

ELIGIBILITY GUIDELINES FOR SPEECH IMPAIRMENT



**TEXAS-SPEECH-LANGUAGE-HEARING
ASSOCIATION**

2009

Acknowledgements

These Eligibility Guidelines are the result of the work of many dedicated professionals. The Texas Speech-Language-Hearing Association (TSHA) Task Force provided the impetus for recognizing the need for updating district eligibility guidelines to assure more accurate and consistent identification of students with communication impairments.

A special note of thanks to the TSHA Task Forces, the Regional Education Service Centers, and school districts who have endeavored to improve services to students with communication impairments.

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I. General Information

Comments Regarding Purpose of Manual, Compliance, and Adverse Effect

***Please note that this manual is a generic version of the TSHA eligibility manuals and is designed to give an overview of the principles and processes recommended to provide consistency in identifying students with Speech Impairments (SI) and to assist Speech-Language Pathologists (SLP) in adhering to the requirements in federal and state statutes regarding the identification of students as eligible for special education services. Detailed manuals for Articulation, Articulation in Cultural and Linguistically Diverse Students, Language, Voice, and Fluency have been adopted by TSHA, all of which require in-depth training for use. This generic manual does not equip an SLP to complete an evaluation, but does provide the background needed to begin the process of learning the requirements for making recommendations for eligibility. This manual is intended for use by those interested in this process; including beginning SLPs, administrators, university course developers, parents, and others seeking more information on the process. More information regarding the TSHA Eligibility Guidelines can be found online at www.txsha.org.*

The purpose of these Eligibility Guidelines is to provide structure within which the multidisciplinary team and the speech-language pathologist in particular can complete a comprehensive evaluation of a student's communication skills and make recommendations to the ARD Committee regarding eligibility for speech-language pathology services.

It is the intent of these guidelines that school district speech-language pathologists adhere to the requirements of the Individuals with Disabilities Education Act (IDEA) 2004, the No Child Left Behind (NCLB) Act of 2001, and the Texas Commissioner's Rules and Regulations.

In this Eligibility Manual, attempts have been made to ensure that processes are consistent with *evidence-based practice*. The term *evidence-based practice* refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions. ("Evidence-Based Practice in Communication Disorders: Position Statement," ASHA, 2005). However, in some cases there is no research available at this time to support recommended processes. As this manual is considered a working document, it is intended that reliable research be addressed and changes be made as indicated when new information becomes available.

Federal Position on Adverse Effect on Educational Performance

The ultimate purpose of speech-language pathology services in public schools is consistent with the purpose of all special education services: to meet the unique needs of students with disabilities and prepare them for further education, employment, and/or independent living. The individual evaluations of children suspected of having a disability must be designed for educational relevance (ASHA, 2007).

Concerns from teachers, parents, and other personnel about articulation, phonology, voice, stuttering, language, and basic interpersonal communication skills in social contexts need to be explored not only in academic classrooms but also across all school environments. Both academic achievement and functional performance are required components of the evaluation of a child's communication skills.

In November 2006, The U.S. Department of Education clarified “adverse effect on educational performance” as it relates to a speech or language impairment:

‘speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.’ It remains the Department’s position that the term ‘educational performance’ as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas. [34 CFR §300.101 (c) (11)]

Speech Impairment (SI) Guidelines for Eligibility Determination

Federal Guidelines and Texas Register/Commissioner's Rules

School-based speech-language pathologists (SLPs) provide services within the context of public education. Decisions regarding speech-language pathology services, including assessment and evaluation, are made within the framework of the mandates of this social institution. IDEA 2004 defines speech or language impairment as relevant to the context of schooling.

Speech or language impairment means a *communication disorder*, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's *educational performance*. [emphasis added, 34 CFR §300.8 (c)(11)]

Texas Commissioner's Rules for Special Education defer to the federal definition of a speech or language impairment.

Speech impairment. A student with a speech impairment is one who has been determined to meet the criteria for speech or language impairment as stated in 34 CFR, §300.8(c)(11). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a speech impairment must include a certified speech and hearing therapist, a certified speech and language therapist, or a licensed speech/language pathologist. [TAC §89.1040 (10)]

Individual evaluations of students suspected of having a disability must be designed for educational relevance. IDEA 2004 provides parameters for the services provided in educational settings, stipulating that the goal of providing services is to help students make progress in the general education curriculum, and/or be successful when integrated in nonacademic settings and extracurricular activities. [34 CFR §300.107(a) (b); §300.117] A student's communication skills are the foundation for academic achievement, computer literacy, literacy, and social/pragmatic/interpersonal functioning (ASHA, 2007).

Concerns from teachers, parents, and other school personnel about articulation, phonology, voice, stuttering, swallowing/feeding, language, and social/interpersonal communication need to be examined in relation to school environments—both academic and nonacademic. Speech-language pathologists evaluate the student's communicative competence as well as the language skills needed to meet curriculum expectations in academics.

A student is eligible for speech-language pathology services through IDEA 2004 when s/he exhibits a speech impairment that has an adverse effect on educational performance to the degree that specially designed instruction or related services and supports are needed from the SLP to help the student make progress in the general education curriculum. Determination of eligibility for individualized education program (IEP) services with a speech impairment is a three-stage process that involves collecting data to answer:

Stage 1: Is there a disability condition (i.e., a communication disorder)?

Stage 2: Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the communication disorder?

Stage 3: If so, are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the general education curriculum?

The Eligibility Guidelines set forth here describe the data collection and decision-making procedures needed to document the student's communication skills and provide answers to the questions listed above.

Overview of the Role of the Speech-Language Pathologist in School-Based Service Delivery

IDEA 2004 regulations define speech-language pathology services as including “Identification, diagnosis, referral, provision of speech and language services for habilitation or prevention, and counseling” [34 CFR §300.34 (c)(15)]. Clearly, there is more required for students with communication disorders than pullout, twice-a-week-for-thirty-minutes, small-group speech therapy sessions. An SLP’s workload generally includes considerable time for direct services to students, but also includes many other activities necessary to support student’s education programs, implement effective practices, and ensure compliance with the IDEA definition of speech-language pathology services.

The speech-language pathologist’s workload can be organized into four activity clusters: direct services, indirect services to support direct services, indirect activities to support students in the least restrictive environment (LRE) and general education environment, and compliance activities to meet federal, state, and local requirements (ASHA, 2002).

- Direct services to students
 - Provide direct intervention using a continuum of service delivery options to implement the IEP
 - Evaluate and reevaluate
 - Provide direct intervention for prevention of communication disorders
 - Counsel students and parents about communication disorders

- Indirect services to support direct services
 - Analyze demands of the curriculum and effects on students
 - Attend student planning team meetings to solve specific problems
 - Analyze and engineer environments to support opportunities for communication
 - Observe students and assist with monitoring of student progress
 - Participate in development of IEPs, service plans, and transition plans
 - Plan and prepare SLP sessions; collaborate with teachers to plan and prepare language-rich instruction
 - Program and maintain assistive technology systems and equipment
 - Provide training for school staff, parents, and students about communication and communication disorders

- Indirect activities to support students in the LRE and general education curriculum
 - Connect curriculum standards across content areas to the IEP
 - Design/recommend adaptations and modifications to curriculum and delivery of instruction
 - Engage in dynamic assessment of students
 - Screen students for suspected problems with communication, learning, and literacy
 - Observe students in classrooms with attention to language of the classroom and students’ facility with comprehension and production of expected language structures

- Compliance with federal, state, and local mandates
 - Collect and report student performance data
 - Complete compliance paperwork according to timelines
 - Complete service/intervention progress logs
 - Communicate with parents about student progress
 - Carry out assigned school duties
 - Submit School Health and Related Services (SHARS) paperwork/documentation
 - Write student evaluation reports
 - Participate in school improvement team activities, professional development, professional association activities, and school or district committees

Sources:

American Speech Language Hearing Association (2002). *A workload analysis approach for establishing speech-language caseload standards in the schools*. ASHA Desk Reference, 3. Rockville, MD: Author.

American Speech Language Hearing Association (2002). *Implementation guide: A workload analysis approach for establishing speech-language caseload standards in the schools*. Rockville, MD: Author.

Description of Core Roles and Responsibilities of School-Based Speech-Language Pathologists

Prevention

Speech-language pathologists provide direct and indirect services to address the prevention of communication disorders, referral for comprehensive evaluation, and placement in IEP services. Prevention services may or may not be provided within the district's Response to Intervention (RTI) framework.

Identification

Speech-language pathologists participate on the school team in identifying students who may be in need of interventions or assessments to determine possible eligibility for special education or related services. Identification includes pre-referral, screening, analysis of response to intervention, and referral.

Assessment

Speech-language pathologists conduct thorough and balanced speech, language, or communication assessments, including collecting data and gathering evidence to answer assessment questions using nonbiased tools and procedures, interviews, and structured observations.

Evaluation

Speech-language pathologists interpret the assessment, giving value to the data, including the nature and severity of the disorders and the potential adverse effect on the student's educational, social, or functional performance. Clinical judgment is required to differentiate between communication difference, disorder, or delay.

Eligibility Determination

Speech-language pathologists participate on the multidisciplinary team to determine the student's need and eligibility for special education or related services according to the Texas Eligibility Guidelines for Speech Impairment.

IEP Development

Speech-language pathologists participate in Admission, Review, and Dismissal Committee (ARDC) decisions regarding the student's IEP when students are found eligible for special education or related services.

Caseload Management

Speech-language pathologists assist the team in selecting, planning, and coordinating the appropriate services delivery using an array of services and inclusive practices. Speech-language pathologists may serve as case managers for some students.

Intervention for Communication Disorders

Speech-language pathologists provide direct and indirect services for students using the most recent literature of the discipline, research or evidence-based intervention strategies, principles of effective instruction, and appropriate academic or developmental standards-based curriculum for each student identified for services. Intervention may be provided as an IEP service for students with disabilities who are eligible for special education. Intervention

may also be provided in an RTI framework as a non-IEP service for the prevention of placement in special education.

Intervention for Communication Variations

Speech-language pathologists must be knowledgeable about monolingual and bilingual language acquisition, the linguistic rules for social dialects and language differences, the use of interpreters and translators, and nonbiased assessment to assist the classroom teacher and others in supporting students' expressive language and communication skills.

Counseling

Speech-language pathologists participate in honest and open communication regarding the recovery from—or adjustment to—a communication impairment, using effective counseling techniques and coordination with other professionals.

Reevaluation

Speech-language pathologists conduct reassessments of students receiving Individual Educational Plan (IEP) SLP services at least every three years, or when dismissal is considered, if special circumstances arise, or if parents request such. Reevaluation is ongoing, comprehensive, and documented. Eligibility is continued or discontinued using the Texas Eligibility Guidelines for Speech Impairment.

Transition

Speech-language pathologists participate with a team to assist students in transitioning from one setting to another, within or between schools, or beyond school at all ages. SLPs may work directly with students on transition goals.

Dismissal

Speech-language pathologists begin the consideration of dismissal when services begin, with a focus on achieving functional outcomes. School districts/Shared Services Arrangements (SSAs) in Texas establish dismissal criteria.

Supervision

Speech-language pathologists may supervise other speech-language pathologists, licensed assistants in speech-language pathology, clinical fellows, licensed interns, support personnel, paraprofessionals, university practicum students, or volunteers. This supervision is conducted competently, ethically, and legally according to Texas licensure rules.

Documentation and Accountability

Speech-language pathologists keep clear comprehensive records to justify the need for and effectiveness of assessment and intervention services. Performance appraisals, SHARS billing, and service delivery/student progress logs, and risk management records are maintained accurately, timely, confidentially, and in accordance with federal, state, and local reporting requirements.

Source:

American Speech-Language-Hearing Association (1999). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist*. (37). Rockville, MD: Author.

II. The Speech Impairment Eligibility Process

General Principles of Eligibility

In determining the possible eligibility of a student for services under the category of Speech Impaired, the following general principles should guide the evaluation process.

1. Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child. [34 CFR §300.304 (b) (1)]
2. A single measure or assessment may not be used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child. [34 CFR §300.304 (b) (2)]
3. Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. [34 CFR §300.304 (b) (3)]
4. Ensure that assessments and other evaluation materials used to assess a child under this part:
 - a. are selected and administered so as not to be discriminatory on a racial or cultural basis. [34 CFR §300.304 (c)(1)(i)]
 - b. are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer. [34 CFR §300.304 (c)(1)(ii)]
 - c. are used for the purposes for which the assessments or measures are valid and reliable. [34 CFR §300.304 (c)(1)(iii)]
 - d. are administered by trained and knowledgeable personnel. [34 CFR §300.304 (c)(1)(iv)]
 - e. are administered in accordance with any instructions provided by the producer of the assessments. [34 CFR §300.304 (c)(1)(v)]
5. Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient. [34 CFR §300.304 (c)(2)]
6. Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure). [34 CFR §300.304 (c)(3)]
7. The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence,

academic performance, communicative status, and motor abilities. [34 CFR §300.304 (c)(4)]

8. In evaluating each child with a disability, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified. [34 CFR §300.304 (c)(6)]
9. As part of an initial evaluation and as part of any reevaluation, the team must review evaluation data on the child, including
 - a. evaluations and information provided by the parents of the child. [34 CFR §300.305 (a)(1)(i)]
 - b. current classroom-based, local, or State assessments, and classroom-based observations. [34 CFR §300.305 (a)(1)(ii)]
 - c. observations by teachers and related services providers. [§300.305 (a)(1)(iii)]

The Eligibility Process

The determination of eligibility for IEP Services with a Speech Impairment is a three-stage process. The stages are:

1. Stage One – Is there a disability condition (i.e., a communication disorder)?
 - a. A communication disorder is impairment in the ability to send, receive, process, and comprehend verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the process of hearing, language, or speech; may be developmental or acquired; and may range in severity from mild to profound (ASHA, 1993).
 - b. Establish that a communication disorder is present. A child may exhibit a communication disorder characterized by impairment in articulation, phonology, voice, stuttering, swallowing/feeding, language, or communicative competence in social interactions (ASHA, 2001).
 - c. Document that the communication disorder is NOT the result of cultural or linguistic differences or lack of instruction.
2. Stage Two – Is there an adverse effect on educational performance (academic achievement and/or functional performance) resulting from the communication disorder?
 - a. This stage in the Eligibility Process recognizes that a child with a communication disorder may or may not be disabled by the disorder at different stages of his or her educational career. The U.S. Department of Education makes it clear that: “educational performance as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas.”
 - b. The decision that the communication disorder adversely affects educational performance involves a two-pronged consideration:
 - i. Adverse effect on academic achievement – generally refers to a child’s performance in academic areas such as reading or language arts, math, science, and history. The determination regarding whether there is an adverse effect resulting from the communication disorder on academic achievement requires an understanding of the general education curriculum and the language, speech, and communication demands on the student to make progress in academic activities (ASHA, 2007).

- ii. Adverse effect on functional performance – generally refers to skills or activities that are not considered academic or related to a child’s academic achievement and often used in the context of routine activities of everyday living (Federal Register, 71[156], p. 46661). The determination of whether there is an adverse effect resulting from the communication disorder on functional performance requires analysis of how “functional” the student’s communication is outside of the classroom learning environment. When the communication disorder limits participation in interpersonal activities (e.g., social conversations, group discussions, peer interactions) or extracurricular and nonacademic activities (e.g., athletics, meals, recess, and clubs), an adverse effect on functional performance is present (ASHA, 2007).
3. Stage Three – Are specially designed instruction or related services and supports needed to help the student make progress in the general education curriculum?
- a. The third stage of evaluation addresses the student’s need for special education in order to make progress in the general education curriculum and if so, who should provide the services.
 - i. Determine current level of functioning in communication skills
 - (1) Independent performance
 - (a) Student communicates effectively most of time
 - (b) Student knows what to do and only requires periodic reminders
 - (2) Minimal support
 - (a) The student needs more cues, models, explanations, progress monitoring or assistance than typical students in the class
 - (b) The student may need instructional accommodations or curriculum modifications to master grade level standards
 - (3) Maximum support
 - (a) The student does not perform effectively most of the time despite modifications and supports
 - (b) Remedial instruction and/or intensive interventions needed
 - ii. Determine amount of support, if any, needed from the SLP to maximize communication skills
 - (1) At school
 - (2) At home
 - (3) In the community
 - iii. Determine competencies of possible service provider(s)
 - (1) Parent/caregiver
 - (2) General education teacher
 - (3) Special education teacher
 - (4) Speech-language pathologist

Resources:

American Speech-Language-Hearing Association (1993). *Definitions of communication disorders and variations* [Relevant paper]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association (2001). *Scope of practice in speech-language pathology*. Available from www.asha.org/policy.

American Speech-Language-Hearing Association (2007). *Implementing IDEA 2004 part I: Conducting educationally relevant evaluations – technical assistance for speech-language pathologists*. Washington DC: Author.

Speech Impairment (SI) Eligibility Step-by-Step

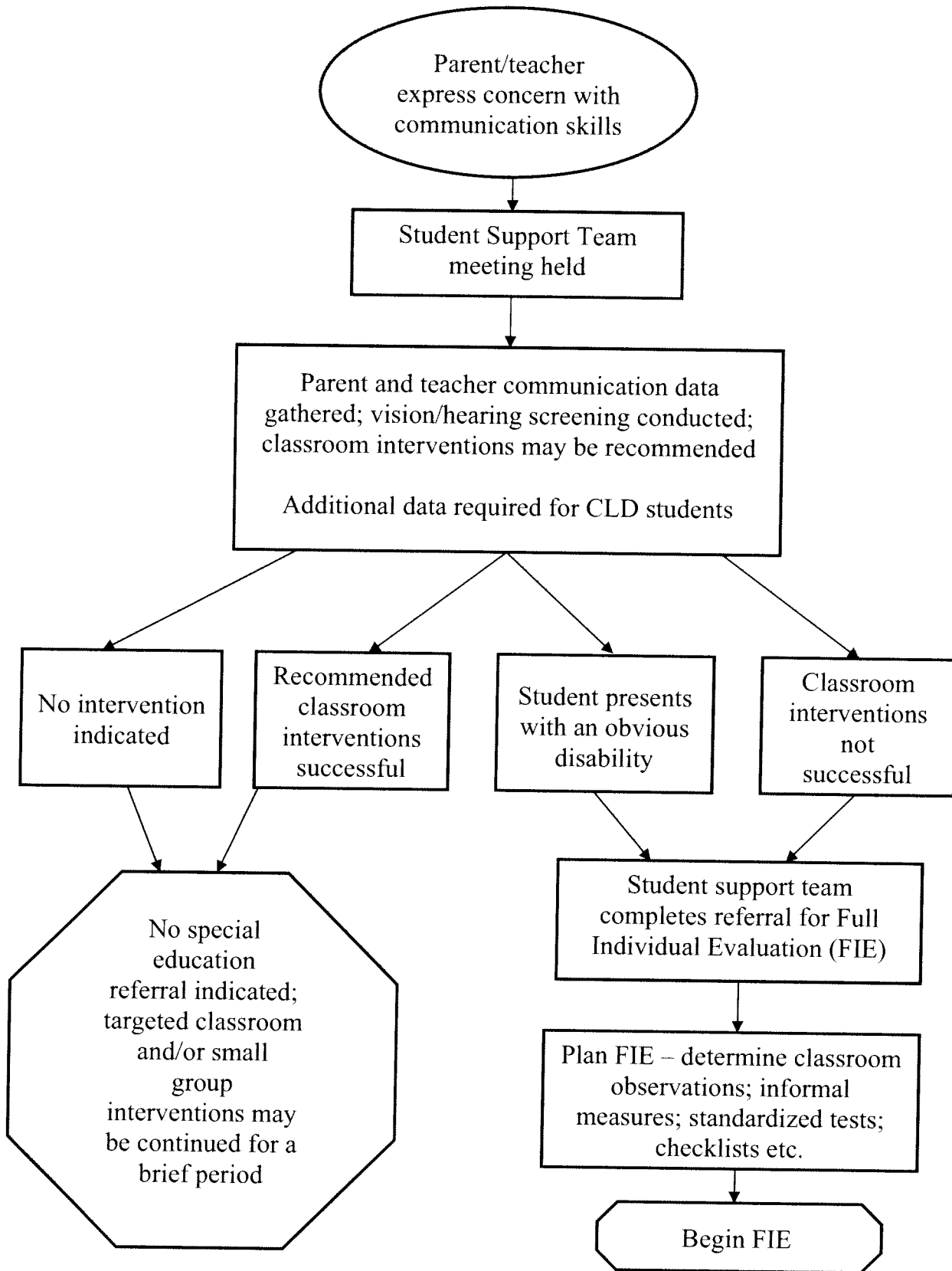
1. The Speech-Language Pathologist (SLP) provides classroom teachers with information regarding communication development and possible communication concerns through team meetings and training sessions. The SLP also provides suggestions for addressing specific areas of concern through modeling and examples of expansion and other techniques. Teacher or parent may bring communication concerns to the Student Support Team (SST) for consideration. If a student presents with an obvious disability, the SST should expedite the referral for a Full and Individual Evaluation (FIE).
2. If the teacher is unsuccessful with general recommendations for interventions in the classroom, the student is brought to the attention of the SST. Teacher and parents complete information about the student, including vision and hearing screening, teacher and parent information, and teacher and parent communication surveys. The SST may agree that a referral for special education evaluation is needed, or the SLP may make recommendations for the specific communication needs of the student to be implemented by the classroom teacher with possible SLP support such as providing classroom lesson, materials, and/or strategies. Teacher will collect data related to the progress of the skill targeted.
3. If classroom interventions have been attempted for a specified period, this data should be reviewed by the SST team to determine if adequate improvement in skill(s) has been achieved. If satisfactory progress has been demonstrated, an additional period of classroom intervention may be recommended. If not, a referral may be initiated for an FIE.
4. If the SST refers the child for FIE by special education, the Guide to the Admission, Review and Dismissal (ARD) Process is given to parents along with Notice of Procedural Safeguards. Notice and Consent for the FIE are obtained from the parent.
5. The SLP develops the Individual Evaluation Plan based on information about the student, and determines areas that should be addressed and areas that should be assessed in depth.
6. The SLP gathers informal assessment and standardized test data in the areas of concern.
7. The SLP analyzes and evaluates data from all relevant sources to determine if a communication disorder is present. If there is no evidence of a communication disorder, the student does not meet eligibility criteria for Speech Impairment.
8. If a disability condition (i.e., communication disorder) is present, the SLP documents adverse effects on academic achievement or functional performance that result from the communication disorder. If a communication disorder is present but there is no documentation of adverse effect on educational performance (i.e., academic

achievement or functional performance), the student does not meet eligibility criteria for Speech Impairment.

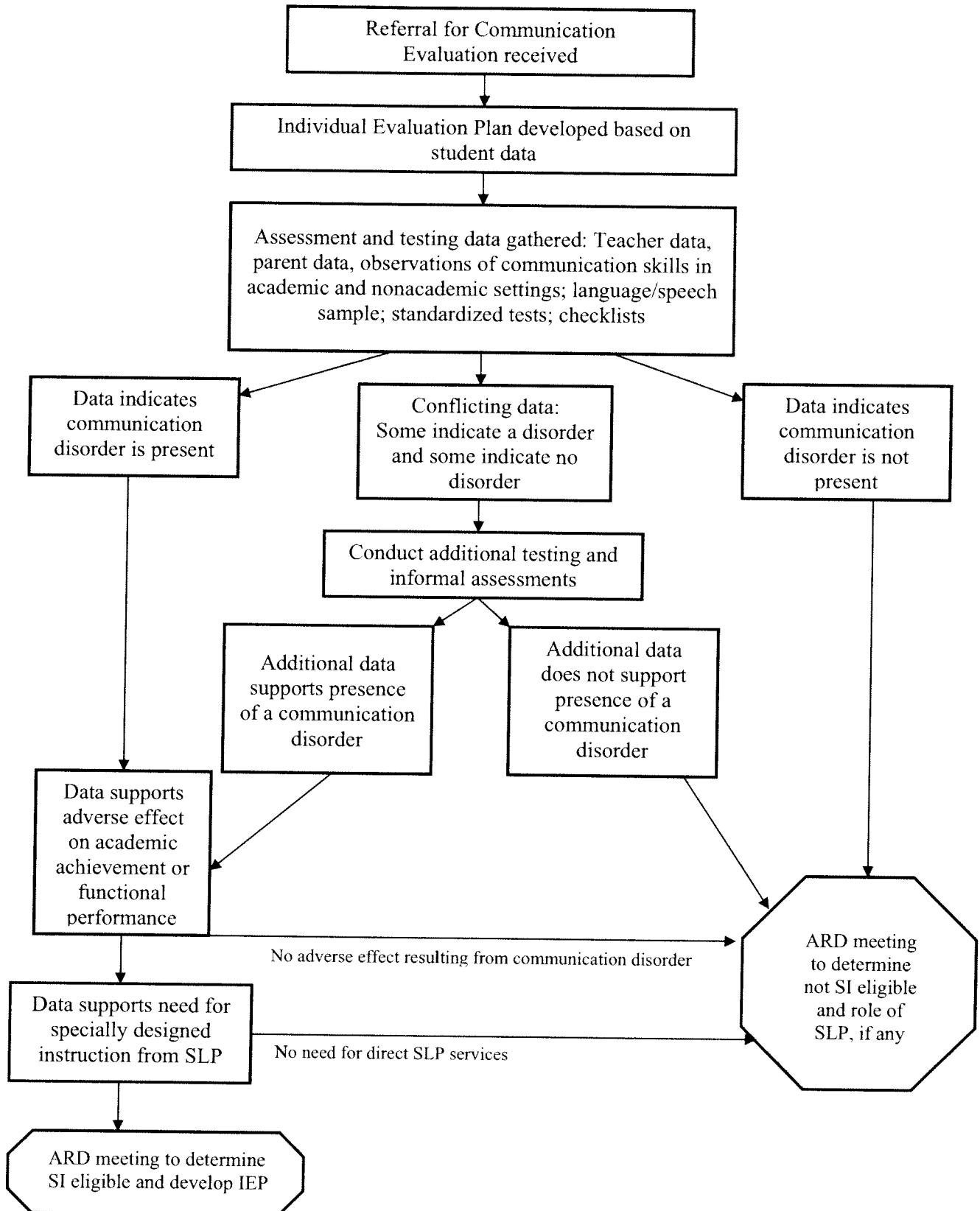
9. If the student exhibits a communication disorder that results in an adverse effect on educational performance, the SLP documents the need for specially designed instruction from the SLP to make progress in the general education curriculum. If a communication disorder is present, along with documented adverse effect on educational performance, but there is no documented need for SLP services, the student does not meet eligibility criteria for Speech Impairment.
10. SLP writes FIE report, which includes
 - a. documentation of the presence or absence of a communication disorder; and
 - b. documentation of whether or not there is an adverse effect on educational performance resulting from the communication disorder; and
 - c. documentation of whether the student needs SLP services to mitigate adverse effects of the communication disorder on educational performance; **OR**
 - d. documentation that the student does not meet eligibility criteria for Speech Impairment.
11. If there is evidence to support SI eligibility, the SLP prepares recommendations for communication intervention (IEP goals) to be considered if the ARD Committee recommends that the student receive IEP services with a Speech Impairment.

III. Speech Impairment Eligibility Flow Charts

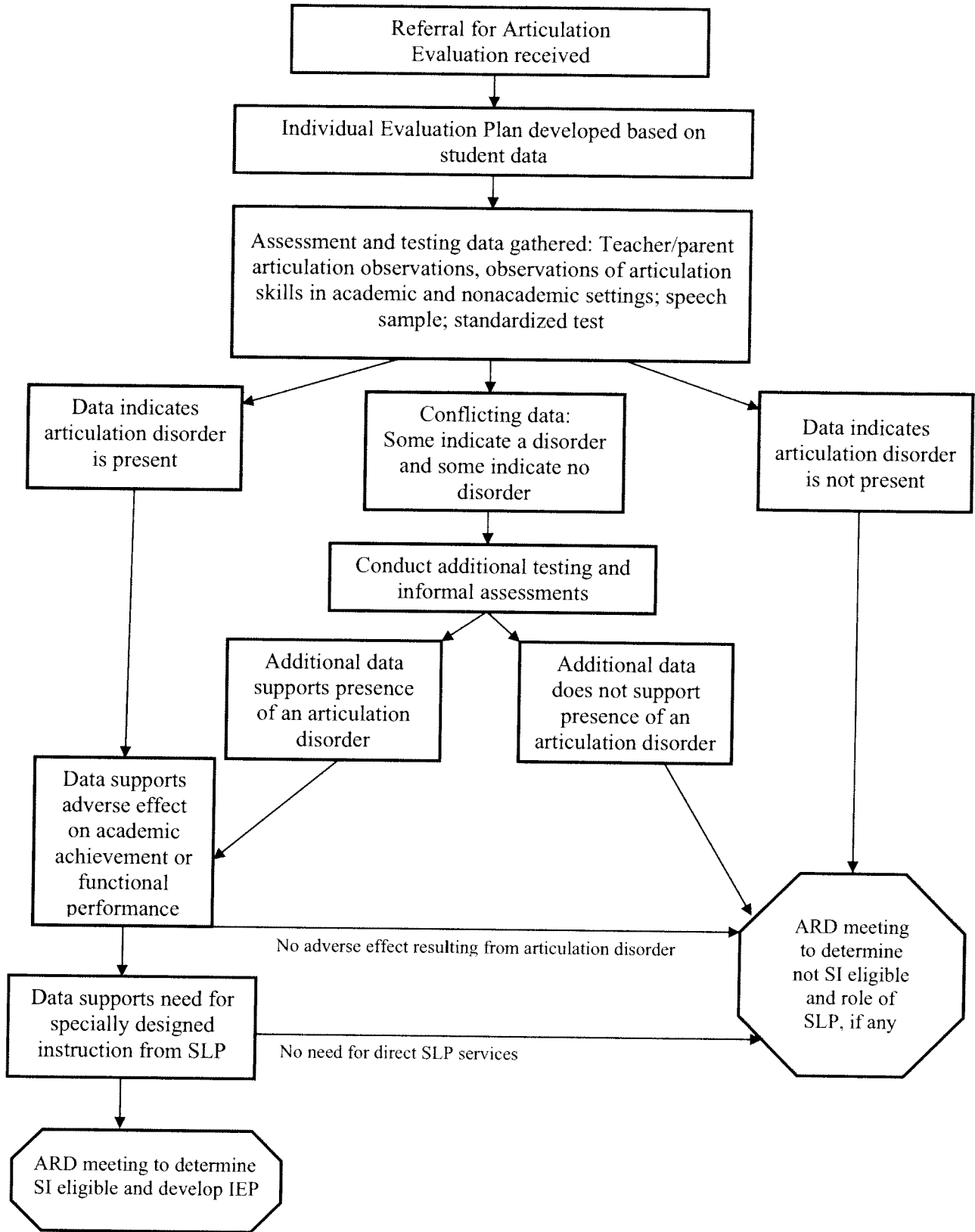
Communication Concern Flow Chart



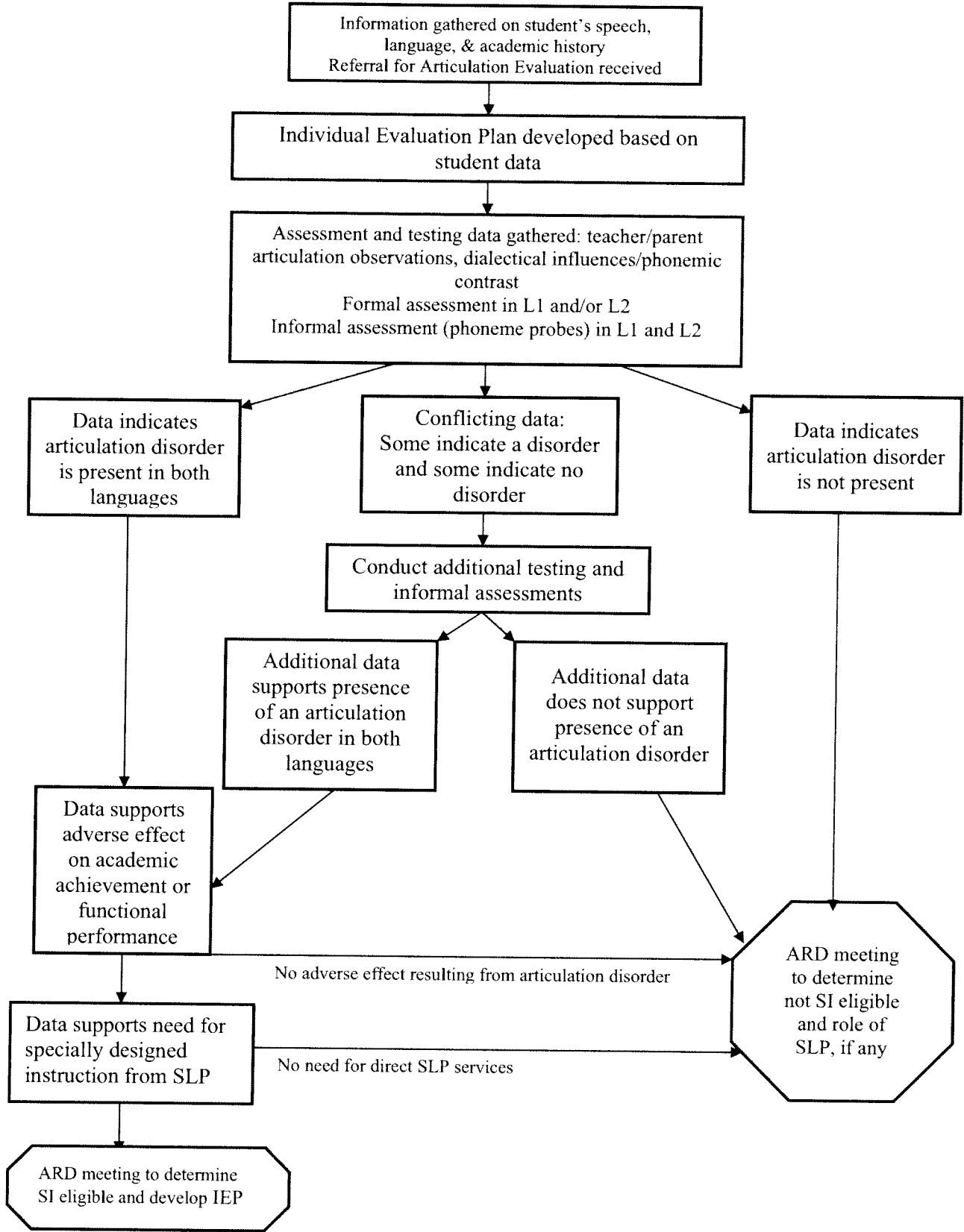
Speech Impairment Eligibility Flow Chart



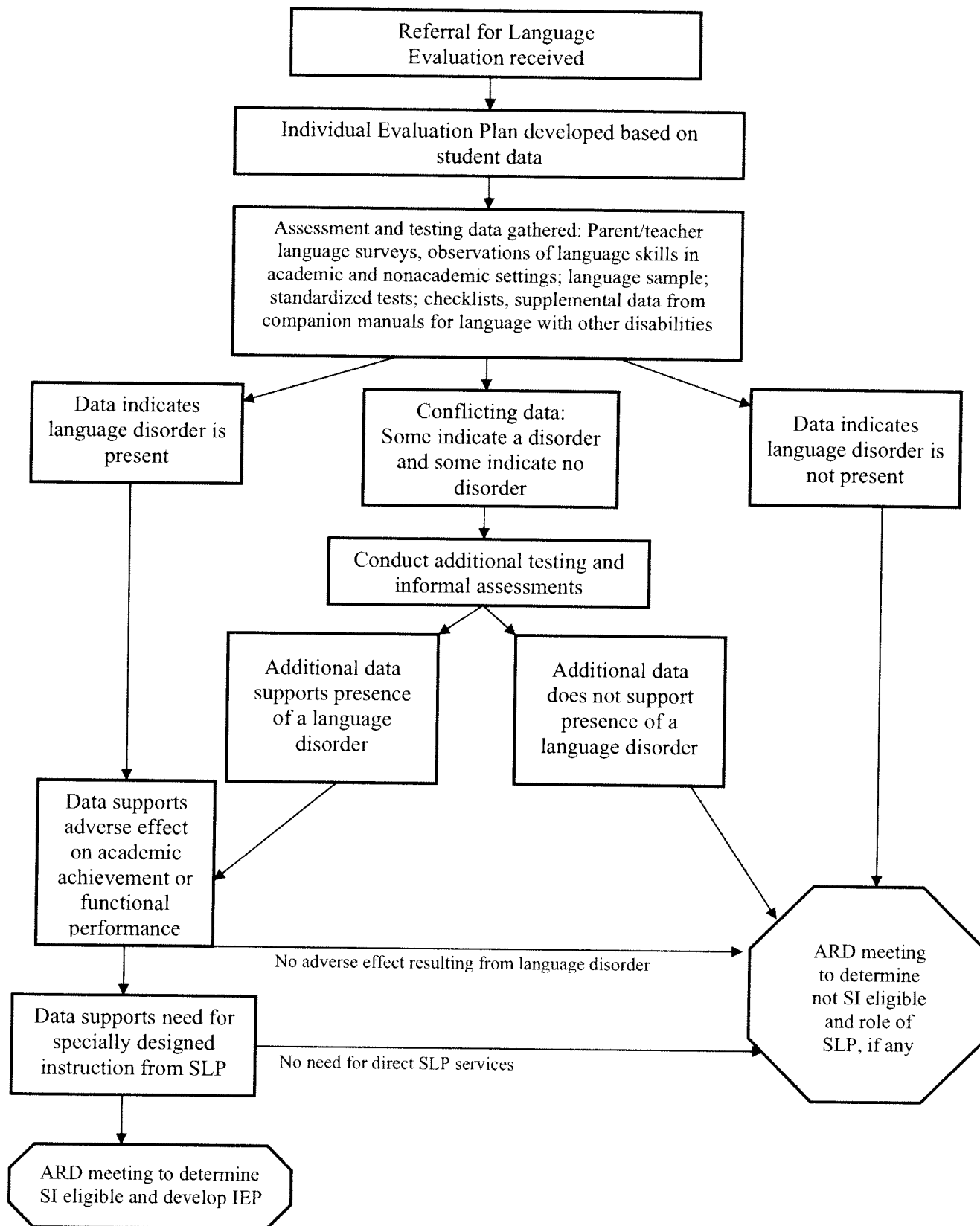
Articulation Flow Chart



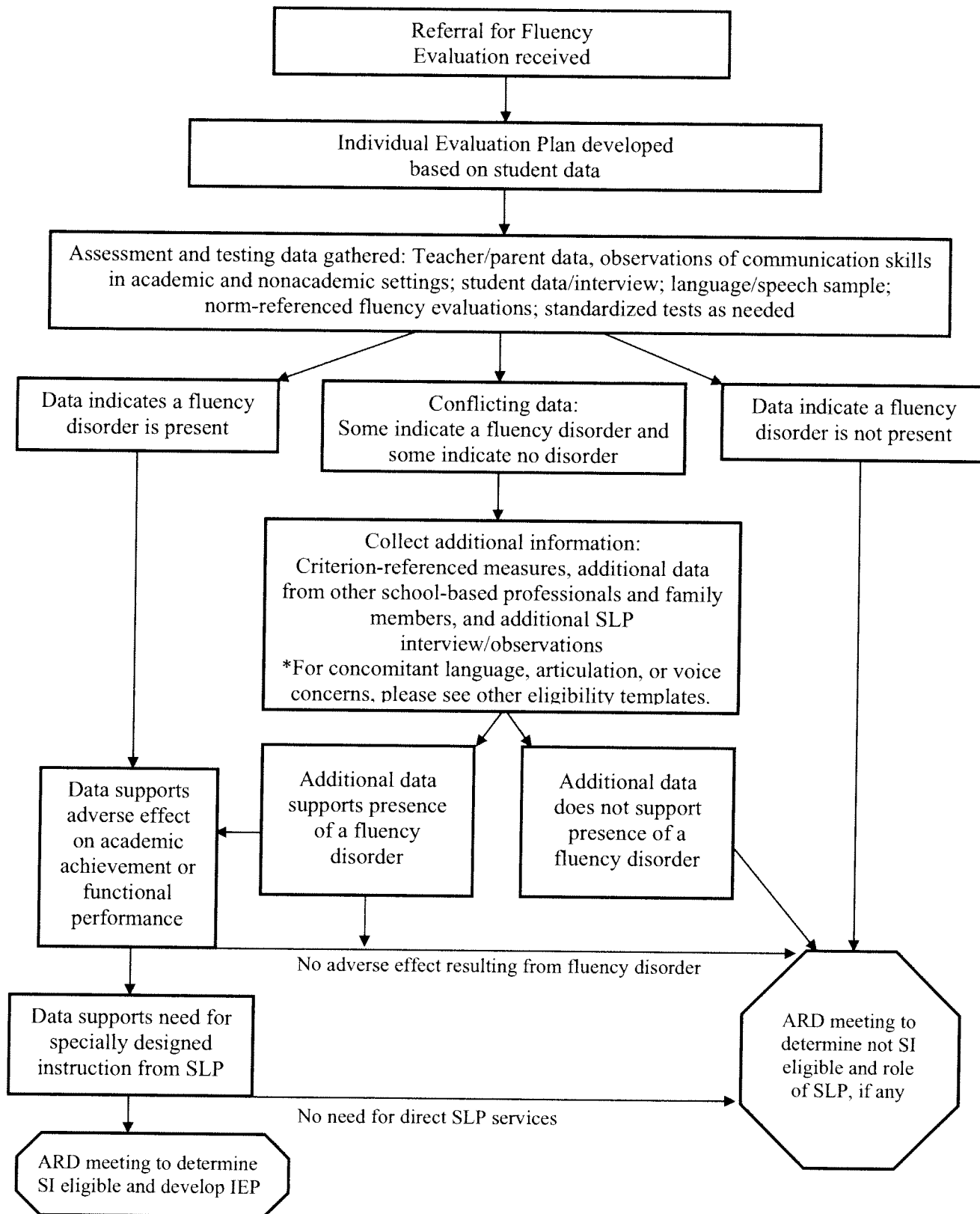
Articulation Flow Chart for CLD Students



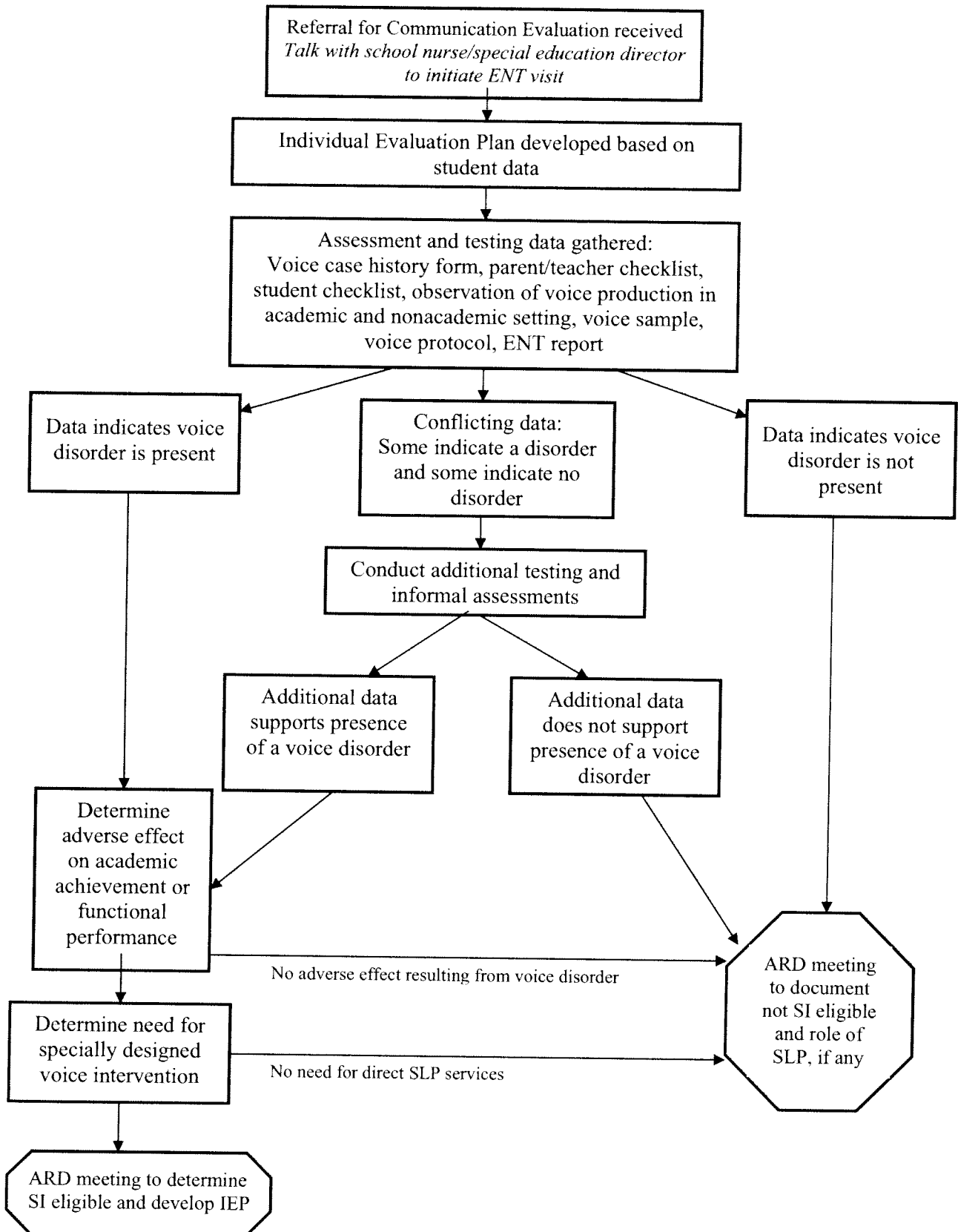
Language Flow Chart



Fluency Flow Chart



Voice Flow Chart



IV. Guidelines for Speech Impairment Eligibility

Guidelines for Determining a Communication Disorder	
<i>Parameters Assessed</i>	<i>Disorder Guidelines</i>
<p>Informal Evaluations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents' evaluation <input type="checkbox"/> Teacher's evaluation <input type="checkbox"/> Observation in academic setting <input type="checkbox"/> Observation in nonacademic settings <input type="checkbox"/> Speech/language sample <input type="checkbox"/> Other: <p>Standardized Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test name <input type="checkbox"/> Test name 	<p>Parent data Teacher data Observation data Speech/language sample</p> <p><i>and</i></p> <p>Results on standardized test at the 7th percentile or below or a standard score of 77 or below</p> <p><i>or</i></p> <p>Results of Cross Battery Assessment show relative weakness in Crystallized Intelligence (Gc)</p> <p>If the above are not in agreement, select from informal measures listed in technical manuals for additional data:</p> <p>(List results of informal measures, indicating level of concern on each)</p>

Guidelines for Determining an Articulation Disorder	
<i>Parameters Assessed</i>	<i>Disorder Guidelines</i>
<p>Informal Evaluations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents' observation <input type="checkbox"/> Teacher's observation <input type="checkbox"/> Point-to-Point Comparison <input type="checkbox"/> Observation in academic setting <input type="checkbox"/> Percentage of Consonants Correct <input type="checkbox"/> Consistency Index* <input type="checkbox"/> Percentage of Intelligibility on 100-word sample (PK) <p>Standardized Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goldman Fristoe 2 Test of Articulation <input type="checkbox"/> Arizona Articulation Proficiency Scale 2000 	<p>Parent data Teacher data SLP opinion</p> <p><i>and</i></p> <p>Results on standardized test at the 7th percentile or below</p> <p>If the above are not in agreement, select from the following informal measures for additional data:</p> <p>Point-to-Point Comparison differs by significant amount</p> <p><i>or</i></p> <p>Percentage of Consonants Correct yields a difference of 15 points or greater for single words than for spontaneous speech</p> <p><i>or</i></p> <p>Articulation Consistency Index for spontaneous speech is 15 points or greater than single words</p> <p><i>or</i></p> <p>Intelligibility measure for pre-school-aged students (See "Assessment of Intelligibility" in Articulation Eligibility Manual, Section V)</p>

*Currently no information is available for determining a concern for Consistency Index.

Guidelines for Determining an Articulation Disorder for CLD Speakers of English	
<i>Parameters Assessed</i>	<i>Disorder Guidelines</i>
<p>Informal Evaluations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents' observation <input type="checkbox"/> Teacher's observation <input type="checkbox"/> Dialectal influences/phoneme contrast <input type="checkbox"/> Phoneme Probe (10-word minimum) <input type="checkbox"/> Percentage of Consonants Correct <input type="checkbox"/> Consistency Index <p>Standardized Tests in English</p> <ul style="list-style-type: none"> <input type="checkbox"/> GFTA – 2 <input type="checkbox"/> Arizona – 3 <p>Formal Tests in Spanish</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spanish Pre-School Articulation Test (SPAT) <input type="checkbox"/> Spanish Articulation Measures Revised (SAM) [non-standardized] <input type="checkbox"/> Contextual Probes of Articulation Competence – Spanish <input type="checkbox"/> Pre-School Language Scale – 4 (PLS-4) Articulation Screener <input type="checkbox"/> Spanish Language Assessment Procedures (SLAP) 	<p>Parent data Teacher data Dialectal influences/phoneme contrast SLP opinion</p> <p style="text-align: center;"><i>and</i></p> <p>Results on English standardized tests</p> <p>Results on formal test in Spanish (refer to appropriate developmental age norms; considered significant when the error is at the end of the age range for that phoneme)</p> <p>Results on informal assessment (phoneme probe in language other than English) 50% or more in error</p> <p style="text-align: center;"><i>and</i></p> <p>If the above are not in agreement, select from the following informal measures for additional data:</p> <p>Percentage of Consonants Correct yields a difference of 15 points or greater for single words than for spontaneous speech</p> <p style="text-align: center;"><i>or</i></p> <p>Consistency Index > or = 15 point difference from single words to conversational speech</p>

Guidelines for Determining a Language Disorder	
<i>Measure</i>	<i>Guidelines</i>
Informal Data <ul style="list-style-type: none"> <input type="checkbox"/> Parents' Language Survey <input type="checkbox"/> Teacher Language Survey <input type="checkbox"/> Observation in academic setting <input type="checkbox"/> Observation in nonacademic setting Standardized Tests <ul style="list-style-type: none"> <input type="checkbox"/> Test of Language Development P – 4 <input type="checkbox"/> Comprehensive Assessment of Spoken Language Skills <input type="checkbox"/> Clinical Evaluation of Language Fundamentals – 4 <input type="checkbox"/> Oral and Written Language Scales <input type="checkbox"/> Preschool Language Scale – 4 <input type="checkbox"/> Clinical Evaluation of Language Fundamentals-Preschool – 2 	Parent data Teacher data Observation data SLP opinion Results on global standardized test standard score of 77 or less (7 th percentile or below) <i>or</i> Cross Battery Assessment shows Gc below average and lower than other processing areas <i>and</i> If the above are not in agreement, identify informal measures used for additional data:
Semantics <ul style="list-style-type: none"> <input type="checkbox"/> Type-Token Ratio <input type="checkbox"/> DELV <input type="checkbox"/> Repetition of Non-Words <input type="checkbox"/> Test of Word Finding 	More than 1 ½ SD below the mean More than 1 ½ SD below the mean More than 1 ½ SD below the mean More than 1 ½ SD below the mean
Syntax <ul style="list-style-type: none"> <input type="checkbox"/> MLU-M <input type="checkbox"/> Analysis of Grammatical Errors <input type="checkbox"/> Analysis of Inflectional Morphemes and Certain Free Morphemes <input type="checkbox"/> Subordinate Analysis <input type="checkbox"/> Analysis of Mazes 	More than 1 ½ SD below the mean More than 1 ½ SD below the mean More than 1 ½ SD below the mean NPC – less than 4/100 utterances Adverbials – less than 8/100 utterances RC – less than 1/100 utterances More than 1 ½ SD below the mean
Pragmatics <ul style="list-style-type: none"> <input type="checkbox"/> Conversation <input type="checkbox"/> Narrative <input type="checkbox"/> Pre-suppositions 	Qualitative impairment documented Standard score of 77 or less on the Test of Narrative Language Qualitative impairment documented
Metalinguistics <ul style="list-style-type: none"> <input type="checkbox"/> Defining <input type="checkbox"/> Describing 	Qualitative impairment documented

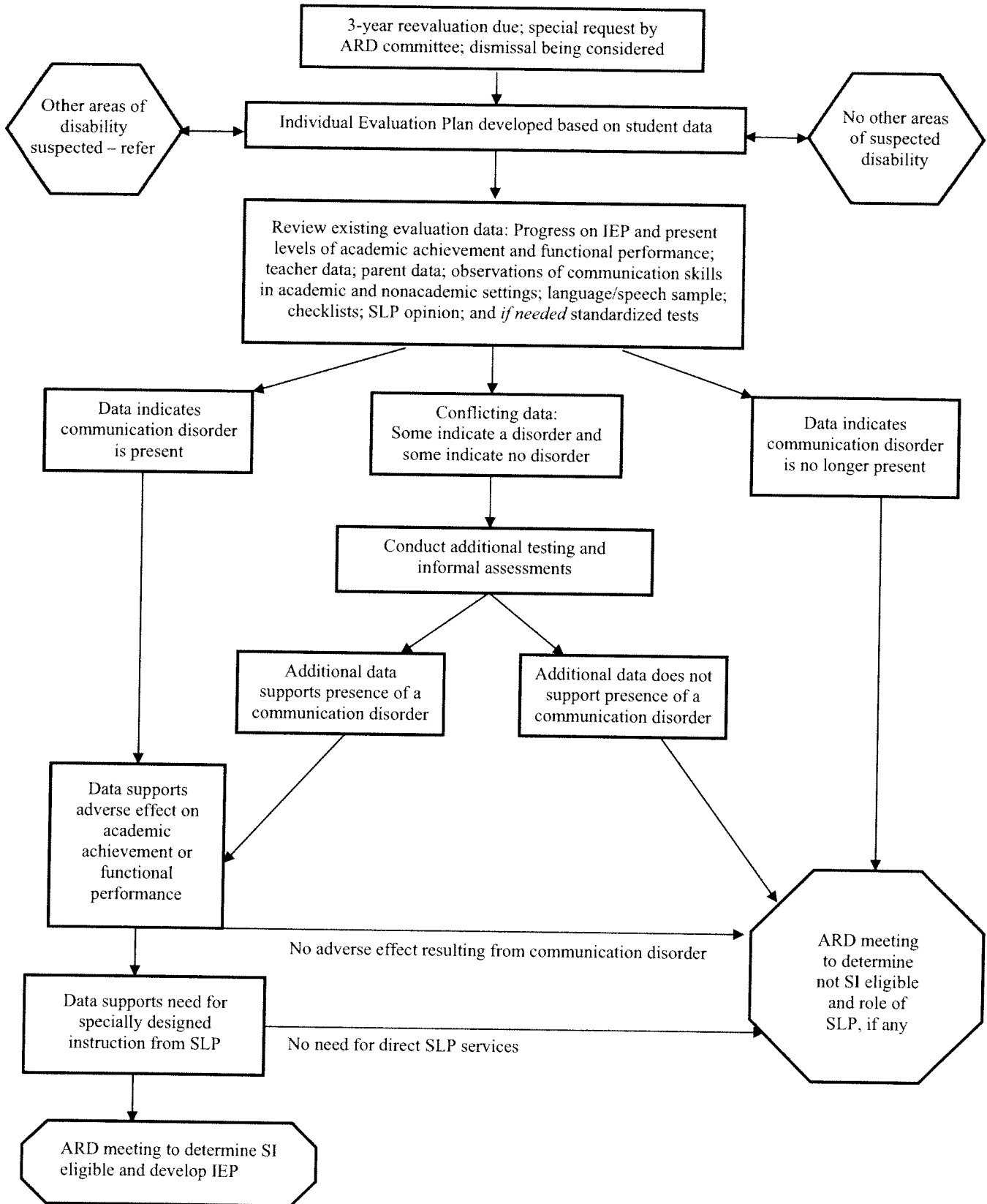
Guidelines for Determining a Fluency Disorder

<i>Parameters Assessed</i>	<i>Disorder Guidelines</i>
<p>Informal Evaluations</p> <ul style="list-style-type: none"> ❑ Parents' observations ❑ Teacher's observations ❑ Observation in academic setting ❑ Observation in nonacademic setting <p>Norm-Referenced Tests</p> <ul style="list-style-type: none"> ❑ Assessment of the Child's Experience of Stuttering (Yaruss, Coleman, & Quesal, 2005) ❑ Communication Attitude Test (Brutten, 1984) ❑ Communication Attitude Test for Preschool and Kindergarten Children Who Stutter (Vanryckeghem, M. & Brutten, E.J., 2007) ❑ Stuttering Prediction Instrument (Riley, 1981) ❑ Stuttering Severity Instrument, 3rd Edition (Riley, 1994) <p>Criterion-Referenced Measures</p> <ul style="list-style-type: none"> ❑ Fluency Evaluation Procedures (Fluency Task Force, 2003–05) ❑ Paper-Pencil Tasks (Chmela & Reardon, 2001) ❑ Personalized Fluency Control Therapy, 3rd Edition (Cooper & Cooper, 2003) ❑ Pragmatic Stuttering Intervention (Tanner, 2004, 2005) ❑ Predictive Cluttering Inventory (Daly, 2006) ❑ Scale of Stuttering Severity (Williams, Darley, & Spriestersbach, 1978) ❑ Stocker Probe for Fluency and Language (Stocker & Goldfarb, 1995) <p>Other: _____</p>	<p>Results on norm-referenced tests and informal evaluations indicate the presence of a fluency disorder.</p> <p style="text-align: center;">Norm-referenced tests</p> <p style="text-align: center;"><i>and</i></p> <p style="text-align: center;">Parent data Teacher data SLP judgment in agreement</p> <p style="text-align: center;"><i>or</i></p> <p>The student exhibits <i>any</i> atypical disfluencies, such as prolongations, blocks, pitch or loudness changes during moments of disfluency, struggle, or secondary behaviors</p> <p style="text-align: center;"><i>and</i></p> <p style="text-align: center;">Parent data Teacher data SLP judgment in agreement</p> <p style="text-align: center;"><i>or</i></p> <p>The student exhibits significant covert stuttering tendencies that are adversely affecting academic and extracurricular performance</p> <p style="text-align: center;"><i>and</i></p> <p style="text-align: center;">Parent data Teacher data SLP judgment in agreement</p> <p><i>The impairment must not be related primarily to limited exposure to communication-building experiences, the normal process of acquiring English as a second language, or dialect use.</i></p>

Guidelines for Determining a Voice Disorder	
<i>Parameters Assessed</i>	<i>Disorder Guidelines</i>
<p>Informal Evaluations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent report <input type="checkbox"/> Teacher report <input type="checkbox"/> Student report <input type="checkbox"/> Otolaryngologist report <input type="checkbox"/> Observation in academic and nonacademic settings <input type="checkbox"/> Voice sampling procedure <p>Standardized Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> None available 	<p style="text-align: center;">Parent data Teacher data Data from student report Observation data Otolaryngologist report data</p> <p style="text-align: center;"><i>and</i></p> <p style="text-align: center;">Results of Voice Evaluation Protocol indicate impairment (rating of 11 or more) in at least one item assessed in the following voice areas:</p> <p style="text-align: center;">Phonation/Vocal Quality Hoarseness Harshness Hard/harsh glottal attack Aphonia</p> <p style="text-align: center;">Pitch Habitual speaking pitch P: pitch range Pitch breaks</p> <p style="text-align: center;">Resonance Hypernasality Nasal air emission Articulation errors</p> <p>*When the results on the Voice Evaluation Protocol indicate impairment only in the following voice areas, referral may be indicated but the student does not exhibit a disorder:</p> <p style="text-align: center;">Tremor Pitch breaks during puberty Hyponasality Cul-de-sac resonance Associated factors Untreated respiratory infection and/or allergy</p>

V. Reevaluation/Dismissal

Reevaluation Flow Chart



Dismissal Considerations

According to IDEA 2004, dismissal criteria mirror eligibility criteria. Therefore, in making decisions to dismiss a child from IEP services, the following questions must be considered:

1. Does the student continue to exhibit a communication disorder?
2. Does the communication disorder continue to adversely effect academic achievement and/or functional performance?
3. Does the student continue to require specialized intervention services from the SLP to mitigate the adverse effect of the impairment on educational performance?

For students who have a communication disorder and no other disability, we must determine if SLP services (specially designed instruction) are necessary for academic and functional success.

For students who have a communication disorder secondary to another disability, we must determine if SLP services (specially designed instruction and related services) are necessary for them to benefit from special education services

Determination of continued eligibility is to be made by the IEP team upon consideration of the reevaluation data presented by the SLP. These data include feedback from teachers and parents, and standardized, observational, and descriptive information about the student's progress in the general education curriculum and in meeting IEP goals.

If, upon review of the data, the IEP team determines the student no longer exhibits a communication disorder, or the communication disorder no longer adversely effects academic achievement and/or functional performance, or no longer requires specialized instruction from the SLP, the student is not eligible and can be dismissed from speech-language pathology services.

Challenges in making dismissal decisions:

1. Can students be dismissed from services when they are no longer making progress toward their goals?
2. Can students be dismissed when their lack of motivation and interest prevents them from benefiting from the specialized services?
3. Can students who exhibit medical, oral, or facial structural limitations that limit their potential to achieve goals be dismissed once the SLP has determined that continued therapy will not remediate the disorder?
4. Can students in special education services be dismissed from related services by the SLP when their primary disability limits their ability to benefit from the specialized services of the SLP?

These questions can be addressed in the light of student-centered data. The IDEA 2004 regulations are written to ensure that students who need special education services to make progress in the general education curriculum have access to receiving them. There is no specific guidance in federal regulations or state rules to guide us in making dismissal decisions for students who continue to exhibit a communication disorder but no longer benefit from SLP services. This lack of specificity results in students remaining in SLP services for

the duration of their time in school. Many districts face challenges with over-identification of SI students and unmanageable caseloads, due in part to confusion about how and when to dismiss students from SLP services.

IDEA guidelines regarding lack of progress

One role of the IEP team/ARD Committee is to “review the student’s progress to determine whether the annual goals are being achieved and revise the IEP as appropriate to address any lack of expected progress” [34 CFR 300.343 (c)]. It is clear that the ARD committee is empowered to make decisions in the best interest of the student and is entrusted to consider all data presented to them in making those decisions. Often, the SLP is the only team member who has the scientific knowledge necessary to determine the student’s potential for improvement as a result of intervention. Therefore, the SLP is responsible for presenting supporting documentation to the committee so it can make informed decisions. If motivation is an issue, the team must determine if the student is having motivational problems in other educational settings. If so, a joint effort would be pursued to address motivation. If the issues apply only to SLP services, the clinician might suggest a change in intervention focus or delivery method, or could recommend other support options to the IEP team for discussion. Though IDEA does not provide us with specific guidelines to help us make dismissal decisions in the problematic circumstances listed above, IDEA does underscore the role of the IEP team in the decision-making process.

Presenting dismissal recommendations to the IEP team when intervention is no longer appropriate, though the communication disorder still exists:

1. Provide documentation of the consistent lack of progress.
2. Educate IEP team members, particularly parents, about the nature of the speech/language issue and how the associated structural or medical factors, or primary disability, affect the child’s ability to benefit from continued SLP services.
3. Encourage discussion of the relative value of continued work on speech-language issues versus shifting focus to other educational needs. Often parents and teachers are responsive to discussion about the efficiency of use of instructional time for the student. It may be that it is in the best interest of the student for time spent with the SLP to be eliminated, allowing for more time to be spent in general or special education.
4. Provide documentation that a variety of evidence-based practices have been attempted in therapy with little or no success.
5. Explore and discuss all possibilities for a continuum of support services, which may include SLP consultation that is gradually reduced in frequency and duration, or education and recommendations to parents and teachers.

When making decisions regarding dismissal from services or addressing a student’s lack of progress, SLPs must follow procedures set forth by their local educational agencies. Although Texas adheres to IDEA requirements, many districts/SSAs have local policies and operating guidelines that must also be adhered to.

Resource:

<http://www.asha.org/members/slp/schools/IDEACaseload/dismissal.htm>