

Exeter-West Greenwich Regional School District

Speech-Language Practice Guide



September 2018

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Introduction Mission Statement Overview of Services

The mission of the Exeter-West Greenwich Regional School District Speech-Language Pathology Department is to provide students with high-quality evidenced-based practices for prevention, assessment and intervention while supporting teachers, staff and administrators in their efforts to develop goals and instructional strategies that support student outcomes.

Overview

The development of communication skills is integral for the success of all students. The school-based speech-language pathologist (SLP) plays a crucial role in education and serves as a member on both the special education and general education teams. SLPs work with all students and support classroom teachers, families and administrators within the areas of communication, language and literacy.

It is the position of the American Speech-Language-Hearing Association (ASHA) that based on their unique skill set, SLPs in schools (1) have integral roles in education and are essential members of school faculties, (2) help students meet the performance of a particular school district and state by assuming a range of responsibilities, (3) work in partnership with others to meet students' needs, and (4) provide direction in defining their roles and responsibilities and in ensuring appropriate services to students.

I. The Practice of School-Based Speech-Language Pathology

Definition of a School-Based Speech-Language Pathologist

School-based SLPs focus on helping students, with a wide range of speech–language related deficits, meet performance standards. More specifically, school-based SLPs are trained to prevent, screen, identify, assess, diagnose, refer and provide prevention for, and counsel persons with, or who are at risk for, communication disabilities. School-based SLPs reduce the functional consequences of the communication and swallowing disabilities by promoting the development, improvement, and use of functional communication skills, in the educational setting. In addition, school-based SLPs provide speech-language support in the general education setting by facilitating successful participation, socialization and learning (ASHA, 1999). School-based SLPs provide services that are special education and as part of a general education initiative.

Training of a School-based Speech-Language Pathologist

School-based SLPs are specifically trained in both speech-language pathology and education. Additionally, school-based SLPs must hold a valid certificate in the area of speech-language pathology issued by the Rhode Department of Education (RIDE). They must also hold a speech-language pathology license issued by the Rhode Island Department of Health. Both licenses are based on a Master’s degree from an accredited college or university in the area of Speech Pathology/Communication Disorders in addition to various licensure examinations. After completion of a Master’s degree, a graduate completes a Clinical Fellowship (CF). The CF is a supervised post-graduate internship. The speech-language pathology Clinical Fellowship (CF) is the transition period between being a student enrolled in a Speech Pathology/Communication Disorders program and being an independent provider of speech-language pathology services. The clinical fellowship requirements are as follows: 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Upon successful completion of the clinical fellowship and other requirements, the Certificate of Clinical Competence (CCC), can be obtained through ASHA.

Individuals with Disabilities Education Act (IDEA)/Section 504 of the Rehabilitation Act of 1973 and Speech-Language Pathology

According to the IDEA, and applicable to Section 504, speech-language pathology services include:

Identification of students with speech or language impairments;

- Diagnosis and appraisal of specific speech or language impairments;
- Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- Provision of speech and language services for the habilitation or prevention of communicative impairments;
- Counseling and guidance of parents, students, and teachers regarding speech and language impairments;
- Accommodations and modifications to provide students with greater opportunities for success.

Roles of School-Based Speech-Language Pathologists¹

- Speech-language services in schools promote efficient and effective outcomes for students. According to the American Speech-Language and Hearing Association (ASHA), the roles and responsibilities of school-based SLPs are as follows:
- **Work Across All Levels** — SLPs provide appropriate speech-language services in Pre-K, elementary, middle, junior high, and high schools.
- **Serve a Range of Disorders** — Work with students exhibiting the full range of communication disorders, including those involving language, articulation/phonology (speech sound disorders), fluency, voice/resonance, and swallowing.
- **Ensure Educational Relevance** — Provide services for students with disabilities, when the disorder has an educational impact. Specifically, SLPs address personal, social/emotional, academic, and vocational needs that have an impact on attainment of educational goals.
- **Provide Unique Contributions to Curriculum** — SLPs have a distinct set of roles based on their focused expertise in language. They offer assistance in addressing the linguistic and metalinguistic foundations of curriculum learning for students with disabilities, as well as other learners who are at risk for school failure, or those who struggle in school settings.
- **Highlight Language/Literacy** — SLPs contribute significantly to the literacy achievement of students with communication disorders, as well as other learners who are at risk for school failure, or those who struggle in school settings.
- **Provide Culturally Competent Services** — Make important contributions to ensure that all students receive quality, culturally competent services. SLPs have the expertise to distinguish a language disorder from cultural and linguistic differences, socioeconomic factors, lack of adequate prior instruction, and the process of acquiring the dialect of English used in the schools.

¹*American Speech-Language-Hearing Association. (2000). Guidelines for the roles and responsibilities of the school-based speech-language pathologist [Guidelines]. Available from www.asha.org/policy and Chicago Speech language Pathology Practice Guide.*

Range of Responsibilities — SLPs help students meet the performance standards of a particular school district and state.²

- Prevention — Integrally involved in the efforts of schools to prevent academic failure in whatever form those initiatives may take; for example, in Multi-Tiered Systems of Support (MTSS). SLPs use evidence-based practice (EBP) in prevention approaches.
- Assessment — Conduct assessments in collaboration with others that help to identify students with communication disorders as well as to inform instruction and intervention, consistent with EBP.
- Intervention — Provide intervention that is appropriate to the age and learning needs of each individual student and is selected through an evidence-based decision making process.
- Data Collection and Analysis — Accountable for student outcomes. Therefore, data-based decision making, including gathering and interpreting data with individual students, as well as overall program evaluation are essential responsibilities.
- Compliance — Responsible for meeting federal and state mandates as well as local policies in performance of their duties. Activities may include Individualized Education Program (IEP) development, Medicaid billing, report writing, and progress notes.
- *Collaboration — Work in partnership with others to meet students' needs.*
 - With Other School Professionals — SLPs provide services to support the instructional programs at school. Their unique contributions complement and augment those made by other professionals who also have unique perspectives and skills. SLPs work with general education teachers, reading specialists, literacy coaches, special education teachers, occupational therapists, physical therapists, school psychologists, audiologists, guidance counselors, social workers, and school and district administrators, etc.
 - Within the Community — Work with a variety of individuals and agencies (e.g., physicians, private therapy practitioners, social service agencies, private schools, and vocational rehabilitation) that may be involved in teaching or providing services to their students.
 - With Families — Engage families in planning, decision-making, and program implementation.
 - With Students — Actively engage students in goal planning, intervention implementation, monitoring of progress, and self-advocacy appropriate to age and ability level.
- *Leadership — SLPs provide direction in defining their roles and responsibilities and in ensuring delivery of appropriate services to students.*

² American Speech-Language-Hearing Association. (2000). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist [Guidelines]*. Available from www.asha.org/policy.

- Advocacy — Advocate for appropriate programs and services for students. SLPs have a responsibility to articulate their roles and responsibilities to teachers, other school professionals, administrators, support personnel, families, and the community.
- Supervision and Mentorship — Involved with supervising student SLPs and clinical fellows, as well as in mentoring new SLPs.
- Professional Development — Have expertise in communication and language and provide professional development to educators, including administrators, teachers, other educational specialists, and paraprofessionals in the collaborative effort to enhance the performance of students in schools.
- Parent Training — Provide training to parents of students of all ages with regard to communication development and disorders.
- Research — Federal law requires the use of scientific, research-based practices. SLPs participate in research to generate and support the use of evidence-based assessment and intervention practices.
- Lifelong Learning — SLPs must stay abreast of changes in education and speech-language pathology by engaging in continuing education experiences to update their knowledge base and further develop their skills.

Areas of Expertise of School-based Speech-Language Pathology

*Areas of Expertise include, but are not limited to:*³

- Aphasia — Problems in understanding and expressing language orally or when reading and writing, resulting from damage to language areas of the brain from a stroke or other brain injury.
- Apraxia of Speech — Disruption in the ability to produce and/or sequence sounds (not due to muscle weakness or impairment).
- Articulation/Phonology Disorders — Problems producing speech sounds in which sounds may be substituted, added, omitted, or changed.
- Auditory Processing Disorders — Difficulties in the processing of auditory information in the central nervous system (CNS) as demonstrated by poor performance in one or more of the following skills: sound localization and lateralization; auditory discrimination; auditory pattern recognition; temporal aspects of audition, including temporal integration, temporal discrimination (e.g., temporal gap detection), temporal ordering, and temporal masking; auditory performance in competing acoustic signals (including dichotic listening); and auditory performance with degraded acoustic signals.
- Augmentative/Alternative Communication (AAC) — The use of techniques and/or

³ *American Speech-Language and Hearing Association (2014) ASHA Area of Expertise Definitions. Available from asha.org*

devices to communicate (instead of or in addition to speaking), such as sign language, picture boards, or electronic devices.

- Autism — A developmental disability that causes problems with social skills and communication that range from mild to severe.
- Brain Disorders — Injuries to the neurologic system from stroke, tumors, degenerative diseases, traumatic injury, and so on, that affect various aspects of speech, language, and thinking.
- Cognitive-Communication Disorders — Problems in the ability to attend to or organize information, solve problems, and exert control over cognitive, language, and social skills functioning.
- Fluency/Fluency Disorders (Stuttering) — A disorder characterized by repetitions, blocks, hesitations, and prolongations during speech.
- Language Disorders — Problems in the development of or loss of the ability to use language (understanding, expression, reading, writing).
- Learning Disabilities — Problems with age-appropriate reading, spelling, and/or writing. Difficulties with spoken language may be the basis of learning disabilities. Also called language learning disabilities, LD, LLD, or dyslexia.
- Literacy — The ability to read and write.
- Oral Myofunctional Disorders (Tongue Thrust) — Tongue movement patterns that interfere with typical speech and swallowing.
- Phonological Disorders — Disordered patterns of producing speech sounds in students developing speech.
- Resonance Disorders — Problems associated with airflow through the nose during speech; too much air is referred to as nasality and can be caused by cleft palate or other impairments.
- Swallowing Disorders (Dysphagia) — Inability or difficulty in swallowing that results from damage to nerves, muscles, and tissues controlling the passage of food from the mouth through the throat to the stomach.
- Voice Disorders — Hoarseness, breathiness, harshness, or other qualities that call attention to the voice.

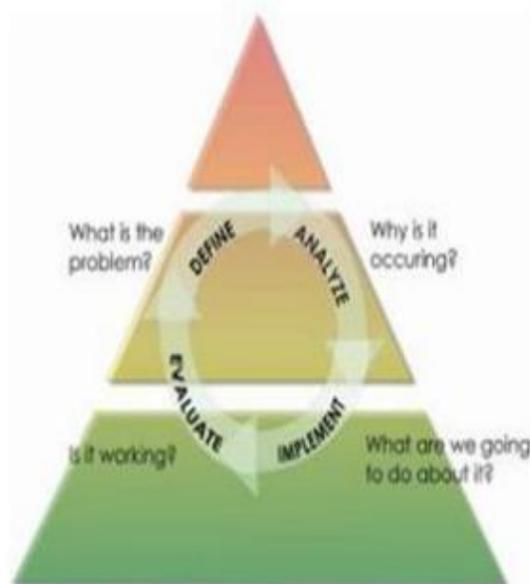
II. School-Based Speech-Language Pathology and Multi-Tiered Systems of Support (MTSS)

MTSS is a multi-step problem solving team process of providing instruction and support to students to promote the academic and behavioral success of all students. The MTSS process is a general education practice which utilizes various staff that partner with families as they assess, implement and monitor evidence based strategies as a team. Educators, school psychologists, social workers, reading specialists and others are valued for their expertise and contribute to the methodology used. MTSS system supports all areas of academics and behavior. The MTSS process is flexible and designed by school districts to meet the needs of their students.

There are essential components to the MTSS process including

- High quality curriculum and instruction in the general education classroom
- Universal screenings that review the progress of all students
- Problem solving method designed to inform development of interventions
- Evidence based interventions to support students in the area of need
- Data based decision making and progress monitoring in order to examine how a child is doing on a specific skill, determine progress and whether an intervention is successful

MTSS- 3 Tiers of Supports



Speech-Language Pathologists' Roles in MTSS

The MTSS method is used as an early detection and support system that identifies and assists students before they fall behind. SLPs play a major role and can provide necessary interventions.

The MTSS Framework provides 3 tiers of support:

Tier 1 Evidence Based Interventions	Tier 2 Evidence Based Interventions	Tier 3 Evidence Based Interventions
<ul style="list-style-type: none">• Consultation on strategies for parents /teachers regarding speech-language/ literacy development• Classroom Observations• Professional Development• Participate in curriculum committees	<ul style="list-style-type: none">• Collaborate/ participate in literacy and language based small group classroom activities• Evidenced- based Interventions: phonological awareness, comprehension, articulation/phonology, receptive-expressive language	<ul style="list-style-type: none">• Participate in Curriculum-based, individual, and frequent progress monitoring on literacy development

Speech-Language *SLP's Role in Tiers of RtI*

Originally developed by Georgia Organization of School Based SLPs

<http://www.omnie.org/guidelines/files/Role-of-the-SLP-in-Response-to-Intervention.pdf>

<http://www.asha.org/slp/schools/prof-consult/NewRolesSLP.htm>

Language Concerns

General Education	Rectangular What is the SLP's role?	Materials/Resources Needed:
<p>Tier 1: All Students</p> <ul style="list-style-type: none"> Teacher may notice indicators of a language problem, monitors progress more closely, provides models, and uses instructional strategies/differentiated instruction to assist student Teacher informs parents and team of concerns 	<ul style="list-style-type: none"> SLP shares information with school staff on identification of and interventions for students with language disorders SLP shares information with school staff on the relationship between language/ communication skills and the development of literacy skills When in an inclusion setting, assist with differentiated instruction and flexible grouping to meet the needs of struggling students in the areas of language and literacy 	<ul style="list-style-type: none"> Presentation/in-service training on speech-language disorders; includes information on language, communication skills and literacy; role of SLP
<p>Tier 2: School Intervention Teams</p> <ul style="list-style-type: none"> Same initial procedure is followed for language as for other concerns (i.e., academic or behavioral) Background information on student history, academic, social/emotional functioning provided by classroom teacher, H/V screen Teacher/team completes S/L checklist Problem solving process: identify 1 to 3 strategies that teacher should implement in the classroom; interventions are matched to individual needs Teacher documents results, completes periodic probes, brings results to future meetings , adjusts plan as needed with the support of the Tier 2 team Recommend moving to Tier 3 if slow rate of progress and gap widening 	<ul style="list-style-type: none"> SLP may be invited to Tier 2 meeting SLP can suggest strategies SLP can observe in the classroom SLP can consult with teacher during the process SLP can conduct formal screening with parent consent 	<ul style="list-style-type: none"> Forms to provide background information on student (SST forms) S/L checklists based upon IL Learning Standards to help teachers identify weaknesses List of strategies for language in areas of : <ul style="list-style-type: none"> -vocabulary -comprehension -oral expression – content & meaning -oral expression – syntax & morphology -pragmatics
<p>Tier 3: Student Support Team</p> <ul style="list-style-type: none"> Analyze Tier 2 results and data Problem solving process: more individualized strategies/interventions, more individualized assessments Documentation of interventions & periodic assessment for 12 weeks total (at least 4 repeated assessments) Recommend referral to special education if slow rate of progress and gap widening 	<ul style="list-style-type: none"> SLP participates in Tier 3 meeting SLP observes student in classroom SLP consults as needed SLP visits classroom & models strategies SLP may assist in facilitating differentiated instruction, flexible groups, and more opportunities for interventions 	<ul style="list-style-type: none"> List of specific strategies for language in areas of : <ul style="list-style-type: none"> -vocabulary -comprehension -expressive language -grammar & syntax -pragmatics Examples of assessment probes for each strategy/area of language

Articulation/Speech Concerns

General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 1: All Students</p> <ul style="list-style-type: none"> Teacher may notice indicators of a speech-language problem, monitors progress more closely, provides models, and uses instructional strategies/differentiated instruction to assist student Teacher informs team and parents of concerns 	<ul style="list-style-type: none"> Sharing information with school staff on identification of and interventions for students with articulation impairments Sharing information with school staff on the educational impact of articulation disorders When in an inclusion setting, assist with differentiated instruction and flexible grouping to meet the needs of struggling students in the areas of communication and literacy 	<ul style="list-style-type: none"> Presentation on speech-language disorders; includes information on language, communication skills and literacy; role of SLP
General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 2: School Intervention Teams</p> <ul style="list-style-type: none"> Same initial procedure is followed for articulation as for other concerns (i.e., academic or behavioral) Background information on student history, academic, social/emotional functioning provided by classroom teacher, H/V screen Teacher completes sentence repetition task to identify problem sounds Team compares problem sounds to Sound Development Chart Teacher/team completes S/L Checklist to provide more information on speech-language development Problem solving process: identify 1 to 3 strategies that teacher should implement in the classroom – these involve general strategies such as modeling, over emphasizing problem sound Team gathers information on the impact of the articulation problem – completes form, anecdotal notes Documentation of interventions & periodic assessment Recommend moving to Tier 3 if slow rate of progress 	<ul style="list-style-type: none"> SLP attends Tier 2 meeting SLP helps suggest strategies SLP observes student in classroom SLP can consult with teacher during the process SLP can complete formal speech screening with consent 	<ul style="list-style-type: none"> Form to provide background information on student (SST form) S/L checklists based upon IL Learning Standards to help teachers identify areas of impact Sentence repetition task to help team identify error sounds Sound Development Chart (each school system may want to develop one) List of strategies for general speech improvement in the classroom Form to document impact in the classroom (i.e., participation in discussion, spelling or writing issues, withdrawal, etc.) Form to document progress (i.e., form for teacher to use with a word list to note correct and incorrect productions of target sound)
<p>Tier 3: Student Support Team</p> <ul style="list-style-type: none"> Analyze Tier 2 results, identify indicators of educational impact of articulation problem Problem solving process: more individualized strategies/interventions, more individualized assessments <p>Student Stimulable: Practice program set up that teacher and parent complete (i.e., classroom practice and homework, cues/reminders as appropriate to use correct sound production), SLP does a weekly check to see how program is working</p> <p>Student Not Stimulable: (can't produce sound, even with a model) SLP provides 4 weeks of interventions that includes 5 to</p>	<ul style="list-style-type: none"> SLP attends Tier 3 meeting SLP observes student in classroom SLP pulls student aside to assess stimulability for sound development SLP sets up intervention plan, identifies roles for teacher, parent and SLP SLP consults as needed SLP models strategies 	<ul style="list-style-type: none"> Practice Program for sounds that are not developing according to accepted norms and as recommended by SLP Examples of assessment probes for monitoring progress of correct sound production

<p>10 minutes of drill and practice - 3 to 5 times per week in the classroom or just outside of the classroom</p> <ul style="list-style-type: none"> • Documentation of interventions & periodic assessment for 12 weeks total (at least 4 repeated assessments) • Recommend referral to special education if slow rate of progress and educational impact is established 		
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• Rectangular Snip

Fluency (Stuttering) Referrals

General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 1: All Students</p> <ul style="list-style-type: none"> • Teacher notices indicators of a stuttering problem, monitors performance more closely • Uses instructional strategies/differentiated instruction to assist student • Teacher informs parents and team of concerns 	<ul style="list-style-type: none"> • SLP shares information with school staff on speech disorders; includes information on fluency and educational impact • When in an inclusion setting, assist with differentiated instruction and flexible grouping to meet the needs of struggling students in the areas of communication and literacy 	<ul style="list-style-type: none"> • Presentation on speech-language disorders; includes information on fluency and role of SLP
General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 2: School Intervention Teams</p> <ul style="list-style-type: none"> • Same initial procedure is followed for stuttering as for other concerns (i.e., academic or behavioral) • Background information on student history, academic, social/emotional functioning provided by classroom teacher, H/V screen • Teacher completes form to document impact in the classroom (where, when, how often stuttering occurs, situations, etc.) • Teacher /team completes S/L Checklist to provide more information on speech-language development • Teacher sends home Stuttering Questionnaire for parents • Problem solving process: identify 1 to 3 strategies that teacher should implement in the classroom – these involve general strategies such as modeling, facilitating a less stressful classroom environment for responses, etc.) • Documentation of interventions & anecdotal notes (e.g. slow down, provide think time, decrease stress in classroom environment) • Recommend moving to Tier 3 if slow rate of progress, stuttering behaviors are pervasive across many settings, or appear to be increasing 	<ul style="list-style-type: none"> • SLP attends Tier 2 meeting • SLP observes student in classroom, notes teacher style of rate and delivery • SLP suggests models of good fluency rate and specific fluency strategies for the teacher • SLP can consult with teacher during the process • SLP may visit classroom & model strategies • SLP can conduct formal screening with parent consent 	<ul style="list-style-type: none"> • Form to provide background information on student (SST form) • S/L checklists based upon IL Learning standards to help teachers identify additional weaknesses and impact • List of fluency strategies for general classroom use • Form to document impact in the classroom (i.e., participation in discussion, spelling or writing issues, withdrawal, etc.) and history of stuttering problem • Stuttering Questionnaire for parents

<p>Tier 3: Student Support Team</p> <ul style="list-style-type: none"> Analyze Tier 2 results, identify indicators of educational impact of the stuttering problem Problem solving process: more individualized strategies/interventions, more individualized assessments Documentation of interventions, often may be less than 12 weeks if problem is significant and student is exhibiting secondary characteristics Recommend referral to special education if slow rate of progress, stuttering behaviors are pervasive across many settings, or appear to be increasing and educational impact is established 	<ul style="list-style-type: none"> SLP attends Tier 3 meeting SLP observes student in classroom SLP pulls student aside or just outside of the classroom to provide some trial techniques to establish fluency SLP consults as needed SLP models strategies 	<ul style="list-style-type: none"> Examples of assessment probes for monitoring progress of fluent speech
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Voice Referrals

General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 1: All Students</p> <ul style="list-style-type: none"> Teacher may notice indicators of a voice problem, monitors progress more closely, provides models, and uses instructional strategies/differentiated instruction to assist student Teacher informs parents and team of concerns, asks if problems are seen at home, last visit to family doctor 	<ul style="list-style-type: none"> Sharing information with school staff on identification of and interventions for students with voice problems Sharing information with school staff on the educational impact of voice disorders When in an inclusion setting, assist with differentiated instruction and flexible grouping to meet the needs of struggling students in the areas of communication and literacy 	<ul style="list-style-type: none"> Presentation on speech-language disorders; includes information on voice disorders and role of SLP
General Education	What is the SLP's role?	Materials/Resources Needed:
<p>Tier 2: School Intervention Team</p> <ul style="list-style-type: none"> Same initial procedure is followed for voice as for other concerns (i.e., academic or behavioral) Background information on student history, academic, social/emotional functioning provided by classroom teacher, H/V screen Discuss medical concerns with parent, recommend a visit to the family doctor / ENT Teacher completes form to document impact in the classroom (where, when, how often voice problems occur, situations, etc.) Teacher /team completes S/L Checklist to provide more information on speech-language development Problem solving process: identify 1 to 3 strategies that teacher should implement in the classroom – these involve general strategies such as modeling, reminders for appropriate loudness, vocal hygiene, etc.) 	<ul style="list-style-type: none"> SLP attends Tier 2 meeting SLP helps suggest strategies SLP observes student in classroom SLP can consult with teacher during the process SLP can conduct formal screening with parent consent SLP assists teacher in developing a plan to involve the student in self-monitoring of appropriate vocal hygiene 	<ul style="list-style-type: none"> Form to provide background information on student Language checklists based upon IL Learning standards to help teachers identify additional weaknesses in language List of strategies for general vocal hygiene in the classroom Form to document impact in the classroom (i.e., participation in discussion, spelling or writing issues, withdrawal, etc.) and history of voice problem

III. School-Based Speech-Language Pathology Assessment and Eligibility Process

Listening, speaking, reading, and writing- Language is crucial for all of these skills. Communication is essential for learning. "Success in school is highly dependent upon a student's ability to understand and use both oral, conversational style language and formal, literate style language." (Kules, Rudebusch, and Wiechmann, 2012)

Skills are building blocks; each skill builds on the last and forms a strong foundation (see hierarchy). Language skills are cumulative, reciprocal, and interwoven affecting many facets of academics and learning. Included but not limited to:

- Comprehending lessons and assignments
- Following directions
- Reading comprehension
- Writing in all areas
- Vocabulary development
- Literal and figurative language
- Compare/contrast
- Phonemic awareness
- Social skills and peer relationships

Speech and language services encompass remediation of weaknesses that hinder student's access to the curriculum. Teaching these skills helps students to learn, achieve and succeed, improving self-esteem and becoming life-long learners, and productive members of society.

Initial Speech-Language Assessments - Using standardized and informal measures, assess identified areas of concern, including as needed: articulation/phonology, language, voice, fluency.

Speech-Language Re-evaluations — Convene with team for re-evaluation review meeting to determine if assessment is needed for eligibility and continuation of service.

All Assessments — **The following procedures should be conducted by the SLP for all students evaluated, as warranted:**

- Review of Records
- Student Observation(s)
- Student Interview

- Teacher Input
- Formal and Informal assessment measures: These may include: oral motor, voice, articulation/phonology, language and literacy, fluency, AAC

Communication Disability Categories

The different areas in which a diverse learner may demonstrate a speech and language disability, which negatively impacts their ability to access the general education curriculum, are as follows:

- Articulation/Phonology
- Language (Expressive, Receptive, Pragmatic)
- Voice
- Fluency (Stuttering, Cluttering)
- Feeding/Swallowing
- Other

Areas of Evaluation, Eligibility, and Exit Criteria

LANGUAGE

An educationally significant language disorder is an impairment in the comprehension and/or expression of oral language including word retrieval, in one or more of the following areas:

- Form (morphology) syntax)
- Content (semantics)
- Function (pragmatics)

A language disorder adversely affects the student's educational performance as reflected by his/her academic achievement, communication and/or participation in classroom activities, social interactions, behavior, emotional development, and vocational performance. (RISHA, 1999).

A student who displays language differences due to unfamiliarity with the English language, temporary physical disabilities, social maladjustment, or other factors such as; environmental, cultural or economic is not considered to display a language disorder but rather a language difference. A determination as to whether the student presents with a language disorder versus a language difference should be made in conjunction with evaluation results and observational data from appropriate team members such as the ELL teacher, special educator, social worker, psychologist, behavioral specialist, etc. (RISHA) 1999)

ENTRANCE CRITERIA

To qualify for language therapy services, one of the following criteria must be met:

- Students who present with a mild-moderate through severe ratings on the district's

"language severity rating scale", and whose lack of language skills, negatively impact educational performance, are candidates for service.

- Those students who receive a mild rating on the district's "language severity rating scale" should be considered on an individual basis ranging from no services to direct services.

ARTICULATION

An articulation impairment is the atypical production of speech sounds characterized by substitutions, additions, and/or distortions of phonemes or phonological processes which should have developed within one year of a child's chronological or developmental level*. Intact articulation is educationally important for speaking clearly and reading accurately within all academic and social activities.

ENTRANCE CRITERIA

A student must meet one or more of the following criteria to be eligible for speech services:

- Speech is characterized by one or more consistent non- developmental speech sound errors.
- The student's speech is unintelligible to members of his/her environment.
- The student's articulation patterns cause concern to himself/herself, which may limit social, emotional, or academic functioning.

FLUENCY (STUTTERING)

An educationally significant fluency impairment exists when the student demonstrates abnormal disruptions in the normal flow of verbal expression that are markedly noticeable and are not readily controllable by the student. These disruptions may be described in terms of repetitions, prolongations, blocks, hesitations, interjections, broken words, revisions, incomplete phrases, circumlocutions, avoidance, frustration with speaking situations that evoke significant listener reaction, and secondary characteristics that suggest stress or struggle. Impaired pragmatic awareness or the inability to adjust to conversational turn taking, and other listener needs, may exceed the normal number or degree for the individual's age and/or the speaking situation. (RISHA, 1999)

When assessing for eligibility consider the complexity of the problem; including motor behaviors, avoidance of words and/or speaking situation and/or word substitutions. In addition, cognitive, affective, linguistic, motor and social components of fluency should be considered when determining eligibility and the resulting educational impact. (Santa Clare County Office of Education-Special Education-Fluency Eligibility and Exit Considerations-Definition; March 2012).

Fluency issues in ELL children who have English as a second language need to be addressed. First, one has to determine the nature of the dysfluency to decide whether the child is stuttering or struggling with linguistic development in two languages. Next, the types and frequencies of dysfluencies between the two languages spoken are compared. (The Stuttering Foundation of America: Stuttering and the Bilingual Child)

ENTRANCE CRITERIA

- Students who present with mild stuttering behaviors as outlined on the districts "Fluency Severity Rating Scale", and who are having difficulty contributing orally in the classroom setting, will be considered on an individual basis. The child's age, frequency, type of stuttering behaviors, motivations, and overall impact of communication will be considered.
- Students who display mild to moderate behaviors on the district's "Fluency Severity Rating Scale" would be eligible for direct services. Secondary characteristics may or may not be present.
- Students who demonstrate moderate to severe behaviors as outlined on the district's "Fluency Severity Rating Scale" would be eligible for direct speech services.
- ELL students who present with mild to moderate stuttering behaviors on the district's "Fluency Severity Rating Scale" in at least one language will be considered on an individual basis. The child's age, frequency, type of stuttering behaviors, motivation, and the overall impact on the communication should be considered.

VOICE

An educationally significant voice disorder exists when there is an abnormality in pitch, prosody, intensity, quality, or resonance which:

- Interferes with communication
- Draws unfavorable attention
- Adversely effects the speaker or the listener and/or
- Is inappropriate to the age or gender of the individual

These deviations may be organic or functional in nature. (RISHA, 1999)

No child should be enrolled for voicetherapy without prior otolaryngological examination and recommendation from physician.

ENTRANCE CRITERIA

To qualify for voice therapy services, one of the following criteria must be met:

- Students who present with a mild vocal deviation on the district's "voice severity rating scale" will be considered on an individual basis. The child's age, gender, overall impact on communication, motivation, family support, and previous therapeutic or medical experiences should be considered.
- A student who demonstrates moderate to severe abnormal voice characteristics on the district's "voice severity rating scale" , which interfere with social, emotional, academic and/or vocational functioning and are not related to second language acquisition, would be eligible for direct speech therapy pending medical/ENT recommendations. (RISHA, 1999).

Special Populations

Communication disorders may occur in a variety of special populations, such as (but not limited to):

- Students who have an intellectual impairment
- Preschool students
- Students with limited English proficiency
- Students who have central auditory processing disorder

Intellectual Impairments

An analysis of functional communication abilities should be conducted and the impact of the impairment on the student's educational performance should be included as reflected by his/her social interactions, behavior, emotional development, vocational performance, communication and/or participation in classroom activities.

Preschool

Children between the age of 3 and 5 are evaluated by the Preschool Team and will be determined to be eligible following the standards outlined in their eligibility criteria. Referrals may be received from Early Intervention (EI) services, as well as, other sources. Those referrals and evaluations performed by the EI Team are considered by the Preschool Team on a case by case basis depending upon the nature and severity of the communication difficulty.

Limited English Proficiency (English Language Learner- ELL)

An English language learner is a student whose first language is not English or who speaks a variety of English, as used in a foreign country or U.S. possession that is so distinct that ELL instruction is necessary. An English language learner is also a student who is now learning English and has not yet attained enough proficiency in English to allow him/her to fully profit from content area instruction conducted only in English. A student is evaluated and if determined to be eligible for enrollment in an ELL program will receive instruction to develop their English proficiency in the academic areas of listening, speaking, reading and writing.

An English language learner should not be considered disabled if the communication problem is documented in English but not in the native language. Correct identification of a language disorder can only be made by comparing the child's ability to communicate in both languages in meaningful speaking contexts (RISHA, 1999).

Central Auditory Processing Disorders

Broadly stated, (Central) Auditory Processing [(C)AP] refers to the efficiency and effectiveness by which the central nervous system (CNS) utilizes auditory information. Narrowly defined, (C)AP refers to the perceptual processing of auditory information in the CNS and the neurobiologic activity that underlies that processing and gives rise to electrophysiologic auditory potentials. (C)AP includes the auditory mechanisms that underlie the following abilities or skills: sound localization and lateralization; auditory discrimination; auditory pattern recognition temporal aspects of audition, including temporal integration, temporal discrimination (e.g. temporal gap detection), temporal ordering, and temporal masking; auditory performance in competing acoustic signals (including dichotic listening); and auditory performance with degraded acoustic signals (ASHA, 1996; Bellis, 2003; Chermak & Musiek, 1997). "(Central) Auditory Processing Disorder [(C)APD] refers to difficulties in the perceptual processing of auditory information in the CNS as demonstrated by poor performance in one or more of the above skills. Although abilities such as phonological awareness, attention to and memory for auditory information, auditory synthesis, comprehension and interpretation of auditorily presented information, and similar skills may be reliant on or associated with intact central auditory function, they are considered higher order cognitive-communicative and/or language-related functions and, thus, are not included in the definition of (C)AP". (ASHA Technical Report, 2005).

(C)APD is an auditory deficit; therefore, the audiologist is the professional who diagnoses (C)APD (ASHA, 2002a, 2004b). Therefore, a referral to an audiologist should be made by the multi-disciplinary team based upon screening tools and observations.

Once a (C)APD evaluation has been completed by an audiologist, the multi-disciplinary school team should review all data and determine eligibility for services based upon the educational significance of the (C)APD. Services should be decided on an individual basis and may require services through and IEP or a 504 plan and must follow RI Regulations regarding special education services. It should be noted that (C)APD can exist without a specific language disorder.

Students within the following populations may display communication disorders that are clearly defined in previous sections (articulation, language, voice and fluency). Those cases that do not meet the stated criteria in those four areas should be considered on an individual basis.

- Students who have Autism Spectrum Disorder (ASD)
- Students who have hearing impairments
- Students with neurological disorders
- Students with emotional/behavioral disorders
- Students with intellectual impairments
- Students with learning disabilities
- Students who are orthopedically impaired
- Students with visual impairments
- Students with feeding/swallowing disorders
- Students with traumatic brain injuries

See Exeter-west Greenwich Regional school District, Speech-Language Services, Entrance-Exit Criteria for more specifics.

IV. Providing School-Based Speech-Language Pathology Services

Determining Need for Services

IEP Services — Speech-language services are provided within an IEP that is developed for the student. Goals and benchmarks are required when providing therapeutic services to the student. Goals and benchmarks are not required when consulting with adults regarding the student; however, consultation should take place for every student who has an IEP and receives speech-language services.

504 Plan Services — School-based SLPs can be involved in the design and support of 504 plans. The types of academic modifications that SLPs design include improved teacher communication to student through implementation of pre-arranged cues or signals, encouragement of student movement, transitions and alternative seating and grading methods. In addition, modifications to the teacher's utilization of materials such as highlighted text, double textbook sets (one for school and one for home), large-print books, adjusted reading level of materials, and technology (where appropriate) and how teachers utilize follow-up and review to assist the student in achieving goals.

Behavioral Accommodations

SLPs also may design behavioral accommodations that include the teacher modifying how he or she communicates classroom rules and consequences, for instance, through using assignment notebooks, making individual behavior contracts, giving rewards for actual achievement, and clearly stating and reviewing rules with the class. Other accommodations involve managing behavior through the use of choices where possible, recognizing the student's efforts toward progress or compliance, accepting gradual approximations toward desired goals, and enlisting parents/ guardians as partners in recognizing positive behavior.⁴

Service Delivery Models

Services are provided directly to the student or indirectly through consultation with educators and families. Team discussion during the IEP meeting should include a discussion of the service delivery model which will best meet the strengths and needs of the students as well as the intended outcomes. 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.

Service Delivery Model	Description
Pull Out/Non -Integrated	<ul style="list-style-type: none">• Provide non-integrative services within the special education classroom setting• Remove the student from the classroom setting and provide direct therapy individually or in a small group in a separate setting
Classroom Based Interventions/Integrated	<ul style="list-style-type: none">• Provide direct services within the classroom setting focused on access to the general education curriculum• Conducts classroom activities in conjunction with the classroom teacher
Consultative/Collaborative	<ul style="list-style-type: none">• Share recommendations to enhance the students' speech and language development into the curriculum• Discuss and determine specific teaching strategies and techniques to support the student across settings
Community Based	<ul style="list-style-type: none">• Provide indirect and direct services to students in community settings (e.g. restaurants, libraries, banks, post office, etc.)• Facilitate functional communication skills across settings
Flexible Scheduling	<ul style="list-style-type: none">• Deliver a continuum of direct and consultative services through a fluid model. For example: 3:1 model (3 weeks direct services, 1 week consultation)

*Services must be provided in the least restrictive environment

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