SPECIAL EDUCATION IN
NORTH DAKOTA

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Guidelines for Serving Students with Speech-Language Impairments in Educational Settings

Building the Legacy: IDEA 2004

United States Department of Education, Office of Special Education Programs (OSEP)

The Department of Public Instruction appreciates the time and effort spent by the task force members in contributing to the development of this guidance document.

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Special Note

"Unless otherwise specified, citations to "section" or "sec." are citations to federal regulations implementing IDEA found in the Code of Federal Regulations at 34 CFR Part 300, which consists of 34 CFR secs. 300.1 through 300.818 and appendices A through E."

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Introduction

The Individuals with Disabilities Education Act (IDEA) officially defines speech and language impairments as "a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance." Each point within this official definition represents a speech and language subcategory. "A communication disorder such as stuttering" provides an example of a fluency disorder; other fluency issues include unusual word repetition and hesitant speech. "Impaired articulation" indicates impairments in which a child experiences challenges in pronouncing specific sounds. "A language impairment" can entail difficulty comprehending words properly, expressing oneself and listening to others. Finally, "a voice impairment" involves difficulty voicing words; for instance, throat issues may cause an abnormally soft voice.

While students with speech-language impairments (SLI) have historically been the second largest category receiving special education services under the Individuals with Disabilities Education Act (IDEA), educators and community members alike may be surprised to learn that the SLI category, has been on a steady decline. According to the 40th Annual Report to Congress on the Implementation of IDEA (2018), students with SLI represent 16.8% of all students with disabilities. The number of students identified as SLI has declined from 1.7 to 1.5 percent from 2016 to 2006. Consistent with national trends, the percentage of students (ages 6-21) with a SLI in North Dakota declined from 27.0 to 17.6 percent between the years of 2006 and 2016 according to North Dakota Child Count. However, with the large decrease, SLI remains the second-largest disability category in North Dakota.

Speech-language impairments are unique in that IDEA views speech-language services as both special education and as a related service. A child may be eligible for additional services ("related services") if the services "are required to assist a child with a disability to benefit from special education…" (34 C.F.R. Section 300.34). Although a child may benefit from a related service, the child will not be eligible to receive that service if the child can perform educationally without it.

These guidelines replace an earlier version, Speech-Language Pathology (SLP) Public School Guidelines, published by the North Dakota Department of Public Instruction in 2010. This revision will provide additional guidance for school personnel who work to improve outcomes for students with SLI across the state.

The SLI Guidelines are designed to facilitate the implementation of consistent evidence-based practices in North Dakota for determining a student's eligibility for speech and language services. These guidelines are intended to be used during the eligibility process, including initial eligibility, reevaluations, and when a student is exiting from services.

The purposes of Guidelines for Serving Students with Speech-Language Impairments in Educational Settings are to:

- Update previous guidance on serving students with speech-language impairments;
- Promote consistency in evaluation procedures across the State that are culturally sensitive, non-biased, and yield results that assist with determining eligibility, and support the development of effective educational programming for students with SLI;

- Provide guidance to teams on the development of the Individualized Education Program (IEP) that addresses all student needs to be identified through the evaluation process through services and supports in the Least Restrictive Environment (LRE);
- Provide resources for school-based practitioners on evidence-based practices and strategies to improve academic and behavioral outcomes for students with SLI;
- Identify state and national resources for educators in support of school-based programming as well as family and community support that will contribute to improved outcomes for students with SLI.

These guidelines reference the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 and promote consistency in the identification and individualization of programming for students with SLI. These guidelines also serve as a tool to assist those who educate students ages 3 – 21 with identified SLI in educational settings.

Additional guidance materials on special education topics can be found on the NDDPI website.

Speech-Language Pathologists (SLPs) Licensure

North Dakota Century Code 43-37-02 defines speech-language pathology as the application of principles, methods, and procedures for measurement, testing, evaluation, identification, prediction, counseling, or instruction related to the development and disorders of speech, language, voice, cognitive-communication, swallowing, and augmentative alternative communication for the purpose of identifying, evaluating, preventing, managing, habilitating or rehabilitating, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals.

North Dakota follows the American Speech-Language-Hearing Association (ASHA) professional issues statement and position statement that addresses the roles and responsibilities of speech-language pathologists in schools.

The ASHA Practice Policy includes a

- Professional Issues Statement
  and
- Position Statement

The ASHA site also provides a PDF presentation, which highlights the rationale, development and components of the ASHA practice policy documents as well as tools for implementation.

Speech-Language Pathology Licensure

The North Dakota Department of Public Instruction requires an SLP to possess **either** the ND State Board of Examiners (NDSBE) license **or** the Education Standards and Practices Board's (ESPB) Restricted Educator's Professional license to practice in the public schools, or they may have both. Individual school districts may have differing requirements. The SLP must have a master's degree. Medicaid and Medicare currently only recognize the NDSBE licensure for billing purposes, as it is governed by the ND Century Code.

ND Board of Examiners on Speech-Language Pathology License

The entrance degree for all speech-language pathologists entering the field as of 1983 is a Master's degree. ND Century Code Chapter 43-37, which governs the ND Board of Examiners on Speech-Language Pathology and Audiology licensure, states that to be eligible for licensure by the board as an audiologist or speech-language pathologist, a person shall:

1. Be of good moral character.
2. Possess an appropriate degree from an educational institution recognized by the board.
   a. An applicant for a speech-language pathologist license must possess at least a master's degree in speech-language pathology.
   b. An applicant for an audiologist license must possess at least a doctorate degree in audiology.
3. Submit evidence showing qualifications prescribed by the rules of the board.
4. Within one year of application, an applicant for licensure as a speech-language pathologist or audiologist must pass any applicable examination prescribed by rules adopted by the board.
5. Pay the prescribed fee.

Examination

1. The PRAXIS II Speech-Language Pathology Examination is the national examination established by the American Speech-Language and Hearing Association (ASHA). The examination is not required for the renewal of licenses, except as required by board rules.

As of May 2009, ESPB determined that all grandfathered SLPs would continue to be licensed until they retire. The NDDPI agreed to allow these SLPs to finish their years in the school.

Education Standards and Practices Board License

The North Dakota educator's professional license qualifies the holder for regular classroom teaching or for functioning in areas with the proper endorsements and restrictions as assigned. Degrees and endorsements in content areas of elementary, middle level, or secondary schools, educational pedagogy, or educational leadership must be obtained through regional or state-approved teacher education programs and meet North Dakota program approval standards for the content area. **[**Administrative Rule 67.1-02-05-04]

Restricted Educator's Professional License Requirements

Programs that include a specialized rather than a regular professional education core are issued initial two-year licenses that restrict the holder to teaching in that specialty area. Applicants must submit the completed application form, original transcripts, fees, and fingerprint cards to the education standards and practices board prior to licensure.

1. Restricted licenses are issued to applicants with master's degrees in speech-language pathology. The prekindergarten through grade twelve speech-language pathology restricted license will be issued to those applicants who have:
    a. A master's degree in speech-language pathology or communication disorders;
    b. One hundred hours of school-based practicum; AND
    c. Graduated from a program accredited by the council on academic accreditation of the American Speech-Language and Hearing Association (ASHA).

Should I get the NDSBE license, the ESPB license, or both?

Rationale for ESPB license

There are reasons why an SLP entering the schools might choose to be licensed by the Education Standards and Practices Board (ESPB) as opposed to the ND State Board of Examiners (NDSBE).

1. The ESPB license does not require the SLP to pass the ASHA endorsed national PRAXIS II specialty examination to be licensed. Whereas, the NDSBE license requires that the applicant have a passing score on the PRAXIS II speech-language pathology specialty exam. Nevertheless, the ESPB license does require that the applicant pass the PRAXIS I Basic Skills test.
2. The ESPB license enables the SLP to be paid on the teacher's scale and have the same protections under the teacher's contract. Nevertheless, this may or may not be desirable because the school is also then limited in what they can do relative to salary negotiations, especially if the SLP has an alternative offer for a position in the medical, clinical or private settings.
3. The ESPB restricted educator's professional license allows for the SLP to be eligible for the Teacher's Fund for Retirement.

a. Without the ESPB restricted educator's professional license, an SLP working in the schools would not be entitled to the TFFR plan. Most school districts, however, provide an alternative retirement plan for NDSBE licensed SLPs, such as ND Public Employees Retirement System (NDPERS).

Rationale for NDSBE

There are also very good reasons for the school-based SLP to be licensed by the NDSBE.

1. Desirability for hiring. School districts lose funds when an SLP cannot bill for services through Medicaid. It pays the school district to have an employee who possesses the NDSBE license, as Medicaid and Medicare currently do not recognize the ESPB license as sufficient for billing purposes.
2. The NDSBE license is required for an SLP to work in private, clinical, or medical sectors.
    a. The NDSBE license provides the SLP additional work options outside the typical school year (i.e., temp or sub work).
3. Without a NDSBE license, the SLP is not eligible for license reciprocity with other states.

NOTE: It is most advantageous for all school-based SLPs to hold both the NDSBE license and the ESPB license. Many districts require SLPs to maintain both licenses, as it is also to the school's advantage for the SLP to be licensed by both entities.

Speech-Language Pathology Paraprofessionals (SLPP)

Speech-Language Pathology Paraprofessionals are defined by the North Dakota Department of Public Instruction Administrative Rule 67-11-20 as "… an individual providing service as a paraprofessional who… provides services in a school setting from early childhood through grade twelve." To obtain a certificate of completion for speech-language pathology, an individual must submit a completed application form to the North Dakota Department of Public Instruction and either:

1. Have been employed as a speech-language pathology paraprofessional on or before October 1, 2003, and have both a bachelor's degree in speech-language pathology or communication disorders and at least one hundred clock-hours of supervised field experience; or

2. Have completed an associate's or bachelor's degree which incorporates:

    a. Thirty hours of general college education including oral and written communication skills, mathematics, psychology, and the biological and health sciences;

    b. Thirty hours of college education in the area of speech-language pathology, including classes in anatomy, physiology of speech, language, swallowing and hearing mechanisms, communication development, introduction of clinical processes, and fundamentals of human behavior management; and

    c. A minimum of one hundred clock-hours of fieldwork experience which is supervised by a qualified speech-language pathologist.

Speech-language pathology paraprofessional services

1. Speech-language pathology paraprofessionals may only provide speech-language pathology paraprofessional services under the direct control of a supervising speech-language pathologist.

2. A speech-language pathology paraprofessional may:

a. Provide speech-language screenings, without interpretation, following specified screening protocols developed by the supervising speech-language pathologist;

b. Perform documented tasks developed by the supervising speech-language pathologist;

c. Document students' progress toward meeting objectives and report this information to the supervising speech-language pathologist; and

d. Prepare materials, perform scheduling, and maintain space or equipment.

3. A speech-language pathology paraprofessional may not:

a. Make independent decisions regarding changes on the student's individual program;

b. Perform standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results;

c. Take referrals or dismiss students from a caseload;

d. Participate in conferences or other multidisciplinary team meetings without the presence of the supervising speech-language pathologist;

e. Disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

f. Provide counseling to the student or family regarding a communication disorder;

g. Prepare or sign any formal documentation, including an individualized education program or an assessment plan as a supervising speech-language pathologist; or

h. Maintain the person's own caseload.

Although the supervising speech-language pathologist delegates specific tasks to the SLP Paraprofessional, the speech-language pathology paraprofessionals may only provide speech-language pathology paraprofessional services under the direct control of a supervising speech-language pathologist. The legal and ethical responsibility to the student for all services provided or omitted cannot be delegated; it must remain the sole responsibility of the supervising speech-language pathologist. Activities may be assigned only under the guidance and control of the supervising speech-language pathologist and should be constrained by the scope of responsibilities for the SLP Paraprofessional.

IEP Documentation

According to the NDDPI SLPP Best Practices document on the NDDPI website, SLPPs must not represent themselves as speech-language pathologists. A parent/student must be informed that the services are being provided by the SLPP. The name and the services being provided by the SLPP must be documented on the IEP as well as the speech-language pathology supervisor.

Supervising SLP

A Supervising SLP means an individual who:

a. Supervises no more than two speech-language pathology paraprofessionals;

b. Holds a current restricted educator's professional license for speech-language pathology at the master's degree level issued by the North Dakota education standards and practices board

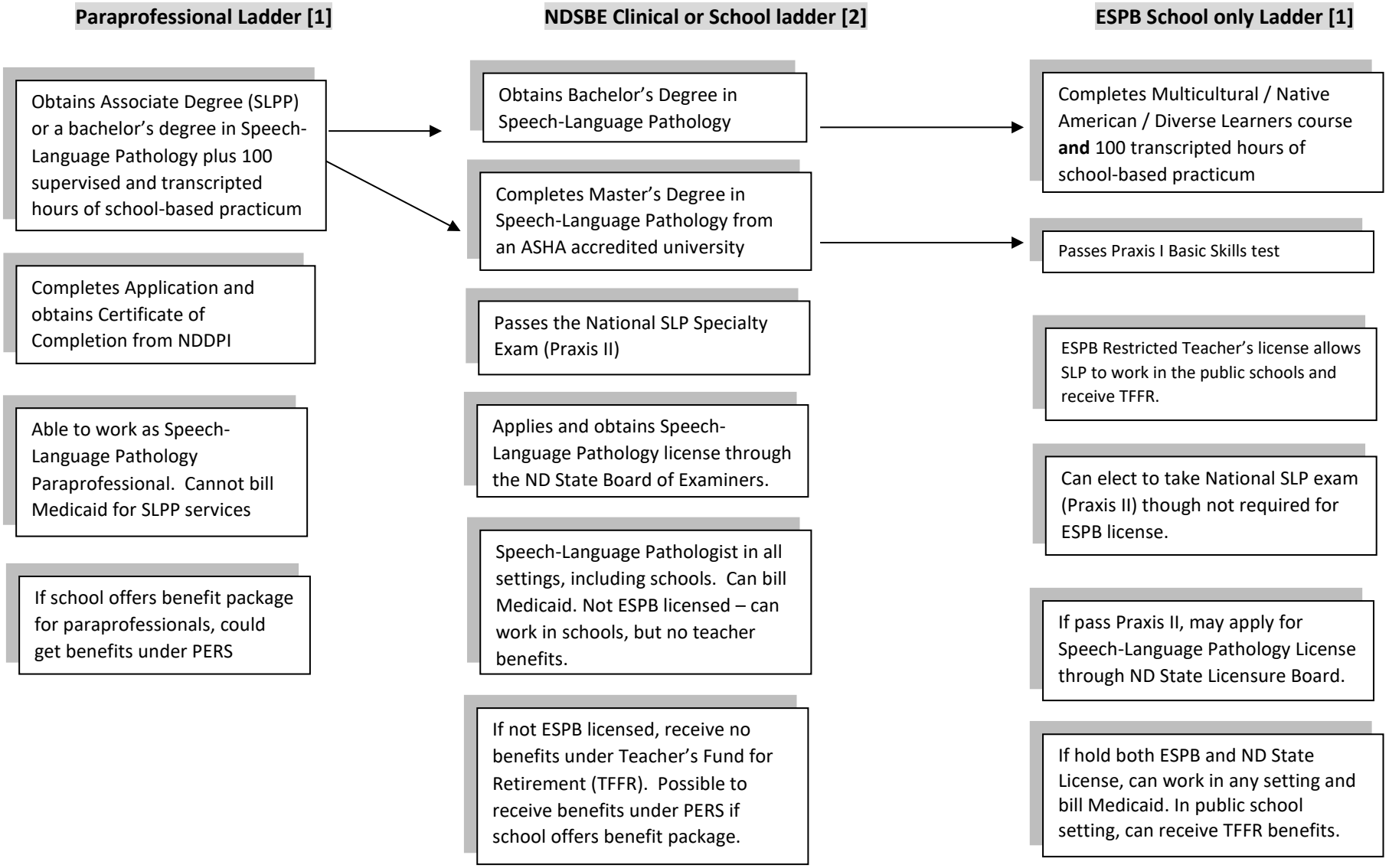
or holds a current speech-language pathology license issued by the North Dakota state board of examiners on audiology and speech-language pathology; and

c. Has a minimum of one year of full-time experience providing speech-language pathology services since receiving the individual's license.

NDDPI Reporting

Since each SLP may only supervise 2 SLPPs at the same time, it will be necessary for data entry personnel to be informed of the supervising SLP's license number and the SLPP certificate number. This is reported on the MIS03 and PER02 reports. If the SLP maintains both the ESPB license and the NDSBE license, both numbers should be tied to each SLPP he or she supervises.

Speech-Language Pathology Licensure and SLP Paraprofessional Certification Requirements



General Authority Reference

[1] ND Administrative Code: Chapter 67-11-20 Speech-Language Pathology Paraprofessional [Rule adopted by the ND Department of Public Instruction (DPI)]
[2] ND Century Code: Chapter 43-37 Audiologists and Speech-Language Pathologists [Rule adopted by the ND State Board of Examiners on Speech-Language Pathology
[3] ND Administrative Code: Section 67.1-02-05-04 Restricted Educator's Professional License [Rule adopted by the Educational Standards and Practices Board (ESPB)]

Medicaid

According to the Centers for Medicare and Medicaid (CMS), Medicaid is a jointly funded program between the federal and state governments to assist states in providing medical care to low-income individuals and those who are categorized as medically needy. Under this health insurance program, speech-language pathology and audiology services and related devices are covered for children as long as they are deemed medically necessary. Documentation of medical necessity is required for all Medicaid services, regardless of where those services are being provided. This also holds true for devices and equipment.

The Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) provision is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The Medicaid statute requires that states provide any medically necessary health care services listed in section 1905(a) of the Social Security Act (the Act) to an EPSDT recipient even if the services are not available under the state's Medicaid plan to the rest of the Medicaid population (i.e., not all states are equivalent in covered services).

Medicaid is administered directly by states. Each state's Medicaid Plan outlines how a district may use Medicaid revenue. The federal Medicaid program encourages states to use funds from their Medicaid program to help pay for certain health care services that are delivered in the schools, providing that federal regulations are followed.

For some children, schools are the primary point of entry to receiving needed health and social services. However, only those medically necessary IDEA services that are described in the definition of "medical assistance" can be covered as Medicaid services when furnished by qualified participating Medicaid providers.

Definitions of Medical Necessity

Medicare defines medically necessary as "health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine." The service must be consistent with the symptoms of the illness or injury, be provided within generally acceptable professional medical standards, not performed for the convenience of the patient or physician and furnished at a safe level and in a setting appropriate to the patient's medical needs.

Speech-language pathologists and audiologists must document how the services they provide are medically necessary to be reimbursed by health plans. For services to be considered medically necessary, they must be reasonable and necessary for the treatment of illness, injury, disease, disability, or developmental condition. Therefore, services to treat such impairments must be regarded as meeting the definition of medical necessity.

According to ASHA's Speech-Language Pathology Medical Review, Medicaid claims may be supported when providers document the following basic elements:

- **Reasonable:** Appropriate amount, frequency, and duration of treatment in accordance with standards of practice
- **Necessary:** Appropriate treatment for the patient's diagnosis and condition
- **Specific:** Treatment targeted to particular goals
- **Effective:** Treatment expected to yield improvement within a reasonable amount of time
- **Skilled:** Treatment requiring the knowledge, skills, and judgment of a speech-language pathologist (SLP) or audiologist

Audiology and speech-language pathology services are medically necessary to treat speech-language, hearing, balance, swallowing, voice, fluency, and cognitive-communication disorders. Many disorders have a neurological basis, including head injury, Parkinson's disease, stroke, autism, and cerebral palsy. Children who require services as part of their individualized education programs (IEPs) and are identified as having a disability under the Individuals with Disabilities Education Act (IDEA) are also generally considered to have met the requirements.

Medical necessity for audiology services varies from state to state for hearing aid and cochlear implant evaluations and fittings. Most states establish minimum hearing loss criteria for initial and replacement hearing aids, and many require a medical exam as well as an audiologic evaluation to determine whether a hearing aid is medically appropriate. Some states limit the types of hearing aids covered, and many establish a limit on the number of aids and accessories, such as batteries, that beneficiaries may receive within a specified period of time. Some states allow interim replacements or repair of aids that are lost or broken.

Qualifications

Medicaid will reimburse for Medicaid speech-language pathology services if they are delivered by a ND licensed SLP. In North Dakota, an SLP must be licensed by the ND Board of Examiners on Audiology and Speech-Language Pathology to be reimbursed by Medicaid. The school district may not bill for services performed by a speech-language pathology paraprofessional.

Resources

For more information concerning Medicaid services in public schools, refer to:

- The North Dakota Department of Human Services, Medical Services Division.
- ASHA’s Medicaid Toolkit: What SLP's Need to Know https://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit/

Screening and Multi-Tiered System of Supports (MTSS)

Pre-referral

Prior to consideration for eligibility, building level teams should review all available data related to student performance and abilities. This could be through the multi-tiered system of supports (MTSS) or a building level team process such as the Building Level Support Team (BLST).

A Multi-Tiered (MTSS) Approach to Delivering Speech-Language Services

Multi-tiered System of Supports (MTSS) is a process that provides an educational support system for all students through tiered instruction, progress monitoring and appropriate intervention. This multi-tiered process has unique implications for students with speech-language impairments and has been adapted for implementation in speech therapy programs throughout the country.

The following table provides examples of the role of an SLP in a multi-tiered model:

MULTI-TIERED MODEL EXAMPLE	
Tier 1 - Scientifically based speech and language core classroom instruction	**ROLE OF SLP** • Conducts speech/language screening. • Consults with teachers/parents regarding screening results. • Provides a framework for in-class and home speech/language intervention to be implemented by teacher and parents. • Monitors student progress periodically.
Tier 2 - Targeted intervention and small group instruction	**ROLE OF SLP** • Identify students who exhibit maturational articulation errors and/or mild language delays. • Provide intervention in small groups in a general education setting. • Collaborate with parents, teachers and other professionals to monitor speech-language skills and provide additional targeted intervention.
Tier 3 - Intensive individual intervention	**ROLE OF SLP** • Collaborate with others to determine the need for intensive intervention. • Provide intensive intervention with continuous data analysis to determine the next steps.

The multi-tiered model allows SLPs to provide speech-language intervention within the general education environment with the educator, parent and the student prior to referral for special education. The student has the opportunity to acquire age-appropriate speech and/or language skills in a regular education environment.

Parents play a critical role in all tiers of this model. In the initial stages when students are identified, SLPs consult with parents regarding their child's delayed speech or language issues and provide appropriate materials and strategies for home intervention. Parents become partners with teachers in providing intervention. MTSS cannot be used to delay or deny the evaluation process for a student with a suspected disability.

Evaluation

The Referral Process

For those students who have been unable to make satisfactory progress as a result of classroom interventions, the school district will need to move to the written referral process to pursue a comprehensive evaluation for eligibility. The referral contains information that will assist the multidisciplinary team (MDT) in developing an evaluation plan that will ensure a comprehensive and appropriate evaluation is conducted, addressing the needs observed throughout the intervention process.

Complete information on the referral and evaluation process is available in the NDDPI document, Guidelines: Evaluation Process.

Parent(s) are essential members of the MDT. During the course of the intervention process, parents should be informed of the concerns observed and the interventions proposed to address these concerns. Schools are encouraged to have parents be active participants in their school's building level team throughout the intervention process. Parents are able to contribute valuable information to the intervention effort on such things as behaviors observed in the home and community, as well as the student's strengths and interests. Often, parents may become part of intervention efforts, receiving support from the school to provide consistency in implementation across environments.

Multidisciplinary Team (MDT)

The Multidisciplinary Team (MDT) must consist of the required team members and other qualified professionals. For information on required MDT members refer to the NDDPI document, Guidelines: Evaluation Process. Ultimately, the MDT is responsible for gathering the necessary observations and other data from a variety of settings, which will allow the team to make an appropriate determination of eligibility and identify all needs that may require support for individualized programming.

The MDT has the responsibility to:

- develop a Student Profile: Evaluation;
- develop an Assessment Plan;
- carry out the Assessment Plan;
- analyze the findings throughout the process; and
- prepare an Integrated Written Assessment Report to summarize pertinent observational data and other relevant assessment results that will determine if the student has a disability that adversely affects education.

Student Profile: Evaluation

The purpose of a special education evaluation is to determine:

- Whether the student has one or more disabilities
- The present level of performance and the educational needs of the student
- Whether the student needs special education and related services, and
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals in the IEP and participate, as appropriate, in the general education curriculum.

Upon referral for evaluation, a team reviews existing data and determines whether additional data are needed to determine eligibility. The MDT will develop a student profile to document the reason(s) for the proposed evaluation. This is required for the initial and reevaluation of eligible students with disabilities, reviewing student needs for program development purposes, or exiting from special education. The student profile:

- Provides a comprehensive picture of the student;
- Identifies patterns of current functioning; and
- Indicates areas where further information is required.

Complete information regarding the development of the student profile can be found in the NDDPI Guidelines: Evaluation Process.

Assessment Plan

When the team decides that additional data are needed to determine whether a student is eligible for special education and related services due to a possible communications disorder, a full and complete assessment of communication abilities may be conducted by the SLP. Whether the team decides additional data is or is not needed, a consent for evaluation is always required at the initial evaluation. For a reevaluation, consent is only needed when the team decides additional data is needed.

The assessment plan details how additional information will be obtained and who will be involved in that process. There are a number of important considerations for school districts, as identified in IDEA regulations.

NOTE: The assessment plan includes names of specific tests the speech-language pathologist will administer if known at the time of writing the assessment plan. However, if the team has not identified the exact tests, it is allowable to identify a general area of assessments i.e. in the area of language or in the area of reading.

Comprehensive Assessment

A thorough and balanced assessment is mandated by special education regulation. This process is critical to determine the existence of a disability and necessary for educational planning for the student. "Assessment" refers to data collection and the gathering of evidence, whereas the term "evaluation" refers to the process of interpreting assessment evidence and determining the presence or absence of an impairment to inform eligibility decisions.

Four sources of information are required when a comprehensive speech-language assessment is given as shown in the following diagram:

Components of Comprehensive Assessment	
Educational Activities • Artifact analysis • Curriculum-based assessment • Observations in school (natural) settings • Educational records MTSS data	**Speech-Language Probes** • Case history • Interviews • Language/Narrative samples • Stimulability • Dynamic assessment • Play-based assessment
District-Wide Assessments • Norm-referenced measures of academic achievement • Curriculum benchmarks	**Standardized Speech-Language Assessments** • Norm-referenced speech-language tests (parsed skills: articulation, semantics, syntax, morphology, fluency, etc.)

Two sources, educational activities and district-wide assessments, provide information available through every student's general school experiences. These school-based sources document how a child communicates in the school environment and how their speech and language abilities impact educational achievement. For preschool-age children who do not participate in a formal school program,

these data will be gathered with parents and caregivers. Preschool data should focus on participation in the home and community and developmentally appropriate activities.

The remaining two assessment sources, SLP probes and standardized assessments, are specific to the field of speech-language pathology. Within the category of SLP probes, half of the assessment information will be gathered through systematic observations in a variety of settings, while the remaining half will be gathered by examining measures of academic achievement that are common to all children as part of the education system. Within the category of standardized speech-language assessments, half of the assessment information should come from systematic observations of communication functions, while the remaining half may be comprised of tests of specific speech and language skills.

A comprehensive assessment provides a picture of a student's functional speech and language skills in relation to the ability to access the academic and/or vocational program and to progress in the educational setting. A comprehensive assessment should not be based solely, or even primarily, on norm-referenced assessment instruments to determine a student's communication abilities.

A variety of data sources should be used to gather valuable information about the student's use of their communication skills in school. A comprehensive speech-language assessment includes performance sampling across multiple skills, with multiple people using different procedures from varied contexts. It is essentially developing a database of a student's abilities across tasks and settings (Secord, 2002) to examine a student's communicative functioning in an educational program. Therefore, it is the responsibility of the speech-language pathologist to assess the student using a variety of methods completed in a variety of contexts. For preschool through high school students, a comprehensive assessment should include evaluation of discourse skills through one or more of the following: 1) language sampling, 2) narrative sampling, and 3) assessment of students' metalinguistic/metacognitive skills. Methods of assessment for each of these three elements include criterion-based and norm-referenced measurements, observations, including in the classroom, and artifact analysis such as class worksheets and students' assignments. These assessment elements provide a baseline of performance, contribute critical information to how a student's communication skills affect his/her access to learning and the curriculum across the grades and provide a means to document qualitative changes in the student's communication skills over time. Because learning in school is a highly metalinguistic and metacognitive environment, a student's ability with metalinguistic and metacognitive tasks should be assessed as part of a comprehensive assessment.

A comprehensive speech-language assessment is student-centered, descriptive, and functional with the following questions being considered:

- What is the student's current level of communication development?
- Is there evidence of a language difference or dialect?
- What can the student do without supportive prompts and what can the student do with appropriate support and scaffolding? That is, what is the student's ability to learn speech and/or language, learn to communicate effectively for needs within an academic environment, and use speech and/or language effectively to access curriculum content across all grades in an educational environment?
- What is the functional result of the student's current speech-language difficulties as demonstrated by performance in classroom activities and assignments, curriculum benchmarks, and academic testing?
- What language skills does the student need to be successful in his/her educational setting?
- What challenges does the student have in the educational environment? In what situations do they occur?

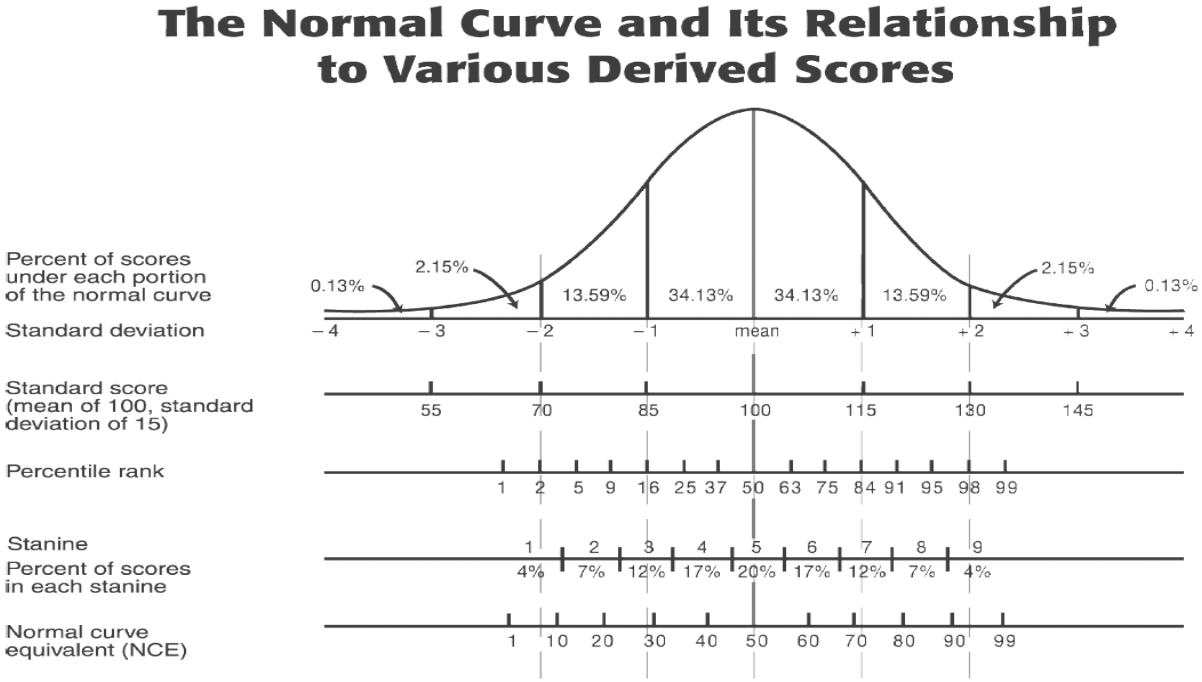
- How do speech-language skills adversely affect the student's educational performance?
- What strategies are in place to assist the student to develop his/her speech-language skills?
- How does the use of these strategies affect the student's academic performance?

The Eligibility Determination

Integrated Written Assessment Report (IWAR)

When the MDT has completed its full and comprehensive assessment of a student suspected of having a speech-language impairment, the MDT will prepare an Integrated Written Assessment Report (IWAR). The IWAR will summarize all relevant data gathered through observation and assessment for the use in determining, as a team, if the student has an SLI, which adversely affects his/her education.

Below is a normal distribution curve, with percentile rank and standard score information. The diagram may be useful for an SLP when the standard score is different than a mean of 100 and standard deviation of 15 points, or when explaining test results to parents.



After norms have been established, an individual's raw score can be converted to "derived scores" which communicate that individual's performance to the standardization sample. This chart shows the relationship of derived scores in a normal distribution.

Factors to Consider

Linguistic and Cultural Diversity

The overrepresentation of racially, culturally, ethnically, and linguistically diverse students in special education is well documented and continues to be an area of emphasis for the U.S. Department of Education and the Office of Special Education Programs (OSEP). As required by IDEA regulations (34 C.F.R. §300.646), the North Dakota Department of Public Instruction (NDDPI) gathers and examines LEA data to determine if disproportionate representation due to inappropriate identification of racial and/or ethnic groups exists. Students from culturally and linguistically diverse backgrounds often score substantially lower on standardized tests than do their mainstream peers because of language and cultural differences (Ortiz & Ochoa, 2005). Reliance on assessments normed on mainstream, monolingual English-speaking children may result in misdiagnosis of speech and/or language impairment for culturally and linguistically diverse children.

During any pre-referral interventions and the evaluation process, school teams should first determine whether an area of concern results from a cultural or language difference and/or economic disparity. The team should examine dialectal and cultural variations that exist within the community, and documented efforts should be made to ensure that student performance is viewed using culturally and linguistically sensitive measures. Educators should use the student's community language, not race, when considering dialect use and recognize that accents are a natural part of spoken languages and should not be considered speech or language disorders. Additionally, when students use dialect features in spoken or written language, clinicians must identify those patterns as typical in order to avoid misdiagnosis of impairment.

When students speak more than one language, it is important to examine the rules of both languages, since one language may impact the use of another. When working with native speakers of another language, the SLP should examine the student's proficiency in English and consider the phonemic, allophonic, syntactic, morphological, semantic, lexical, and pragmatic characteristics of the student's other language.

ASHA provides phonemic inventories for many languages online at asha.org/practice/multicultural. Additional resources such as Bilingual Language Development and Disorders in Spanish-English Speakers (2nd Edition) by Brian A. Goldstein and Multilingual Aspects of Speech Sound Disorders in Children by Sharynne MacLeod can also provide features of bilingual speech and language use and a diverse set of phonemic inventories. SLPs should also consider that lack of familiarity with English may result in hesitations, false starts, and pauses that may not be indications of dysfluent behavior. Loudness, pitch, and prosodic and suprasegmental features may also be impacted by the student's native language.

It has been documented in the literature that children from low-income families may demonstrate lower vocabularies (Hart & Risley, 1995) and less complex syntax (Pruitt & Oetting, 2009) than their middle- and high-income peers. Strategies for separating language differences from language impairments include establishing local norms, using dynamic assessment approaches, thorough parent interviews, and multi-tiered systems of support (MTSS). Speech-language pathologists can provide valuable suggestions to general education teachers to facilitate vocabulary acquisition strategies in the classroom environment to benefit all students.

Eligibility for Speech-Language Services for Culturally and Linguistically Diverse Children

Eligibility for special education for a child with a speech-language impairment must be based on the presence of a speech-language impairment in the child's first language, not the fact that the child is an English learner. Care must be given to determine the cause of the communication skill deficits. A contrast in the characteristics of students who are English learners and of students who are English learners with a disability is shown in the following diagram:

Comparison of Children who are English Learners with and without Disabilities

Characteristics	Children who are English Learners	Children who are English Learners with a disability
Communication Skills	Typical Language learning potential. Communicative use of English is reduced and easily noted by native English speakers. English phonological errors common to culture. No fluency or voice impairment. Can be communicatively proficient to function in society. *	May exhibit speech and language disorders in the areas of articulation (atypical phonology or prosody), voice, fluency, or receptive and expressive language; may not always achieve communicative competence in either first or second language. May exhibit communication behaviors that call attention to himself/herself in first language.
Language Skills	First language skills are appropriate for age level prior to exposure to second language. The nonverbal communication skills are culturally appropriate for age level (e.g. eye contact, response to the speaker, clarification of response, turn-taking). Vocabulary deficit and word-finding difficulties in the second language only. Student may go through a silent period. Code-switching common. *	May have deficits in vocabulary and word-finding, following directions, sentence formulation, and pragmatics in first and second languages. Atypical syntactic and morphological errors. Persistent errors in second language. Low mean length of utterance (MLU) and difficulties in first language and English cannot be attributed to the length of time in English speaking schools. Stronger performance on tests assessing single word vocabulary than on tests assessing understanding of sentences or paragraphs.
Academic Functioning	Typical language learning potential. Apparent problems due to culturally determined learning style, different perceptual strategies, or lack of schooling in home country. *	May observe limited progress in second language acquisition, difficulty retaining academic information, difficulty in schoolwork of home country, or difficulty in acquiring the first language.
Progress	Progress in home language is contingent upon adequacy and continuation of first language instruction. Academic progress in English should be steady but will depend on the quality and quantity of English instruction. *	May show less than expected progress in English acquisition and development of academic skills. May show a marked or extreme discrepancy between different areas (e.g. oral skills and writing skills) that cannot be attributed to a lack of sufficient time or appropriate interventions.
Social Abilities	No social problems in the first language. May have some social problems due to the lack of familiarity with American customs, language, expected behaviors, etc. Student may experience social isolation and may be likely to be a follower rather than a leader in a group of English speakers. *	May exhibit persistent social and behavioral problems that are in the first language and his/her native culture and not attributable to adjustment and acculturation.

* dependent on the quality and quantity of the EL programming

When a child who is an English learner is referred for an evaluation for special education eligibility, the following practices should guide the evaluation:

- Use trained interpreters whenever possible interviewing the family or talking to the child in a language other than English.
- Interview the family (or staff from agencies involved with the child) regarding the child's communication skills in comparison with those of peers, siblings, and parents.
- Consider parental concerns about the child's first language communication skills.
- Consider EL teacher reports if students appear to exhibit a slower than typical acquisition of English.

Use standardized tests with caution. Tests normed on English speakers should never be simply translated into a second language and then scored as if the test were administered as intended. If the normative sample for the test does not include a comparable group or if the testing procedure is

modified, scores should not be reported. Alternatively, the SLP must review the child's written work and perform language sample analysis in both languages to identify any language error patterns.

Language proficiency in bilingual children is fluid and occurs over the course of years. At any time, a student may appear to have a speech and/or language disorder as observed in the classroom. Making a differential diagnosis is challenging for both the bilingual and monolingual speech-language pathologist. However, because we know that culturally and linguistically diverse children are both over- and under-represented, professionals must make a concerted effort to engage in best practice with these students. Students who are mistakenly identified as needing special education services are excluded from the general education curriculum. Exposure to the general education curriculum is the single greatest predictor of favorable post-school outcomes (West, Mazzotti, Mustian, Fowler, Kortering, & Kohler, 2009), and exclusion from general education based on cultural and linguistic diversity is a violation of the student's civil rights (Civil Rights Act of 1964).

Cognitive Referencing

Cognitive referencing refers to the practice of finding students not eligible for special education or for related services when their language skills are deemed to be commensurate with their cognitive or intellectual abilities. IDEA does not require a significant discrepancy between intellectual ability and achievement for a student to be found eligible for speech-language services.

Educational and Academic Impact

The determination of a speech-language impairment should include documentation about the educational impact – how the disability affects the progress and involvement of the student in the general curriculum. Consideration should be given to the academic, vocational, and social-emotional aspects of speech-language impairment.

Academic areas include reading, mathematics, and language arts with the impact determined by grades, difficulty with language-based activities, difficulty comprehending orally presented information, and/or difficulty conveying information orally.

Social areas impacted by speech-language impairment include the communication problem interfering with the ability of others to understand the student, peers teasing the student about his/her speech-language impairment, the student having difficulty maintaining and terminating verbal interactions, and/or the student demonstrating embarrassment and/or frustration regarding his speech-language skills.

Vocational areas include job-related skills that the student cannot demonstrate due to the speech-language impairment. These include the inability to understand/follow oral directions, inappropriate responses to coworker or supervisor comments, and/or the inability to answer and ask questions in a coherent and concise manner.

Educational impact may be determined using information from school-based data including district-wide assessments and systematic observations. It is also possible to assess the educational impact of a speech-language impairment through the use of teacher/parent/student interview checklists. These would enable a comparison of the student's speech-language skills and needs in his/her two most natural environments: home and school.

The Rating Scales

The rating scales on pages 20-88 of this document in each sub-category of speech-language impairment are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tools are designed to enable speech-language pathologists (SLPs) to document assessment findings according to the intensity of the findings and to make a

determination of eligibility for a Speech or Language Impairment (SLI) based on the assessment results, in collaboration with the IEP team. The tools are not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input. **Since the rating scales are only an organizational tool, it should not be included in the evaluation documentation and point numbers should not be referred to in the SLPs report.**

Other Eligibility Considerations

When a child is eligible to receive services due to a speech and language impairment and the need for specially designed instruction, the speech and language service provided to a child is generally referred to as special education. In this situation, the MDT determines eligibility through the evaluation process. If the MDT determines that the student meets the eligibility criteria and requires speech-language intervention, the student is considered to have a disability in the area of SLI. When more than one disability is present, the team must determine the primary disability based on the most adverse impact on the student's participation and progress in the general curriculum.

If a child is not eligible to receive services due to a speech and language impairment, the team needs to consider other disability categories where the student may be eligible such as non-categorical delay (NCD). For more information on NCD refer to NDDPI's website Guidelines: Identification and Evaluation of Students with Non-Categorical Delay for Ages 3 through 9.

When speech and language intervention is needed by the child to benefit from special education, the service is a related service. A student may be found eligible for special education in another disability area and may receive speech and language services as a related service. For example, a student with intellectual disabilities may or may not meet the North Dakota eligibility criteria for SLI due to the communication difficulties being an inherent component of the primary disability. However, this same student may still require speech-language as a related service to address documented needs to benefit from their special education program. Eligibility for a related service is determined by the IEP team and not the MDT. For information on determining SLI as a related service refer to NDDPI's website Related Services Guidance

If a student qualifies for SLI as a related service, eligibility for the related service is considered annually by the IEP team members. It is imperative that SLPs attend the annual IEP meeting to be part of the decision.

Language

Preschool Language Criteria

A Language Disorder is defined as a breakdown in communication characterized by difficulties in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns attributed to dialectical, cultural or ethnic differences or the influence of a foreign language must not be identified as a disorder.

Preschool Language Rating Scale

The Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable speech-language pathologists (SLPs) to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a Speech or Language Impairment (SLI) based on those assessment results, in collaboration with the IEP team. The tool is not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input.

Formal/standardized assessment

- Determination of the rating for formal assessment should be based on derived scores of relative standing, such as standard scores or percentiles.
- Total test score or composite scores must be used—not individual subtests
- For children transitioning from Infant Development Part C to Part B (2.7 to 2.9 years of age), all information available should be considered for eligibility. When data presented indicate skills are below age level using age ranges or percent of delay, this may be considered sufficient data to support the eligibility for speech/language services without further assessment. The existing data can be used to support eligibility without plotting scores on the rubric. This could include assessment data from private practice SLPs, medical centers, or university clinics. If the team determines insufficient data is available to make the determination of eligibility, additional assessment should be completed.
- The second standardized measure can be an anchor tool.

Second standardized assessment

- The second standardized assessment should further investigate areas of weakness identified by the comprehensive assessment tool. This could be an anchor tool if it addressed an area of weakness. Single-word vocabulary assessments cannot be used as the second standardized assessment.

Informal/non-standardized assessment

- Determination of the rating for informal assessment requires professional judgment and reference to normative data. Consider the results of criterion-referenced tools, language samples, teacher-made tests, observation, etc.

Adverse effect on educational performance

- A combination of educational activities should be used to asses this area. The presence of a language disability does not guarantee the child's eligibility for special education if there is no evidence of educational impact.

Comment section

- May include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Considerations

The purpose of assessment is to determine eligibility and/or programming needs. Certain assessment tools are more appropriate for programming than for eligibility determination.

Please note: A criterion-referenced tool that does not give standard scores (i.e. Rosetti Infant-Toddler Language Scale, Brigance (Inventory of Early Development III)) cannot be used in the first two rows. This information may be useful for determining ratings in rows three and four. It could also be considered as one alternative assessment method for students who are unable to participate in standardized testing.

Preschool Language Severity Rating Scale

Factors	No apparent impact	Minimal Impact	Moderate impact	Significant impact
Formal/standardized Comprehensive Language Assessment (lowest <u>composite</u> score may be used)	Score = 0 Composite scores* at or above: Mean to -1 SD SS 100-85** ≥ 17th %ile	Score = 2 Composite scores* documenting: -1 to 1.5 SD SS 84-77** 16th-7th %ile	Score = 3 Composite scores * documenting: -1.5 to -2 SD SS 76-70** 6th-3rd %ile	Score = 4 Composite scores * documenting: -2 or greater SD SS < 69** Below 3rd %ile
Second standardized measure	Score = 0 Mean to -1 SD SS 100-85** ≥ 17th %ile	Score = 2 -1 to 1.5 SD SS 84-77** 16th-7th %ile	Score = 3 -1.5 to -2 SD SS 76-70** 6th-3rd %ile	Score = 4 -2 or greater SD SS < 69** Below 3rd %ile
Information/ non-standardized assessment	Score = 0 Language skills are developmentally appropriate and do not interfere with communication Demonstrates improvements during dynamic assessment	Score = 2 Language skills consist of some errors and do not interfere with communication Demonstrates improvements during dynamic assessment	Score = 3 Language skills are below the average range; errors are noticeable and interfere with communication Demonstrates limited improvement during dynamic assessment	Score = 4 Language skills are significantly below average; errors are prevalent and greatly interfere with communication Demonstrates very limited improvement during dynamic assessment
Social/Emotional impact	Score = 0 Language skills are adequate for the student's participation in varied environments i.e. Preschool Daycare Home	Score = 4 Language skills are developing and can be addressed in varied environments i.e. Preschool Daycare Home	Score = 6 Language skills affect the student's ability to participate in varied environments i.e. Preschool Daycare Home	Score = 8 Language skills significantly impact the student's ability to participate in varied environments. i.e. Preschool Daycare Home

*These scores should be composite scores from the full battery of subtests, not individual subtest scores.
**This example assumes a mean of 100 and standard deviation of 15 points. See bell curve diagram, assessment section, page 15

Total Score:	0-8	No Apparent Impact
Total Score:	9-12	Minimal Impact
Total Score:	13-16	Moderate Impact
Total Score:	17-20	Significant Impact

If a student is unable to complete a standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.

Comments:

Preschool Language Severity Rating Scale

Level	Condition	Educational Impact
No apparent impact	The child's independent language skills are consistently age-appropriate. The child is able to use compensatory strategies when needed.	Language skills are adequate for the child's participation in educationally/developmentally appropriate settings.
Minimal impact	The child's independent language skills are age appropriate. He/she is successful in participating in most low-comprehension and low verbal demand educational/developmental activities with minimum support. However, the child's participation in high comprehension and high verbal demand situations may occasionally be limited.	Language skills are developing and can be addressed in their regular educationally/ developmentally appropriate setting.
Moderate impact	The child's independent language skills are often age-appropriate in low comprehension and low verbal demand educational/developmental activities. The child's successful participation is frequently limited in high demand activities unless maximum support is provided to reduce comprehension and verbal demands.	Language skills affect the child's ability to participate in educationally/ developmentally appropriate settings.
Significant impact	The child's independent language comprehension and verbal messages are rarely age-appropriate even in low-comprehension and low verbal demand educational activities. His/her participation in high comprehension and high demand educational/developmental activities is not age-appropriate and tends to be extremely limited even with supports.	Language skills significantly impact the child's ability to participate in educationally/developmentally appropriate settings.

School-Aged Language Criteria

A Language Disorder is defined as a breakdown in communication characterized by difficulties in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns attributed to dialectical, cultural or ethnic differences or the influence of a foreign language must not be identified as a disorder. For more information on this topic, see page 15 of these guidelines.

Language Rating Scale

The Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable Speech-Language Pathologists (SLPs) to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a Speech or Language Impairment (SLI) based on those assessment results, in collaboration with the IEP team. The tool is not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input.

Formal/standardized assessment

- Determination of the rating for formal assessment should be based on derived scores of relative standing, such as standard scores or percentiles. If the standard score is not +/- 15 for the test used, then use the standard deviation. **Total test score or composite scores must be used—not individual subtests**

Second standardized assessment

- Second standardized assessment should further investigate areas of weakness identified by the comprehensive assessment tool. Single-word vocabulary assessments cannot be used as the second standardized assessment.

Informal/non-standardized assessment

- Determination of the rating for informal assessment requires professional judgment and reference to normative data. Consider the results of criterion-referenced tools, language samples, teacher-made tests, observation, and other dynamic assessment tasks such as non-word repetition.

Adverse effect on educational performance

- A combination of educational activities should be used to asses this area. The presence of a language disability does not guarantee the child's eligibility for special education if there is no evidence of educational impact.

Comment section

- May include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Considerations

- Given current medical, neurological, physical, emotional, and/or developmental factors, if the student's speech-language performance is within his/her expected performance range and compensatory skills have been achieved; then the student may not be found eligible.
    - The purpose of assessment is to determine eligibility and/or programming needs. Certain assessment tools are more appropriate for programming than for eligibility determination (e.g., Single words vocabulary tests).

- For written language: Document assessment under the “Informal Assessment” block:
    - Classroom writing samples should be included (e.g., 6 Traits rubrics)
- Curriculum-based assessment

Additional Considerations

Individuals with social and/or communication concerns may be eligible for speech-language services due to the pervasive nature of the social communication impairment. Formal assessment tools may not accurately detect problems in the social use of language and communication, so eligibility may need to be based on clinical judgment and more informal, observational measures.

Features to consider

1. Has limited joint attention and limited use of facial expressions directed toward others.
2. Does not show or bring things to others to indicate an interest in the activity.
3. Demonstrates difficulties in relating to people, objects, and events.
4. Has a gross impairment inability to make and keep friends.
5. Shows significant vulnerability and safety issues due to social naiveté.
6. Prefers isolated or solitary activities.
7. Misinterprets others’ behaviors and social cues.
8. Demonstrates gross impairments of solitary, imaginative, cooperative, and reciprocal play.
9. Demonstrates overreaction or under reaction to sensory stimuli resulting in communication breakdowns (which may include sight, smell, hearing, taste, touch, balance, body awareness, and pain).
10. Uses rigid or rule-bound thinking such as an intense, focused preoccupation with a limited range of play, interests, or conversation topics.

School-Aged Language Severity Rating Scale

Factors	No Apparent Impact	Minimal Impact	Moderate Impact	Significant Impact
Standardized Comprehensive Language Assessment in Oral &/or Written Language (Lowest <u>Composite</u> score may be used)	Score = 0 Composite scores* at or above: Mean to -1 SD SS 100-85 ** ≥ 17th %ile	Score = 2 Composite scores * documenting: -1 to -1.5 SD SS 84 to 77 ** 16th-7th %ile	Score = 3 Composite scores * documenting: -1.5 to -2 SD SS 76-70 ** 6th-3rd %ile	Score = 4 Composite scores * documenting: -2 or greater SD SS < 69 ** Below 3rd %ile
Second Standardized Measure	Score = 0 Mean to -1 SD SS 100-85** ≥ 17th %ile	Score = 2 -1 to -1.5 SD SS 84-77** 16th-7th %ile	Score = 3 -1.5 to -2 SD SS 76-70** 6th-3rd %ile	Score = 4 -2 or greater SD SS < 69** Below 3rd %ile
Informal/Non-standardized Assessment	Score = 0 Language skills are developmentally appropriate and do not interfere with communication; demonstrates improvements during dynamic assessment	Score = 2 Language skills consistent with some errors, and do not interfere with communication; demonstrates improvements during dynamic assessments	Score = 3 Language skills are below the average range; errors are noticeable and interfere with communication; demonstrates limited improvement during dynamic assessment	Score = 4 Language skills are significantly below average; errors are prevalent and greatly interfere with communication; demonstrates very limited improvement during dynamic assessment
Educational Impact	Score = 0 Language skills are adequate for the student's participation in educational settings.	Score = 4 Language skills are developing and can be addressed in the educational setting	Score = 6 Language skills affect the student's ability to participate in educational settings	Score = 8 Language skills significantly impact the student's ability to participate in educational settings

*These scores should be composite scores from the full battery of subtests, not individual subtest scores.
**This example assumes a mean of 100 and standard deviation of 15 points. See bell curve diagram, assessment section, page 15

Total Score: 0-8 No Apparent Impact
Total Score: 9-12 Minimal Impact
Total Score: 13-16 Moderate Impact
Total Score: 17-20 Significant Impact

If a student is unable to complete a standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.
Comments:

School-Aged Language Severity Rating Scale

Level	Condition	Educational Impact
No apparent impact	The student's independent language skills are consistently age-appropriate. The student is able to use compensatory strategies when needed.	Language skills are adequate for the student's participation in educational/developmentally appropriate settings.
Minimal impact	The student's independent language skills are age-appropriate. He/she is successful in participating in most low comprehension and low verbal demand educational activities with minimum support. However, the student's participation in high comprehension and high verbal demand situations may occasionally be limited.	Language skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Moderate impact	The student's independent language skills are often age-appropriate in low comprehension and low verbal demand educational activities. The student's successful participation is frequently limited in high demand activities unless maximum support is provided to reduce comprehension and verbal demands.	Language skills affect the student's ability to participate in educational/developmentally appropriate settings.
Significant Impact	The student's independent language comprehension and verbal messages are rarely age-appropriate even in low comprehension and low verbal demand educational activities. His/her participation in high comprehension and high demand educational activities is not age-appropriate and tends to be extremely limited even with supports.	Language skills significantly impact the student's ability to participate in educational/developmentally appropriate settings.

Language Appendices

(These are resources that MAY be used in the assessment process to help the SLP determine eligibility)

Preschool Language Skills Checklist (Birth – Age 6)

Preschool Educational Assessment of Communication Skills

Parent Checklist: Speech-Language (Preschool)

Observation for Preschool Speech/Language

Classroom Based Communication Skills Checklist for Kindergarten

Classroom Based Communication Skills Checklist for First Grade

Classroom Based Communication Skills Checklist for Second – Third Grade

Classroom Based Communication Skills Checklist for Fourth – Fifth Grade

Classroom Based Communication Skills Checklist for Middle and High School

Classroom Observational Checklist

Basic Concept Chart

Predicted MLU Ranges

Parent Questionnaire

Student Checklists

Functional Communication Assessment Summary

Social Communication Resources

Preschool Language Skills Checklist (Birth –Age 6)

Child's Name _____

DOB: _____
Age: _____
Parent's Name(s): _____
_____
DOE: _____
Examiner:_____

Key:
A = Always/Accurately/Yes
S = Sometimes/Somewhat
N = Never/Not at all/No

0 to 6 months:

_____ Startles in response to sounds
_____ Smiles when spoken to
_____ Recognizes voices
_____ Turns head toward sounds
_____ Fixes gaze on face
_____ Anticipates feeding on sight of bottle and/or spoon
_____ Frequently coos, gurgles and make sounds
_____ Uses different cries to express different needs
_____ Vocalizes in response to speech
_____ Laughs when playing
_____ Uses sounds or gestures to indicate wants
_____ Uses P, B, M in babbling

7 to 12 months:

_____ Understands "no"
_____ Recognizes common items
_____ Understands simple commands (ex "give me")
_____ Reaches to request an object
_____ Vocalizes to request or indicate need
_____ Looks for objects out of sight
_____ Shakes head "NO" and pushes undesired objects away
_____ Waves "bye"
_____ Directs others' behavior by pulling, tugging or patting
_____ Participates in "pat-a-cake", "peek-a-boo", and/or "so big"
_____ Has a vocabulary of 1-3 words
_____ Uses speech sounds rather than only crying to get attention
_____ Uses M, N, T, D, P, B, Z in babbling/jargon

13 to 18 months:

_____ Identifies 1-3 body parts
_____ Understands and responds to own name
_____ Follows simple routine commands
_____ Uses echolalia and jargon
_____ Uses jargon to fill gaps in fluency
_____ Uses adult like intonation patterns
_____ Combines gestures and vocalizations
_____ Expressive vocabulary of 3 to 20 words
_____ Asks "What this?"
_____ Requests "more"
_____ Produces 1 to 2 word phrases
_____ Says "NO"

**Normal speech patterns for this age range include: produces mostly unintelligible with omissions of many final and medial consonants and some initial consonants

19 to 23 months:

_____Identifies 5 body parts
_____Receptive vocabulary of 300 or more
_____Enjoys listening to stories
_____Answers "what's that/" questions
_____Uses words more frequently than jargon
_____Uses appropriate intonation for questions
_____Expressive vocabulary of 50 to 100 words
_____Combines nouns and verbs
_____Uses pronouns
_____Speech is 25-50% intelligible to strangers

2-0 to 3-0 years:

_____ Identifies several body parts
_____ Points to pictures in a book when named
_____ Comprehends concepts: in, on, under, one and all
_____ Names everyday items
_____ Requests items by name
_____ Answers simple questions; what doing, who
_____ Asks simple questions, what's that
_____ Uses 2 to 3 word phrases
_____ Uses articles such as "a" and "the"
_____ Uses "ing" (ex. Running)
_____ Uses contractions such as don't, can't
_____ Refers to self as "me" versus first name
_____ Engages in short dialogue

_____ Uses attention-getting words such as; hey, look
_____ Marks initial consonants
_____ Has mastered P, M, N, H, and vowels
_____ Speech is 50% intelligible to strangers

** Normal speech patterns for this age range include: omission of medial sounds and omission or substitution of final sounds

3-0 to 4-0 years:

_____ Understands object function
_____ Identifies things that go together (associations)
_____ Sort objects into basic categories
_____ Comprehends concepts: big, little, empty, full, top, in front, in back, around
_____ Follows one step non routine directions with known concepts
_____ Uses specific location word (ex. In the barn vs. over there)
_____ Combines 3 to 4 words in sentences
_____ Uses a variety of nouns and verbs
_____ Uses "S" to indicate possession
_____ Uses regular past tense verbs (ed)
_____ Uses "S" for regular plurals
_____ Uses pronouns; he, she, I, you, me, and mine
_____ Uses negative "Not"
_____ Uses is, are, am + ing
_____ Uses conjunction: and
_____ Asks and answers simple questions; who, what, where, yes/no
_____ Initiates conversation
_____ Maintains topic (2-3 turns)

3-0 to 4-0 years continued:

_____ Tells two events in chronological order
_____ Consonants mastered: B, W, D, T
_____ Speech is 75% intelligible to strangers

**Typical speech patterns for this age range include: TH errors, cluster reduction, gliding, depalatalization and stopping
**Typical disfluencies for this age range include: whole and part word repetitions at the beginning of a sentence/phrase

4-0 to 5-0 years:

_____ Follows two-step, non-routine directions with known concepts
_____ Comprehends concepts: between, bottom, short, long, next to, same, different
_____ Pays attention to a story and answers simple questions about it
_____ Combines 4 to 7 words in sentences
_____ Uses pronouns: our, their, they
_____ Asks and answers simple questions; when, why
_____ Answers questions about function
_____ Answers questions about association
_____ Labels basic categories
_____ With question prompts can describe an object using several descriptors
_____ Tells about a past event (ex. event that happened at school, friend's house)
_____ Accurately retells a story just heard
_____ Refers to self as "I" versus first name/me
_____ Tells name and age
_____ Uses language to express emotion
_____ Consonants mastered: K, G, F
_____ Speech is 100% intelligible to strangers

**Typical speech patterns for this age range include: TH errors, Stopping of SH, CH and J, gliding and depalatalization
**Typical disfluencies for this age range include: whole and part word repetitions at the beginning of a sentence/phrase

5-0 to 6-0 years:

_____ Follows three-step, non-routines directions with known concepts
_____ Comprehends concepts: first, last, day, night, before, after
_____ Understands humor
_____ Uses reflexive pronouns (ex. myself)
_____ Uses pronouns: "his" and "hers"
_____ Uses comparative –er, -est
_____ Uses irregular plurals (ex. feet/teeth)
_____ Uses conjunctions: or, but
_____ Sentence length decreased due to complexity
_____ Name opposites
_____ Can tell one difference and one similarity between two items
_____ Asks and answers simple questions; how, what if
_____ Sequences 4 pictures of events and tells the related story given the pictures
_____ Without question prompts can describe an object using several descriptors
_____ Consonants mastered: NG, Y (stridency should be present in speech – S distortion is still okay but they should mark stridency with another strident s/sh)
_____ Speech is 100% intelligible to strangers

**Typical speech patterns for this age range include:

TH errors, gliding and depalatalization

Preschool Educational Assessment of Communication Skills

Student:	Date of Birth:
Teacher:	Date:

Please compare the child's performance with his/her peers.

The child:	Yes	Sometimes	No
uses social language (hi, bye, please, thank you)			
is learning new words every week			
repeats new words without being asked			
uses describing words (big, red, etc.)			
gets my attention with words			
rejects/denies/says no			
takes turns in a "conversation"			
asks for help			
is understood by familiar adults			
is understood by unfamiliar adults			
names pictures in a book			
listens to a short picture book			
answers "yes/no" questions			
answers "wh" questions			
asks questions with his/her tone of voice			
asks "yes-no" questions			
asks "wh" questions (what, where, why, how)			
uses pronouns correctly (I, she, he, my, etc.)			
knows some songs or nursery rhymes			
has trouble saying sounds; list:			
is teased by peers about the way s/he talks			
has difficulty following directions			
has difficulty attending If Yes or Sometimes, check all that apply: ☐ one to one ☐ small group ☐ large group ☐ during lengthy instruction ☐ noise in the environment			
has noticeable hesitations, repetitions, or tension when speaking			
has an unusual voice (e.g., hoarse, nasal, high-pitched)			
has a rate or volume that interferes with understanding him/her			

Rate your concern for the child's communication skills. None 1 2 3 A lot

Approximately how many words are in the child's vocabulary? 10 11 to 50 more than 50

How many words does the child **usually** combine into sentences?

Do the child's communication skills influence his/her adult and peer relationships or participation in activities? (Circle your answer)

Yes No If YES, explain:

What does the child do **when he/she is not understood** (Circle all that apply)?

points or gestures gives up repeats the words

says different words other (explain):

Parent Checklist: Speech-Language (Preschool)

Child's Name:	Date of Birth:
Person completing this Form:	Date:

Your input will help us understand your child's speech skills. Please check the following. Thank you.

My child...	**Yes**	**Sometimes**	**No**
responds to his/her name			
says 10 words			
is learning new words every week			
repeats new words			
says 50 words			
puts two words together			
gets my attention with words			
rejects/says no			
asks questions with his/her tone of voice			
takes turns in a "conversation"			
asks for help			
says 3-4 word sentences			
is understood by family members			
is understood by familiar adults			
is understood by unfamiliar adults			
follows one-step directions			
follows two-step directions			
listens to a short picture book			
names pictures in a book			
answers "yes/no" questions			
answers "wh" questions			
asks "yes/no" questions			
asks "wh" questions (what, where, why, how)			
uses pronouns correctly (I, me, we)			
knows some songs or nursery rhymes			
participates in pretend play			

Rate your concern for the child's communication skills: None 1 2 3 A lot

What does the child do **when he/she is not understood** (Circle all that apply)?

points or gestures gives up repeats the words

says different words other (explain):

Observation for Preschool Speech/Language

Student: _____DOB: _____Date: _____
Teacher: _____ School/Setting: _____
Observer: _____

Check those items that describe the child's speech/language skills.

I. Attending	
☐ Localizes to sounds ☐ Attends to voices	☐ Responds to his/her name ☐ Attends to task
I. **Vocalizations**	
☐ Vocalizes spontaneously ☐ Imitates vocalizations	☐ Vocalizes to indicate wants/needs How? ☐ Produces words
II. Language	
A. Expressive: ☐ Typical for age ☐ Vocabulary **Uses:** ☐ 0-10 words ☐ 11-20 words ☐ 21-50 words ☐ over 50 words **B. Receptive:** ☐ Typical for age ☐ Does not follow directions well ☐ Vocabulary ☐ 0-10 words ☐ 11-20 words ☐ 21-50 words ☐ over 50 words	☐ Speaks in: ☐ single words ☐ 2-3 word phrase ☐ complete sentences ☐ Uses verb forms (-ing, -ed) ☐ Confuses pronouns (I, he, she) ☐ Difficulty forming sentences ☐ Difficulty answering wh – questions (who – what – where – when – why) ☐ Difficulty answering yes/no questions (e.g., "Do you want more?) ☐ Difficulty with comprehension
III. Articulation	
☐ Can be easily understood ☐ Has noticeable errors but can be understood ☐ Substitutes sounds for other sounds(e.g., w/l, t/k, d/g, t/f)_____ ☐ Leaves out sounds _____ ☐ Difficulty expressing thoughts clearly	☐ Can seldom be understood ☐ Understood only when topic is known
IV. Social What is the child's primary form of communication? (gestures, words, sentences)	
☐ Initiates communication ☐ Indicates emotion-How?	☐ Demonstrates turn – taking behavior ☐ Retells immediate experiences
V. Fluency	
☐ Typical ☐ Stutters When: ☐ Conversation ☐ Answering questions	Other Behaviors: (as related to stuttering) ☐ Blinks eyes ☐ Jerks head/leg ☐ Other:_____
VI. Voice	
☐ Typical ☐ Hoarse (as if losing voice)	☐ Nasal (through nose) ☐ Sounds like a cold

Classroom Based Communication Skills Checklist for Kindergarten

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

The student does **NOT**:

_____ 1. hear and identify familiar sounds
_____ 2. hear and identify rhythmic patterns
_____ 3. hear and identify rhyming words
_____ 4. identify initial consonants
_____ 5. listen and appropriately respond to nursery rhymes, fairy tales, poetry
_____ 6. discriminate between sounds effectively
_____ 7. recall what is heard
_____ 8. follow oral instructions
    _____ a. in individual direction
    _____ b. in group direction
_____ 9. listen for specific purposes
_____ 10. listen during group discussions
_____ 11. retain information heard
_____ 12. ignore auditory distractions

II. SPEAKING

A. The student does **NOT** demonstrate appropriate grammar using:

_____ 1. nouns
    _____ a. singular
    _____ b. plural
_____ 2. verb tenses, except irregular past
_____ 3. helping/linking verbs (e.g. "is, are")
_____ 4. pronouns

B. The student does **NOT**:

_____ 1. express ideas clearly
_____ 2. retell directions, events and pictured sequences of four
_____ 3. give oral presentations (i.e., "show and tell")
_____ 4. recite from memory
_____ 5. respond to questions and discussions
_____ 6. speak clearly and audibly
_____ 7. speak in complete sentences
_____ 8. produce all sounds appropriately

III. VOCABULARY/CONCEPTS

A. The student does **NOT**:

_____ 1. understand and use age-appropriate basic concepts (see attached chart)

B. The student does **NOT**:

_____ 1. sequence left to right
_____ 2. recognize and name colors
_____ 3. recognize and name shapes
_____ 4. recognize and name numbers 0-20

Classroom Based Communication Skills Checklist for Kindergarten (Continued)

_____ 5. use age-appropriate vocabulary
_____ 6. group vocabulary by common categories
_____ 7. associate words with objects and activities
_____ 8. identify simple cause and effect relationships
_____9. distinguish between: “pretend” and “real”
_____10. identify basic emotions (e.g. happy, sad, angry)
_____11. predict outcomes
_____12. draw inferences/solve simple riddles

IV. SOCIAL LANGUAGE

The student does **NOT**:

_____ 1. stay on topic giving relevant information
_____ 2. take conversational turns
_____ 3. begin and terminate conversations appropriately
_____ 4. demonstrate the ability to make choices
_____ 5. accept decisions made by others and themselves
_____ 6. complete tasks independently or in groups

V. EARLY LITERACY SKILLS

The student does **NOT**:

_____ 1. recognize capital and lower case manuscript letters
_____ 2. match capital and lower case manuscript letters
_____ 3. recognize his own name
_____ 4. participate in language experience stories
_____ 5. use correct paper, pencil and proper body positions
_____ 6. copy and follow lines, shapes, etc. on paper
_____ 7. copy numerals, capitals, and lower case letters in manuscript
_____ 8. write numerals, capitals, and lower case letters in manuscript
_____ 9. segment sentences to show number of words (clapping)
_____ 10. tell sounds associated with letters
_____ 11. blend sounds in CVC words when segmented sounds are said to him
_____ 12. read sight words
_____ 13. accurately track enlarged print (big books, pocket charts)

Check the item that best summarizes your impression of this child’s language:

_____ Language skills are adequate for the student’s participation in an educational setting
_____ Language skills are developing and can be addressed in the general educational setting
_____ Language skills affect the student’s ability to participate in educational settings
_____ Language skills have a significant impact on the student’s ability to participate in educational settings.

Comments:

_____
_____
_____

Classroom Based Communication Skills Checklist for First Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

The student does **NOT**:

_____ 1. follow oral directions
  _____ a. in individual direction
  _____ b. in group direction
_____ 2. follow written directions
_____ 3. identify main ideas, details and characters of a story
_____ 4. draw conclusions from facts given in a story
_____ 5. identify character's motives and feelings
_____ 6. sequence four events
_____ 7. ignore auditory distractions
_____ 8. identify initial/final consonants
_____ 9. identify vowel sounds
_____ 10. Discriminate effectively between sounds

II. SPEAKING

The student does **NOT**:

_____ 1. identify groups of words as sentences
_____ 2. identify asking vs. telling sentences
_____ 3. identify nouns
_____ 4. identify verbs and action words
_____ 5. identify adjectives
_____ 6. produce complete sentences
_____ 7. produce appropriate grammar
_____ 8. participate in group discussions
_____ 9. comprehend and respond to wh questions
_____ 10. produce all sounds appropriately

III. VOCABULARY/CONCEPTS

The student does **NOT**:

_____ 1. associate text with pictures
_____ 2. recognize emotion in stories
_____ 3. differentiate true and false statements
_____ 4. predict outcomes
_____ 5. make inferences/solve simple riddles
_____ 6. use context clues
_____ 7. recognize antonyms
_____ 8. use age appropriate vocabulary
_____ 9. understand and use basic concepts

Classroom Based Communication Skills Checklist for First Grade (Continued)

IV. SOCIAL LANGUAGE

The student does **NOT**:

_____ 1. stay on topic giving relevant information
_____ 2. take conversational turns
_____ 3. begin and terminate conversations appropriately

V. LITERACY SKILLS

The student does **NOT**:

_____ 1. capitalize appropriately
_____ 2. punctuate appropriately
_____ 3. compose one sentence
_____ 4. compose multiple related sentences
_____ 5. demonstrate sound, letter, and letter pattern recognition and manipulation by substituting and deleting sounds
_____ 6. segment words into sounds
_____ 7. blend sounds into words
_____ 8. recognize, read, and write sight words
_____ 9. read with fluency
_____ 10. retell a story in sequence
_____ 11. identify story elements

Check the item that best summarizes your impression of this child's language:

____ Language skills are adequate for the student's participation in educational settings
____ Language skills are developing and can be addressed in the general educational setting
____ Language skills affect the student's ability to participate in educational settings
____ Language skills have a significant impact on the student's ability to participate in educational settings

Comments:

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Return this form to: _____ at _____ by _____

Classroom Based Communication Skills Checklist for Second/Third Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

A. The student does **NOT**:
- _____ 1. follow directions
  - _____ a. in individual direction
  - _____ b. in group direction
- _____ 2. comprehend and answer wh questions

B. The student does **NOT** identify key elements of who, what, when and where
- _____ 1. from orally presented materials
- _____ 2. from written material

C. The student does **NOT**:
- _____ 1. identify the main idea
- _____ 2. differentiate between relevant and irrelevant information
- _____ 3. discriminate likeness and differences of sounds in words
- _____ 4. ignore auditory distractions

II. SPEAKING

The student does **NOT**:
- _____ 1. use grammatically correct sentences
- _____ 2. participate in group discussions
- _____ 3. give description with appropriate detail
- _____ 4. compare and contrast
- _____ 5. recall and discuss personal experiences
- _____ 6. convey information in an organized manner
- _____ 7. use specific vocabulary rather than general words (thing, stuff)
- _____ 8. ask/answer questions appropriately
- _____ 9. use appropriate articulation

III. VOCABULARY/CONCEPTS

The student does **NOT**:
- _____ 1. relate to cause and effect
- _____ 2. recognize synonyms, antonyms, homonyms, and multiple-meaning words
- _____ 3. use appropriate vocabulary
- _____ 4. understand idioms and non-literal forms
- _____ 5. understand and give descriptions with appropriate detail
- _____ 6. appropriately compare and contrast

IV. SOCIAL LANGUAGE

The student does **NOT**:
- _____ 1. stay on topic giving relevant information
- _____ 2. take conversational turns
- _____ 3. begin and terminate conversations appropriately

V. LITERACY SKILLS

The student does **NOT**:

_____ 1. identify groups of words as sentences
_____ 2. differentiate between sentences and questions
_____ 3. use correct capitalization and punctuation
_____ 4. write 2 to 4 complete sentences about a topic
_____ 5. write a sentence with descriptive words
_____ 6. write time ordered story using first, next and last
_____ 7. proof and edit his work
_____ 8. recognize, read and write sight words
_____ 9. retell a story in sequence
_____ 10. retell a story in sequence
_____ 11. identify story elements

Check the item that best summarizes your impression of this child's language:

_____ Language skills are adequate for the student's participation in educational settings
_____ Language skills are developing and can be addressed in the general educational setting
_____ Language skills affect the student's ability to participate in educational settings
_____ Language skills have a significant impact on the student's ability to participate in educational settings

Comments:

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Return this form to: _____ at _____ by _____

Classroom Based Communication Skills Checklist for Fourth/Fifth Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

The student does **NOT**:

_____ 1. understand directions and assignments
_____ 2. takes notes and ask questions
_____ 3. answer specific literal questions
_____ 4. answer specific inferential questions
_____ 5. recall main ideas and supporting details
_____ 6. interpret and evaluate information
_____ 7. distinguish between fact and opinion in an oral message
_____ 8. relate cause and effect
_____ 9. use strategies to enhance memory

II. SPEAKING

The student does **NOT**:

_____ 1. use grammatically correct sentences
_____ 2. give concise and accurate directions or information
_____ 3. respond to questions appropriately
_____ 4. ask questions to clarify or gain additional information
_____ 5. retell a story or event with appropriate sequence and detail
_____ 6. speak with appropriate articulation

III. VOCABULARY/CONCEPTS

The student does **NOT** use or understand grade appropriate:

_____ 1. vocabulary
_____ 2. antonyms, synonyms, multiple meaning words, homonyms
_____ 3. idioms and figurative language
_____ 4. inferences
_____ 5. cause and effect relationships
_____ 6. drawing of conclusions

IV. SOCIAL LANGUAGE

The student does **NOT**:

_____ 1. contribute and stay on topic
_____ 2. give relevant information
_____ 3. take conversational turns
_____ 4. begin and terminate conversations appropriately

V. LITERACY SKILLS

The student does **NOT** write appropriately:

_____ 1. using correct capitalization and punctuation
_____ 2. combining two simple sentences to make compound and/or complex sentences
_____ 3. using pre-writing experiences such as brainstorming, webbing, etc.

_____ 4. writing 2-3 paragraphs about topics
_____ 5. writing different forms:
a) a book report; b) personal stories; c) a research report
_____ 6. write complete, grammatical sentences
_____ 7. editing his work

Check the item that best summarizes your impression of this child's language:
_____ Language skills are adequate for the student's participation in educational settings
_____ Language skills are developing and can be addressed in the general educational setting
_____ Language skills affect the student's ability to participate in educational settings
_____ Language skills have a significant impact on the student's ability to participate in educational settings.

Comments:

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Return this form to: _____ at _____ by _____

Classroom Communication & Learning Checklist Middle School and High School

Student: _____Date:_____
Teacher: _____

RATE the extent to which each of the statements below describes the student:
Scale: 0 (never) 1 (rarely) 2 (sometimes) 3 (most times)

THE STUDENT:	RATING	COMMENTS
Listening		
1. has trouble paying attention		
2. has trouble following spoken directions		
3. has trouble remembering things people say		
4. has trouble understanding what people are saying		
5. asks people to repeat what they have said		
6. has trouble understanding word meanings		
7. has trouble understanding new ideas		
8. has trouble looking at people when talking		
9. has trouble understanding facial expressions (body language)		
Speaking		
10. has trouble answering questions people ask		
11. has trouble answering questions as quickly as others		
12. has trouble asking for help		
13. has trouble asking questions		
14. has trouble using a variety of vocabulary words when talking		
15. has trouble retrieving the right words		
16. has trouble saying what he or she is thinking		
17. has trouble describing things to people		
18. has trouble staying on the subject when talking		
19. has trouble getting to the point when talking		
20. has trouble putting things in the right order		
21. uses poor grammar when talking		
22. has trouble using complete sentences when talking		
23. talks in short, choppy sentences		
24. has trouble expanding on an answer or providing details		
25. has trouble having a conversation with someone		
26. has trouble talking with a group of people		
27. has trouble being understood (saying things another way)		
28. gets upset when people don't understand him/her		
Reading		
29. has trouble sounding out words when reading		
30. has trouble using contextual cues		
31. has trouble understanding what he/she has read		
32. has trouble explaining what he/she has read		
33. has trouble identifying the main idea of what is read		
34. has trouble remembering details from something read		
35. has trouble following written directions		

Classroom Communication & Learning Checklist Middle School and High School (Continued)

Student: _____Date:_____
Teacher: _____

THE STUDENT:	RATING	COMMENTS
Writing		
36. has trouble writing what he/she is thinking		
37. uses poor grammar when writing		
38. has trouble writing complete sentences		
39. writes short, choppy sentences		
40. has trouble explaining an answer or providing details in writing		
41. has trouble putting words in the right order in sentences		

Additional Comments:

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Return this form to: _____ at _____ by _____

Classroom Observational Checklist

Student _____ Date of Birth _____ Age _____ Grade_____

Observer:_____ Date _____

Directions: Check areas of concern.

LISTENING
The student has difficulty:

_____ 1. paying attention
_____ 2. following spoken directions
_____ 3. remembering things people say
_____ 4. understanding what people are saying
_____ 5. understanding the meaning of words
_____ 6. understanding new ideas
_____ 7. looking at people when talking or listening
_____ 8. understanding facial expressions, gestures, or body language

SPEAKING
The student has difficulty:

_____ 1. answering questions people ask
_____ 2. answering questions as quickly as other students
_____ 3. asking for help when needed
_____ 4. asking questions
_____ 5. using a variety of vocabulary words when talking
_____ 6. thinking of (finding) the right word to say
_____ 7. expressing thoughts
_____ 8. describing things to people
_____ 9. staying on the subject when talking
_____ 10. getting to the point when talking
_____ 11. putting events in the right order when telling stories about things that happened
_____ 12. using correct grammar when talking
_____ 13. using complete sentences when talking
_____ 14. expanding an answer or providing details when talking
_____ 15. talking with a group of people
_____ 16. saying something another way when someone doesn't understand

READING
The student has difficulty:

_____ 1. sounding out words when reading
_____ 2. understanding what was read
_____ 3. explaining what was read
_____ 4. identifying the main idea
_____ 5. remembering details
_____ 6. following written directions

WRITING
The student has difficulty:

_____ 1. writing down thoughts
_____ 2. using correct grammar
_____ 3. writing complete sentences
_____ 4. expanding an answer or providing details when writing
_____ 5. putting words in the right order when writing sentences

Comments:

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Basic Concept Chart

Circle the concepts the child has not yet mastered

	Spatial	Temporal	Quantity/Quality	Social-Emotional
2-3 Years	together behind away from		some all small large	
3-4 Years	top apart around high in front of toward		empty full same less than	
4-5 Years	bottom low next to beside forward in back or		short long thin each different	
High Utility Concepts 5 years and up	right left near far back front side second third ahead center corner edge upper right lower right upper left lower left across from through right half left half to the right of to the left of separated	first last next beginning end starting morning evening late following afternoon yesterday tomorrow after before second third gradual sudden early	a little a lot thick many few none enough both medium sized half whole another pair wide narrow shallow deep every equal the most the least diagonal horizontal vertical	tired surprised scared angry afraid excited bored worried

Predicted MLU Ranges

Predicted MLU Ranges and Linguistic Stages of Children Within One Predicted Standard Deviation of Predicted Mean											
				Brown's Stages within 1 SD of Predicted MLU							
Age ± 1 Mo.	**Predicted MLU**	**Predicted SD**	**Predicted MLU ± 1 SD (Middle 68%)**	**EI**	**LI**	**II**	**III**	**EIV**	**LIV/EV**	**LEV**	**PostV**
18	1.31	.325	.99-1.64	X	X						
21	1.61	.386	1.23-2.01	X	X	X					
24	1.92	.448	1.47-2.37	X	X	X					
27	2.23	.510	1.72-2.74		X	X	X				
30	2.54	.571	1.97-3.11		X	X	X	X			
33	2.85	.633	2.22-3.48			X	X	X			
36	3.16	.394	2.47-3.85			X	X	X	X		
39	3.47	.756	2.71-4.23				X	X	X	X	
42	3.78	.817	2.96-4.60				X	X	X	X	X
45	4.09	.879	3.21-4.97					X	X	X	X
48	4.40	.940	3.46-5.34					X	X	X	X
51	4.71	1.002	3.71-5.71						X	X	X
54	5.02	1.064	3.96-6.08						X	X	X
57	5.32	1.125	4.20-6.45							X	X
60	5.63	1.187	4.44-6.82							X	X

a) MLU is predicted from the equation MLU = -.548 + .103 (AGE)
b) SD is predicted from the equation SD MLU = -.446 + .0204 (AGE)

From "The Relation between Age and Mean Length of Utterance in Morphemes," by J.F. Miller and R.S. Chapman, 1981, Journal of Speech and Hearing Research, 24(2), p 158 1981, ASHA

Key:
EI = Early (stage) I
LI = Late (stage) I
II = Stage II
III = Stage III
EIV = Early (stage) IV
LIV/EV = Late (stage) IV to Early (stage) V
LV = Late (stage) V
Post V

Parent Questionnaire

Date: __/__/__

We are preparing to evaluate/screen your child. Since information from parents is an essential part of the process, we would like you to fill out this form as completely as possible and return it.

We understand that it takes time to answer these questions and that you may have provided some of the information before. However, complete and up-to-date information is very important to help us understand your child's situation and plan for each student.

We also know that some of the information asked for is personal and of a private nature. Please be assured that the information you give will be treated confidentially, used in the best interest of your child, and made available only to appropriate school personnel. If you have questions about any item, or concerns about responding to a particular question, or would like to go over the questions with a member of the Diagnostic Team, please do not hesitate to call the school. Thank you.

STUDENT and FAMILY INFORMATION

Child's name _____ Birth date__/__/____ Age_____
Address_____ Zip_____ Phone_____
School _____ Grade_____ Work Phone_____
Email_____ Alternate number_____

Mother's name_____Address_____
Father's name_____Address_____
Parents' marital status (circle one): Married Separated Divorced Widowed Single Parent
Who has legal authority to sign papers for this child?_____
If your child does not live with both biological parents, what visitation arrangements are made?
_____
Language spoken at home _____ Who does the child live with?_____

Brothers and Sisters

Name	Age	Grade	School	Child Care

Other people also living in the household

Name	Age	Relationship to student

Birth History

Did mother have any problems during the pregnancy? _____ If yes, please tell us about them.

_____

_____

Did mother smoke cigarettes during the pregnancy? _____ If so, how many packs per day? _____

Did mother take or use any drugs or alcohol while she was pregnant? _____ What was taken or used?

_____

Were there any stressful events or accidents during the pregnancy? _____ Please explain_____

_____

Was your child premature? _____ How many weeks?_____ What was done to assist the baby?

_____

Were there any injuries or problems at birth? _____ If so, please tell us what happened. _____

_____

Were there any delivery complications, such as breech, C-section, or jaundice? If yes, please explain._____

What was the baby's birth weight? _____lbs _____oz. How long did you and the baby stay in the hospital? _____

Health History

Please check the illnesses or problems your child has had and describe below:

□Meningitis	□Fainting spells	□Eczema/Rashes	□Tics/Twitching
□Head Injury	□Overweight	□Hay Fever	□Ear infections/tubes
□Concussion	□Underweight	□Asthma	□Constipation/Diarrhea
□Allergies	□Diabetes	□Fevers above 104	□Wetting/Soiling

Please explain the details of the items you checked, such as age or date, complications, etc.

_____

_____

Does your child wear glasses? _____ Since when? _____Date of last vision exam ___/___/____

- What is the nature of the vision problem? (near or far-sighted, crossed eyes, etc.)

  _____

  _____
- Does your child seem to have typical hearing? _____Date of last hearing test ___/___/_____

Does your child take any medication? _____ For what? _____ Since when? _____

- What is the medicine, and how often is it taken? _____

Does your child have a typical amount of energy? _____ If no, is the problem not enough or too much?

_____

Does your child eat breakfast regularly? _____ Is he/she absent from school too much? _____

Does your child have any nervous habits, such as nail biting or thumb sucking? _____ When did this begin?

_____

Developmental History

At about what age did your child first do each of the following?

Turn over ____months	Say first words ____months	Feeds him/herself _____years
Sit up alone ____months	Start to walk alone ____months	Finish toilet training _____years
Stand alone ____months	Talk in sentences ____years	Ask simple questions ____years
Begin to crawl ____months	Start toilet training ____years	

In the following section, several stages of childhood are listed, along with groups of words that often describe children at those stages.
Please check all of the words that describe your child during each one of the following stages.

Early Infancy - Birth to 1 year

□Hard to wean	□Contented	□Rocking	□Crying	□Headbanging
□Underactive	□ Feeding problems	□Fussy	□Demanding	□ Good-natured
□Difficult to soothe				

Late Infancy - Ages 1 to 3 years

□Cooperative	□Uncoordinated	□Affectionate	□Clingy	□Destructive
□Fearful	□Wanderer	□Whining	□Overactive	□Demanding
□Independent	□Happy	□Tantrums	□Underactive	□Night Terrors
□Dependent				

Early Childhood - Ages 3 to 5 years

□Careless	□Loving	□Excitable	□Fearful	□Underactive
□Untruthful	□Angry	□Friendly	□Tearful	□Helpful
□Lonely	□Imaginative	□Destructive	□Nightmares	□Defiant
□Talkative	□Considerate	□Demanding	□Motivated	□ Eating problems
□Neat	□Temper tantrums	□Funny	□Moody	□Sad
□ Restless sleeper	□Follows directions	□Overactive	□Stubborn	□ Distractible
□Awkward	□Shy			

Comments_____
_____
_____

Speech Development

Is your child's speech understandable? _____ If not, why?_____
Does your child seem to have a difficult time expressing thoughts or ideas? _____
_____
Does your child stutter? _____ If so, it is occasionally or frequently?_____
Do any other family members have speech problems? _____ If so, please describe them. _____
_____
_____
Please tell us about any other concerns about your child's speech development_____

General Information

Has your child ever been evaluated/tested? If so, where and when?_____
_____
Has your child ever been tested by any other agency? If yes, when and by what agency?_____
_____
What were the findings?
_____
_____

Please tell us about any past or present family situations which may have had an impact on your child, such as a death in the family, separations or divorce, problems with siblings, depression, substance abuse problems.

_____

_____

Does your child like school? _____ What do you think your child has the most difficulty with at school? (school work, following rules, getting along with classmates, teachers, etc.) Please describe.

_____

_____

Have other members of your family had similar problems? _____ If yes, please tell us about them.

_____

_____

What other family members have received special education services?_____

_____

What classes or services were provided for them?_____

Please check any of the following problems your child may have and describe your concerns below.

□ Daydreams	□ Bullies other children	□ Lying
□ Nervousness	□ Sad/depressed	□ Refusal to obey
□ Cruelty to animals	□ Overeating or under-eating	□ Stealing
□ Cries easily	□ Complains of being picked on	□ Withdrawn/loner
□ Fire setting	□ Excessive fighting	□ Swears
□ Running away	□ Destructive of property	

Please explain your concerns

_____

_____

_____

Who usually disciplines your child?_____

- Which method of discipline is used most often?
  □ Scolding □ Removing privileges □ Time-out □ Spanking

- How often is this necessary?
  □ 1-2 times/week □ 3-4 times/week □ 1-2 times/month □ less than once/month

- Do you feel this works well?_____

Thank you again for taking the time to complete this questionnaire. Please sign and date it below.
Is there anything else you wish to share?

_____

_____

_____

_____

_____

_____

Signature_____

Date ____/____/_____

Student Speech-Language Checklist Kindergarten through 5th Grade (page 1)

Student_____ Grade: _____
Teacher: _____ Date: _____

Directions: Please read and check the box that is the best answer to each question. (If student needs items read to them, please assist.)

	Yes	No	Sometimes	Don't Know
Do you like to talk with your family and friends?				
Do you like to answer questions in class?				
Do you like to talk in class?				
Do others tease you about the way you talk?				
Do people have trouble understanding what you				
Does your speech sound different from the other students?				
Is it hard for you to make some of your sounds?				
Is it hard to hear the sound the letter makes?				
Can you follow the teacher's directions?				
Can you follow directions from your family?				
Can you tell what happened in a story you read or had read to you?				
Is it hard to think of the words you want to say?				
Is it hard to answer questions?				
Is it hard to remember information you have learned?				
Is it hard to learn new words?				
Is it hard to make complete sentences?				
Do you like the way your voice sounds?				
Do you speak in a loud voice or shout?				
Do you speak in a soft voice?				
Do you ever lose your voice?				
Do you repeat some of your words or sounds?				
Is it sometimes hard to get your words out?				
Is it hard for you to look at people when you talk?				

(Please complete Page 2)

Student Speech-Language Checklist Kindergarten through 5th Grade (Continued) (Page 2)

Please answer the following questions:

1) What do you like best about the way you talk?

2) What would you like to change about the way you talk?

3) Would you like some help with the way you talk?

Student _____

Student Speech-Language Checklist: 6th through 12th Grade (page 1)

Student_____ Grade: _____
Teacher: _____ Date: _____

Directions: Please read and check the box that is the best answer to each question. (If student needs items read to them, please assist.)

	Yes	**No**	**Sometimes**	**Don't Know**
Do you like to talk with your family and friends?				
Do you like to answer questions in class?				
Do you like to express yourself in class?				
Do others tease you about the way you talk?				
Do people have trouble understanding what you say?				
Does your speech sound different from the other students?				
Is it hard for you to make some of your sounds?				
Is it hard for you to hear the sound differences in words?				
Do you have difficulty using grammatically correct sentences?				
Do you have difficulty following oral directions?				
Do you have difficulty following written directions?				
Do you have difficulty recalling and telling what happened in a story you read?				
Do you have difficulty recalling and telling what happened in a story read or told to you?				
Is it hard to think of the words you want to say?				
Is it hard to answer questions?				
Is it hard to remember information you have learned?				
Is it hard to learn and remember new vocabulary words?				
Do you like the way your voice sounds?				

(Please complete Page 2)

Student Speech-Language Checklist: 6th through 12th Grade (Continued) (page 2)

	Yes	No	Sometimes	Don't Know
Do you speak in a loud voice or shout?				
Do you speak in a soft voice?				
Do you ever lose your voice?				
Do you repeat some of your words or sounds?				
Is it sometimes hard to get your words out?				
Is it hard for you to look at people when you talk?				

Please answer the following questions:

1) What do you like best about the way you talk?

2) What would you like to change about the way you talk?

3) Would you like some help working on your speech and language skills?

Student

Functional Communication Assessment Summary

Name: _____ Date: _____

This form may be used to document functional communication skills in the education setting and may be helpful when evaluating students when a valid comparison to a normative sample cannot be made or a student has significant impairments. Data collected from a variety of communication partners in a variety of settings should be used to complete this form.

Communicative Interaction: Evidenced by: initiation, topic maintenance turn-taking, opening/closing conversations	☐ Successful	☐ Usually Successful	☐ Frequently Unsuccessful	☐ Not Successful
Data Sources:				
Describe Performance:				
Communicative Intention: Evidenced by: requesting objects/actions, commenting on objects/actions, etc.	☐ Successful	☐ Usually Successful	☐ Frequently Unsuccessful	☐ Not Successful
Data Sources:				
Describe Performance:				
Communicative Methods: Evidenced by use of one or more modes of communication (e.g., verbal, manual sign, AT or AAC system, gestures, pointing)	☐ Successful	☐ Usually Successful	☐ Frequently Unsuccessful	☐ Not Successful
Data Sources:				
Describe Performance:				
Comprehension of Language: Evidenced by appropriate actions or communicative responses indicating comprehension of what others say, sign, or show	☐ Successful	☐ Usually Successful	☐ Frequently Unsuccessful	☐ Not Successful
Data Sources:				
Describe Performance:				
Effect on Educational Performance: Student demonstrates communication skills adequate for participation in current educational setting	☐ Successful	☐ Usually Successful	☐ Frequently Unsuccessful	☐ Not Successful
Data Sources:				
Describe Performance:				

Social Communication Resources

Social Communication Benchmarks

asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Social_Communication_Disorders_in_School-Age_Children/Social-Communication-Benchmarks.pdf

Social Communication Skills – The Pragmatics Checklist

successforkidswithhearingloss.com/wp-content/uploads/2012/01/PRAGMATICS-CHECKLIST.pdf

Speech

Speech Sound Disorder Criteria

Speech sound disorders is an umbrella term referring to any difficulty or combination of difficulties with perception, motor production, or phonological representation of speech sounds and speech segments—including phonotactic rules governing permissible speech sound sequences in a language.

Speech sound disorders can be organic or functional in nature. Organic speech sound disorders result from an underlying motor/neurological, structural, or sensory/perceptual cause. Functional speech sound disorders are idiopathic—they have no known cause.

Speech sound disorders attributed to dialectical, cultural or ethnic differences or the influence of a foreign language must not be identified as a disorder. For more information on this topic, see page 15 of these guidelines.

Speech Severity Rating Scale

The Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable speech-language pathologists (SLPs) to document assessment findings according to the intensity of those findings and to determine eligibility for a Speech or Language Impairment (SLI) based on those assessment results, in collaboration with the IEP team. The tool is not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input.

The following measures are appropriate for use in determining the presence of a speech sound disorder:

- Speech sample
- District-wide assessment data
- Structured observation
- Classroom work
- Other curriculum/academic results
- Standardized test(s)
- Teacher report, interview, or checklist
- Child report, interview, or checklist
- Parent report, interview, or checklist

NOTE: Teacher, child, and parent reports, interviews, or checklists are not sufficient evidence by themselves and must be supported with additional data.

<u>Intelligibility</u>

- Determine the percentage of words understood based on a recorded sample of 100 consecutive words or percent consonants correct.

Articulation/Phonological Processes:

- A standardized assessment for speech sound disorders should be administered. If a phonological process analysis is used, the SLP should use a standardized assessment that allows for phonological analysis.
- Speech-language pathologists may find it helpful to refer to normative data when explaining speech sound development.
- There is literature to support children with lateral productions of fricatives and affricates will typically need intervention to correct these misarticulations because these are not developmental patterns.

- The following are **minimal requirements** for qualifying a sound change error as a phonological process:

    1. **A process must affect more than one sound from a given sound class.** For example, the omission of [t] from the end of words does not necessarily signal the process of final consonant deletion. Deletion of at least one additional plosive [p, b, d, k, g] must also be observed.
    2. **The sound change or process must occur at least 40% of the time.** An inconsistent sound change indicates only a potential phonological process. In other words, if the student uttered ten words containing final consonants, s/he must delete the consonant in at least four of those words in order for the process to be considered as that of final consonant deletion. An inconsistent sound change may also signal that the student is in a transition phase of development, i.e., the student is gradually eliminating the process on his/her own as sound productions become more developmentally appropriate.

Stimulability

- Stimulability testing examines the child's ability to produce or imitate a misarticulated sound correctly when a model is provided, provide information about how well the individual imitates the sound in one or more contexts (e.g., isolation, syllable, word, phrase), and helps determine the level of cueing necessary to achieve the best production (e.g., auditory model; auditory and visual model; auditory, visual, and verbal model; tactile cues).

Adverse effect on educational performance

- A combination of educational activities should be used to asses this area. The presence of a speech sound disorder does not guarantee the child's eligibility for special education if there is no evidence of educational impact.

Comment section

- May include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

For information on Childhood Apraxia see page 109 of this document.

Preschool Speech Severity Rating Scale

Factors	No apparent impact (0 pts)	Minimal impact (1 pt)	Moderate impact (2 pts)	Significant Impact (3 pts)
Intelligibility (connected speech) **OR** Percent Consonants Correct	Age 2.5-3: 75% or > Age 4: 100% Age 5+: 100% **OR** 85-100% = typical	Age 2.5-3: 65-74% Age 4: 80-99% Age 5+: 85-99% **OR** 65-84% = minimal	Age 2.5-3: 50-64% Age 4: 65–79% Age 5+:65–84% **OR** 50-64%= moderate	Age 2.5-3: <50% Age 4: <65% Age 5+: <65% **OR** 0-49% = severe
Articulation/Phonological Processes Standard Score	SS 86-100* 50%ile SD 0 -.99	SS 78-85* 16%ile SD -1.0-1.50	SS 70-77* 7%ile SD -1.5 -1.99	SS < 70* 2%ile SD - 2.0
OR				
Phonological Processes Analysis	No error processes	One or more of the following error processes occur in 40% or more of available opportunities: • gliding of liquids • cluster reductions with /l/, /r/, /w/ • vowelization of post-vocalic liquids (/r/,/l/)	One or more of the following error processes occur in 40% or more of available opportunities: • weak syllable deletion • cluster reduction with /s/ • fronting of velars	One or more of the following error processes occur 40% or more of available opportunities: • initial consonant deletion • final consonant deletion • stopping • backing
Social/Emotional Impact	Speech skills are adequate for the child's participation in varied settings: Preschool Daycare Home No awareness of sound errors	Speech skills are developing and child can be understood in varied settings: Preschool Daycare Home Limited awareness of errors	Speech skills have an effect on the child's ability to participate in varied settings: Preschool Daycare Home Child shows some frustration when not understood.	Speech skills significantly impact child's ability to participate in varied settings: Preschool Daycare Home Child shows significant frustration (e.g., tantrums, withdrawal…)

*This example assumes a mean of 100 and standard deviation of 15 points. See bell curve diagram, assessment section, page 15

Total Score: 0-3 No Apparent Impact
Total Score: 4-5 Minimal Impact
Total Score: 6-9 Moderate to Significant Impact

If a student is unable to complete a standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.

Comments:

Preschool Speech Severity Rating Scale

Level	Condition	Educational Impact
No apparent impact	The child's connected speech during educational activities is consistently understood and not distracting to the listener. The child's verbal participation in educational/developmental activities is rarely limited by self-consciousness or listener reaction.	Speech skills are adequate for the student's participation in educational/developmentally appropriate settings.
Minimal impact	The ability to understand the child's connected speech in educational/developmental activities may be affected by listener familiarity and/or knowledge of the context. The child's articulation is occasionally distracting to the listener. Verbal participation in educational/developmental activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.	Speech skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Moderate impact	The child's connected speech in educational/developmental activities requires contextual cues to be understood. The child's articulation is usually distracting to the listener. The child is aware of errors and verbal participation in educational/developmental activities may frequently be limited by self-consciousness about listener reactions to his/her speech.	Speech skills affect the student's ability to participate in educational/developmentally appropriate settings.
Significant impact	The child's connected speech in educational/developmental activities is rarely understood in known context. The child may or may not be aware of errors. The child's verbal participation in educational/developmental activities is usually limited by self-consciousness about listener reactions to his/her speech.	Speech skills significantly impact the student's ability to participate in educational/developmentally appropriate settings.

School-Aged Speech Severity Rating Scale

Factors	No apparent impact (0 pts)	Minimal Impact (1 pt)	Moderate Impact (2 pts)	Significant Impact (3 pts)
Intelligibility (connected speech) **OR** Percent Consonants Correct	Age 5+: 90% or > **OR** 85-100% = typical	Age 5+: 80-89% **OR** 65-84% = mild	Age 5+:70 – 79% **OR** 50-64%= moderate	Age 5+: <70% **OR** 0-49% = significant
Articulation/Phonological Processes Standard Score	SS 85-100* 50%ile SD 0 -.99 below the mean	SS 78-85* 16%ile SD -1.0-1.49	SS 70-77* 7%ile SD -1.5 -1.99	SS < 70* 2%ile SD- 2.0>
OR				
Phonological Processes Analysis	No error processes	One or more of the following error processes occur in 40% or more available opportunities: gliding of liquids cluster reductions with /l/, /r/, /w/ vowelization of post-vocalic liquids (/r/,/l/)	One or more of the following error processes occur in 40% or more of available opportunities: weak syllable deletion cluster reduction with /s/ fronting of velars	One or more of the following error processes occur 40% or more of available opportunities: • initial consonant deletion • final consonant deletion • stopping • backing
Stimulability	90% of the error sounds are stimulable	60 – 89% of the error sounds are stimulable.	50 -59% of the error sounds are stimulable.	Less than 50% of the error sounds are stimulable.
Educational Impact	Speech/sound production is adequate for the student's participation in educational settings	Speech/sound production is developing and can be addressed in the general educational setting	Speech/sound production affects the student's ability to participate in educational settings	Speech/sound production significantly impacts the student's ability to participate in educational settings

*This example assumes a mean of 100 and standard deviation of 15 points. See bell curve diagram, assessment section, page 15

Total Score: 0-3 No Apparent Impact
Total Score: 4-6 Minimal Impact
Total Score: 7-9 Moderate Impact
Total Score: 10-12 Significant Impact

If a student is unable to complete a standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.

Comments:

School-Aged Speech Severity Rating Scale

Level	Condition	Educational Impact
No apparent impact	The student's connected speech during educational activities is consistently understood and not distracting to the listener. Student's verbal participation in educational activities is rarely limited by self-consciousness or listener reaction.	Speech skills are adequate for the student's participation in educational/developmentally appropriate settings.
Minimal impact	The ability to understand the student's connected speech in educational activities may be affected by listener familiarity and/or knowledge of the context. The student's articulation is occasionally distracting to the listener. The student's verbal participation in educational activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.	Speech skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Moderate impact	The student's connected speech in educational activities requires context cues to be understood. The student's articulation is usually distracting to the listener. The student is aware of errors. The student's verbal participation in educational activities may frequently be limited by self-consciousness about listener reactions to his/her speech.	Speech skills affect the student's ability to participate in educational/developmentally appropriate settings.
Significant impact	The student's connected speech in educational activities is rarely understood in known context. The student may or may not be aware of errors and is rarely stimulable for correct production. The student's verbal participation in educational activities is usually limited by self-consciousness about listener reactions to his/her speech.	Speech skills significantly impact the student's ability to participate in educational/developmentally appropriate settings.

Speech Appendices

(These are resources that MAY be used in the assessment process to help the SLP determine eligibility)

Iowa-Nebraska Articulation Norms

MICCIO Stimulability Probe (instructions and chart)

Percent Consonants Correct (Instructions and chart)

Selected Phonological Processes (Patterns)

Additional Resources for Articulation and Phonological Disorders

Teacher Input – Speech Sound Production

Oral Peripheral Mechanism Screening

Other useful tools may be found in the Assessment in Speech-Language Pathology, A Resource Manual, 5th Edition, Cengage Learning (2016)

Iowa – Nebraska Articulation Norms

Listed below are the recommended ages of acquisition for phonemes and clusters, based generally on the age at which 90% of the children correctly produced the sound.

Phoneme	Age of Acquisition (Females)	Age of Acquisition (Males)
/m/	3;0	3;0
/n/	3;6	3;0
/ŋ/	7;0	7;0
/h-/	3;0	3;0
/w-/	3;0	3;0
/j-/	4;0	5;0
/p/	3;0	3;0
/b/	3;0	3;0
/t/	4;0	3;6
/d/	3;0	3;6
/k/	3;6	3;6
/g/	3;6	4;0
/f-/	3;6	3;6
/-f/	5;6	5;6
/v/	5;6	5;6
/ɵ/	6;0	8;0
/ȯ/	4;6	7;0
/s/	7;0	7;0
/z/	7;0	7;0
/ʃ/	6;0	7;0
/t͡ʃ/	6;0	7;0
/dʒ/	6;0	7;0
/l-/	5;0	6;0
/-l/	6;0	7;0
/r-/	8;0	8;0
/ɚ/	8;0	8;0

Word-Initial Clusters	Age of Acquisition (Females)	Age of Acquisition (Males)
/tw kw/	4;0	5;6
/sp st sk/	7;0	7;0
/sm sn/	7;0	7;0
/sw/	7;0	7;0
/sl/	7;0	7;0
/pl bl kl gl fl/	5;6	6;0
/pr br tr dr kr gr fr/	8;0	8;0
/'r/	9;0	9;0
/skw/	7;0	7;0
/spl/	7;0	7;0
/spr str skr/	9;0	9;0

Note regarding phoneme positions:
/m/ refers to prevocalic and postvocalic positions
/h-/ refers to prevocalic positions
/-f/ refers to postvocalic positions

Adapted from the Virginia Speech-Language Pathology Services in Schools: Guidelines for Best Practice, 2018

The Miccio Stimulability Probe Instructions

Use of the Miccio Probe is best described in Miccio's article in the American Journal of Speech-Language Pathology, Volume 11, Issue 3. "To facilitate quick administration of a stimulability probe, **only sounds absent from the inventory are tested**. The student is asked to imitate these specific consonants in isolation or nonsense syllables. Those sounds imitated correctly some of the time (at least 30% of possible opportunities) are presumed to be stimulable . . . if multiple sounds are absent from the inventory, the probe may be shortened by administering only one vowel context during the initial assessment. In the complete probe, a child has 10 opportunities to produce a sound: in isolation and in three-word positions in three vowel contexts, [i], [u], and [a]. The corner vowel contexts: a high (or close) unround front vowel, a high round back vowel, and a low unround vowel usually reveal any consonant-vowel dependencies. If time does not permit the completion of the probe, stimulability is tested in isolation and with the vowel [a], for example, [sa], [asa], [as]".

[i] as in beat
[u] as in shoe
[a] as in pop

Nonstimulable sounds are least likely to change without direct treatment. Sounds that are stimulable undergo the most change in the absence of treatment. These results suggest that stimulable sounds are being acquired naturally and may not require direct treatment.

Miccio Stimulability Probe Form

Name:
Transcriber:
Date:
Prompt: “Look at me, listen, and say what I say.”

Sounds	Isolation	__i	i_i	i_	_a	a_a	a_	_u	u_u	_u	% Correct
p											
b											
t											
d											
k											
g											
ɵ											
ð											
f											
v											
s											
z											
ʃ											
ʒ											
t͡ʃ											
d͡ʒ											
m											
n											
ŋ											
w											
j											
h											
l											
r											

Percentage of Consonants Correct

1. Recorded a connected speech sample that will include 90 different words usually a sample of around 225 total words is sufficient. If the child is so unintelligible that it is impossible to identify this number of different words, then a single word assessment tool can be used to gather a corpus of single-word productions for analysis.
2. Only consonants are scored, not vowels (i.e., only the consonantal /r/ is scored).
3. Score only the first production of a consonant if a syllable is repeated (e.g., ba-balloon. Score only the first production of /b/).
4. Do not score consonants if a word is unintelligible or only partially intelligible.
5. Errors include substitutions, deletions, distortions, and additions. Voicing errors are only scored for consonants in the initial position of words.
6. If /ng/ is replaced with /n/ at the end of a word, do not score it as an error. Likewise, minor sound changes due to informal speech and/or selection of sounds in unstressed syllables are not scored as errors (e.g.,/fider/ for "feed her," /dono/ for "don't know").
7. Dialectal variations are not scored as errors.
8. To determine the PCC value use the following formula:

$$\frac{\text{Number of Correct Consonants}}{\text{Total Number of Consonants}} \times 100 = \text{PCC}$$

Selected Phonological Processes (Patterns)*

Assimilation (Consonant Harmony)
One sound becomes the same or similar to another sound in the word

Process	Description	Example	Likely Age of Elimination**
Velar Assimilation	non-velar sound changes to a velar sound due to the presence of a neighboring velar sound	kack for tack; guck for duck	3
Nasal Assimilation	non-nasal sound changes to a nasal sound due to the presence of a neighboring nasal sound	money for funny; nunny for bunny	3

Substitution
One sound is substituted for another sound in a systematic way

Process	Description	Example	Likely Age of Elimination**
Fronting	sound made in the back of the mouth (velar) is replaced with a sound made in the front of the mouth (e.g., alveolar)	tar for car; date for gate	4
Stopping	fricative and/or affricate is replaced with a stop sound	pun for fun; tee for see doo for zoo; berry for very chop for shop; top for chop; dump for jump; dat for that	/f, s/ — 3 /z, v/ — 4 sh, ch, j, th — 5
Gliding	liquid (/r/, /l/) is replaced with a glide (/w/, /j/)	wabbit for rabbit; weg for leg	6–7
Deaffrication	affricate is replaced with a fricative	ship for chip; zhob for job	4

Syllable Structure
Sound changes that affect the syllable structure of a word

Process	Description	Example	Likely Age of Elimination**
Cluster Reduction	consonant cluster is simplified into a single consonant	top for stop keen for clean	with /s/ — 5 without /s/ — 4
Weak Syllable Deletion	unstressed or weak syllable in a word is deleted	nana for banana; tato for potato	4
Final Consonant Deletion	deletion of the final consonant of a word	bu for bus; no for nose; tree for treat	3

*These are common phonological processes (patterns). The list is not exhaustive.
**Individual differences can be significant.

Additional Resources for Articulation and Phonological Disorders

Bauman-Waengler, J. A. (2012). Articulatory and phonological impairments. New York, NY: Pearson Higher Education.

Bernthal, J., Bankson, N. W., & Flipsen, P., Jr. (2013). Articulation and phonological disorders. New York, NY: Pearson Higher Education.

Peña-Brooks, A., & Hegde, M. N. (2015). Assessment and Treatment of Speech Sound Disorders in Children: A Dual-Level Text. Austin, TX: PRO-ED.

Shipley, K. G., & McAfee, J. G. (2016). Assessment in speech-language pathology: A resource manual. Boston, MA: Cengage Learning.

Teacher Input – Speech Sound Production

Student: _____ Grade: _____
School: _____ Teacher: _____

Your observations and responses concerning the above student will help determine if this student has a sound problem which adversely affects educational performance. Please return the completed form to the speech-language pathologist.

1. Is this student's intelligibility reduced to the extent that you find it difficult to understand him/her? If Yes, check appropriate descriptions: ☐ Occasional Difficulty ☐ Frequent Difficulty ☐ Considerable Difficulty Student's speech is ____% intelligible even though some sound errors may be present.	_____
2. Does this student appear frustrated or embarrassed because of his/her production errors?	_____
3. Does the student avoid speaking in class or in other situations because of his/her production errors?	_____
4. Has this student ever expressed concern about his/her production errors?	_____
5. Does the student's speech distract listeners from what the student is saying?	_____
6. Does the student have age-appropriate awareness of sounds in words and ability to rhyme, segment, and manipulate sounds in words?	_____
7. Does the student make the same errors when reading aloud as s/he does when speaking?	_____
8. Does the student have difficulty discriminating sounds and/or words from each other?	_____
9. Does the student make spelling errors that appear to be associated with speaking errors?	_____
10. Does the student self-correct articulation errors?	_____
11. Does the student have reading problems due to articulation problems?	_____
12. Does the student mispronounce during the reading of words containing error sounds?	_____
13. Rate the impact of the student's speech errors on his/her social, emotional, academic and/or vocational functioning. Check one. ☐ does not interfere ☐ minimal impact ☐ interferes ☐ seriously limits	_____

It is my opinion that these behaviors:

☐ Do not adversely affect educational performance.
☐ Do adversely affect educational performance.

Comments_____
_____
_____
_____
_____

_____
Classroom Teacher Signature Date

Examination of the Oral Peripheral Mechanism

Name:_____Age:_____Examiner:_____
School:_____ Date:_____

1. **Facial Appearance** _____

2. **Lips**
- Habitual Posture: Closed _____ Parted _____
- Mobility: Press _____ Purse _____ Retracts _____

3. **Jaw Mobility** Sufficient _____ Insufficient _____ Excessive _____

4. **Tongue**
   Appearance at rest: _____
   Size_____Appropriate _____ Too large _____ Too small _____
   Protrusion _____ Tremors _____ Deviation _____
   Mobility Evaluation _____ Lateralization _____ Licks lips with tongue _____
   Lingual Frenum _____ Moves independently with jaw _____
   Sweeps palate from alveolar ridge _____

5. **Palate**
   Appearance of hard palate _____ Length of soft palate _____
   Mobility _____ Gag Reflex _____
   Closure evidently complete _____
   Uvula _____ Length _____ Mobility _____ Bifid _____

6. **Tongue Thrust**
   Does s/he swallow with teeth apart? Yes _____ No_____
   Can you see the tongue when s/he swallows? Yes _____ No _____
   If s/he swallows with the lips closed, can you
   See tensing of the chin? Yes _____ No _____

7. **Dental observations**
   Spacing _____ Missing teeth _____
   Alignment: normal _____ misaligned _____ spaced_____
   Condition: good _____ slight decay _____ excessive decay _____
   Occlusion: normal _____ overjet _____ edge to edge _____
   crossbite _____

8. **Breathing** Mouth breather? Yes _____ No _____
Other deviations noted: _____
_____

9. **Comments**

Voice

Voice Disorder Criteria

A voice disability is a disruption in one or more processes of respiration, phonation, or resonance that significantly reduces the speaker's ability to communicate effectively. It is not the direct result of cultural differences.

NOTE: Best Practice indicates that a child should receive a medical examination from an otolaryngologist (i.e. ear, nose and throat physician) to determine the appropriateness of treatment. This is important to ensure the source of the voice impairment is not an organic problem for which therapy is contraindicated.

The Voice Rating Scale

The Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable speech-language pathologists (SLPs) to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a Speech or Language Impairment (SLI) based on those assessment results, in collaboration with the IEP team. The tool is not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input.

There are multiple aspects to consider when evaluating voice impairments:

- pitch
- loudness
- quality
- resonance
- duration

A student may be eligible for speech-language pathology services when vocal quality, pitch, loudness, resonance (hypernasality, hyponasality, nasal emissions, mixed), and/or duration adversely affect educational performance and the ability to communicate. If structural etiology is suspected, a referral to the regional cleft palate team may be warranted. For more information on cleft palate, see page 108 of this document.

Evaluation

The following measures are appropriate for use in determining the presence of a voice impairment:

1. Speech sample
2. Structured observation
3. Observation of oral presentations
4. Teacher report, interview, or checklist
5. Child report, interview, or checklist
6. Parent report, interview, or checklist

Note: Teacher, child, and parent reports, interviews, or checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: A comprehensive voice examination should include information obtained from both subjective measures (e.g., perceptual ratings and clinical impressions based on observations and analysis of speech samples) and objective measures (e.g., standardized tests or instrument evaluations). Observations should take place in situations calling for both low and high vocal demand:

- Low vocal demand: utterances produced in a relatively quiet environment or short responses that do not require talking over a prolonged period of time.

- High vocal demand: talking in a noisy environment (e.g., in the cafeteria), for a prolonged period of time (e.g., oral presentation or reading aloud), or controlling the voice over a wide pitch range (e.g., singing).

Adverse effect on educational performance

- A combination of educational activities should be used to asses this area. The presence of a voice disability does not guarantee the child's eligibility for special education if there is no evidence of educational impact.

Comment section

- May include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Voice Severity Rating Scale

Factors	No apparent impact (0 points)	Minimal Impact (1 point)	Moderate Impact (2 points)	Significant Impact (3 points)
Voice Quality (hoarse, breathy, no voice)	Normal voice quality	Inconsistent problems; noticeable to the trained listener.	Frequent problems in conversational speech. Noticeable to most listeners.	Persistent problem. Noticeable at all times.
Resonance (hypernasality, nasal emissions, and/ or hyponasality)	Normal resonance	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.
Loudness (judged for appropriateness for age and gender, and for appropriate variability)	Normal loudness.	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.
Pitch (judged for appropriateness for age and gender, and for appropriate variability)	Normal pitch.	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.
Educational Impact	Voice skills are adequate for the student's participation in educational settings	Voice skills are developing and can be addressed	Voice skills affect the student's ability to participate in an educational setting	Voice skills significantly impact the student's ability to participate in an educational setting

Total Score:	0-3	No apparent impact
Total Score:	4-5	Minimal impact
Total Score:	6-10	Moderate impact
Total Score:	11-15	Significant impact

Comments:

Voice Severity Rating Scale

Level	Condition	Educational Impact
No apparent impact	The student's voice consistently sounds normal and does not call attention to itself.	The student's ability to participate in educational activities requiring low or high vocal demands is not limited by his/her voice. The student self-monitors vocal production as needed.
Minimal Impact	The student's voice occasionally sounds normal and is usually not distracting to the listener. There is some situational variation.	The student's ability to participate in educational activities requiring voice is rarely limited in low vocal demand activities but occasionally limited in activities with high vocal demand. The student occasionally self-monitors.
Moderate Impact	The student's voice is occasionally functional for communication but is consistently distracting to the listener.	The student's ability to participate in educational activities requiring voice is usually limited to low vocal demand activities but consistently limited in high vocal demand activities.
Significant Impact	The student's voice is persistently abnormal.	The student may not be able to use his/her voice to communicate.

Voice Appendices

(These are resources that MAY be used in the assessment process to help the SLP determine eligibility)

Voice Terminology

Quick Screen for Voice

Teacher Input/Voice

Vocal Self-perception: Attitudinal Questionnaire

Voice Conservation Index Self Rating

Assessment in Speech-Language Pathology: A Resource Manual, 5th Edition, Delmar-Cengage (2016), has useful evaluation tools and checklists such as the Vocal Characteristics Checklist, Forms 1 and 2

Voice Terminology

Abusive Vocal Behaviors – activities such as frequent "throat clearing" or shouting (e.g., cheerleading)
Breathing Pattern – the general contributions of the thoracic, clavicular, and abdominal areas involved in breathing during conversational speech. Look for reliance upon one pattern to the exclusion of the others.

Glottal Attack – the relative (soft vs. hard) onset of vocal fold activity.

Loudness Level – the estimated level of the student's speech during a normal conversation in a quiet environment. Persistent whispering or shouting would be positive indications.

Maximum Phonation Time – averaged over three different trials, the maximum amount of time (in seconds) that the student can continuously sustain /a/ (or /i/) on one exhalation.

Muscle Tension – the amount of tension visible in the student's face, neck, and chest areas during normal conversation. Abnormal tension suggested by a stiff posture and/or accompanying strain.

Nasal Emission - audible or inaudible ("visible") nasal escape during production of speech, especially pressure consonants.

Nasal Resonance – the amount of perceived resonance associated with the production of nasal consonants. An inappropriate degree of hypo – hypernasality perceived during conversation would be a positive indication. Note: mixed nasal resonance (i.e., both hypo – and hypernasal resonance perceived within the same speaker) may occur.

Oral Resonance - the perceived amount of resonance associated with oral consonants and vowels. Positive indications might include speaking with limited oral openings and reduced intelligibility.

Phonation Breaks - the inappropriate cessation of voicing during speech. A positive indication would be an unintentional and relatively brief period of silence during a normally voiced consonant or a vowel.

Pitch – consider if the vocal pitch is too high, too low, or monotonic for a student's height/weight, age and gender.

Pitch Break – the cessation of a continuous and appropriate pitch level during speech.

Quality – the overall quality of the student's conversational speech including hoarseness, breathiness, and/or harshness.

s/z ratio – the ratio of the maximum sustained production of /s/ (in seconds) relative to /z:/ (in seconds). Two trials with the longer production of each sound used to compute the ratio. A ratio greater than 1.4 is an indication of possible laryngeal inefficiency for speech. Report data to the nearest single decimal place.

Quick Screen for Voice (Page 1)

Student:_____DOB: Screening Date: _____
Teacher:_____ School:_____
Speech-Language Screening Date: _____ Passed Failed

If failed, describe communication status: _____
_____

Hearing Screening Date: _____ Passed Failed

If failed, described hearing status: _____
_____

Pertinent Medical and Social History _____
_____
_____

Directions: The Quick Screen for Voice should be conducted in a quiet area. Elicit verbal activities, such as spontaneous conversation, picture description, imitated sentences, recited passages, counting, and other natural samples of voice and speech, or perform the tasks requested. The screening test is failed if one or more disorders in production are found in any area, indicating that a more thorough evaluation is needed.

Mark all observations that apply, as the individual produces connected speech:

Respiration

[ ] Inhalatory stridor or expiratory wheeze
[ ] Infrequent breaths; talking too long on one breath
[ ] Normal respiration for speech
[ ] Limited breath support for speech
[ ] Reduced loudness or vocal weakness

Phonation

[ ] Rough or hoarse quality
[ ] Vocal strain and effort
[ ] Persistent glottal fry
[ ] Breathy quality
[ ] Aphonia
[ ] Hard glottal attacks
[ ] Conversational pitch is too high or too low
[ ] Conversational voice to too loud or too soft
[ ] Conversational voice is limited in pitch or loudness variability

Resonance

[ ] Hyponasality (observed humming, nasal consonant contexts: Mommy makes me muffins; Man on the moon; Many men make money, etc.)
[ ] Consistent mouth breathing
[ ] Hypernasality (observed during vowel and oral consonants)
[ ] Nasal turbulence or audible nasal emission observed during pressure consonant contexts: Count from 60 to 69; Popeye plays baseball; Give Kate the cake; Buy Bobby a puppy, Take a ticket to Dad

Lee, L., Stemple, J.C., Glaze, L. Quick Screen for Voice and supplementary documents for identifying voice disorders. Language, Speech and Hearing Services in the Schools, Vol. 35, 308-319, Oct 2004

Quick Screen for Voice (continued) (page 2)

Nonverbal Vocal Range and Flexibility

Model the series of nonverbal tasks that are described in the test form. Multiple trials are allowed. Visual cues such as hand gestures moving a toy car across the table (for maximum phonation time) or up and down a hill (for pitch range), etc. may be used to supplement auditory model.

1. **Habitual pitch and loudness task**: "Count from 1 to 10. Repeat, but stop at "three" and hold out the /i/."

[ ] Abnormal pitch and/or loudness

[ ] Normal pitch and loudness

2. **Maximum phonation time (MPT)**: "Take your biggest breath and hold out an /a:/ as long as possible."

Number of seconds /a:/ was sustained: _____

MPT less than: _____

Note: MPT values are related to age and height; multiple attempts also influence results.

Age in Years	Normal Mean in Seconds (Range)*
3	7 (3-11)
4	9 (5-15)
5	10 (5-16)
6-7	13 (5-20)
8-9	16 (5-29)
10-12	Males: 20 (9-39) Females: 16 (5-28)
13-17	Males: 23 (9-43) Females: 28 (9-34)
18+	Males: 28 (9-62) Females: 22 (6-61)

MPT within normal limits: _____

3. **Pitch range task**: "Make your voice go from low to high like this (demonstrate pitch glide on the word "whoop" now go down from your highest to low (demonstrate rapid downward pitch glide like a bomb falling)." OR model and elicit a fire siren sound.

[ ] Little pitch variation

[ ] Voice breaks in pitch, glides up or down

[ ] Acceptable pitch range and flexibility

Comments or Observations:

_____

_____

_____

_____

Lee, L., Stemple, J.C., Glaze, L. Quick Screen for Voice and supplementary documents for identifying voice disorders. Language, Speech and Hearing Services in the Schools, Vol. 35, 308-319, Oct 2004.

Teacher Input – Voice

Student_____ DOB:_____Screening Date:_____
Teacher:_____School:_____
Your observations of the above student's speech will help determine if s/he has a voice problem which adversely affects educational performance. Please answer all questions and return this form to:_____

	Yes	No
1. Is the student able to project loudly enough to be adequately heard in your classroom during recitations?		
2. Does this student avoid reading out loud in class		
3. Does this student appear generally to avoid talking in your classroom?		
4. Does this student ever lose his or her voice by the end of the school day?		
5. Does this student use an unusually loud voice or shout a great deal in your classroom? Or on the playground?		
6. Does this student engage in an excessive amount of throat clearing or coughing? If so, when?		
7. Does the student's voice quality worse during any particular time of the day? If so, which?		
8. Does this student's voice quality make it difficult to understand the content of his or her speech?		
9. Does this student's voice quality in itself distract you from what he or she is saying?		
10. Has this student ever mentioned to you that he or she thinks he or she has a voice problem?		
11. Have you ever heard any of his or her peers mention his or her voice sounds funny or actually make fun of this student because of his or her voice problem?		
12. If this student has a pitch that is too low or too high, does his or her pitch make it difficult to identify him or her as male or female just by listening?		
13. During speaking, does this student's voice break up or down in pitch to the extent that s/he appears to be embarrassed by this?		

Additional observations/comments:

It is my opinion that these behaviors:
____ Do not interfere with the child's participation in the educational setting
____ Do interfere with the child's participation in the educational setting

Classroom Teacher's Signature:_____Date:_____

Vocal Self Perception: Attitudinal Questionnaire

1. Do you ever think about your voice?			Yes	No	No Opinion
2. Have you ever heard your voice on tape playback (e.g., on cassette recorder, answering machine)?			Yes	No	No Opinion
3. Did you like your voice on tape playback?			Yes	No	No Opinion
4. Has anyone ever commented on your voice? If yes, what was said?			Yes	No	No Opinion
5. Do you think your voice represents your image of yourself (masculine, feminine, intelligent, educated, friendly, etc.)? If Yes or No, in what way?			Yes	No	No Opinion
6. Do any of your friends, male or female, have voices that you especially like? If yes, explain.			Yes	No	No Opinion
7. Do any of your friends, male or female, have voices that you especially dislike? If yes, explain.			Yes	No	No Opinion
8. Does your voice sound like that of any other member of your family? If yes, explain.			Yes	No	No Opinion
9. Circle any words below that describe your voice and the way you speak in general (either on tape replay or while actually talking).					
pleasant raspy hoarse harsh shrill squeaky monotonous nasal mumble husky	too soft high-pitched low-pitched grow too fast too slow weak breathy clear	too loud strong thin whiney interesting resonant masculine feminine expressive average	Add any other terms that may describe your voice. _____ _____ _____ _____ _____ _____ _____ _____ _____		

Voice Conservation Index Self Rating

Name_____Age_____ Gender_____Date_____

(Please circle the answer that is best)

1. When I get a cold, my voice gets hoarse.

All the time Most of the time Half the time Once in a while Never

2. After cheering at a ballgame, I get hoarse.

All the time Most of the time Half the time Once in a while Never

3. When I'm in a noisy situation, I stop talking because I think I won't be heard.

All the time Most of the time Half the time Once in a while Never

4. When I'm in a noisy situation, I speak very loudly.

All the time Most of the time Half the time Once in a while Never

5. When I'm at home or at school, I spend a lot of time talking every day.

All the time Most of the time Half the time Once in a while Never

6. I like to talk to people who are far away from me.

All the time Most of the time Half the time Once in a while Never

7. When I play outside with my friends, I yell a lot.

All the time Most of the time Half the time Once in a while Never

8. I lose my voice when I don't have a cold.

All the time Most of the time Half the time Once in a while Never

9. People tell me I talk too loudly.

All the time Most of the time Half the time Once in a while Never

10. People tell me I never stop talking.

All the time Most of the time Half the time Once in a while Never

11. I like to talk.

All the time Most of the time Half the time Once in a while Never

12. I talk on the phone.

All the time Most of the time Half the time Once in a while Never

13. At home, I talk to people who are in another room.

All the time Most of the time Half the time Once in a while Never

14. I like to make car or other noises when I play.

All the time Most of the time Half the time Once in a while Never

15. I like to sing.

All the time Most of the time Half the time Once in a while Never

16. People don't listen to me unless I talk loudly.

All the time Most of the time Half the time Once in a while Never

Source: Saniga, R.D. and Carlin, M.F. (1993) "Vocal abuse behaviors in young children". Language, Speech, and Hearing Services in Schools, 24 (2), p. 83

Fluency

Fluency Disorder Criteria

Fluency difficulties are primarily characterized by repetitions (sounds, syllables, part words, whole words, and phrases), pauses, and prolongations that differ in number and severity from those of normally fluent individuals. The onset usually occurs during the time that language skills are developing, and onset is generally gradual in nature. Secondary characteristics are frequently evident, and these vary in type and severity from individual to individual. The disfluencies may interfere with intelligibility, social communication, and/or academic and vocational achievement.

Consider the following risk factors which may increase the severity:

a. consistently disfluent for more than 6 months
b. family history
c. male
d. onset after age 3.5
e. presence of other speech or language disorders

The following measures are appropriate for use in determining the presence of a stuttering impairment:

1. Speech sample
2. Total disfluency index of the types and number of disfluencies and secondary characteristics obtained in the language sample and a structured reading activity
3. Multiple environments/listeners
4. Structured observation (note level of awareness)
5. Anecdotal records – impact of disfluencies on oral/expressive language task standardized tests
6. Standardized tests
7. Teacher/caregiver report, interview, or checklist
8. Parent report, interview or checklist

Note: Teacher, caregiver and parent reports, interviews, and checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: An assessment for a fluency disorder should include the following components:

- Background information: a history of the development of the student's stuttering, family history of stuttering, etc;
- Communication abilities: a report of his/her skills in the five parameters of communication – stuttering, articulation, voice, language, and hearing;
- Oral-peripheral examination: a description of any atypical structures and the functional abilities of the oral mechanism;
- Reports, interviews, checklists: completed by the parents, the caregiver, and the teacher;
- Structured observation: observation of student's speech and language during oral language activities;

Fluency Rating Scale

The Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable Speech-Language Pathologists (SLPs) to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a Speech or Language Impairment (SLI) based on those assessment results, in collaboration with the IEP team. The tool is not a diagnostic instrument but a way to organize evaluation findings. The scales must be used with a body of evidence to include formal and/or informal assessment data, educational observations, and parent and family input.

The fluency rating scale uses the following terminology:

- Description of disfluency addresses the duration of pauses (from less than 1 second to more than 3 seconds) and the number of repetitions.
- Associated non-verbal behaviors mean the presence of facial grimaces; visible tension of the head, neck, jaw, and/or shoulders; audible tension, as noted in uneven stress, pitch changes, increased rate, or tension during inhalation or exhalation.

For a preschool-age child who is exhibiting disfluent behavior, research indicates that the chances of success are greater the sooner a problem and its contributing factors are identified. When a preschool-aged child exhibits the following chronic non-fluent behaviors, it is likely the child will benefit from early intervention: the insertion of the schwa, uneven stress and rhythm, difficulty initiating and sustaining airflow, body tension and struggle behavior during speech, and the presence of significant predictors such as family history (Runyan, 2004).

For preschool children, the consideration of the adverse effect should be based on the effect of the stuttering impairment on the child's developmental skills in play, adaptive/self-help, and communication, social-emotional, cognitive, and sensorimotor domains.

<u>Adverse effect on educational performance</u>

- A combination of educational activities should be used to asses this area. The presence of a fluency disability does not guarantee the child's eligibility for special education if there is no evidence of educational impact.

<u>Comment section</u>

- May include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Fluency Severity Rating Scale

Factors	No Apparent Impact (0 points)	Minimal Impact (1 point)	Moderate Impact (2 points)	Significant Impact (3 points)
Frequency of Disfluency	Less than 4% disfluencies	4% disfluencies	5 – 9% disfluencies	10% or more disfluencies
Description of Disfluency	Primarily whole multisyllabic word repetitions. Occasional whole-word interjections and phrase/sentence revisions Children 6 and younger: Less than 1 second pauses OR less than 2 repetitions Children 7 and older: Less than 1 second pauses OR less than 4 repetitions	Transitory disfluencies in specific speaking situations which may include repetitions, prolongations, blocks, hesitations or interjections, and vocal tension. Children 6 and younger: 1 second pauses OR 2 repetitions Children 7 and older: 1 second pauses OR 4 repetitions	Frequent disfluencies in many speaking which may include repetitions, prolongations, blocks in which sounds and airflow are shut off, hesitations or interjections and vocal tension Children 6 and younger: 2 second pauses OR 5 repetitions Children 7 and older: 2 second pauses OR 5 repetitions	Habitual disfluencies in a majority of speaking situations, which may include repetitions, prolongations, blocks (long and tense with some noticeable tremors), hesitations or interjections, and vocal tension Children 6 and younger: 3 or more second pauses OR 5 or more repetitions Children 7 and older: 3 or more second pauses OR 6 or more repetitions
Secondary Characteristics	No associated behaviors	One or more associated behaviors that are noticeable and distracting and occurs inconsistently	One associated behavior that is noticeable and distracting and occurs consistently	Two or more associated behaviors that are noticeable and distracting and occur consistently
Awareness (rate for children 6 and younger	Is not aware of the speech disfluencies	Shows occasional awareness of by commenting to parent or caregiver	Is aware of disfluencies and occasionally shows some frustration with speaking	Is aware of disfluencies and shows frustration with not being able to communicate fluently
Avoidance (rate for children 7 and older)	Does not avoid speaking situations	Occasionally avoids speaking situations	Avoids specific speaking situations (e.g., presentations, phone)	Avoids many speaking situations
Educational Impact/ Social/Emotional	Fluency skills are adequate for the student's participation in educational or preschool settings	Disfluencies are noticeable and, in some situations, limit the student's verbal participation in educational or preschool settings	Disfluencies are having an impact on the student's ability to speak and verbally participate in educational or preschool settings	Disfluencies are having a significant impact on the student's ability to speak and verbally participate in educational or preschool settings

Total Score: 0-3 No apparent impact
Total Score: 4-6 Minimal impact
Total Score: 7-10 Moderate impact
Total Score: 11-15 Significant impact

Comments:

Fluency Severity Rating Scale

Level	Conditions	Educational Impact
No apparent impact	Disfluencies are primarily characterized by easy whole word repetitions that comprise less than 4% disfluent speech. The student's speech and language skills during educational activities are consistently understood and not distracting to the listener.	Student's verbal participation in educational activities is not limited by self-consciousness about the listener's reaction to his/her speech.
Minimal impact	Disfluencies are transitory and characterized by easy repetitions, prolongations and some hesitations that comprise 4-5% disfluent speech. Blocking, if it occurs, is less than a full second. Tension is noticeable, but disfluencies and tensions are not distracting to the listener. Student does not usually avoid speaking situations and participates in oral language activities.	Student's verbal participation in educational activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.
Moderate impact	Disfluencies are frequent and characterized by repetitions, prolongations, and some hesitations/interjections, and blocking that comprise 5-9% disfluent speech. Tension is noticeable, distracting to the listener. Associated behaviors, such as grimacing, and other distracting behaviors may be evident during speaking situations. Student is aware of disfluent speech and avoids some speaking situations and oral language activities.	Student's verbal participation in educational activities is impacted by self-consciousness about listener reactions to his/her speech.
Significant Impact	Disfluencies are habitual and are characterized by repetitions, prolongations, hesitations/interjections, and blocking that lasts 3 or more seconds. Disfluencies comprise greater than 9% disfluent speech. There is evidence of significant vocal tension, some noticeable tremors, and noticeable associated behaviors that are distracting to the listener. Student generally avoids speaking situations and oral language activities.	Student's verbal participation in educational activities is significantly impacted by self-consciousness about listener reactions to his/her speech.

Fluency Appendices

(These are resources that MAY be used in the assessment process to help the SLP determine eligibility)

Teacher Input/Stuttering

Teacher Input – Stuttering

Student:_____

Teacher: _____ Grade: _____DOB: _____

Your observations of this student's speech fluency will help determine if the problem adversely affects educational performance. **Check all items that have been observed.**

	Yes	No
1. Does the student have characteristics associated with stuttering (e.g., part or whole word repetitions, silent blocks, sound or word prolongations)?	☐	☐
2. Are the stuttering characteristics accompanied by other behaviors (e.g., tension in the upper trunk, head, and neck, facial tics, body movements)?	☐	☐
3. Does stuttering make it difficult to understand the content of his/her speech?	☐	☐
4. Does the student appear to talk less in the classroom because of stuttering?	☐	☐
5. Does the student avoid verbal participation during classroom activities?	☐	☐
6. Does the student avoid verbal participation in social situations?	☐	☐
7. Do you think the student is aware of his/her communication problems?	☐	☐
8. Have the student's parents talked to you about his/her fluency disorder?	☐	☐
In my opinion, these behaviors do NOT adversely affect educational performance.	☐	☐
In my opinion, these behaviors DO adversely affect educational performance.	☐	☐

What other observations do you have relating to this student's communication skills:

_____

Teacher's Signature: _____Date: _____

Individualized Education Program (IEP)

IEP Development

Following the MDT's determination that a student has met the eligibility criteria for speech-language impairment or another disability area, the IEP team will meet to outline a plan to address the student's needs identified through the assessment process. The IEP must be developed and implemented within 30 days of the eligibility determination. The IEP will detail the special education and related services necessary to address all identified needs. Decisions regarding the delivery of services must ensure that a student with a disability receives a Free and Appropriate Public Education (FAPE) in the least restrictive environment (LRE).

The IEP team will ensure that all needs identified during the assessment/eligibility process are documented during the development of the student's IEP. Careful consideration must be given to the student's strengths and abilities, as well as the challenges they face, in order to ensure the goals, services, and supports included in the IEP address the unique needs of the individual as determined through the evaluation process.

The IEP tells a student's "story." The IEP team should carefully consider the details included in that story when developing sections of the document, such as present levels of performance, special considerations, supplementary aids and services, and goals and objectives, to mention a few. In the event of a student with a speech-language impairment transferring to another district, a more complete story will increase the student's ability to successfully transition to a new school by providing critical information on services and supports that lead to positive outcomes.

IEP Team

The IEP team is identified in **34 CFR §300.321**, and is discussed in detail in the NDDPI document, Guidelines: Individual Education Program Planning Process.

When a student is receiving speech-language service as a disability or related service, not less than one special education service provider with knowledge of the child's needs must attend the IEP meeting. When the child has more than one disability, consideration should be given to including persons with knowledge and training in each area of disability.

Parents are welcome to invite other individuals with such expertise who may have important contributions to the team effort.

Parent/Guardian Participation

Parents are critical partners in the IEP process for any student with a disability. Speech and language observations outside the school setting are relevant to the discussion of needs and support efforts for the student. The IEP team must make every effort to ensure that one or both parents of the student have the opportunity to participate in the IEP process. Meaningful parent participation is an essential element in developing a foundation of trust and collaboration that will support positive outcomes for the student with a disability. The IEP process is a communication vehicle between parents and school staff working with their child. As stated earlier, parents should be encouraged to invite other individuals with specific expertise or who may know the student.

For a complete review of IDEA regulations regarding parent participation, see **34 CFR§300.322**, as well as the NDDPI document, Guidelines: Individual Education Program Planning Process.

Present Levels of Academic and Functional Performance (PLAAFP)

An essential ingredient in providing FAPE to an eligible student with a disability is the documentation of needs from the evaluation/eligibility process in the IEP. PLAAFP documentation includes such things as the student's strengths, needs, preferences, and interests, as well as how the student's disability impacts their ability to make progress in the general education curriculum. This implies the need to discuss the standards or expectations of the general education curriculum and the student's performance as measured against those standards. When present levels are significantly different from grade/age level expectations, the team must identify those skills most critical to closing the gap between current performance and desired performance.

The PLAAFP should contain documentation of parent input on the process, including student strengths and concerns. Recognition of this input is the first step in ensuring that parents participate as equal partners in the IEP development process.

PLAAFP content should be provided in a narrative format, not simply a listing of test scores. It seeks to answer the question, "what do we know about this student?" It also analyzes how the student's disability impacts his or her involvement and progress in the general education curriculum. This should include a description of speech and language interventions that have been implemented. The PLAAFP is the foundation on which the rest of the IEP is developed.

Consideration of Special Factors

The IEP team will review the "Consideration of Special Factors" section of the IEP form. IDEA regulations require a review of special factors in the development of the IEP.

This section of the IEP builds on the discussion of PLAAFP, requiring that each of the above factors be considered for all students with disabilities. In the case of a child who is deaf or hard of hearing, team members must consider the child's:

- language and communication needs;
- opportunities for direct communications with peers and professional personnel in the child's language and communication mode;
- academic level; and
- full range of needs, including opportunities for direct instruction in the child's language and communication mode [§300.324(2)(iv)].

It's important to note that, regardless of a child's disability, IEP teams must consider a child's communication needs. In determining the child's communication needs, the IEP team might ask:

- What communicative demands and opportunities does the child have?
- Does the child have the skills and strategies necessary to meet those communicative demands and take advantage of communicative opportunities?
- Can the child fulfill his or her need to communicate in different settings?
- Does the child communicate appropriately and effectively, and if not, why not? How would the deficit in communication be described?

For each special factor checked "yes" for an eligible student, supports should be delivered in the form of one or more of the following:

- Annual goals and specialized instruction to develop communication skills; and/or
- Related services that support annual goals and develop new skills: and/or
- Supplementary aids and services that are provided in the general education setting or extracurricular and nonacademic settings, which may include such things as, but are not limited to:
    - Direct supports to the student;
    - Support and training for staff who work with the student;
    - Classroom accommodations and modifications to the curriculum;
    - Functional behavior assessments and behavior intervention plans; and
    - Assistive technology services and supports.

Supports for a special factor may not always involve specialized instruction. However, when a special factor is identified as relevant to a given student, the IEP must show evidence of how that special factor is being addressed within the context of the IEP services and supports. This is the case for all needs identified in the PLAAFP; some may require direct services and measurable annual goals, while others may require classroom accommodations. The IEP developed by the team will be unique and individualized based on the needs of the student.

Measurable Annual Goals

Once PLAAFP and special factors have been developed and reviewed, the IEP team will then develop measurable annual goals for those needs that require specialized instruction. Not all areas of need will require specialized instruction (i.e., slow processing speed may require classroom accommodations that allow additional time for assignments). Those areas that do require specialized instruction will also require annual goals.

Annual goals are related to the unique needs of the student, and therefore should be specific and not applicable to every student in the class. Goal statements such as "James will demonstrate age-appropriate behavior" applies to all students his age and does not reflect his individual needs. Goals should not be repeated year after year. For a complete discussion of writing measurable annual goals, short-term objectives and characteristics of service, please see the NDDPI Guidelines: Individualized Education Program Planning Process.

Periodic Review of Services

Parents must receive periodic updates on their student's progress in the general education curriculum, as well as their progress toward achieving the annual goals included in their IEP. Progress monitoring of IEP goals is the basis for the review, which must take place at intervals similar to the progress updates provided to general education students. The periodic review schedule is determined by the IEP team and documented in the IEP.
The periodic review:

- Includes a description of the student's progress towards each IEP goal;
- Utilizes the same measurement criteria specified in the goal;
- Clearly specifies how the student's performance at the time of the review differs from the performance observed at the time the IEP was written; and
- Addresses any lack of expected progress toward an annual goal.

There is no meeting required for a periodic review; however, the IEP team or parents may consider bringing the team together to discuss a lack of progress, should it be observed. Failure to meet and adjust the IEP to address a lack of student progress could ultimately violate a student's right to FAPE.

Supplementary Aids and Services

Adaptations of services include supplementary aids and services that are critical to the participation of the student with speech-language impairments in the general education classroom as well as other extracurricular and nonacademic activities.

Service Delivery Methods

Effective service delivery is dynamic and changes with the needs of the students. Service delivery approaches are selected on the basis of the needs of a specific student and include a variety of methods at different times, including those that may be provided directly to the student in the classroom or less frequently on a short-term basis in pull-out setting or indirectly through consultation with educators and families. The IEP team makes the decisions about the type and amount of direct and indirect services the student will receive in the least restrictive setting. Decisions are based upon the child's present level of performance, progress made in services received to date, assessment results, IEP goals, and any objectives/benchmarks. In addition, the IEP team should consider the advantages and disadvantages of specific settings and the necessity for repeated practice in a controlled environment. No single service delivery model can be used exclusively for all students. Multiple perspectives are needed for students as their needs change. When speech and language services are indicated, the service delivery and clinical methods must focus on achieving the goals in the student's IEP. Regardless of the service delivery model used, it is essential that time be scheduled for regular collaboration with parents, general educators, special educators, and other service providers.

Direct Services

The IEP team may determine that the student's goals and objectives will be met most effectively through direct services. Direct services may be offered in a variety of settings (the classroom, the cafeteria, the intervention room or other school settings). The type, location, and amount of services are adjusted to meet the needs of the student. Whenever possible, intervention should be provided in the least restrictive setting and result in the least amount of disruption to the student's academic day.

Indirect Services

Indirect services, or consultative services, are provided when a student's IEP specifies support for school personnel as a part of the accommodations, modifications, or supplemental support services provided to a teacher on behalf of the student. These services include providing information and demonstrating effective instructional and facilitation procedures. The speech-language pathologist may provide support for staff or analyze, adapt, modify, and create instructional materials and assistive technology for targeted students. While providing consultative services on behalf of a child, the speech-language pathologist will monitor the student's progress. Consultative services may also be characterized as indirect services on the student's IEP.

This model is appropriate for students who are nearing dismissal from speech-language services or students whose teachers require additional support to create materials, implement specific communication strategies, or modify augmentative/alternative communication (AAC) equipment. The classroom teachers may request assistance as they plan, monitor student progress, or make decisions regarding the presentation or selection of materials.

Consultative services may be provided to family members. Such consultation can include information on speech-language development and facilitation, home programs, recommended environmental changes, or parent-support groups. This level of service may be provided to a family member of a child who is receiving services or a child who is not eligible for services to support recommendations by the eligibility group.

Information, home programs, and demonstration that can positively impact communication development or maintenance skills may be offered. This type of support is especially valuable for families and teachers when there is concern about the child's development.

Integrated or Push-In Therapy

Therapy integrated into the classroom provides individualized service in a less restrictive setting and does not remove the student from the general or special education classroom. This service delivery method allows the student to receive direct therapy from a speech-language pathologist while continuing to receive classroom instruction. Classroom teachers become an integral part of the process as they learn to reinforce speech-language goals, assess student progress, and learn specific techniques that will benefit the students with speech-language impairment as well as general education students. This incidental benefit to regular education students is a naturally occurring outcome of collaborative service delivery. This is often the appropriate approach for students struggling with the acquisition of content because of their language difficulties.

The speech-language pathologist has exposure to classroom communication including levels of adult and child communication (rate, volume, complexity of language), daily routines, the language of the curriculum, vocabulary demands, and the student's coping strategies. Using this model, the general or special education teacher and speech-language pathologist jointly plan, teach, and assess the student's progress within the classroom setting. Integrated therapy can involve several approaches to sharing instruction. Throughout the academic week, the teacher may then choose to employ strategies learned, use prompts or cues the speech-language pathologist has demonstrated, or monitor students for use of a particular skill. This type of information is especially helpful in determining the educational impact of a speech or language impairment.

While in the classroom, the speech-language pathologist and classroom teacher may present instructional materials collaboratively. With the speech-language pathologist's assistance, these instructional materials and activities can focus on the speech-language objectives of the students receiving speech-language services. The speech-language pathologist may use this as an opportunity to provide reinforcement for specific objectives in a more natural setting (the classroom) or gather data on the child's performance in the classroom setting without direct instruction. The speech-language pathologist may work with individual students, small groups, or with the entire class. This method also enables the speech-language pathologist to observe the student in a more natural setting and gather data on his/her use of skills learned in pull-out therapy. It is important to note that only time spent providing direct service to the students with speech-language impairment can be counted toward the frequency and duration of services required on the IEP.

Below are examples of teaching models for integrated therapy:

Teaching Models for Integrated Therapy in the Classroom	
Team Teaching	**Small-Group Instruction**
The speech-language pathologist: • paraphrases information • creates graphic organizers • teaches strategies for vocabulary learning • teaches strategies for sequencing • teaches strategies for developing a narrative • cues and prompts the students • modifies the language level of instruction to meet students' needs.	The speech-language pathologist: • works in small group instruction with targeted students, reviewing academic material • presents the academic material with a focus on enabling the student to generalize his/her communication skills

Therapy provided in the classroom provides many benefits for students and staff. Because of the SLP's unique professional preparation in the area of language development and language impairment, the SLP may be able to review the language of instruction and provide helpful feedback to classroom teachers. This includes the language levels of texts, the impact of readability, worksheets and exercises, test formats and question-wording, and language levels used in lectures.

Collaboration and consultation with teachers can provide opportunities for students with language difficulties to take better advantage of the curriculum. Such collaboration and consultation have the potential for generalized benefits to the whole class.

Pull-Out Therapy

Sometimes the nature and severity of the speech-language impairment may necessitate service delivery in a pull-out situation. Therapy services provided in an individual or small group setting, with intensive specialized instruction in specific skills or strategies, are typically referred to as pull-out therapy. This service delivery model generally focuses on remediation of articulation, language, voice, fluency, or swallowing deficits.

Other Service Delivery Methods

Combined Direct and Indirect Services Using a 3:1 Model

The 3:1 model combines three weeks of direct intervention with students and one week of indirect services. With this model, three weeks out of each month are designated for direct intervention with students, and one week for indirect services, such as meeting with teachers, parents, and other specialists; and developing treatment materials.

During the time designated for indirect intervention for students, the SLP provides services that address individual student needs. These services may include:

- Conducting and attending meetings
- Performing evaluations

- Conducting training and consultations with staff and parents
- Visiting classrooms and conducting systematic observations
- Developing and adapting classroom and intervention materials

The 3:1 model provides opportunities for SLPs to consult with teachers about students' needs in the classroom, address curriculum pacing, and integrate speech-language goals and classroom curriculum. This service delivery model is supported by ASHA.

Community-Based Instruction

Many school divisions offer community-based instruction for students with disabilities. Providing instruction and experiences in the community facilitates the development of skills that are required for success in life. Opportunities are provided to practice daily living or work skills during community trips with monitoring and support provided by teachers and other staff. The speech-language pathologist may participate in these outings if the functional setting provides opportunities to monitor the generalization of skills or provides opportunities for structured practice. The speech-language pathologist may also provide consultation services to the teachers who are providing community- based instruction.

Intervention for the Metas

One way to ensure that metalinguistic skills are embedded in and promoted during language-learning activities is to explain the reason and rationale behind the activity to students. Asking students to paraphrase the reasons and explanations aids them in understanding and applying the rationale. Paraphrasing is one metastrategy that can often be an intervention activity aimed at improving a student's meta-skills. Engaging students as young as five years of age in making plans, writing (or drawing) the steps in the plan, and then executing the plan are strategies to address both metacognition and metalinguistic abilities and strengthen executive functioning skills. Plans can become more complex as students progress in the grades. Wiig's (1989), "Steps to Language Competence: Developing Metalinguistic Strategies" includes numerous examples and lists of plans and activities designed to foster students' meta-abilities. An important aspect of working with students with meta weaknesses is to encourage them to take time to think through and plan their responses. Students with learning disabilities, who likely also have language impairment, have typically been conditioned by the educational environment to respond quickly, which is the opposite of what is needed to engage metalinguistic or metacognitive strategies (Reed, 2005).

Services in the Middle and High Schools

The language levels of the curriculum escalate in middle school so that the transition from elementary into the middle school learning environment can present challenges for students with language impairment that the students may have been able to manage in the elementary grades. Middle school curriculum and its curriculum delivery model (e .g., multiple subjects, different teachers with different language styles, content-specific vocabulary, an emphasis on reading and writing to learn versus learning to read and write, different schedules requiring good executive functioning skills, demand for high level metalinguistic and metacognitive abilities) may require the IEP team to conduct a thorough evaluation and consider whether a termination of services is warranted.

Various service delivery options, often those in which the SLP works with the students in middle school classes and/or alongside the content teachers may be important in supporting these students. The same is true with regard to students' transition from middle school into high school, where the language demands of the educational environment increase dramatically.

Communication Skills Secondary Course

Some school divisions have found it beneficial to offer a course on communication skills. These are most often offered at the middle or secondary level as an elective class. They may be semester or yearlong classes. These classes offer direct instruction to general education, as well as special education students, addressing communication skills in home, school, community and work settings. Topics generally include rate, volume, eye contact, social communication skills, topic, maintenance, and code-switching skills. Promoting and strengthening students' metalinguistic and metacognitive skills are typically an area of focus.

Although the speech-language pathologist may be a natural choice to teach this class, other special or general educators may also have the necessary skills to serve as the instructor. In other situations, the speech-language pathologists may co-teach this class or consult with the teacher. If the speech-language pathologist is the instructor, his/her caseload should be adjusted accordingly.

Telepractice

The ASHA position statement on telepractice defines this type of service delivery as "the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation" (ASHA, 2005). It is the position of ASHA that telepractice is an appropriate model of service delivery for the provision of speech-language services, particularly in extending services to rural or underserved populations, and to culturally and linguistically diverse populations. In delivering services via telepractice, the SLP still must adhere to the Code of Ethics, Scope of Practice, and state and federal laws (e.g., licensure, HIPAA, etc.).

For SLPs who will be working in the area of telepractice, it is critical that they possess the knowledge and skills needed for this specific area of practice. ASHA has a practice document that outlines the information and the specific skills needed for practitioners who will be providing services via telepractice.

For more information on telepractice, see ASHA's resources.

Scheduling, Service Delivery, and IEPs

Speech-language pathologists can increase the effectiveness of their treatment if a flexible approach to scheduling and service delivery is adopted. Speech-language pathologists are encouraged to speak to school administrators about using different service delivery models. This can enable the speech-language pathologist to group students in one class, enhancing the opportunity to collaborate with the teacher and limiting the amount of time students are pulled from a classroom. If three to five students with similar speech and language needs are grouped in one teacher's classroom, the speech pathologist can work with the teacher to provide services integrated within the classroom or can select a time for pull-out services that limit disruption to the classroom. By working with one or two teachers per grade level, speech-language pathologists can efficiently provide services. This can reduce planning time by addressing concerns for multiple students and classroom activities in fewer sessions. This scenario also decreases the need for individual students to be pulled from different classrooms causing a disruption in multiple locations for a single therapy session. This practice is becoming increasingly important with the higher academic expectations of the general curriculum for a minimum amount of instructional time in the content area for certain students.

Speech-language pathologists will have greater control over their own schedules if a flexible approach to service delivery is maintained. When IEPs are written appropriately, frequency, duration, and setting can provide built-in flexibility for a speech-language pathologist. Frequency and duration of services, setting,

and method of service delivery may vary, depending on the needs of the child. Provision of the same frequency and duration to each student violates the requirement that services be individualized and leaves little room for flexibility and creativity within a speech-language pathologist's schedule. This allows speech-language pathologists to adjust the delivery of services a child receives at a particular period to capitalize on the benefits of increased therapy (ASHA, 2004).

Flexibility in service delivery can be built into IEPs and the speech-language pathologist's schedule in a variety of ways. Rather than consistently scheduling two sessions per week for 30 minutes each, schedule 60 minutes per week or 120 minutes per two-weeks period, when appropriate for student needs. The speech-language pathologist is better able to capitalize on opportunities to integrate services in the classroom or during school events and to reschedule sessions to accommodate absences. This type of frequency and duration statement allows the speech-language pathologist a myriad of scheduling options that can change to meet the students' needs. Another option is the provision of intense services early in the year, with the amount of time reduced later in the year (e.g. 30 minutes daily for the first quarter; no services for the second quarter; 30 minutes once a week for the third and fourth quarters). This approach can be used to teach a new skill and give the child time to practice it or to accommodate particular curricula and/or classroom demands.

A third option may be to schedule the student on a monthly basis. This may be most useful for students who are monitoring their own performance and need periodic opportunities to check in with the speech-language pathologist to gauge their progress. It is not uncommon for this level of service delivery to be provided immediately prior to a determination by the eligibility committee that the student no longer has a speech-language impairment that adversely affects his/her educational performance and therefore no longer needs special education and related services.

Speech-language pathologists must always provide the total amount of service written in the IEP, regardless of the wording of the frequency and duration statement. Use of a range (i .e. 30 – 40 minutes) is typically not considered acceptable because the service provider and the parents may view the expected time requirements differently. Unfortunately, this type of ambiguity may result in a complaint or due process hearing. Speech-language pathologists and their administrators of special education should work together to discuss new scheduling formats prior to implementation.

The student's IEP should also specify where services will be provided: in the speech-language pathologist's room; in the general, special, or career-technical education classroom; on the playground or in the cafeteria (or other school locations); in the community; or other specific location. The identification of location may be flexible, recognizing that there may be a valuable opportunity to practice a newly acquired skill in a classroom setting or that a child may need a few sessions of direct pull-out therapy to work on a specific strategy before returning to classroom-based intervention. When specifying a location on the IEP, it may be appropriate to identify multiple locations for services, as follows:

Possible Delivery Options for 60 Minutes of Services per Week

Delivery Options	Representative Students
10 minutes, 6 times/week or 15 minutes, 4 times/week or 20 minutes, 3 times/week or	Students with articulation, fluency or voice goals, who are generalizing skills, or Students who benefit from short, intense therapy sessions on a frequent basis (e.g., students with apraxia), or Students needing frequent review of specific strategies or devices (e.g. alternative/augmentative communication) out of the classroom setting.
30 minutes, 2 times/week	Students who are learning skills such as articulator placement and fluency strategies in a therapy room.
60 minutes, once a week or 45 minutes + 15 minutes once a week	Students with language or pragmatic needs who receive therapy in a classroom setting (Note: some students will benefit from an additional 15 minutes for pull-out sessions to reinforce a particular skill or strategy)

It may be useful to specify that the child will receive services in a variety of settings including individually, in a group, or in a classroom. This provides flexibility for the SLP to work with the child one-on-one to establish skills, in small groups to practice them in a structured setting, and in the classroom to use them in a more natural environment without having to schedule an IEP meeting for each step of the process.

Whatever the type of scheduling option used, it should be clearly documented in the student's IEP and include dates, frequency, and duration statements. If the student's speech or language needs change, the IEP team needs to reconvene to make appropriate adjustments.

Missed services

Letter to Balkman, 23 IDELR 646 (OSEP 1995) and Letter to Copenhaver, 108 LRP 33574 (OSEP 03/11/08) state the only reason missed service minutes for a student would not be provided is if a student is absent or school is closed (i.e., due to weather). If a student needs these services in order to receive FAPE, they need to be offered or made up if missed. Per these letters field trips, school-related activities, or service providers in meetings/trainings are not acceptable reasons to miss minutes.

Placement in the Least Restrictive Environment

The requirement to educate students with disabilities in the least restrictive environment has been part of special education law (**34 CFR§300.114(a)**) since its inception in 1975. LRE is one of the core concepts of IDEA.

Each school district or public agency must ensure that:

1. To the maximum extent appropriate, students with disabilities—including students in public or private institutions or other care facilities—are educated with students who are nondisabled; and
2. Special classes, separate schooling, or other removals of students with disabilities from the regular education environment occurs only if the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

In addition, **34 CFR§300.115** requires that each school district or public agency provide a continuum of alternative placements to meet the needs of students with disabilities. LRE becomes the most inclusive point on the continuum where a student's IEP can be satisfactorily implemented with the provision of supplementary aids and services.

LRE Justification

The final step in the placement process is the justification for the individualized placement. If there is a reasonable likelihood that a student with a speech-language impairment can be educated in the general classroom with supplementary aids and services, then that placement should be utilized to the maximum extent appropriate.

If the IEP team determines that the student should receive all or part of their special education services outside of the general education classroom, then it must also provide opportunities for the student to participate in general education programs in academic, nonacademic, and/or extracurricular activities as much as is appropriate.

If the team agrees that the IEP for a student with speech-language impairment cannot be satisfactorily implemented in the general education classroom, even with the provision of supplementary aids and services, the team must "justify" the removal from general education by noting what efforts have been made that were not successful. When the IEP team identifies what supplementary aids and services, including earlier interventions, have been attempted without satisfactory outcomes, then it has justified the placement decision on the continuum of alternative placements.

Extended School Year Services (ESY)

All children with disabilities who have a current IEP must be considered for ESY services at least annually. The determination of need rests with the IEP team. The primary criteria in determining a child's need for ESY services are the likelihood of significant regression of previously learned skills during a break in service and limited or delayed recoupment of these skills after services resume. Children with SLI needs should be considered for ESY services utilizing the same regression and recoupment and significantly jeopardized analyses. These analyses are discussed in detail on the NDDPI website in a PowerPoint entitled: Extended School Year Service Training Slides. Related services may be provided as a sole ESY service when necessary for a student to benefit from his/her special education program.

ESY is established by the Individuals with Disabilities Education Act (IDEA), CFR 300.309. ESY services are also authorized under state law in North Dakota, ND Century Code 15.1-32-17.

Evidence-based Interventions and Strategies

Students eligible for special education and related services should receive intervention from school-based speech-language pathologists that is:

- Curriculum-based,
- Outcome-oriented,

- Integrated with educational activities,
- Diagnostic in nature,
- Dynamic, changing as the child's needs change,
- Based on research-proven strategies, and
- Designed to ensure access to the general curriculum so the child can be successful in mastering the Standards of Learning.

IDEA 2004 directed educators to focus on access to the general curriculum for all students. SLPs should select a service delivery approach for each student and may use a combination of approaches for the student during the intervention process. A comprehensive intervention program that supports students' involvement in academic, nonacademic, and extracurricular programs is necessary to meet students' needs. Regardless of approach(es), intervention that utilizes curricular materials or activities facilitate the language abilities of students, including promotion of metalinguistic and metacognitive skills essential to academic success. This may be effectively provided in classroom settings, frequently working alongside the classroom teacher (or sometimes a resource room teacher) in collaborative or co-teaching roles. Although speech-language pathologists will maintain a therapeutic focus in their use of curricular materials, activities, and classroom-based interventions, they can ensure effective integration of speech-language pathology services within the educational setting through their collaborative consultation with the teachers and classroom-based services as part of the service delivery continuum. The focus on performance in the general curriculum requires a team approach, with specific responsibilities shared by various professionals. Reliance on the traditional approach of pull-out therapy, focusing solely on discrete speech or language skills, is not sufficient for all students.

Speech-language pathologists must use evidence-based practice in their service delivery. Evidence-based practice incorporates specific steps such as identification of clinical issues, review of existing research, definition of expected outcomes, and evaluation of clinical practice. Any use of a practice that is not research-based should be used on a trial basis, with pre- and post-testing to determine the outcome of that practice for that particular student (Meline and Paradiso, 2003). When services are based on research-proven strategies, there is improved accountability for students, schools, and families.

Evidence-Based Practice (EBP)

Every Student Succeeds Act (ESSA) emphasizes the use of evidence-based activities, strategies, and interventions. EBP is a term that describes a model for professional work and also a way of working that increases accountability and student outcomes.

For more information on evidence-based practices and tools and guidance to engage in evidence-based decision making, see ASHA's resources at: asha.org/Research/EBP/Evidence-Based-Practice/

Reevaluation

As with all students receiving special education services, if a student is identified with a speech-language impairment, regulation requires that an evaluation is conducted at least three years to determine if the student continues to be a student with a disability unless the parent and the public agency agree that a reevaluation is unnecessary (check with local policies to see if this option is available) (34 C.F.R. §300.303(b)(2)). This evaluation includes a review of existing data and may include additional information if it is determined necessary by the team. Reviews may be conducted more frequently if warranted. Reevaluation is not required before a student's termination of eligibility due to graduation or upon a student's reaching the end of the school year in which the student turns 22.

Exit/Dismissal of Services

The decision to dismiss a student from services is based on the same criteria as the decision to find a child eligible. The team should be able to answer yes to the following questions for a child to remain eligible:

- Does the child have a speech-language impairment?
- Is there an adverse educational impact?
- As a result, does the child need specially designed instruction?

The team may determine the student is no longer eligible for speech-language services in the following situations:

- The student no longer has a speech-language impairment;
- The student continues to have a speech-language impairment, but it no longer affects educational performance;
- The student continues to have a speech-language impairment that affects educational performance, but the eligibility team determines the child does not need specially designed instruction;
- The IEP team determines the child no longer needs speech-language related services to benefit from special education (for example, the student's communication needs can be met through the communication goals worked on in the regular or special education classroom); or
- The intervention no longer results in measurable benefits, regardless of multiple documented intervention variables.

Before termination of eligibility when speech is the only special education service provided, a reevaluation is required (34 C.F.R. §300.305). However, this evaluation may be based on a review of existing information with a determination that no additional data are needed. There is no requirement to conduct further assessment unless requested to do so by the parent (34 C.F.R. §300.305(d)). The parent should be informed that special education services, in this case speech-language services, will cease, and a prior written notice describing the decision should be given to the parent explaining that decision.

Special Topics

The following Special Topics section provides the school-based SLP with current information on a variety of pertinent subjects related to the provision of services in a school setting. The school-based practice is based on evolving educational trends and reforms. The dynamic nature of education impacts the role of the SLP in the school.

Deaf and Hard of Hearing

Although students who are deaf and hard of hearing will work primarily with teachers of the deaf and hard of hearing, the speech-language pathologist will frequently be the school-based person who works with classroom teachers when students are using FM auditory trainers or other sensory devices. The speech-language pathologist should work closely with the audiologist and teacher of the deaf to ensure that the settings are appropriate for the child's hearing and be proficient in troubleshooting simple problems.

Instructors for the deaf and hard of hearing education programs prepare teachers for the deaf and hard of hearing to plan and deliver the child's educational program, including the development of communicative competence within a variety of social, linguistic and cognitive/academic contexts. Teachers provide educational programming to children in center schools for children who are deaf or hard of hearing as well as in schools and programs that serve children who are hearing, deaf, and hard of hearing. These settings include self-contained classrooms, resource rooms, general education classrooms, and itinerant, home, or community-based settings.

SLPs have specialized preparation, experiences, and opportunities to address communication effectiveness, communication disorders, differences, and delays due to a variety of factors including those that may be related to hearing loss. SLPs provide services to a wide range of communication needs. SLPs have the knowledge and skills to address the complex interplay of the areas of listening, speaking, reading, writing, and thinking. Furthermore, they understand how skill expansion in one of these components enhances performance in another area ultimately contributing to the overall development of literacy and learning.

Appropriate roles for speech-language pathologists include:

- understanding the effects of hearing loss on communicative development;
- assessing communication skills and intervention with individuals with hearing loss;
- establishing augmentative and alternative communication techniques and strategies, including developing, selecting, and prescribing such systems and devices;
- providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training, speechreading, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting, and verification of appropriate battery voltage);
- using instrumentation to observe, collect data, and measure parameters of communication in accordance with the principles of evidence-based practice;
- selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication.

Due to the advancements in technology surrounding cochlear implants (CIs), students may enter school with cochlear implants. These students will need assistance from the school-based speech-language pathologists to develop their auditory-oral skills. Speech-language pathologists who are not current in their skills in this area should participate in professional development to renew their skills.

Speech-language pathologists play a central role in a collaborative interdisciplinary/interprofessional team in the assessment and (re)habilitation of children with CIs.

Appropriate roles and responsibilities for speech-language pathologists include the following:

- Maintaining general knowledge of anatomy, physiology, and pathophysiology of the auditory system and the effects of hearing loss on communication development.
- Serving as a member of a collaborative, interdisciplinary/interprofessional CI team.
- Providing a direct and comprehensive, culturally and linguistically appropriate, evaluation of a child's speech, language, and communication skills.
- Establishing a baseline for the child's speech and language skills prior to intervention or cochlear implantation.
- Gathering formal and informal information on functional listening behaviors that may influence candidacy decisions.
- Participating in discussions of candidacy determination and outcome expectations for cochlear implantation as part of the CI team.
- Referring to other professionals to facilitate access to comprehensive services.
- Coordinating with other professionals to develop an appropriate and comprehensive aural (re)habilitation plan.
- Providing direct (re)habilitation services in coordination with other professionals involved in the (re)habilitation process.
- Developing and using ongoing progress data and functional outcome measures as appropriate.
- Assessing the child's speech, language, auditory, and communication skills on an ongoing basis and in a variety of settings after cochlear implantation and sharing results with the CI team.
- Alerting members of the CI team if a child is not making expected progress with the device so potential causes may be investigated.
- Counseling the child and family/caregivers on modes of communication and expectations regarding communication development following cochlear implantation.
- Educating other professionals about CIs, assistive devices, CI recipients, and the role of speech-language pathologists on the CI team.
- Advocating for individuals with CIs and their families at the local, state, and national levels.
- Remaining informed of research in the area of cochlear implantation.

For information on North Dakota Deaf and Hard of Hearing policies, refer to the ND Department of Public Instruction policy paper, “Deaf and Hard of Hearing Students in ND Schools.”

Literacy

The speech-language pathologist’s background in language is a valuable asset to educators when addressing strategies to enhance literacy. The speech-language pathologist may serve as a member of a team developing strategies to enhance the literacy of all students, provide services in collaboration with other educators, or provide direct services to children with language deficits that limit their access to literacy. When collaborating with teachers in a classroom, the speech-language pathologist may target the students with speech-language impairments who have language deficits. This collaboration may provide an incidental benefit to all students in the classroom. Rather than teaching the curriculum, speech-language pathologists use the curriculum as a source of stimulus materials for the children they serve. This practice will give the children more exposure to the general curriculum and enhance their ability to generalize their skills.

SLPs play a critical and direct role in the development of literacy for children and adolescents with communication disorders, including those with severe or multiple disabilities. SLPs also make a contribution to the literacy efforts of a school district or community on behalf of all students. These roles are implemented in collaboration with others who have expertise in the development of written language and vary with settings and experience of those involved.

For more information on the relationship between Spoken and Written Language, see ASHA's resources at:

https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942549&section=Overview#Relationship_Between_Spoken_and_Written_Language

Appropriate roles and responsibilities for SLPs are dynamic in relation to the evolving knowledge base. These roles include, but are not limited to:

- Preventing written language problems by fostering language acquisition and emergent literacy
- Identifying children at risk for reading and writing problems
- Assessing reading and writing
- Providing intervention and documenting **outcomes** for reading and writing

Identification

Preventing written language problems involves working with others in indirect or direct facilitative roles to ensure that young children have opportunities to participate in emergent language activities, both at home and in preschool. SLPs also play important roles to assure that older children with developmental delays or multiple disabilities gain access to such activities. Strategies for supporting emergent literacy and preventing literacy problems include (a) joint book reading, (b) environmental print awareness, (c) conventions/concepts of print, (d) phonology and phonological awareness, (e) alphabetic/letter knowledge, (f) sense of story, (g) adult modeling of literacy activities, and (h) experience with writing materials.

Early identification roles and responsibilities include (a) designing literacy-sensitive early identification activities, (b) assisting in the design and implementation of response-to-intervention strategies, (c) helping teachers and other professionals with early recognition of language factors associated with later literacy problems, (d) collaborating with other professionals to identify risk factors, (e) participating on pre-referral child study teams, and (f) consulting with others regarding when diagnostic assessments are needed.

Identification of literacy problems among older students entails (a) educating other professionals regarding risk factors involving all language systems, (b) participating on pre-referral child study teams, (c) recognizing added literacy risks for children being treated for spoken language difficulties, (d) interviewing students, parents, and teachers about curriculum-based language difficulties, (e) monitoring classroom progress and other situations that justify formal referral for assessment or reassessment,(f) implementing strategies for building curriculum relevance and for teaching self-advocacy skills to students with language disorders, and (g) suggesting dynamic assessment strategies to identify whether a language difference or disorder might be at the root of literacy challenges. Dynamic assessment is an interactive approach to conducting assessments that focuses on the ability of the learner to respond to intervention.

Assessing written language involves collaborating with parents, teachers, and other service providers to collect information using both formal and informal tools and methods, all of which are selected to be developmentally and culturally/linguistically appropriate. SLPs may either administer formal tests themselves or work as team members with others who administer the tests of reading and writing. The unique knowledge that SLPs bring to this process is their ability to assess the subsystems of language—phonology, morphology, syntax, semantics, and pragmatics—as they relate to spoken and written language. SLPs can contribute information about the degree to which a student has a basic knowledge at the level of sounds, words, sentences, and discourse. Assessment activities are designed to answer questions about whether students are using their basic language knowledge and metalinguistic and metacognitive skills for **reading processes** involved in decoding, comprehending, and paraphrasing what they read, and for **writing processes** involved in spelling words, organizing discourse texts, formulating and punctuating sentences, and revising, editing, and presenting their work.

In conclusion**,** language problems are both a cause and a consequence of literacy problems. SLPs have the expertise and the responsibility to play important roles in ensuring that all children gain access to instruction in reading and writing, as well as in other forms of communication. SLPs have appropriate roles related to all aspects of professional activity, including prevention, identification, assessment, intervention, and participation in the general literacy efforts of a community. These roles and responsibilities vary with the characteristics and needs of the children and adolescents being served and with the work settings and experiences of the professionals involved.

For additional guidance refer to Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents at asha.org/policy/PS2001-00104.htm

Assistive Technology

The availability of technology in general education and the school's responsibility to provide assistive technology in the educational setting has had a significant impact on children with disabilities. The availability of appropriate assistive technology (AT) services and devices for students with disabilities ensures their participation in both academic and social communities. The use of assistive technology can facilitate:

- An increase in student access to and participation in the general education curriculum
- An increase in productivity
- Expansion of a student's educational/vocational options
- Enhancement of communication opportunities
- Reduction of the amount of support services needed
- An increase in a student's independence

The IEP team has the responsibility under IDEA to determine if the student requires AT for the provision of FAPE. Arriving at this decision may require an AT assessment or consultation from a team of professionals who are knowledgeable on specific AT. This team may include speech-language pathologists, occupational therapists, physical therapists, special education teachers, technology specialists, and vision and/or hearing specialists, among others. Some districts have identified an AT team that has been trained to provide AT assessments at the local level and has developed a process for this task. Parent and student input and participation is critical to the assessment process.
Assistive technology solutions can include a wide range of no-tech, low-tech, mid-tech, and high-tech devices, hardware, software, and other instructional technology tools that the student's IEP team may

identify as educationally necessary. The team's considerations should not be limited to the devices and services currently available within the district.

Adaptive technologies are a type of assistive technology that includes customized systems that help individuals communicate, move, and control their environments. Adaptive technologies are specifically designed for individuals with disabilities and include such things as augmentative and alternative communication (AAC) devices.

AAC uses a variety of techniques and tools, including picture communication boards, line drawings, speech-generating devices (SGDs), tangible objects, manual signs, gestures, and fingerspelling, to help the individual express thoughts, wants, needs, feelings, and ideas. AAC is augmentative when used to supplement existing speech, and alternative when used in place of speech that is absent or not functional.

SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons requiring AAC intervention. The professional roles and activities in speech-language pathology include educational services (diagnosis, assessment, planning, and treatment), advocacy, education, administration, and research.

For more information on assistive technology please see the NDDPI Guidelines for the Provision of Assistive Technology to Student with Disabilities under IDEA Part B.

(Central) Auditory Processing Disorder

Simply stated, an auditory processing disorder (APD) refers to how the central nervous system (CNS) uses auditory information. The diagnosis of true APD can only be made by an audiologist. Typically, the audiologist will consider assessment data gathered by the multidisciplinary team, which may include cognitive, language, academic, social-emotional and/or behavioral information. The multidisciplinary evaluation team approach is necessary to fully understand the cluster of problems associated with APD.

Team members should recognize that APD can co-exist with other disorders such as attention deficit disorder, speech-language impairment, and specific learning disability. In other words, there are other disorders that can affect the CNS in the areas of memory, attention, and language. Since APD is an auditory deficit that is <u>not</u> the result of higher-order cognitive, language or other related factors, APD should not be classified as a learning disability. By itself, APD is not recognized under the Individuals with Disabilities Education Act (IDEA) as a disability that requires specialized instruction (special education). However, if a student is already receiving special education and related services under a different disability category, the IEP team should consider how an APD is impacting a student in the classroom and identify ways to address it.

Team members should recognize the significant overlap in the presenting characteristics of attention deficit disorder (with or without hyperactivity), speech-language impairments, and auditory processing disorders. The table below describes the areas of overlap.

The Overlap Table

Overlap Between Auditory Processing Disorders, Attention Deficit Disorders, and Speech-Language Impairments

Behavior	Auditory Processing Disorder	ADD/ADHD	Speech-Language Impairment
Attention Concerns			
Distractibility	X	X	X
Difficulty listening	X	X	X
Difficulty understanding verbal information	X	X	X
Poor attention to auditory detail	X	X	X
Poor attention to visual detail		X	
Forgetfulness of routines		X	
Short attention span		X	
Need for repetition of information	X	X	X
Appears to "daydream"	X	X	
Appears to lack motivation	X	X	
Delayed response to verbal requests	X	X	X
Frequently says, "Huh?" or "What?"	X	X	X
Often misunderstands what is said	X	X	X
Poor short-term memory	X	X	
Hyperactivity, Impulsivity, and Emotional concerns			
Fidgety – active hands and feet		X	
Often leaves seat		X	
Excessive movement		X	
Difficulty playing quietly		X	
Talks excessively		X	
Blurts out answers		X	
Restlessness	X	X	
Irritability		X	
Poor social interactions		X	X
Difficulty awaiting turn		X	
Interrupts or intrudes with others		X	X
Academic Achievement			
Difficulty following verbal instructions	X	X	X
Difficulty identifying, blending, and manipulating sounds	X		X
Poor receptive and expressive language skills	X		X
Deficits in reading, writing, or comprehension	X	X	X
Decreased performance in noisy environments	X	X	X
Difficulty completing work		X	
Worry about academic performance	X		X
Frequently loses or misplaces items		X	
Poor organizational skills		X	

There are no clear-cut ways to isolate symptoms from other co-existing disorders to those specific only to auditory processing disorders. Regardless, when symptoms adversely affect a student's academic success and if the student is eligible for special education and related services under a specific IDEA disability category, the IEP team should explore interventions or strategies that would provide additional support to the student in the classroom. If a student qualifies for specialized instruction under one disability area, it would certainly be within the IEP team's role and responsibility to identify all areas of academic difficulty and to provide appropriate accommodations or strategies that would ensure access to the curriculum.

For more information on Auditory Processing Disorders, see ASHA's resources at:

asha.org/Practice-Portal/Clinical-Topics/Central-Auditory-Processing-Disorder/

asha.org/public/hearing/understanding-auditory-processing-disorders-in-children/

Cleft Palate

If at any time a structural etiology is suspected by the SLP, a referral to the regional cleft palate team may be warranted. The parent(s) may elect to consult their personal physician. Information can be obtained by contacting the Children's Health Services at (701) 328-2436, **toll-free** at (800) 755-2714. There is currently no cost to the family to participate in the cleft palate team evaluation.

For more information on Cleft Palate, see ASHA's resources at:

asha.org/Practice-Portal/Clinical-Topics/Cleft-Lip-and-Palate/

asha.org/public/speech/disorders/cleftlip/

Dysphagia

Dysphagia is a disorder in swallowing that is a part of the SLP scope of practice in public schools. It is important that SLPs be an integral part of the team that manages students with swallowing and feeding problems in school settings.

As with other areas of speech-language, ASHA states that only persons possessing a "competent level of education, training, and experience" should conduct assessment and intervention (ASHA, 2003). Staying abreast of new developments in the field is the responsibility of the individual speech-language pathologist. Speech-language pathologists working with children with dysphagia should ensure their skills are current.

School personnel should be observant of:

- Overt signs of aspiration, such as coughing, choking or runny nose
- Difficulty chewing and moving the food from the front to the back of the mouth, pocketing, food falling from the mouth
- Complaints of food "getting stuck in the throat"
- Recurrent aspiration pneumonia
- Significant weight loss with resulting fragility
- Reduced alertness and attention in the classroom
- Reduced strength and vitality
- Weakened health status
- Frequent, prolonged absences due to health issues; and limited social interaction and communication during meals or snack time

A diagnosis of a swallowing disorder may occur as a result of a school assessment, a medical assessment, or may be part of another disability. If a student is determined to have a swallowing disorder, the following individuals may be beneficial team members:

- Speech-language pathologist
- Occupational therapist
- School nurse
- Child's teacher
- Nutritionist

- Cafeteria supervisor
- The child's parent

If a student receives special education and related services and needs direct intervention to improve swallowing skills, then this information should be documented in the present levels of academic and functional performance (PLAAFP), adaptations, and as an IEP goal, if appropriate.

For more information on Dysphagia, see ASHA's resources at:

asha.org/public/speech/swallowing/feeding-and-swallowing-disorders-in-children/

Childhood Apraxia of Speech (CAS)

For speech to occur, messages need to go from the brain to the mouth. These messages tell the muscles how and when to move to make sounds. When a child has apraxia of speech, he/she struggles with the motor programming, planning, and execution of speech movement so that the messages do not get through correctly. The child might not be able to move their lips or tongue in the right ways, even though their muscles are not weak. Sometimes, the child might not be able to say much at all.

Appropriate roles for SLPs include, but are not limited to, the following:

- Providing prevention information to individuals and groups known to be at risk for CAS as well as to individuals working with those at risk.
- Educating other professionals on the needs of persons with speech sound disorders and the role of SLPs in diagnosing and managing CAS.
- Screening individuals who present with possible CAS and determining the need for further assessment and/or referral for other services.
- Conducting a culturally and linguistically relevant comprehensive assessment of speech, language, and communication.
- Diagnosing the presence of CAS.
- Using dynamic assessment for differentially diagnosing CAS and for determining severity and prognosis.
- Providing diagnostic intervention to children suspected of having CAS.
- Referring to and collaborating with other professionals to rule out other conditions, determine etiology, and facilitate access to comprehensive services.
- Making decisions about the management of CAS.
- Making recommendations for a multi-tiered system of support (e.g., response to intervention [RTI]) in the schools to support speech and language development.
- Making decisions, as part of the individualized education program (IEP) team, about eligibility for services based on the presence of CAS and any co-occurring conditions.
- Serving as an integral member of an interdisciplinary team working with individuals with CAS and their families/caregivers.
- Developing culturally and linguistically appropriate treatment plans, providing intervention and support services, documenting progress, and determining appropriate service delivery approaches and dismissal criteria.
- Counseling persons with CAS and their families/caregivers regarding communication-related issues and providing education aimed at preventing further complications related to CAS.
- Consulting and collaborating with other professionals, family members, caregivers, and others to facilitate program development and to provide supervision, evaluation, and/or expert testimony, as appropriate.

- Remaining informed of research in the area of CAS, helping advance the knowledge base related to the nature and treatment of this disorder, and using evidence-based practice to guide intervention.
- Advocating for appropriate speech-language pathology services for individuals with CAS and their families at the local, state, and national levels.

A chart comparing Apraxia, Dysarthria and Severe Phonological Disorder:

arksha.org/Convention/Handouts/2014%20Handouts/HammerAdditionalHandoutsBoth.pdf

For more information on Childhood Apraxia of Speech, see ASHA's resources at:

asha.org/public/speech/disorders/ChildhoodApraxia

asha.org/Practice-Portal/Clinical-Topics/Childhood-Apraxia-of-Speech/

Selective Mutism

When considering eligibility for language impairment, special consideration must be given to the educational impact and underlying psychological factors. As defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), selective mutism is a rare condition occurring in childhood characterized by a consistent failure to speak in specific social situations in which there is an expectation for speaking. Children with this disorder have the ability to speak and understand the language but fail to use this ability. Most children who experience selective mutism function normally in other areas of their lives. The assessment team needs to investigate any underlying psychological factors.

For more information on Selective Mutism, see ASHA's resources at:

asha.org/Practice-Portal/Clinical-Topics/Selective-Mutism/

asha.org/public/speech/disorders/selectivemutism.htm

selectivemutism.org/learn/faq/