- Things you've done together

- Familiar sequences of events (scripts of life)
- Plots of popular books or movies
- Read stories together (to practice reading), then Nurturer retells in dialect.

Scripts of Life (from phase 3)

Write the steps in detail.

Add more details.

Record all the steps.

Massage the recording.

Act out the steps.

See the phase 3 manual for possible scripts and more details.

Comprehension and Reading

- Choose a familiar story that you have in writing. Make sure the GP knows the story well. (Choose from “sources of shared stories” above.)
- The Nurturer tells the story in dialect; record.
- Massage the recording until the GP understands all the vocabulary. The GP should listen to the recording repeatedly.
- Have the Nurturer read the story in MSA onto a tape (or use a commercial recording).
- Massage the recording until the GP understands all the vocabulary. The Nurturer should use dialect to explain the MSA.
- The GP reads the story aloud with the Nurturer’s help. Discuss any new words or phrases.
- The GP should listen repeatedly to recordings of the story in dialect and MSA.

If possible, share recordings with others!

Filling Holes

The GP can walk around the area and focus on conversations, noticing things he wants to be able to talk to but finds it difficult. (For example, people, sights, what is said, thoughts.)

Then the GP tries to talk about these areas in conversations, repeatedly, using the words and phrases he picks up in various ways at various times.

The Dirty Dozen (from Phase 1)

Materials: Household Objects, Toys, Pictures, Photographs, Children's Books, Picture Dictionaries, Sketches, Puzzles

Remember:

- 10-12 items per session
- Add one at a time
- Repeat many times before adding new item
- Random questions
- Ask more often about items missed
- Helper writes down new words.
- Record after all items have been included.

Example:

The Nurturer begins with two dolls, a man and a woman. First he tells what they are in the dialect. "Man. Woman." He points to the correct doll as he says the words. Then he begins asking, "Where is the man? Where is the woman? Where is the woman? Where is the man?" The GPs point to the correct item. The tone of his voice should show that this is a question. He should ask each question 4 or 5 times, mixing them in random order, so the GP won't know which one will be next.

As each word becomes familiar, the Nurturer adds a new item, one by one, with many repetitions (especially of the new item) before adding the next item.

For example:

Girl. This is a girl. This is a girl. This is a girl. Where is the girl? Where is the man? Where is the girl? Where is the girl? Where is the woman? Where is the man? Where is the woman? Where is the girl? Where is the woman? Where is the man? Where is the girl? Where is the girl? Where is the woman? Where is the man? Where is the girl? Where is the woman? Where is the girl? Where is the woman? Then add a new person and continue, asking repeatedly before adding new items.

TPR (from phase 1)

This is like the Dirty Dozen, but with verbs.

Example:

Start with two verbs, sit and stand, in the target dialect. The Nurturer starts by demonstrating as he says the verbs, and inviting the GPs to imitate him.

He does the actions with them 3 or 4 times, as he says the commands, then he tells them to do the actions by themselves.

After practicing the first two verbs (Sit! Stand! Stand! Sit! Sit! Stand! Sit! Stand!) until the GPs can easily do them without the Nurturer also doing them, the Nurturer adds more actions, one at a time, demonstrating and then telling the GPs to do it (Jump! Sit! Stand! Jump! Jump! Sit! Jump! Sit! Stand!).

Commands must be given in random order, repeatedly, until the GPs are familiar with all of them. Once they are familiar, the Nurturer can give commands to individual GPs, so that they take turns.

Wordless Picture Book Stories (from Phase 2)

For each page of the book, discuss the following:

Things, Actions, Words or thoughts, Feelings, Motivations, What might have happened before or what may happen next, Creative ideas, Cultural insights

Discuss it all in Arabic—Negotiate meaning (may do a little in English for five minutes at the end of each session).

Combine the ideas of the Nurturer and the GPs.

At the end, the Nurturer TAPES all you've talked about in smooth Arabic (GP listens to tapes repeatedly on his own.)

New words are added to the Word Log.

Do Dirty Dozen/TPR with new words, or practice with simple questions. The Nurturer then uses the words in sentences while the GP records.

At the end of the book, record the Nurturer telling the complete story three times in the past tense:

Using the pictures, in detail

Using the pictures, more quickly

Without the book.