Riverside County Special Education Local Plan Area (SELPA)

PROGRAM GUIDELINES FOR SPEECH LANGUAGE PATHOLOGISTS

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INTRODUCTION

These Language, Speech, and Hearing (LSH) Program Guidelines are part of a continuing process to utilize appropriate caseload selection and dismissal criteria within the Riverside County Special Education Local Plan Area (SELPA). These guidelines are recommended in order to provide appropriate, consistent, fiscally responsible, and good quality LSH program services to the children of Riverside County SELPA. These guidelines are to ensure the consistent use of best practices throughout Riverside County SELPA for school-based Speech Language Pathologist (SLP).

These LSH Program Guidelines are based on American Speech-Language Hearing Association (ASHA) recommendations, California Speech-Language Hearing Association (CSHA) recommendations and the federal and state mandates for special education according to the Individuals with Disabilities Education Improvement Act (IDEIA, 2004). The format and much of the content was adopted from Riverside County SELPA's previous guidelines, ASHA's Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (2010) and CSHA position papers on caseloads.

PROBLEM SOLVING TEAM PROCESS

This section provides general information, an overview of response to intervention, and a discussion regarding screening.

General Information

Any child for whom there is a concern regarding progress in general education should be referred to the school site's Problem Solving Team (i.e. EMT, SST). Under California Education Code 56303 and under the "No Child Left Behind" Education Act, all general education supports and services must be exhausted prior to a referral for

special education services. It is with the above in mind that the problem solving team process has been established.

The school based problem-solving team's mission is to assist teachers, administrators, school staff, and parents with intervention strategies for dealing with the academic and social-emotional behavioral needs of general education students. Through this process, the team can recommend classroom supports, accommodations, modifications, and interventions which, when successfully implemented, will support a struggling child and possibly prevent the requirement for special education services. The school speech and language pathologist may act as a consultant when a problem solving team perceives a child needs specific recommendations regarding language and/or speech needs. This process can be used for grades K-12. They have also been used successfully at the preschool level to facilitate the development of emergent skills prior to a referral for Special Education assessment.

Specific to the area of speech and language, the problem solving team can suggest interventions to support a child in the classroom. The team should consider the grade level content standards the child is struggling with as targets for intervention. The speech and language pathologist can then provide strategies to support language development and/or correct phoneme production based on the information shared at the problem solving meeting. Such suggestions could include support of a specific language concept or a demonstration or suggestion on how to accurately model correct production of an errant phoneme through the use of the core curriculum instructional materials available within each general and special education classroom.

At a follow-up meeting, the problem solving team will be presented with the progress monitoring data gathered by the classroom teacher and other site level staff. The problem solving team will review this data along with any additional supports and progress noted (e.g., information regarding health, family history, district and State assessment results, and linguistic levels for non-English speaking child).

Response to Intervention

The response to intervention (RTI) process is a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student need, frequent progress monitoring, and the use of student data to make educational decisions. RTI can be used for creating a well-integrated and seamless system of instruction and intervention guided by child outcome data.

Speech-language pathologists (SLPs) can play a number of important roles within the RTI model. They have the opportunity to provide diagnostic and intervention instruction within the general education and special education settings. Some fundamental shifts need to occur for the SLP that is part of a RTI model. Assessment approaches and intervention models each have their unique challenges. SLPs working in RTI have a paradigm shift from measuring a "within child" deficit to a more contextual perspective based on measuring the child's performance over time as the student participates within instructionally relevant interventions. The SLP involved with a RTI model will find their

traditional role has shifted and expanded in the areas of program design, collaboration and serving of individual students.

SLPs working in RTI models need to acquire more instructionally relevant and contextually based procedures. Besides their use of formal evaluation, they need to also be able to use and understand student outcome data in order to participate in the instructional decision making for struggling students. The SLP will become viewed within the school community as an expert that provides both direct and indirect services to struggling students, disabled students and to the teachers and other educators working with the child in regards to language based literacy and learning difficulties.

To meet the challenges and opportunities that participating in a RTI model provides, SLPs will need to be familiar with and knowledgeable about various service delivery models, classroom-based interventions and how to work collaboratively with a multi-disciplinary team of educators. The SLP will also need to understand how, when and to what extent services, goals and progress monitoring can accomplished by utilizing teachers, other related service providers, or speech-language pathology assistants (SLPAs). The SLP will find that they are more involved in the expanded role as facilitator and monitor of the student's instructional interventions rather than the direct provider of those interventions. Meeting the challenge of being involved in a RTI model is supported by ASHA's position on polices on literacy, workload, and the expanded roles and responsibilities in general of the SLP (additional technical assistance to responsiveness-to-intervention can be found at www.asha.org).

NOTE: If a school or district determines that they wish to utilize a pre-referral intervention model with SLPs these must be part of the School Site Plan or Local Education Area Plan (LEAP) delineating the role of the SLP within this model. Parents must be notified either through a Child Handbook or Enrollment Packet Notice.

The following information on program design, collaboration, and serving individual students comes directly from ASHA's paper, *Responsiveness to Intervention: New Roles for Speech-Language Pathologists, November 2006*

Program Design. SLPs can be a valuable resource as schools design and implement a variety of RTI models. The following functions are some of the ways in which SLPs can make unique contributions:

- Explain the role that language plays in curriculum, assessment, and instruction, as a basis for appropriate program design
- Explain the interconnection between spoken and written language
- Identify and analyze existing literature on scientifically based literacy assessment and intervention approaches
- Assist in the selection of screening measures
- Help identify systemic patterns of student need with respect to language skills
- Assist in the selection of scientifically based literacy intervention

Collaboration. SLPs have a long history of working collaboratively with families, teachers, administrators, and other special service providers. SLPs play critical roes in collaboration around RTI efforts, including the following:

- Assisting general education classroom teacher with universal screening
- Participating in the development and implementation of progress monitoring systems and the analysis of sudden outcomes
- Serving as members of intervention assistance teams, utilizing their expertise in language, its disorders, and treatment
- Consulting with teachers to meet the needs of students in initial RTI tiers with a specific focus on the relevant language underpinnings of learning and literacy
- Collaborating with other specialized instructional support personnel in the implementation of RTI models
- Assisting administrators to make wise decisions about RTI design and implementation, considering the important language variables
- Working collaboratively with private and community-employed practitioners who may be serving an individual child
- Interpreting screening and progress assessment results to families
- Helping families understand the language basis of literacy and learning as well as specific language issues pertinent to an individual child

Serving Individual Students. SLPs continue to work with individual students, in addition to providing support through RTI activities. These roles and responsibilities include the following:

- Conducting expanded speech sound error screening for K-3 students to track students at risk and intervene with those who are highly stimulable and may respond to intense short-term interventions during a prolonged screening process rather than being placed in special education
- Assisting in determining “cut-points” to trigger referral to special education for speech and language disabilities
- Using norm-referenced, standardized, and informal assessments to determine whether students have speech and language disabilities
- Determining duration, intensity, and type of service that students with communication disabilities may need
- Serving students who qualify for special education services under categories of communication disabilities
- Collaborating with classroom teachers to provide services and support for students with communication disabilities
- Identifying, using, and disseminating evidence-based practices for speech and language services or RTI interventions at any tier

Discussion Regarding Screening

NOTE: The only time screening can be applied is when an entire group/grade level is assessed for the purpose of evaluating the same process (i.e., hearing and vision screening at the State mandated grade levels) or for the use of the teacher or specialist to determine appropriate instructional strategies for curriculum implementation (E.C.§56321(f)). If a school or district determines that they wish to conduct grade level screenings, these must be part of the School Site Plan, LEA Plan and parents must be notified either through a Child Handbook or Enrollment Packet Notice.

Screening an individual child constitutes a form of assessment that requires a signed assessment plan. Prior to conducting a full evaluation, the therapist may screen to determine whether or not the child requires additional assessment for Special Education services. **When observing an individual student in class, an assessment plan is also required** as this is seeking out an individual for the purpose of identifying or eliminating the presence of a disability and could be construed as an assessment. Once consent for evaluation, observation, and/or screening has been obtained, all appropriate special education timelines and requirements must be adhered to.

- If upon conclusion of the screening no further assessment is warranted, the completion of a report and a meeting to review the results is required.
- If a full evaluation is deemed necessary, the completion of a report and an IEP meeting is required.

GENERAL CONSIDERATIONS FOR DIAGNOSTIC EVALUATIONS

This section provides information about the Individuals with Disabilities Education Improvement Act (IDEIA) and Education Code eligibility requirements and assessment report guidelines

Eligibility Requirements

IDEIA 2004**/**Part B regulations contain the definitions of the disability categories which qualify for services under the law. Speech and language impairment is listed as one of the categories included in IDEIA. Section 300.8 defines a child with a disability as:

(a) General. "(1) As used in this part, the term 'child with a disability' means a child evaluated in accordance with §§ 300.304-300.311 as having intellectual disabilities, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services."

When it is determined that a child manifests with one or more of the disabilities listed above, the assessment team must assess to determine whether or not the disability rises to the level of qualifying for Special Education services.

Per Education Code 56333, "A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language **to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services**. In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a language, speech, and hearing specialist who determines that such difficulty results from any of the following disorders:

(a) Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.

(b) Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.
(c) Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and the listener.
(d) Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.
(e) Hearing loss which results in a language or speech disorder and significantly affects educational performance.

Determination of Need for Special Education Services

A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupil's impairment requires special education in one or more of the program options authorized by Section 56361 of the Education Code. The decision as to the whether or not the assessment results demonstrate that the degree of the pupil's impairment requires special education shall be made by the individualized education program (IEP) team, including personnel in accordance with Section 56341(d) of the Education Code. The IEP team shall take into account all the relevant material which is available on the pupil. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the pupil's eligibility for special education.

There are a number of factors to consider beyond the standardized assessment information when determining a child's need for Language and/or Speech services. Factors such as positive attitude, motivation, and environmental supports may diminish the impact of communication impairment. Therefore, even though the child may manifest challenges when given standardized test, if the functional communicative measures (i.e. language samples, narrative analysis, curriculum-based assessment, state performance assessment, observations, etc.) do not support adverse educational impact, the child may not be eligible for speech language services and/or related services. In such a case, the communication development and educational performance could be monitored by non-special education interventions within the school (e.g., SST review, EMT Student Intervention Plans, Learning Centers).

Conversely, if the child performs well on the standardized tests but presents poor functional communication skills, the child *may* be found eligible. This decision could be based on the child's inability to use those skills deemed "appropriate" on the standardized test outside the test environment. This being said, eligibility in this case must be supported by authentic data collected over several environments (i.e., classroom, play situations). This discussion supports the caution by ASHA on using the discrepancy between language and intellectual ability as the sole criteria for a child to qualify for Speech and Language services.

Assessment Report Guidelines

Assessment reports must be completed for initial referrals, triennial reviews, dismissal or exit, and, if requested, for annual reviews and interim placements. It is important that ALL areas of suspected disability are assessed; including an assessment for transition needs at 16 years of age. It is important to remember that no one assessment tool or subtest can be used to qualify a child for Speech/Language Services. Upon completion of any assessment, a written report must be completed and shared with the IEP Team.

These Riverside County SELPA LSH Program Guidelines include a sample template for writing a compliant report in Appendix F. It is recommended that district SLPs use this assessment report or assure the format they are using contains all the critical elements contained in sample.

GUIDELINES FOR ENTRY AND EXIT

This section provides guidance on entry and exit decision making processes for the areas of articulation, fluency, voice, language, and auditory processing disorder. **NOTE:** In all cases, there must be an IEP held following assessment to dismiss a child from Special Education.

Articulation

The following sub-headings are addressed herein: California Code of Regulations definitions of disability, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for articulation.

Definition: CCR §3030(c)(1)
(A) The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication AND attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, AND which adversely affects educational performance. **NOTE**: To meet special education eligibility, a student ***must meet all three*** conditions.

(B) A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

Evaluation Procedures. A referred child must be evaluated to determine if his/her production of speech significantly interferes with the communication and/or attracts adverse attention, and adversely affects access to the curriculum.

1. No single score or product shall be used as the sole criterion for eligibility.
2. It is recommended that either:
    a) One formal test instrument and a minimum of one informal/formal probe or sampling procedure; or
    b) Two formal test instruments are used to consider eligibility.

3. These procedures shall document and describe the type, consistency and stimulability of the speech errors in varying contexts.
4. Complete an oral-peripheral evaluation and document/describe ability, rate and control and judgment of intelligibility.

DEVELOPMENTAL TABLE FOR CONSONANT SOUNDS GUIDELINE

Age in Years	Consonant Sounds
3 – 3.11	**p, b, m, w, h, n**
4 – 4.11	**t, d, k, g, y, f**
5 – 5.11	**inconsistent use of s, z, sh, ch, j, z**
6 – 6.11	**v, sh, zh, l, th (voiced) ng**
7 – 7.11	**s, z, r, th (voiceless), ch, j, wh, and blends dz**

Reference: Goldman Fristoe, Test of Articulation, 2003.

NOTE: Norms give a general idea as to when to expect a sound. Different normalization tables give us different ages of acquisition, so caution should be exercised when determining age of intervention necessity. Remember speech normalization is not complete for some children until age 8.5 (Shriberg et al., 1994). A student would not be considered delayed until acquisition is beyond the normalization criteria, or is judged as an atypical production of a sound system or process, AND needs to meet the eligibility requirement of California Education Code.

Determination of Severity/Need. Consider the following statements:

1. Phoneme productions which are at least one year delayed and errors which are not stimulable *and* are not in accordance with the developmental table for consonant sounds (see chart above).
2. Has multiple sound errors which are characterized by consistent substitutions, omission, distortions, and/or additions when judged by position in word.
3. Demonstrates phonological rules or processes which are not commensurate with chronological age or in cases where the student developmental age and ability is not commensurate.
4. Demonstrates intelligibility below age expectations with sound, syllable, or vowel reduction or distortion with attention to reduced intelligibility as speech rate increases.
5. Has an organic or physical anomaly which interferes with the acquisition of normal speech (e.g., hearing impairment, cleft palate, cerebral palsy) which may be addressed to their maximum level of skill, after which exit would be considered..
6. Is embarrassed or disturbed by his/her speech at any age as reported by parent/teachers/student as it relates to educational benefit of remediation.
7. Disrupts and/or interferes with access of curriculum.

Additional Considerations. Additional factors to be considered in deciding whether to enroll a child in articulation therapy include:

1. Level of intelligibility
2. Level of maturation; ability to attend and focus; mutual attention
3. Stimulability
4. Organic or physical disabilities (e.g., dysarthria, apraxia, developmental anomalies, hearing impairment, cerebral palsy, cleft palate, etc.)
5. Full resources of the general education program have been considered and, when appropriate, utilized. This includes mandatory classroom modification and Response to Intervention (RTI).
6. Test instrument/procedures used:
   a) Are not racially, culturally or sexually discriminatory;
   b) Are provided and administrated in the pupil's primary language/mode of communication;
   c) Validated for purpose used;
   d) Given by trained personnel in conformance with instructions provided;
   e) Are tailored to assess specific areas and not a single intelligence quotient.
7. Status and effects of a cultural and/or linguistically diversified history and social-environmental influence, if any, on speech production.
8. Factors related to phonological processes should be considered in the following order for remediation:

Initial Consonant Deletion	Final Consonant Deletion
Prevocalic Voicing	Weak Syllable Deletion
Fronting	Stopping
Consonant Cluster Reduction	Postvocalic Devoicing
Stridency Deletion	Gliding of Liquids
Vocalization	

Dismissal Criteria for Articulation. A child will be dismissed from articulation therapy when:

1. Articulation skills are commensurate with developmental age.
2. Correct production of the target behavior is reached with the speech sample reflecting criteria as designated on the IEP.
3. Production accuracy verified at 75% using assessment measures across therapy sessions or formally assessment.
4. Completion of an informal/formal evaluation in all areas of suspected speech/language disabilities.
5. Student progress has been documented as a plateau for 2 years.
6. Parent requests dismissal with completion of Prior Written Notice.
7. For additional considerations, refer to the General Dismissal Criteria, on page 18.

Fluency

The following sub-headings are addressed herein: California Code of Regulations definition of fluency disorders, additional considerations, and dismissal criteria for fluency.

Definition. CCR 3030(c)(3) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener. See Appendix C for Communication Severity Rating Scale.

Additional Considerations.

1. When developing a case history, the clinician may want to obtain information regarding:
   a. Teacher report/interview
   b. Child's self report/interview
   c. Parent report/interview
   d. Development of child's dysfluencies over time
   e. Any previous history of therapy
   f. Changes in dysfluent behavior based on the audience, context and/or setting (Remember there is a certain degree of normal non-fluent behavior in young child. If this is the case, parent/teacher education and periodic monitoring may be the more appropriate strategy).
2. Note the adverse effect on the child's educational performance in the following areas:
   a. Oral reading
   b. Oral participation
   c. Reaction of self, parents, teachers and peers
   d. Social emotional adjustment

Dismissal Criteria for Fluency.

1. Child meets fluency rate goal as designated by the IEP. Rate of controlled fluency is in the 80-90% level in spontaneous conversations.
2. Associated conditions (i.e., neurological impairments) limit/nullify benefits of therapy.
3. Refer to General Dismissal Criteria, see page 18.

Voice

The following sub-headings are addressed herein: California Code of Regulations definition of abnormal voice, descriptions of voice terms, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for voice.

Definition. CCR§3030(c)(2) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

Descriptions of Voice Terms.

a. Resonance – modification of energy/air as it passes through the three (3) cranial cavities: oral, nasal, pharyngeal.
b. Intensity – refers to loudness, volume, or projection.
c. Range – the distance between the child's lowest sustainable pitch to the highest sustainable pitch.
d. Air supply – having the ability to take a normal tidal inspiration followed by speech, overlaid on an adequately controlled expiration.

e. Rate – the number of words per minute spoken with a rate of 140-180 being regarded as satisfactory (average).
f. Pitch – optimum pitch is ¼ of the way from the bottom of the total pitch range; habitual pitch is the fundamental frequency most often used in everyday voice.

Evaluation Procedures. Each child must be evaluated using the following procedures:

1. A case history which includes relevant medical data and duration of voice challenge.
2. Medical clearance for therapy.
3. A formal evaluation which assesses:

Pitch	Resonance	Range	Intensity
Nasality	Rate	Air Supply	

4. Assessment of the child's perception of his/her voice, the parent's perception of the voice, and the concern of others.
5. Classroom observation.

Vocal Norms

Normal Optimum pitch:
Male – 1/3 form bottom of total range
Female – 1/3 from bottom of total range plus two to three notes
Loudness normal 70db
Mild: Inconsistent or slight deviation. Voice disorder is not noted by casual listener. Child may be aware of problem.
Moderate: Voice disorder is consistent and noted by casual listener.
Severe: There is a significant deviation in the voice. Voice disorder is noted by the casual listener. Parents are usually aware of problem.

Determination of Severity/Need. See Appendix B for The Degree of Severity Chart. A child will be recommended for voice therapy when:

1. The formal evaluation reveals voice deviations in pitch, resonance, nasality, intensity, range, or rate, **and**
2. A physician refers the child for intervention.

Additional Considerations.

1. Children who are being treated at a hospital or clinic (repaired cleft palate or velopharyngeal insufficiencies) should be considered for therapy only after consultation with the facility, the child's teacher, the parent, the physician, and the child.
2. No child should be enrolled in voice therapy over a period of years. The voice will either improve within a few months of therapy, or some procedure in addition to, or instead of, therapy is indicated.
3. Voice differences may be handled on a consultative basis and should be checked periodically. A voice difference is distinguishable variance in pitch, loudness, and quality, such as:
   a. Episodic pitch changes

b. Acute laryngitis (i.e., screaming at sporting event, viral infection)

4. Children with allergies may be selected for direct therapy, but also may be considered for consultative services.

Dismissal Criteria for Voice. The child will be dismissed from voice therapy when:

1. The speech-language clinician's professional judgment and evaluation indicates that the child's voice is within normal limits as related to age and gender.
2. No improvement is demonstrated within a six (6) to twelve (12) month period of therapy. (NOTE: Voice therapy is a short-term intervention strategy). If no improvement is seen within three (3) months, the parent/guardian should be contacted and a recommendation for further medical consultation should be discussed.
3. Other associated physical conditions (specifically, velopharyngeal insufficiency, sensory deficits, and/or inadequate physiologic support for speech) prevent the child from benefiting from further therapy.
4. Consistent use of inappropriate behaviors prevents the child from benefiting from further therapy.
5. Withdrawal is requested by the parent/guardian. An IEP team meeting should be called and the parent request documented along with the team recommendations on the IEP or amendment.

Language

The following sub-headings are addressed herein: California Code of Regulations definition of language disorder, descriptions of language terms, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for language.

Definition: CCR§3030(c)(4) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

(A) The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or

(B) The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the SLP shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

(C) Disrupts and/or interferes with educational/academic progress.

Description of Language Terms.

The **form** of language:

Phonology is the sound system of a language and the rules that govern the sound combinations

Morphology is the system that governs the structure of words and the construction of word forms

Syntax is the system governing the order and combination of words to form sentences and the relationships among the elements within a sentence;

The **content** of language (semantics):

Semantics is the system that governs meanings of words and sentences;

The **function** of language in communication (pragmatics) in any combination:

Pragmatics is the system that combines the above language components in functionally and socially appropriate communication.

Evaluation Procedures.

1. A child must be evaluated using two or more standardized tests in one or more of the following areas of language development: Morphology, Syntax, Semantics, or Pragmatics. A language sample of 50 or more utterances is strongly recommended in addition to standardized tests used.
2. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan (i.e., language sample).
3. When evaluating for a language disorder, the following factors should be considered:
   a. Cognitive level of functioning
   b. Potential for change (based on data)
   c. Level of maturation
   d. Previous history in speech/language therapy
   e. Learned cultural and language differences
   f. Pragmatic language skills
4. The IEP team will consider all test results as well as observations and school success when eligibility is difficult to confirm.

Additional Considerations. Consider the following when deciding to recommend a child for continuance of or dismissal from language therapy:

1. If the student has made significant progress, consider reassessment for continued eligibility.
2. If the student has made good progress, evaluate/discuss whether direct therapy intervention is still deemed appropriate or whether a collaborative and/or consultative model may be sufficient to provide support necessary to continue progress on goals.
3. Ensure that upon assessment/reassessment the results as well as the interventions implemented, resulted in the achievement, improvement, augmentation, and/or compensation for targeted language behaviors in the areas of listening, speaking, reading, and writing when considering dismissal (ASHA, 1996c, ASHA, 2004, pg. 65).

Dismissal Criteria for Language. A student will be considered for dismissal from language therapy when:

1. The student demonstrates receptive and expressive language skills that are within 1 standard deviation of the mean.
2. The student demonstrates receptive and expressive language skills within the range expected for his/her mental age as supported by formal and/or informal assessments.
3. The student is performing at a pre-determined level as designated by the IEP. This would be supported by current assessment and no other concern areas are identified.
4. The student uses his/her augmentative communication aid(s) appropriately, effectively and independently as supported by formal and/or informal assessments.
5. The student uses compensatory communication skills appropriately, effectively, and independently as supported by formal and/or informal assessments.
6. There is lack of progress in language skills within two (2) year time as evidenced by formal test results, therapy logs, observations, and/or other documentation. In this case, there must be clear evidence that all efforts have been made to modify goals and objectives and that all supports have been consistently in place and accessed by the student.
7. The student's communication skills are best reinforced in the classroom setting. This decision is supported by #1 and #2.

Auditory Processing Disorder

Although auditory processing disorder (APD) is not solely a speech and language disorder, it is critical for a SLP to be part of the assessment team as determined on a case by case basis. Based on impressions/results of the psychologist's assessment, it may be that the expertise of the SLP in the area of language is necessary to make a determination as to whether or not the referral should move on to the audiologist for final differential diagnosis. Please refer to the CSHA's position paper in the Bibliography for additional information. The following sub-headings are addressed herein: definition of language disorder, description of auditory processing disorder, evaluation procedures, and determination of severity/need.

Definition. APD is a deficit within the perceptual processing of auditory information in one or more of the following areas:

- Sound localization and lateralization
- Auditory Discrimination
- Auditory pattern recognition
- Temporal aspects of audition (including temporal resolution, temporal masking, temporal integration, temporal ordering)
- Auditory performance with competing sounds
- Auditory performance with degraded signals

Possible causes of APD are a delay within the maturational development of the auditory nervous system, neurological deficits and/or diseases such as degenerative disorders.

Evaluation Procedures. The diagnosis of APD is accomplished through a holistic look at the child, accomplished by a multidisciplinary assessment using a variety of indices. Prior to the assessment of APD, factors important to the determination of appropriate screening and evaluation must be considered:

- Hearing loss must be ruled out prior to APD assessment.
- It may not be appropriate to assess a child younger than 7 or 8 years old due to developmental component of the central auditory pathways and the developmental abilities of the child.
- Cognitive ability must be within the normal range.
- Language skills must carefully be considered as children with poor language skills do poorly on the APD tasks.
- Caution is recommended with bilingual children.

Specific components for assessment are recommended in order to look qualitatively at APD symptoms. At this time there are no single reliable screening tests to identify an auditory processing disorder. It is highly recommended that multiple measures and a complete history be gathered for a comprehensive assessment. Components such as medical, language development and educational history should be carefully evaluated, paying particular attention to issues that may affect auditory processing. Attention to differentiating language processing disorders, Attention Deficit Disorder, and Autism Spectrum Disorders is valuable in determining reliability of the diagnoses of Auditory Processing Disorders.

After a multidisciplinary report has been developed and APD is suspected, the team has several options:

- May make specific recommendations for child's parents such as information and counseling
- Classroom accommodations and consultation with the child's teachers
- Recommend special education services by the Special Education teacher or the Speech/Language Specialist
- Recommend further assessment to clarify specific issues

Recommendation for a more thorough assessment should include a review of the following:

- Reason for referral
- Child's case history and/or parent interview
- Behavioral survey/observations concentrating on attending, especially to auditory tasks, focusing, following oral directions, sensitivity to loud noises, easily distracted, primarily by noise, lack of response when called by name, requests for frequent repetitions

When an assessment battery is chosen a word of caution should be noted regarding the limited validity and reliability of assessment instruments that measure auditory processing, listening and attention. Some tests are considered invalid for children under the age of 8 years old. It is recommended that the team carefully consider assessment tools prior to adopting an assessment battery. The test battery should be developed according to the referring complaint and relevant information available to the team. The

battery should include measures that evaluate different auditory processes and is appropriate to the child's age, attention, motivation, and fatigue levels.

Determination of Severity/Need. Following California Education Code §56337(b), "a child who exhibits a severe discrepancy between intellectual ability and achievement in one or more academic areas", which includes listening comprehension (Auditory Processing), could be considered eligible for special education and related services. California Code of Regulations (CCR) Title 5 (3030) adds that the IEP team determines that "the pupil has a disorder in one or more psychological processes involved in understanding or in using language". Consider the following when deciding to recommend a child for therapy:

1. Determine whether the child requires support in the classroom, in therapy, and/or through collaboration.
2. Work closely with the child's primary teacher to assure that techniques used in therapy are carried over into the classroom

GENERAL EXIT AND DISMISSAL CRITERIA

In cases of chronic unexcused absences (an absence rate exceeding 30%) which continues after documented school site procedures to improve attendance have been unsuccessful, the IEP team shall establish a program to improve the child's attendance within a specified time frame. Recommendations for improved attendance must be addressed. Recommendations can include, but are not limited to, the following:

(a) IEP meeting to review goals and levels of performance according to the child's needs and develop attendance goal(s) on the IEP or addendum,
(b) Documented support meetings with parent(s)/child,
(c) Counseling sessions with school counselor,
(d) Referral to the district School Attendance Review Board (SARB).

It is important to work with the child, the family and school to improve attendance. Documentation of attempts to work through the attendance issue provides evidence that the SLP addressed this concern, which can directly impact the child's ability to make progress on goals.

The IEP team shall determine dismissal from speech services based the determination that a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) has been provided and by meeting one or more of the following criteria established by ASHA (2004).

1. When upon reassessment, skills now defined as within normal limits or consistent with the student's premorbid status thus no longer requires related services to benefit from the educational setting.
2. It is determined that a student who has met the goals and objectives on the IEP.
3. The student's communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background or the conditions that qualified the child for services have been addressed or remediated to the extent that the child can function adequately in an

alternative education program or in the general school program with or without accommodations or modifications for maximum educational benefit.

4. The student's speech, language, and communication skills no longer adversely affect the student's educational, social, emotional, or vocational performance.
5. The student who uses an augmentative or alternative communication system has achieved optimal communication across environments and communicative partners.
6. The IEP team feels that the child is not benefiting from Special Education services after a continuum of appropriate alternatives have been implemented according to documentation/data.
7. The student demonstrates behavior that interferes with improvement of participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
8. In the case of related services, the written documentation backed by data indicates little or no progress over a two – year period or skills have plateaued according to assessment/documentation/data.

   NOTE: This caveat is rarely the case for students whose cognitive abilities fall within the "normal" range. If you choose to exit a student based on this criteria, be sure that your documentation, including data, provides the requisite information to support this decision.
9. When the IEP team determines, based on the present levels of performance and current assessment, that the child no longer requires Speech and Language services in order to obtain educational benefit in the areas of academics, behaviors, and/or socialization.
10. When the pupil has graduated from high school with a general diploma, as documented in official transcripts, he or she will no longer qualify for special education services, including speech services CFR §300.102(3)(1).
11. When a student shows unwillingness to participate in a special education program, treatment attendance has been inconsistent or poor, efforts to address these factors have not been successful, and the IEP team determines the unwillingness is not due to the disabling condition.
12. The parent/guardian/student over 18 years of age has the right to revoke consent to services at any time. This revocation must be in writing. Once received, the district responds with a Prior Written Notice and ceases all special education services, including speech.

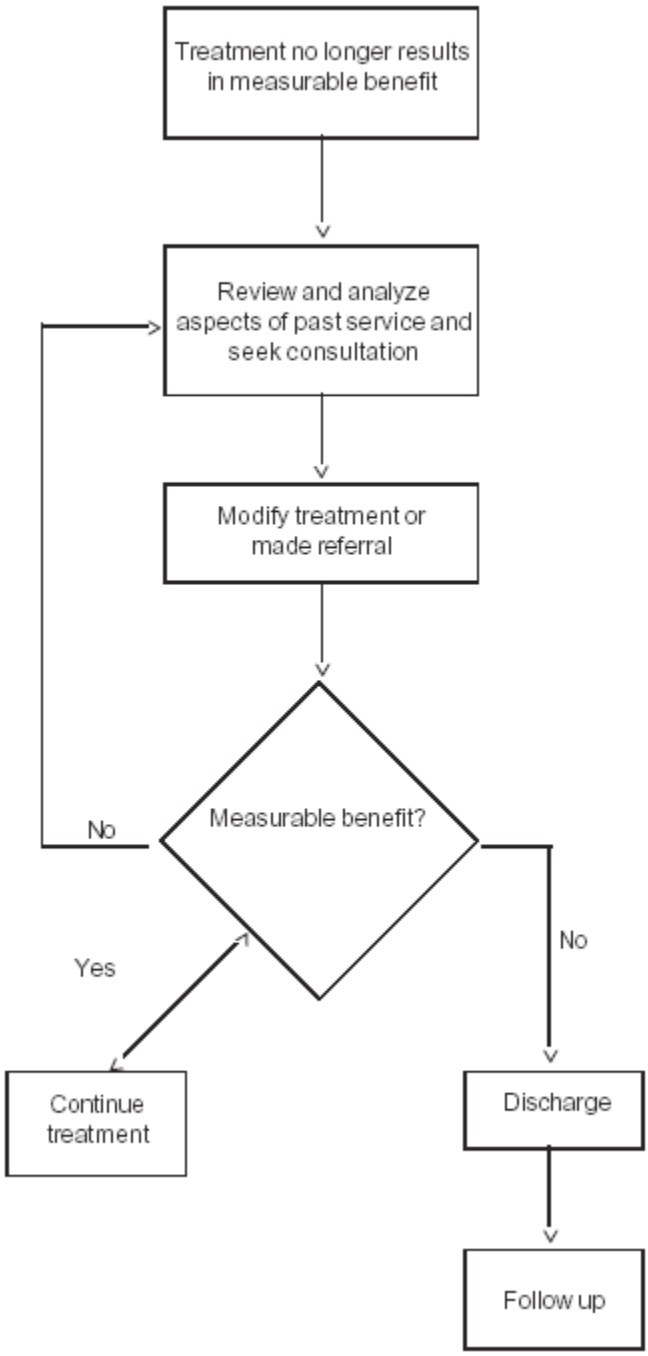

Figure 1. Discharge considerations when treatment no longer results in measurable benefits.

EVALUATION TOOLS

It is recommended assessment tools selected are in accordance with statistically sound practices (i.e. standardization sample of a minimum of 1000; representative of your geographical area and not culturally biased.) It is to be understood that the specific instruments below are to be the latest released revisions.

Comprehensive Language Tests
Comprehensive Assessment of Spoken Language (CASL)
Clinical Evaluation of Language Fundamentals (CELF)
Test of Language Development (TOLD-P)
Test of Language Development (TOLD-I)
Test of Language Competence (TLC)
Fullerton Language Test for Adolescent (FTLA)
Test of Adolescent and Adult Language- (TOAL)

Semantics
Bracken Basic Concepts Scale: Expressive (BBCS-E)
Bracken Basic Concepts Scale: Receptive (BBCS: R)
Boehm Test of Basic Concepts
Wigg Assessment of Basic Concepts (WABC)
Expressive One Word Picture Vocabulary Test (EOWPVT)
Receptive One Word Picture Vocabulary Test-(ROWPVT)
Peabody Picture Vocabulary Test- (PPVT)
Comprehensive Receptive and Expressive Vocabulary Test-(CREVT)
Test of Auditory Comprehension of Language (TACL)
Test of Word Finding (TWF)
The Word Test Elementary
The Word Test Adolescent
The Listening Comprehension Test
The Listening comprehension Test –Adolescent
Test of Semantic Skills – Primary (TOSS-P)
Test of Semantic Skills – Intermediate (TOSS-I)
Montgomery Assessment of Vocabulary Acquisition (MAVA)
Language Processing Test-(LPT)

Syntax/Morphology
Test of Auditory Comprehension of Language (TACL)
Test for Examining Expressive Morphology (TEEM)
Structured Photographic Elicited Language Test (SPELT)
Spontaneous Language Sample

Pragmatics
Comprehensive Assessment of Spoken Language (CASL)
Test of Pragmatic Language (TOPL)
Social Language Development Test -Adolescent
Social Language Development Test -Elementary
Test of Problem Solving Elementary (TOPS)
Test of Problem Solving Adolescent (TOPS: A)
The Pragmatic Language Skills Inventory (PLSI)

Functional Communication
Test of Aided Communication Symbol Performance (TASP)
Functional Communication Profile (FCP)
Evaluation Acquired Skills in Communication (EASIC)

Preschool
Clinical Evaluation of Language Fundamentals Preschool: (CELF-P)

Preschool Language Scale (PLS)
Test of Early Language Development (TELD)
Preschool Language Assessment Instrument: (PLAI)
Receptive-Expressive Emergent Language Test (REEL)
Boehm Test of Basic Concepts: Preschool
Developmental Assessment of Young Children (DAYC)
Sequenced Inventory of Communication Development (SICD)
Reynell Developmental Language Scales
Bankson Language Test (BLT)
Structured Photographic Elicited Language Test-P: (SPELT-P)
Evaluation Acquired Skills in Communication (EASIC)
Montgomery Assessment of Vocabulary Acquisition (MAVA)
Autism Diagnostic Observation Schedule (ADOS)

Spanish Tests

Test of Early Language Development: Spanish (TELD:S)
Wigg Assessment of Basic Concepts-Spanish (WABC)
Clinical Evaluation of Language Fundamentals (CELF)
Expressive One Word Picture Vocabulary Test- Spanish version (EOWPVT-SBE)
Receptive One Word Picture Vocabulary Test- Spanish version (ROWPVT)
Test de Vocabulario en Imagenes Peabody (TVIP)
Spanish Language Assessment Procedures (SLAP)
Contextual Probes of Articulation Competence-Spanish (CPAC)

Articulation/Phonology

Photo Articulation Test (PAT)
Arizona Articulation Proficiency Scale (AAPS)
Goldman-Fristoe Test of Articulation (GFTA)
Structured Photographic Articulation Test (SPAT-D)
Clinical Assessment of Articulation and Phonology (CAAP)
Hodson Assessment of Phonological Patterns (HAPP)
Kaufman Speech Praxis Test For Children (KSPT)
Fischer-Logemann Test of Articulation Competence (F-LTOAC)
Khan –Lewis Phonological Analysis (KLPA)
Bankson-Bernthal Test of Phonology (BBTOP)
LinguiSystems Articulation Test (LAT)

Auditory/APD

Lindamood Auditory Conceptualization Test (LAC)
Test of Auditory Processing Skills (TAPS)
Test of Auditory Processing Skills Spanish Bilingual Edition
Comprehensive Test of Phonological Processing (CTOPP)
Test of Auditory Discrimination
Test of Auditory Reasoning and Processing Skills (TARPS)
Developmental Test of Auditory Perception (DTAP)
Wepman's Auditory Discrimination Test (ADT)
Auditory Processing Abilities Test (APAT)
The Phonological Awareness Test

Other
Test of Narrative Language (TNL)
The Expressive Language Test (ELT)
OWLS Listening Comprehension and Oral Expression Scales (OES/LCS/OES)
Test of Problem Solving Elementary (TOPS)
Test of Problem Solving Adolescent (TOPS:A)

Stuttering
Test of Childhood Stuttering (TOCS)
Stuttering Severity Instrument for Children and Adults (SSI)

ADDITIONAL CONSIDERATIONS

This section addresses assessment of African-American students, assistive technology, augmentative/alternative communication (AAC), autism spectrum disorders, English language learners, culturally and linguistically diverse students, deaf/hard of hearing.

Assessment of African American Students

The *Larry P.* decision and the California Department of Education Special Education Division (CDE-SED) determination continues to guide SLPs with regard to assessment of African American students. Be aware that any test that directly or indirectly purports to measure IQ cannot be used. IQ can be reported as cognitive ability, mental ability, or aptitude score so any standardized tests that provides such a score is prohibited. If the construct validity of the test is partially or fully determined through the correlation with an IQ test, it too is considered banned. There are a couple of important points to consider when assessing these students:

- School personnel cannot test a child using a "banned" assessment tool even if the parent gives a waiver.
- Just because the test publisher states that the test is unbiased does not automatically make the test acceptable.

To identify those students who truly require speech and language service, be sure to check the following:

- Carefully listen to the history shared by the parent/guardian when describing differences in development of the child in comparison to other children (universal aspects of speech and language development, [CSHA, Position Paper, pg. 83])
- Document medical and/or health concerns
- Look at dialect patterns that do not resemble normal development of children from similar backgrounds

It is recommended that SLP practitioners in the schools review the updated/new Riverside County SELPA documents *Assessing African-American Students for Special Education* and the *"Alternate Means" Assessment Procedures*. For further information, go to the California Speech and Hearing Association's website and read their position paper on the *Larry P.* decision (www.csha.org).

Assistive Technology

IDEA 2004 is clear that any item can be considered assistive technology (AT) if it is used to increase, maintain, or improve an academic or functional area identified for a student with disabilities. AT devices include items such as mobility and positioning systems, voice output devices, and adaptive computer access tools. The definition also covers a range of communication and other tools that were not designed as AT, but still receive recognition as AT if they impact the student's functional capacity. These more common tools include calculator, instructional software such as content outlining that helps students organize ideas, as well as many others, low tech and high tech. Each tool along the continuum increases the degree of the tools' complexity and the amount of training and maintenance required to support its effective use.

Functional capacity is the ability to participate in tasks of learning and daily living as independently as possible. Areas that may be supported through the use of AT include, but are not limited to:

Activities of daily living	Control of the environment	Mobility
Position and seating	Recreation	Communication
Motor aspects of writing	Vision	Hearing
Reading	Study skills	Mathematics
Computer proficiency		

Every IEP team begins the AT consideration process with a review of student's present levels of academic achievement and functional performance, including the role AT may have played in helping the student during instruction and assessment. Identification of functional areas of concern, barriers to success, and strengths to apply or build upon within the expectation of achievement in the quality, quantity and level of independence in the general education curriculum including state content standards, school district curriculum and required assessments. The SLP, as part of this team, is a consultant to consider low tech/high tech AT solutions and trials as part of a consideration for referral for an Assistive Technology Evaluation which requires both a signed assessment plan providing parental consent and a multi-disciplinary team. For further information, please review Riverside county *SELPA's Special Education Assistive Technology Guidelines and Resource*s available online at www.rcselpa.org.

Augmentative/Alternative Communication (AAC)

The SLP can be an integral part of an assessment/IEP team when the need for AAC is considered. The SLP can provide invaluable information regarding strategies for developing, selecting, prescribing, and supporting an appropriate AAC system. Initially, the SLP would assess the student's receptive and expressive language abilities, current means of communication, functional communication level, and ability to sequence information appropriately. Following an assessment, the SLP would share critical information gleaned from the assessment with team members. Once the team determines that the student requires AAC to address IEP goals, the SLP would need to work with all staff to determine what level of AAC would be most appropriate (i.e., low or high technology).

The SLP may be the primary resource for training and troubleshooting for AAC devices recommended and therefore would need to provide training for those teachers and support personnel who interact with the student on a daily basis. For further information, please refer to www.aacinstitute.org and www.asha.org.

Autism Spectrum Disorder

It is the position of the American Speech-Language-Hearing Association (ASHA, 2006), adopted February 3, 2006, that speech-language pathologists play a critical role in screening, diagnosing, and enhancing the social communication development and quality of life of children, adolescents, and adults with autism spectrum disorders (ASD).

The core features of ASD, which are due to neurobiological factors, include impairments of: (a) reciprocal social interaction, (b) verbal and nonverbal communication, and (c) restricted range of interests and activities. As a result all individuals with ASD are challenged in the area of social communication. Many individuals with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems and all have needs in acquiring appropriate social use of communication. Therefore, the SLP's role is critical in supporting the individual, the environment, and the communication partner to maximize opportunities for interaction in order to overcome barriers that would lead to ever-decreasing opportunities and social isolation if left unmitigated.

Individuals with ASD should be considered for support and/or direct speech-language pathology services due to the pervasive nature of the social communication impairment, regardless of age, cognitive abilities, or performance on standardized testing of formal language skills. As mandated by the IDEA 2004, SLPs should avoid applying a priori criteria (e.g., discrepancies between cognitive abilities and communication functioning, chronological age, or diagnosis) and make individualized decisions on eligibility for services.

Suggested Roles for the SLP Include But Are Not Limited To:

- Screening
- Diagnosis
- Assessment and intervention to embrace a broad view of communication, SLP should assess and enhance the following:
  - the initiation of spontaneous communication in functional activities across social partners and settings;
  - the comprehension of verbal and nonverbal communication in social, academic, and community settings;
  - communication for a range of social functions that are reciprocal and promote the development of friendships and social networks;
  - verbal and nonverbal means of communication, including natural gestures, speech, signs, pictures, written words, functional alternatives to challenging behaviors, and other augmentative and alternative communication systems;
  - access to literacy and academic instruction and curricular, extracurricular, and vocational activities.

NOTE: Formal assessment tools may not accurately detect problems in the social use of language and communication; eligibility may need to be based on clinical judgment and more informal, observational measures.

- Working with families
- Collaboration and/or consultation within the multidisciplinary team to support all invested parties

<u>Suggested Speech Service Delivery for Individuals with ASD</u>
The broad impact of the social communication challenges and problems with generalization for individuals with ASD necessitates service delivery models and individualized programs that lead to increased active engagement and build independence in natural learning environments. The SLP should provide pull-out services only when repeated opportunities do not occur in natural learning environments or to work on functional skills in more focused environments. Because of the limited impact of pull-out services focused on discrete skills, SLPs should ensure that any pull-out services are tied to meaningful, functional outcomes and incorporate activities that relate to natural learning environments.

Culturally and Linguistically Diverse Students

The school based SLP is faced with special challenges when determining if a culturally and linguistically diverse (CLD) student has speech and/or language disabilities. In *Multicultural Students with Special Language Needs (3rd Edition,* 2008), Roseberry-McKibbin cautions that these students may be misdiagnosed if decisions are made based solely on the results of norm-referenced tests. She suggests that the following questions be considered when facing the assessment and service delivery decisions:

- Is the student a "typical" second language learner who is struggling because of limited proficiency in the language of instruction?
- What linguistic and/or sociocultural variables are playing a role in the student's performance?
- Is the student's performance in the first language similar to that observed among other students who have had similar cultural and linguistic experience?
- Does the student have a disability that affects his/her ability to acquire language skills?
- What service delivery model is most appropriate for the needs of the student?

The law requires that assessments include information that is culturally and linguistically appropriate.

> "The need to reverse the trend of overrepresentation of non-native English speaking and CLD children in special education was one of the concerns that motivated policy makers to reauthorize the IDEA. The IDEA (2004) mandates that procedures and materials used to evaluate a child be provided and administered in that child's native language or mode of communication unless it is clearly not feasible to do so. It is hoped that administering assessments in a child's native language will help differentiate communication differences from communication disorders

and reduce the likelihood that students are inappropriately diagnosed as having learning disabilities" (Roseberry-McKibbin, 2008, p. 11).

Decisions for programming a CLD student is best made on dynamic, ongoing assessments of the student's language-learning rather than on static assessment procedures in which test scores are obtained during one or two testing sessions. Language processing capacity (information processing skills), language sampling, language usage, narratives and story-retelling and portfolios are all preferred methodologies to static assessment. (Roseberry-McKibbin, 2008)

Intervention Suggestions (Roseberry-McKibbin, 2008)

- Therapy must be linguistically appropriate both the language community and the client's environment.
- Therapy should take into consideration the client's culture and reflect that culture.
- When working with groups the language dynamics of the bilingual individuals must be accounted for and be reflected in the therapy plan
- Dual language vs. concurrent bilingualism during therapy

Working with Teachers RTI and Push-In Model (Roseberry-McKibbin, 2008)

- Be conscious of calling on students who do not regularly volunteer
- Arrange the classroom to promote peer interaction
- Allow and encourage bilingual interaction
- Understand the importance of giving all students the opportunity to practice various forms of language (requests, negotiation, problem solving, and explaining concepts)
- Share materials between the SLP and teacher
- Use common topics in the classroom and in during intervention
- Consider doing intervention in the classroom

Service Delivery Considerations (Roseberry-McKibbin, 2008)

1. *Normal Language-Learning Ability*: Adequate background, but may need bilingual education, sheltered English, and/or instruction in English as a second language
2. *Normal Language-Learning Ability*: Limitation of linguistic exposure and environmental experience, but may need bilingual education, sheltered English, instruction in English as a second language, and/or additional enrichment experiences (e.g., tutoring, RTI, etc.)
3. *Language-Learning Disability*: Adequate background and may need bilingual special education or English special education with as much primary language input and teaching as possible
4. *Language-Learning Disability*: Limitations of linguistic experience and environmental exposure and may need bilingual special education, English special education with primary language support, and/or additional enrichment experiences

Deaf/Hard of Hearing

SLPs can be called upon to support the communication development of students with a hearing loss. The scope of service could include auditory training; speech reading; speech and language intervention secondary to hearing loss. Deaf and hard of hearing children have the same ability to learn as do hearing children but need access to linguistically rich environments in order to develop age appropriate communication skills.

The SLP may also be included in the assessment process of a student suspected or known to have a hearing loss. If the SLP suspects a student of having a hearing loss, they should contact the appropriate district personnel to request a hearing assessment. Research studies have indicated that the earlier a child is identified as having a hearing loss and provided special services and a means of communication, the greater the chances are for that child to succeed later on.

For hearing impaired students on the SLP's caseload, the SLP may need to monitor, support, inspect and check amplification devices. Please remember that students with DHH services may require more support with daily and yearly transitions. Document the supports within the IEP.

English Language Learners

As our population becomes more diverse, educators are developing and infusing alternative strategies to supplement the instructional methods used to meet the needs of our culturally and linguistically diverse child (Cheng, 1996). The knowledge of the linguistic rules of many dialects allows the SLP to assist the general and special education teachers with the instruction of these children. It is important that educational teams understand social dialects which are rule-governed linguistic systems which, if there are concerns, can be evaluated for language disorder versus a language difference.

A clear understanding of the points noted above is just the first step for the SLP when understanding the monolingual and bilingual language acquisition process. The SLP must become familiar with current norms for the phonological, morphological, syntactic, semantic and pragmatic development of child from limited English backgrounds. If possible, ASHA recommends consultation with a bilingual SLP, English as a Second Language (ESL) instructors, and/or directors within the district or the county office.

The school based SLP needs to (a) understand typical and developmental features of a student's primary language, (b) be able to identify the common English errors that are produced by speakers of this language, (c) understand that errors are differences not disorders, and (d) be able to determine that the student is exhibiting a disorder that would impact their performance in any language that they speak. Per ASHA (1999, p. 52), SLPs can provide the following supports/interventions:

- Assist child who is eligible for services to acquire the structure, meaning and use of English.

- Assist the classroom teacher in acquiring an understanding of the differences in the communication styles of limited English proficient children.
- Assist parents in obtaining skills to provide appropriate modeling and language stimulation activities.
- Refer child for additional services and/or programs as appropriate.

Definitions of Language differences, delays and disorders:

- *Language Differences* are a result of the normal process of second language (L2) development and its impact on L2 development. Primary language (L1) is developing normally.
- *Language Delays* suggest that language is developing in a sequential manner, however at a slower pace.
- *Language Disorders* are characterized by deficits in the comprehension and/or production (content, form, use) of both L1 and L2. The language disorder is present in both languages the child uses.

Dialectal Differences

- A dialect is a variation of a language spoken in a geographic region.
- Spanish dialects do differ significantly from each other even within the same country.
- ASHA (2003) issued a position paper on social dialects, which stated that no dialectal variety of English is a disorder or a pathological for of speech or language.
- Dialects exist in every language and each dialect has its own system and rules.

Bilingual Language Development:

- Siegel and Garcia (2009) define *Simultaneous language development* as when a child initiates the development of two languages before the age of three and *Sequential language development* as a child begins to develop a second language after three years of age
- Cummins (1984) distinguish between Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP).
  - ✓ *BICS - Basic Interpersonal Communication Skills*
    - o BICS involves language that is cognitively undemanding and context embedded.
    - o It is the use of language to carry on basic conversations. For example, basic vocabulary, following simple directions, and understanding common phrases.
    - o These skills can take up to **2 years** to develop.
  - ✓ *CALP -Cognitive Academic Language Proficiency*
    - o CALP is language that is cognitively demanding and context reduced.
    - o It is the use of language to learn academic information. For example, abstract concepts, understanding complex academic vocabulary, formal testing/writing and creating narratives.
    - o These skills typically take **5-7 years** to develop.

Adolescents with Language Difficulties

- Frequently use gestures not words
- Speak in choppy sentences
- Use overly general words
- Give responses that are related but not on target
- Complain that the teacher talks too fast
- Do not participate in class discussions
- Use short utterances
- Mispronounce words
- Ask for repetitions
- Cannot call forth exact words when vocabulary is known
- Rarely ask questions
- Do assignments incorrectly or not at all

Possible Signs of Disorder or Delay

- Communication difficulties at home and with peers
- Inappropriate use of pragmatic (social) language
- Reliance on gestures to communicate
- Developing slower than siblings
- Imprecise vocabulary and grammar; poor sequencing skills
- Difficulty paying attention; asks for repetitions
- Overall communication skills are substantially poorer than those of peers

Shared Characteristic of English Language Students & Students w/ Learning Disabilities

- Short attention span
- Appears confused
- Has poor pronunciation
- Has poor comprehension
- Speaks in single words and/or phrases
- Distractible
- Uses gestures
- Has poor vocabulary
- Comments inappropriately
- Confuses similar sounding words
- Daydreams
- Speaks infrequently
- Has poor recall
- Has poor syntax
- Has difficulty sequencing ideas and events

NOTE: In English learners without disabilities, these characteristics will appear only when the second language is being used.

Characteristics of English Learner Students with Speech-Language Disorders

- Nonverbal aspects of language are culturally inappropriate
- Does not express basic needs appropriately
- Rarely initiates verbal interaction with peers
- Responds inappropriately when peers initiate interactions
- Gives inappropriate responses
- Peers give indications that they have difficulty communicating with the student
- Replaces speech with gestures
- Shows poor topic maintenance
- Perseverates on a topic
- Needs to have information repeated often, even when the information has been modified

NOTE: English learner students with speech-language disorders will have these characteristics in both languages.

Per an AHSA presentation paper by Seitel and Garcia (2009), ASHA has established the following expectations for Bilingual Speech Language Pathologists and Audiologists:

- Must be able to speak their L1 and at least one other language with native or near native proficiency in lexicon, semantics, phonology, morphology/syntax and pragmatics.
- Ability to describe the process of moral acquisition of or both languages in monolingual and bilingual individuals.
- Ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and disorders.
- Ability to apply intervention strategies for treatment of communication disorders in the client's language.
- Ability to recognize cultural factors which affect the delivery of services to the client's language community.

Severe Disabilities

When serving children with severe disabilities, there are several areas that need to be considered:

- Students must be provided speech and language services consistent with assessment results in the least restrictive environment, "regardless of age, handicapping conditions or functional level within a variety of settings" consistent with the results of an assessment. It is not enough to state that a student's language and cognitive skills are commensurate with abilities. The SLP must consider the functional and social aspects of the student's language as well.
- SLPs must look at the communication needs of the student within the context of facilitating adaptive behavior. To this end, the SLP must consider the five functional domains of functional academics, domestic, community, vocation, and recreation/leisure activities when identifying communication needs/goals.
- The SLP should consider providing services through direct, collaborative and/ or consultative methods depending on the needs of the student and the environment in which the target skills are best remediated.
- Focus on the most effective mode of communication based on the student's abilities, disabilities and communicative environment (i.e., speech/vocalizations, gesture, sign, alternative communication systems).
- Develop intervention procedures for the student's communication system which interfaces with the student's education, leisure, self-help, social, and vocational settings. This is to ensure the communication system meets the demands of the various environments in which the student is educated.

In reviewing the information above, the SLP as part of the IEP team, must consider which service model would be best. In some cases, a collaborative teaching strategy may meet the needs of a group of students with severe disabilities where others may need direct service.

TRANSITION PLANNING

One of the most critical times in a child's life occurs when he/she "transitions" from preschool, elementary, secondary high school to post-secondary programs as well as from special education into general education. It is critical that the SLP assist the child and educational teams when transition is to be considered. Students identified as deaf or hard of hearing and those with an autism spectrum disorder will likely require more support and consideration to address these various transitions. As a member of the IEP team, the SLP can assist in the preparation of the child for the projected communication demands. When transition occurs between school settings, SLPs can work together to develop IEP goals to facilitate success. When considering transition out of special education, the SLP should work with the team to assure the child has the skills to facilitate positive experiences [EC 56345(10)(4)].

Infant Program to Preschool Program Transition

Infants in need of special education supports have an Individual Family Service Plan (IFSP). A "Transition IFSP" is held during the period when the child's age is two years, six months and two years, nine months (2.6-2.9 months). The purpose is to develop a plan for initiating the referral to the child's district of residence (a.k.a. local education agency or LEA). The IFSP Service Coordinator will contact the parent and the LEA to coordinate the meeting within thirty days following notifications that the transition meeting will occur. The following are participants in a transition IFSP: parents, service coordinator, service providers, LEA representative, other family members, advocates, and/or persons familiar with the child who are invited by the parent.

Prior to the child reaching 2 years 9 months, the IFSP team must meet to discuss eligibility and determine if the child is eligible for special education services under the IDEA Part B criteria (which are different from that followed under IDEA Part C). The team will determine what information is necessary for the transition to the LEA, including the need for updated assessment information to determine eligibility for Regional Center and/or LEA special education services. At this time assessment timelines are determined and responsibilities for conducting the assessment and scheduling meetings is addressed. The team will review progress toward outcomes and discuss program options and the transition. Prior to the child turning three years old, a joint IFSP and IEP meeting will be held to determine if the child is eligible for special education services. [See the section on Referring Preschoolers for more information.]

Legal Requirements of the Infant Transition Phase. The following is the legal rationale for why transition activities must be abided by.

EC §56426.9 (a) Pursuant to Section 1437(a)(8) of Title 20 of the United States Code, a local educational agency shall ensure that each child participating in early childhood special education services pursuant to this chapter, and who will participate in preschool programs pursuant to Chapter 4.45 (commencing with Section 56440), experiences a smooth and effective transition to those preschool programs.

(b) Pursuant to Sections 300.101(b) and 300.323(b) of Title 34 of the Code of Federal Regulations, a local educational agency, by the third birthday of a child described in

subdivision (a), shall ensure that an individualized education program or an individualized family service plan has been developed and is being implemented for the child consistent with a free appropriate public education for children beginning at three years of age.

(c) In accordance with Section 1437(a)(8) of Title 20 of the United States Code, a local educational agency shall participate in transition planning conferences arranged by the designated lead agency.

(d) Any child who becomes three years of age while participating in early childhood special education services under this chapter may continue until June 30 of the current program year, if the individualized education program team determines that the preschooler is eligible pursuant to Section 56441.11, develops an individualized education program, and determines that the early childhood special education services remain appropriate. No later than June 30 of that year, the individualized education program team shall meet to review the preschooler's progress and revise the individualized education program accordingly. The individualized education program team meeting shall be conducted by the local educational agency responsible for the provision of preschool special education services. Representatives of the early childhood special education program shall be invited to that meeting. If a child's third birthday occurs during the summer, the child's individualized education program team shall determine the date when services under the individualized education program will begin, pursuant to Section 300.101(b) of Title 34 of the Code of Federal Regulations.

Both the Federal Office of Special Education Programs (OSEP) and the California Department of Education (CDE) Special Education Division monitor effective preschool transition services by examining the State Performance Plan (SPP) Indicator 12: The percent of children ages birth to three years of age in each SELPA receiving early intervention services under Part C who were referred for assessment for special education under IDEA Part B, found eligible under Part B, and had an IEP developed before their third birthdays. As part of the SPP, each LEA is provided an Annual Performance Report (APR) on their performance in meeting this compliance item.

Infant Transition Procedures, Timeline and Responsibilities. The following activities will occur between the ages of 2 years 6 months and 2 years 11 months:

Activity	Responsible Party
Transition steps begin at 2.6 – 2.9 Notify parent and LEA • Determine LEA referral date • Refer to LEA	Service Coordinator
Share with LEA written information on the child, including, but not limited to psychological evaluations, speech and language reports, occupational therapy reports, physical therapy reports provided by vendor or generated by IRC staff pending parental consent	Service Coordinator, family
Set date for IFSP Transition Planning Meeting 30 days after notification	Service Coordinator, family
IFSP Transition Planning Meeting to • Develop IFSP/Transition Plan	Service Coordinator, family, LEA, LEA preschool person

• Set date for final IFSP/initial IEP Develop assessment plan for IEP and/or IPP based on suspected areas of disability, signed by parent, and given to LEA	
Sign and return parent consent for assessment (60 day timeline begins)	Family
Develop IEP and Individual Program Plan (IPP) and close out IFSP prior to third birthday *Determine eligibility for special education and related services *Determine eligibility for Regional Center services	Service Coordinator, family and LEA
Implement IEP and/or IPP by child's third birthday. Provide referral information to private & public agencies as appropriate	Family, LEA, Service Coordinator

Preschool to Kindergarten Transition

Preschool children identified as individuals with exceptional needs must be reassessed prior to transitioning from a preschool program to kindergarten or first grade (EC 56445). This reassessment may include standardized testing, criterion referenced testing, observation and/or review of records (34CFR §300.305). Personnel providing special education services to the child are responsible for completing this reassessment and writing a summary report. Whenever possible, the IEP team review meeting should include a kindergarten or first grade teacher to ensure that a smooth transition occurs. After enrolling in kindergarten or first grade, the child's progress should be monitored to determine the need for continuing special education program services (EC §56445(c)).

To assist with this process, please use the Riverside County SELPA , Policies and Procedures for Students with Disabilities, Pre-School through Kindergarten and optional, Preschool Transition Assessment Worksheet, located on Riverside County SELPA Webpage www.rcselpa.org or on the web-based IEP system.

Secondary Transition

With regard to the requirement for "Transition" planning at the age of 16 [EC 56341], the SLP must conduct transition assessments which include vocational and interest inventory and other assessments to plan for transition into adult living. Based on the child's interests, preferences and needs, the team will develop an outcome-oriented process to support the child's successful movement from school to post-school activities. For guidance on completing the transition portion of the IEP, please refer to the Riverside County SELPA IEP Guidebook. For guidance on completing a vocational interest assessment and writing related goals, refer to *Transition to Adult Living*: An Information and Resource Guide (free download @ www.Calstat.org/infor.html).

SERVICE DELIVERY CONSIDERATIONS

School-based SLPs must determine the most effective service delivery model to utilize based on the intensity and frequency of service that a child will need to make adequate progress toward their goals in the least restrictive environment (LRE). The delivery of services includes where and by whom the service is to be provided. It also must address the intensity and duration or "dosage" required for the student to make progress. These two considerations will need to be made based on assessment information and in light of evidence based practices for ensuring the availability of a free and appropriate public education (FAPE). To address both LRE and FAPE, the services included in the IEP should be determined on a case-by-case basis, with options of the full continuum of services available. Attendance of the student and/or service provider may need to be considered to ensure FAPE.

Service Delivery Model Definitions

Service delivery is a dynamic concept and changes as the needs of the students change. No one service delivery model is to be used exclusively. For all service delivery models , it is essential that time be made available in the weekly schedule for collaboration/consultation with parents, general educators, special educators and other service providers. SLPs now serve students through a variety of service delivery options. The type of service provided to a given student may consist of more than one model at a time and also may change over time. Options include collaborative consultation, classroom-based, traditional pullout service, self-contained program, community based, and/or a combination thereof (ASHA , 1993).

Collaborative Consultation. In this model, the SLP works together with the regular and/or special education teacher(s) and parents to facilitate a student's communication. This type of service could be provided prior to enrolling a student in speech-language services, as services are being provided, or while transitioning or following-up at the end of services. Consultation allows the benefit of shared planning and decision making. Some of the functions of the SLP could be: demonstration teaching, co-teaching, adapting instructional materials, providing materials to reinforce speech-language goals, collecting data on communication in the classroom, facilitating functional communication and socialization goals, and helping to integrate communication skills throughout the curriculum. The SLP may collaborate with the teacher and still provide separate services, collaborate on communication goals that will be taught within the classroom, or design home programs for parents to implement. It is essential that administrators allow regularly scheduled planning time for this collaboration to take place. Almost any student on the caseload would benefit from some collaborative intervention, which would not necessarily take the place of other service delivery models provided simultaneously.

Classroom-Based. This model has been referred to as integrated services, curriculum based, trans- or interdisciplinary, team teaching, or inclusive programming. It

is similar to collaborative consultation, except the SLP provides more direct instruction in the classroom. Communication intervention is provided via curriculum content and contexts, thereby facilitating generalization of skills. It is important that the teacher and SLP collaborate on all aspects of planning, instruction and follow-up. This model may be especially appropriate when the SLP is serving several students from the same class. It is also helpful for working with students who, due to limited intellectual functioning, may not generalize well from one setting to another.

Traditional Pullout Service. In this model, services are usually provided in the speech room; however the therapy may also occur in the classroom. Students may be served alone or in groups. The SLP is responsible for all aspects of programming, as well as for incorporating curriculum content. The pullout model can be especially helpful when a student is learning a new skill and needs more intensive instruction and supervised practice. It may also be appropriate for older students who feel stigmatized by treatment in the presence of classmates. Another time pullout can be helpful is when the regular classroom provides few opportunities for expressive communication. Students taught via this model do not need to use it exclusively throughout the course of their treatment. Consultation can be added when the service is first begun, once initial goals are met, or at any time in combination with the pullout program.

Self-Contained Program. A self-contained classroom would primarily be used for students with severe or multiple communication disorders requiring intensive assistance. The SLP is the classroom teacher responsible for providing both academic and communication instruction. This model segregates students from their nondisabled peers, and therefore should only be used when appropriate instruction cannot be provided in the regular classroom. Use of trained speech-language support personnel may provide limited services under close supervision of a certified SLP. Limitations of their duties are specified by ASHA guidelines and state requirements. The use of support personnel should not result in an increase in caseload size.

Community Based: Communication services are provided to students within the home or community setting. Goals and objectives focus primarily on functional communication skills.

Combination: The SLP provides two or more service delivery options (e.g. provides individual or small group treatment on a pull-out basis twice a week to develop skills or pre-teach concepts and also works with student within the classroom).

Least Restrictive Environment (LRE) is the only guidance that IDEA (2004) provides to the SLP. LRE does stipulate however “to the maximum extent appropriate, students with disabilities are educated with nondisabled students” (34CFR300.550). The implication is that an array of services and environments are to be considered in order to meet the learning needs of students with disabilities. The federal regulations additionally stipulate that placement decisions are to be made on the student’s individual needs and not on the public agency’s needs or available resources. These considerations guide the school-based SLP to evaluate the choice of service delivery model, paying particular attention to maximizing student participation in the most natural environment (instructional) and to utilize activities relevant to curriculum to ensure the educational benefit of services. When looking at the Rowley decision model to provide

support for students, whether the student is receiving support from other Special Education personnel should be considered in making decisions about service delivery.

Caseloads

For students in grades K-12, the average caseload for language, speech, and hearing specialists in districts, county offices, or special education local plan areas shall not exceed 55 cases, unless the local comprehensive plan specifies a higher average caseload and the reasons for the greater average caseloads (EC § 56363.3) and shall not exceed a count of 40 for language, speech and hearing specialists providing services exclusively to students between the ages of three and five years (EC § 56441.7(a)). In reviewing several sources on caseloads, it is noted that one needs to remember that when a child qualifies for Speech and Language services it does not automatically mean that the SLP will be the primary provider of direct services. One idea for manageable caseloads presented in the CSHA position paper was for the SLP to determine if any other professional (or assistant) could facilitate the goals and objectives written for a particular student, or help in the monthly monitoring process (CSHA, 1995). This would support the need to discuss whether or not the goals identified could be included in the service provided by primary service providers such as SAI (special academic instruction) teachers. The SLP would be responsible for overseeing the design and implementation of the goals, and if determined appropriate by the IEP team, supervise staff.

Missed Sessions

When determining the appropriate level of speech services and/or if FAPE is being provided, the number of missed sessions needs to be considered. This may include sessions missed due to absence of the SLP or student, as well as field trips and vacation days. Instances in which there is no obligation to provide services due to missed session(s) include a student's absence, either excused or unexcused. Generally, services are required to be provided for instances in which the 1) SLP is absent; 2) student has prolonged absence; 3) student demonstrates a pattern of short-term absences related to the disability; 4) student misses session due to field trips or school related activities. The following points should be considered in determining the need for make-up sessions:

- Determine if there is a scheduling conflict which prevents the student from attending sessions
- Consider if school closures fall on scheduled session days
- Determine if attendance is a chronic issue; may need to consider the SARB process or address in the IEP
- Determine if student's absence is due to disability; may need to consider addressing in IEP

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APPENDICES

Appendix A

Glossary of Speech and Language Terms

Definitions from *Terminology of Communication Disorders, (3rd edition)*
Lucille Nicolosi, Elizabeth Harryman, Janet Kresheck

ADD - see Attention Deficit Disorder
Agrammatical - Impairment of the ability to produce words in their correct sequence; difficulty with grammar and syntax.
Alliteration - Repetition of the same consonant, especially an initial one, in several words within the same sentence or phrase; a common device in poetry and slogans; e.g. Sister Susie smiled sweetly.
Alternative Communication - see Augmentative Communication
Apraxia - Disruption in the ability to transmit or express a motor response along a specific modality. Involves disruption of voluntary or purposeful programming of muscular movements while involuntary movements remain intact.
Apraxia of Speech - a sensorimotor disorder of articulation characterized by impaired capacity to program the position of speech musculature and the sequencing of muscle movements for the production of phonemes (speech sounds); in lesser forms known as dyspraxia.
Aprosody - Loss of the melody of speech (prosody); in a less severe form, often referred to as dysprosody.
Articulation Disorder - Incorrect production of speech sounds due to faulty placement or integration of the lips, tongue or velum; term usually used to denote non-severe problems of speech. *Addition* - is the insertion of sound(s) not part of the word itself, e.g. animamal for animal. *Distortion* is an approximation of a phoneme which renders it acoustically unacceptable. *Omission* is the absence of a phoneme that is not replaced by another sound. *Substitution* - is the replacement of one standard speech sound by another standard speech sound, such /th/ or /s/, or by a non-standard speech sound, such as a glottal stop.
ASL - American Sign Language.
Attention Deficit Hyperactivity Disorder (ADD)- Disturbance of at least 6 months duration during which at least 8 of the following are present: (a) fidgets with hands or feet, or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness); (b) difficulty remaining seated when required to do so; (c) easily distracted by extraneous stimuli; (d) difficulty awaiting turn in games or group situations; (e) blurts out answers to questions before they have been completed; (f) difficulty following through on instructions from others (g) difficulty sustaining attention in tasks or play activities; (h) shifts from one uncompleted activity to another; (i) difficulty in playing quietly; (j) talks excessively; (k) interrupts or intrudes on others (l) does not seem to listen to what is being said; (m) loses things necessary for tasks or activities; (n) engages in physically dangerous activities without considering possible consequences.
Audiogram - Standard graph used to record pure-tone hearing thresholds as recorded by the Audiologist.
Audiological Evaluation - Procedures used to measure hearing ability. These include pure-tone and air-and bone- conduction thresholds; speech reception and discrimination scores. Procedures may also include Auditory Processing Tests.
Audiologists - The professional whose specific training is in the identification, measurement, and intervention of hearing impairments.

Audiology - The study of hearing and hearing disorders.
Auditory Discrimination - see discrimination.
Auditory Memory - Assimilation, storage, and retrieval of previously experienced auditory sensations and perceptions when the original is no longer present. Sequential memory requires the storage and retrieval of information in a specified order. e.g., counting, days of the week, words in a sentence, directions.
Augmentative Communication - Any approach designed to support, enhance, or supplement the communication of individuals who are not independent verbal communicators in all situations.
Babbling - 1. Prelinguistic verbal conduct of infants during the second half of the first year of life 2. Deliberate, volitional play and experimentation with sound.
Bifid - Divided into two parts.
Bilabial - Pertaining to the two lips; bilabial sounds of English include m, p, and b.
Bilateral - Pertaining to two sides.
Binaural - Pertaining to the two ears; pertaining to the two ears functioning together, as in normal hearing.
Bliss Symbolics - Graphic, meaning-based communication system.
Blocking in Stuttering - Stoppage or obstruction experienced by the stutterer when trying to talk, which temporarily prevents smooth sound production.
Carrier Phrase - Phrase which precedes the stimulus word during speech audiometry; designed to prepare the student for the test word and to assist in controlling the output.
Carry-Over - In speech, the habitual use of newly learned speech or language techniques in everyday situations.
Chronological Age - Actual age of an individual derived from date of birth; usually expressed in years, months, and days.
Chunking - 1. Breaking down sentence elements into meaningful, syntactical groupings to promote better understanding and recall of verbal information.
Clause - Group of words containing a subject and predicate, and functioning as a member of a complex or compound sentence.
Cleft - l. Fissure, a space or opening made by splitting. 2. Partially split or divided.
Cleft Lip - Congenital deformity of the upper lip which varies from a notching to a complete division of the lip.
Cleft Palate - Congenital fissure in median line of the palate which may extend through the uvula, soft palate, and hard palate; cleft lip may or may not be involved. *Submucous Cleft Palate*- Condition in which the surface tissues of the hard or soft palate unite but the underlying bone or muscle tissues do not; may occur alone or in structures adjacent to incomplete clefts.
Cleft Palate, speech and language characteristics - Described as: (a) hypernasal; (b) indistinct, with inaccurate articulation and frequent substitutions of the glottal stop; (c) nasal emission during production of fricative sounds; (d) delayed development of language skills.
Closed Head Injury - Term used to indicate cases in which the primary source of brain injury is one of blunt trauma to the skull.
Closed Syllable - See under Syllable.
Closure - 1. Ability to recognize a whole when one or more parts of the whole are missing, or when there are gaps in continuity. *Auditory closure* - Ability to integrate auditory stimuli into a whole, e.g. fill in the missing word or sound. *Grammatic Closure* -

Comprehension of a utterance, even though a syntactical or grammatical structure is missing, i.e. The girl are running.
Cluttering - 1. Speech disorder characterized by a short attention span, disturbances in perception, articulation, and formulation of speech, and often by excessive speed of delivery; individual is usually unaware of the disorder. 2. Rapid utterances with many transpositions, omissions of significant speech sounds; and/or lapse of grammar may occur.
CNS - Central nervous system
Coarticulation - Influence of one phoneme (sound on) others in the production of continuous speech.
Cochlear - Part of the inner ear containing the sensory mechanism of hearing.
Code - Set of rules whereby information is converted from one representation to another.
Cognition - 1. General concept embracing all of the various modes of knowing: perceiving, remembering, imagining, conceiving, judging, and reasoning. 2. Act or process of knowing.
Communication - Any means by which an individual receives or relates experiences, ideas, knowledge, and feelings of another; includes oral language, written language, sign language, augmentative, and alternative forms.
Communication Disorder - Impairment in the ability to: (a) receive and/or process a symbol system, (b) represent concepts or symbol systems, and/or (c) transmit these.
Complex Sentence - Sentence containing a main clause and one or more subordinate clauses; e.g. “The visiting students arrived at the airport where they were met by their teacher”.
Compound Sentence - Sentence containing two or more main clauses but no subordinate clause; e.g. “The visiting students arrived at the airport and they were met by their teacher.”
Complex Word - Linguistic unit consisting of a free morpheme and a bound morpheme; e.g. questionable.
Compound Word - Linguistic unit consisting of at least two free forms; e.g. baseball, doorknob.
Comprehension - 1. Knowledge or understanding of an object, situation, event, or verbal statement. 2. In speech, understanding of spoken utterances, as distinguished from producing utterances.
Concept - 1. General idea or meaning usually mediated by a word, symbol, or sign. 2. Idea which combines several elements from different sources into a single notion.
Conductive Hearing Loss - Impairment of hearing due to the failure of sound pressure waves to reach the cochlea through the normal air-conduction channels (outer or middle ear).
Consonant - Speech sound element articulated by either stopping the outgoing breath stream or creating a narrow opening of resistance against the energy of the breath stream; consonant sounds are separated from vowel sounds on this physiologic basis, and also defined according to manner and place of formation.
Consonant Blend - Two or more consonant sounds appearing next to each other with no vowel separation; e.g. /tr/, /str/.
Context - In pragmatics, the immediate environment of the speaker and listener, including past experiences that each brings to the situation.

Deaf - Denoting one in whom the sense of hearing is nonfunctional, with or without amplification, for the ordinary purpose of speech.
Decibel (dB) - A quantitative unit of sound intensity; e.g. in audiology, sound intensity is measured in terms of the ratio between the intensity of the sound being measured and a standard reference intensity.
Developmental Ages - Various ages at which children acquire specific skills.
Discourse - Connected communication of thought sequences; continuous expression or exchange of ideas.
Dialect - Specific form of a language spoken in a given geographical area.
Dichotic Listening - Stimulation of both ears at the same time with different sounds; may be with different tones, or with different speech messages to the two ears.
Diagraph - Two letters written successively to represent one single sound: ‘sh’ ‘th’, ‘ch’.
Discrimination- Process of distinguishing among stimuli and responding appropriately
Distractibility - Disorder of attention in which the mind is easily diverted by inconsequential occurrences.
Dysarthria - Term for a collection of motor speech disorders due to impairment originating in the central or peripheral nervous system.
Dysfluency - Any type of speech which is marked with repetitions, prolongations, and hesitations; an interruption in the flow of speech sounds; used to describe stuttering but not restricted to stuttering.
Dyspraxia - a less severe form of apraxia.
ENT - Short form for Ear, Nose, and Throat doctor or Otolaryngologist.
Expressive Language - see under language.
Eye Contact - Generally a natural, although not constant, interaction of the speaker’s eyes with those of the listener.
Facilitation - Promotion or acceleration of any natural process.
Feedback - Process of monitoring and modifying one’s own responses, can be internal or external form; auditory feedback allows the speaker to monitor his/her own speech.
Fluency - Term used to describe the flow of oral language.
Form - In linguistics often refers to the structural aspects of language.
Formulation - In language, refers to the selection of words and grammatical structures in the construction of meaningful verbal expression, utilizing knowledge of the syntactic and semantic components of language in a clear and concise pattern.
Function Word - see Functor word
Functor Word - word whose grammatical function is more obvious than its semantic content and which serves primarily to give order to a sentence, e.g. articles, prepositions, auxiliary verbs, and conjunctions..
Generalization - In language the term is used to note transfer of learning from one environment to a different environment; the more similar the environment or situation, the more transfer takes place; also see carryover.
Grapheme - Smallest unit of writing or printing that distinguishes one meaning from another.
Hammer - name for the Malleus because of the resemblance; bone located in the middle ear.
Hypernasality - Excessive amount of perceived nasal cavity resonance during phonation.
Hyponasality - Lack of nasal resonance for the nasal phonemes.

Idiom - Saying whose meaning cannot be predicted from the individual words within the utterance; e.g., kick the bucket, a red herring.
Isolation - In articulation, used to denote the presentation of a phoneme or word by itself for the purpose of discrimination and production.
Jargon- Speech impairment characterized by continuous unintelligible speech, with little or no transmission of information; may be composed of standard linguistic units or nonlinguistic units.
Kinesthetic - 1. Sense of movement originating from sensory end-organs in muscles, tendons, joints; 2. In speech, an awareness of the movement or position of the speech muscles and structures.
Kinesthetic Cue - In speech, the use of the awareness of the position of the articulators or the correct pattern of movements as an aid in teaching the correct production of a speech sound.
Labial - Pertaining to the lips.
Language - Any accepted, structured, symbolic system for interpersonal communication composed of sounds arranged in ordered sequence to form words, with rules for combining these words into sequences that express thoughts, intentions, experiences, and feelings; comprised of phonological, morphological, syntactical, and semantic components; symbolic formulation can be vocal or graphic.
Language Processing - process of hearing, discriminating, assigning significance to, and interpreting spoken words, phrases, clauses, sentences, and discourse.
Larynx - Primary organ of phonation; a cartilaginous and muscular funnel-shaped structure situated in the throat area.
Lateral - Away from the mid-line; opposite of medial
Lateral Lisp- Defective production of the sibilant sounds due to excessive escape of air and saliva over or around the sides of the tongue.
Lexical - 1. Any element that relates to the total stock of linguistic signs or words in a language. 2. Relating to words, word formatives, and vocabulary, as distinct from grammatical forms.
Lexicon - 1. Total accumulation of linguistic signs, words or morphemes in a given language; 2. Vocabulary of a language.
Lingual - Pertaining to the tongue.
Linguistic Aspects - All of the known levels involved in the analysis of language; these include the distinctive sound elements (phonological), the word meaning units of sound combinations (morphological), the rules for sentence structure (syntactic), the meaning mediated through the language (semantic), and the connotative meaning conveyed or actually experienced (pragmatic).
Linguistic Awareness - Conscious awareness and knowledge of the rules of syntax, semantics, and sounds in a language. (also see Metalinguistic)
Listening - 1. Reception and utilization of information transmitted via acoustic events; influence of numerous factors, such as motivation, length of presentation of information, relevance of information, distracting influences, and psychological integrity of the listener. 2. Hearing with thoughtful attention.
Localization - Ability to identify the source of a stimulus. Auditory localization - Ability to describe the location of a sound source
Malocclusion - Any deviation from the normal occlusion of the teeth.
Mandible - The lower jaw.
Mandibular - Relating to the mandible.

Masking - Noise of any kind that interferes with the audibility of another sounds.
Memory - Assimilation, storage, and retrieval of previously experienced sensations and perceptions when the original stimulus is no longer present; maybe auditory or visual.
Long term Memory -Memory retained for an indefinite time period. *Short term Memory* - Memory retained for only a brief time period.
Metalinguistic 1. Ability to think about language and to comment on it, as well as to produce and comprehend it. 2. Language awareness; a temporary shift in attention from what is being said to the language used to say it; e.g. noticing a particular word because it was incorrectly produced; also known as linguistic awareness.
Modeling - In linguistics, intervention procedure in which models are provided.
Morpheme - Smallest meaningful unit of language having differential function. Bound morpheme- morpheme which must be joined to a free morpheme to convey meaning; e.g. suffixes and prefixes.
Morphology - Study of how morphemes are put together to form words; often used to refer to bound morphemes to indicate plurality (e.g. cat/cats), verb tenses, (e.g. walk/walked), etc.
Multisensory - Denoting those training procedures which simultaneously utilize more than one sense modality.
Nonsense Word - Nonsense syllables combined into a word form that does not carry a meaning.
Nonsense Syllable - see Syllable
Open Syllable - see Syllable
Oral Peripheral Examination - Inspection of the mouth to determine its structural and functional adequacy for speech. It includes: (a) lips; (b) jaws; (c) teeth; (d) tongue; (e) hard palate; (f) soft palate and velopharyngeal closure; and (g) tonsils and adenoids.
Orthography - 1. Part of language study concerned with letters and spelling; 2. Representation of the sounds of a language by written or printed symbols; the writing system of a language.
Ossicles - small bones; specifically the bones of the middle ear (incus, malleus, and stapes)
Otitis - Inflammation of the ear.
Otitis Media - Inflammation of the middle ear; generally results in a mild to moderate conductive loss.
Otolaryngology - Medical science concerned with diseases of the ear and larynx, often including disorders of the upper respiratory tract; commonly referred to as Ear, Nose, and Throat (ENT).
Palate - Roof of the mouth; includes the anterior portion (hard palate) and the posterior portion (soft palate or velum).
Pharyngeal Flap - Surgical procedure to aid in achieving velopharyngeal closure; a flap of skin used to close most of the opening between the velum and the nasopharynx.
Pharynx - The tubular space which extends from the nasal cavities to the esophagus.
Phonation - Physiological process whereby the energy of moving air in the vocal tract is transformed into acoustic energy with the larynx; production of voiced sound by means of vocal fold vibration.
Phoneme - Smallest arbitrary unit of sound in a given language that can be recognized as being distinct from other sounds in the language; each sound corresponds roughly to one of the symbols in the phonetic alphabet, e.g. /p/, as in pet.

Phonetics - The study of the sounds of language in terms of their physical and articulatory characteristics.
Phonics - The study of the relationship of the speech sounds to the letters of the alphabet.
Phonogram - Speech sound represented by a symbol.
Phonological Processes - 1. Rules or statements that account for errors of substitution, omission or addition; techniques used by children to simplify speech when attempting to produce adult words.
Phonology - Relating to the sound system of a language. including pauses and stress, and the rules governing the combination of speech sounds.
Phrase - Small group of words forming part of a sentence; does not contain a subject and a verb.
Pictographs - Symbols that look like the things they represent.
Pinna - part of the external ear.
Pitch - That attribute of speech that relates the perception by the listener in which sounds may be ordered on a scale extending from low to high.
Pragmatics - In language, refers to the set of rules governing the use of language in context; meanings and context become virtually inseparable; the study of speaker-listener intentions and relations, and all elements in the environment surrounding the message.
Production - In language, the language which one speaks, as opposed to that which he understands.
Prolongation - The lengthening of a speech sound or maintaining the posture of the lips, tongue, or other parts of the speech mechanism.
Prompt - A type of cue to assist in getting a specific response.
Prosody - Physical attributes of speech that signal linguistic qualities such as stress and intonation.
Rate of Speech - The speed with which phonemes, syllables, and words are uttered.
Reformulation - In oral language, false starts and pauses, then starting over; e.g. He, (pause) she said.
Resonance - Vibration of the air in the nasal and mouth cavities.
Self-talk - Sub vocal speech or inner language.
Semantic - Pertaining to, or arising from the meanings of words or other symbols.
Semantic Constraints - Limitations in the selection of words or structures imposed by meaning or context.
Semantic Feature - Distinguishing element of meaning in a lexical item; e.g., man has the semantic features of being animate, human, and male.
Semantic Map/web - Are diagrams that help students see how words/concepts are related to one another/or a topic.
Sensorimotor - Denoting the combination of the input of sensations and the output of motor activity.
Sensorineural - Pertaining to or conveying sensation to nerves.
Short-Term Memory - memory retained for only a relatively brief time period.
Speech - Motor act of respiration, phonation, articulation, and resonation; through this medium one can express thoughts and feelings and understand those of others who employ the same code.
Stapes - Smallest bone of the middle ear; commonly known as the stirrup.
Stirrup - Stapes; bone of the middle ear.

Stuttering - Disturbance in the fluency and time patterning of speech.
Submucous Cleft Palate - Condition in which the surface tissues of the hard or soft palate unite but the underlying bone or muscle tissues to not.
Syllable Deletion - see Syllable
Syllable - A unit of speech consisting of a vowel for a central phoneme (sound): the vowel may stand alone or surrounded by one or more consonants i.e. I, me, men. *Closed Syllable* - vowel followed by one or more consonants; sequences can be vowel-consonant (VC), consonant-vowel-consonant (CVC), or consonant-consonant-vowel-consonant (CCVC) or consonant-vowel-consonant-consonant (CVCC), etc. e.g. in, or, tin, slim, stand. *Nonsense Syllable* - Artificial combination of sounds not forming a true word; used in experimental and training procedures. *Open Syllable* - a) Syllable which ends in a vowel; sequences can be CV or CCV, etc., e.g. doe, straw, etc. b) description of phonological error whereby consonant sounds are deleted in closed syllables, as in "ca" for "cat". *Syllable Deletion or Reduction* - description of phonological error whereby syllables are deleted in multi syllabic words, e.g. "puter" for "computer".
Syntax - 1. The internal structure of language, including the order in which the elements of a language can occur and the relationships among the elements in an utterance; 2. Rules that dictate the acceptable sequence, combination and function of words in a sentence; 3. The way in which words are put together in a sentence to convey meaning.
Syntactic Rule - Rule which associates the order in which the elements of a sentence can occur.
Tactile - Relating to the sense of touch.
Telegraphic Utterance - Condensed speech in which only the most essential words are used.
Tympanic Membranes - commonly known as the ear drum.
Understanding - Process of comprehending or grasping a meaning.
Unintelligible Speech -Verbalizations which cannot be understood by the listener.
Uvula - Small cone-shaped process hanging from the lower border of the soft palate (velum) at mid-line.
Velar - Pertaining to the velum (soft palate).
Velopharyngeal - Pertaining to the velum (soft palate) and the posterior nasopharyngeal wall (back wall of the throat).
Velum - Soft palate.
Vocal Abuse - Mistreatment, usually by overuse, of the laryngeal and pharyngeal musculature; e.g. screaming or yelling.
Vocalic - Speech sound functioning as a vowel.
Voiced - Denotes sounds produced with simultaneous vibration of the vocal cords.
Voiceless - Denotes sounds produced with no vibration of the vocal cords.
Word - A sequence of one or more phonemes and one or more syllables which have meaning without being divisible into smaller units; e.g., I, mother, caterpillar; words can be simple, complex or compound.
Word-Finding Problem - inability to recall a word or words corresponding to specific object, action, or concept.
Word Retrieval Problem - see Word Finding Problem.

Appendix B

Degree of Severity Chart for Voice (Informal)

	0	1	2	0,1, 2
Perception of severity	Normal-slight variation not perceived by parent or teacher	SLP perceives deviation	Multiple referrals, and/or clinician determines voice interferes with communication	
Resonance	Normal	Assimilation nasality or upper respiratory infection-related acute denasality	Chronically nasal or denasal	
Pitch	Normal	Speaks above/below optimum pitch	Speaks noticeably above/below optimum	
Range	Normal	Little variation from habitual pitch	Monotone of disordered inflection patterns	
Vocal cord approximation (degree of abduction and adduction)	Normal	Open or closed; resulting in an apparent hoarseness, hoarseness, or breathiness	Spastic or whispered; chronic hoarseness and pitch breaks	
Intensity	Normal	Too loud or too soft		
Air supply	Appears adequate	Observable reverse breathing; speaking on residual air	Inadequate air supply resulting from a physical disability	
Rate	Normal	Slower or faster than satisfactory		

TOTAL SCORE: _____

If the total score is 4 or more points, therapy may be is indicated.

*****Reproduced from previous Speech and Language Guidelines, 1995. No publisher noted, use as informal tool**.**

Date _____
Student _____
Birthdate _____ Age ___

Communication Severity Scale for Fluency

	No Apparent Problem/Discrepancy	Mild	Moderate	Severe
Analysis of Speech Sample* a. Frequency b. Duration	0 __ Frequency of dysfluent behavior is within normal limits for student's age, sex, and speaking situation(s) and/or less than 1 stuttered word per minute, or less than 2% dysfluency. ** __ Less than 1 second.	1 __ Transitory dysfluencies are observed in specific speaking situation(s) and/or 2-4 stuttered words per minute, or 2-8% dysfluency. __ Up to 2 seconds.	2 __ Frequent dysfluent behaviors are observed in many speaking situation(s) and/or 5-10 stuttered words per minute, or 9-20% dysfluency. __ 3-9 seconds.	3 __ Habitual dysfluent behaviors observed in majority of speaking situation(s) and/or > 10 stuttered words per minute, or > 20% dysfluency. __ 10 seconds or more.
Descriptive Assessment	0 Speech flow and time patterning are within normal limits. Developmental dysfluencies may be present. **	1 Sound, syllable, and/or word repetitions or prolongations are present, with or without mild secondary characteristics. Fluent speech periods predominate.	2 Sound, syllable, and/or word repetitions or prolongations are noticeable to casual listener. Secondary characteristics, including blocking, avoidance, and other physical concomitants, may be observed.	3 Sound, syllable, and/or word repetitions and/or prolongations are distracting. Secondary characteristics are frequent. Avoidance and frustration behaviors are observed.
Effect on Communication	0 The fluency of the student's speech does not interfere with social/emotional, educational, and/or vocational functioning. No listener and/or speaker reaction noted.	1 The fluency of the student's speech has minimal impact on social/emotional, educational, and/or vocational functioning. Minimal listener and/or speaker reaction noted.	2 The fluency of the student's speech interferes with social/emotional, educational, and/or vocational functioning. Some avoidance of selected speaking situations. Moderate listener and/or speaker reaction and concern noted.	3 The fluency of the student's speech seriously limits social/emotional, educational, and/or vocational functioning. Avoidance of speaking situations is observed. Severe listener and/or speaker reaction and concern noted.

*Recommended Procedure: Tape record speech sample of 150 words minimum for calculations. Average three longest blocks to determine duration.
** See Continuum of Dysfluent Behaviors.
IMPORTANT NOTE: Special consideration needs to be made for preschool or beginning stutterers. They should be monitored frequently and carefully if not enrolled for direct or indirect treatment.

Adapted from: The Communication Severity Scales (2006), North Coastal Consortium for Special Education, San Marcos, CA.

THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

Evidence-Based Practices	Academics & Cognition			Behavior			Communication			Play			Social			Transition		
	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH
1. Antecedent-based Interventions	■	■	■	■	■	■												
2. Computer Assisted Instruction	■	■	■															
3. Differential Reinforcement				■	■	■	■	■	■				■	■	■			
4. Discrete Trial Training	■	■		■	■		■	■		■	■		■	■				
5. Extinction				■	■	■												
6. Functional Behavioral Assessment				■	■		■	■	■									
7. Functional Communication Training				■	■		■	■										
8. Naturalistic Interventions							■	■	■				■	■	■			
9. Parent Implemented Interventions				■	■		■	■		■	■		■	■				
10. Peer Mediated Instruction/Intervention							■	■	■				■	■	■			
11. Picture Exchange Com. System				■	■	■	■	■	■				■	■	■			
12. Pivotal Response Training	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
13. Prompting	■	■	■	■	■	■	■	■	■									
14. Reinforcement	■	■	■	■	■	■	■	■	■									
15. Response Interruption & Redirection	■	■	■	■	■	■												
16. Self-Management	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
17. Social Narratives	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
18. Social Skills Groups							■	■	■				■	■	■			
19. Speech Generating Devices (VOCA)							■	■	■									
20. Structured Work Systems	■	■	■							■	■	■				■	■	■
21. Task analysis	■	■	■	■	■	■	■	■	■				■	■	■			
22. Time delay		■						■			■			■				
23. Video Modeling	■	■	■				■	■	■	■	■	■	■	■	■			
24. Visual Supports	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Evidence By Domain and Grade Level
Based on evidence reported in EBP Brief Overviews

July 2, 2009

Appendix E

Guidelines for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders across the Life Span
American Speech-Language-Hearing Association. (2006, P. 29 & 30)

Table 1. Sample intervention goals based on core challenges in ASD

Joint attention
Prelinguistic stages
- Orienting toward people in the social environment
- Responding to a caregiver's voice
- Shifting gaze between people and objects
- Pairing communication gestures with gaze and/or physical contact when requesting and protesting as culturally appropriate
- Directing another's attention for the purposes of sharing an interesting item or event
- Attending to emotional displays of distress or discomfort
- Sharing positive affect
- Initiating social routines

Emerging language stages
- Expanding communication functions to seek specific emotional responses from others (e.g., seeking comfort, greeting others, showing off)
- Commenting to share enjoyment and interests
- Recognizing and describing emotional states of self and others

Advanced language stages
- Understanding what others are indicating with gaze and gestures
- Determining causal factors for emotional states of self and others
- Using emotions of others to guide behavior in social interactions (e.g., selecting topics based on another's preferences, praising others, sharing empathy)
- Considering another's intentions and knowledge (e.g., requesting information from others, sharing information about past and future events)

Social reciprocity
Prelinguistic stages
- Responding to the bids of others
- Initiating bids for interaction
- Increasing frequency of spontaneous bids for communication
- Developing persistence in communication attempts

Emerging language stages
- Increasing frequency of communication across social contexts and interactive partners
- Maintaining interactions by taking turns
- Providing contingent responses to bids for interaction initiated by others
- Recognizing and attempting to repair breakdowns in communication

Advanced language stages

- Engaging in topic maintenance (e.g., providing expansion comments)
- Maintaining conversational exchanges with a balance between comments and requests for information
- Providing essential background information
- Initiating and maintaining conversations that are sensitive to the social context and the interests of others

Language and related cognitive skills

Prelinguistic stages

- Using a range of gestures to share intentions (e.g., giving, showing, waving, pointing)
- Using effective strategies for protesting, exerting social control, and emotional regulation in order to replace potential problem behaviors used for these functions
- Pairing vocalizations with gestures to share intentions
- Observing and imitating the functional use of objects
- Turning pages and pointing to pictures in books

Emerging language stages

- Expanding word knowledge and use to include not only object labels, but also action words, modifiers, and relational words
- Understanding and using more creative combinations of words
- Understanding and using more sophisticated grammar
- Engaging in representational play
- Understanding sequences of events in stories, attending to beginning and rhyming sounds, and naming alphabet letters
- Producing a variety of speech sounds

Advanced language stages

- Enacting social sequences in a representational manner by incorporating themes or modifications introduced by others (e.g., role-playing and visualizing an event before it takes place)
- Understanding and using nonverbal gestures, facial expressions, and gaze to express and follow subtle intentions (e.g., sarcasm and other nonliteral meanings)
- Understanding and using intonation cues to express and follow emotional states
- Understanding and using more sophisticated syntax to provide background *information for one's listener*
- Understanding and using more sophisticated syntax to show relationships between sentences in conversational discourse
- Demonstrating story grammar knowledge, decoding, and letter–sound correspondence and expanding literacy skills (e.g., reading comprehension and written expression)
- Problem solving and self-monitoring future, goal-directed, behavior (i.e., executive functioning)

Behavior and emotional regulation

Prelinguistic stages

- Attending to salient aspects of the social environment
- Expanding the use of conventional behaviors to regulate one's emotional state (e.g., covering one's ears to block out noise, carrying a preferred toy into an unfamiliar setting to assist in the transition, removing oneself from a situation when overwhelmed)
- Protesting undesired activities

Emerging language stages

- Requesting a soothing activity when distressed
- Requesting a break from a given activity
- Requesting assistance from others
- Using language to maintain engagement within an activity (e.g., “first … then”)
- Using language to talk through transitions across activities
- Expressing one's emotional state and the emotional state of others

Advanced language stages

- Preparing and planning for upcoming activities
- Perceiving one's actions within social events and predicting social behavior in others in order to self-monitor
- Negotiating and collaborating within interactions with peers

Appendix F

(Sample) Confidential Report of Speech/Language Evaluation

_____ SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT
C O N F I D E N T I A L

Name:	**D.O.B.**
School:	**Age:** **Gender:**
Parent/Guardian:	**Grade:**
Date of Evaluation Report:	**Examiner:** **Speech/Language Pathologist**

REASON FOR EVALUATION This speech and language assessment was completed in compliance with the requirements of IDEA and the California Education Code to consider eligibility as a child with exceptional needs. _____ is being considered for special education and related services because of difficulties the child is having progressing and participating in the regular curriculum. The child is experiencing significant difficulty in the area(s) of: ☐ voice ☐ language ☐ phonological processes ☐ fluency ☐ articulation; and/or the need to identify the need and/or the appropriate use of ☐ augmentative/alternative communication.

For Reevaluation (if appropriate)
For more detailed background information, please refer to the information contained in records located at Palm Springs Unified School District and Sunny Sands Elementary School. The child ☐ has not been receiving speech therapy services or ☐ is currently receiving speech therapy to address ☐ voice ☐ language ☐ fluency ☐ articulation.

BACKGROUND INFORMATION:

Educational/SST information: _____

Vision and Hearing: Hearing:_____ Date: _____ Vision:_____ Date: _____

Health Information: The parent(s) report that _____ is generally healthy and requires no ongoing health services **Or:** has been diagnosed as having _____ according to _____ **Or:** has significant health history as indicated by:_____. _____ takes the following prescribed medication(s) _____.

Home Language Results:
The only language(s) spoken in the home is/are _____.
The language the child speaks most of the time is _____.
In the home the child speaks _____.
The parent's report the child's preferred language with his/her peers is _____.

Language Survey Information: For students determined to be English Learners:

CELDT Scores: _____ **Proficiency:** ☐ above average ☐ age appropriate ☐ below average ☐ average for this child's mental age

The current language of instruction is _____.

Based on a review of existing data all further assessments will be conducted in

☐English ☐ English and Spanish ☐ Spanish ☐ Other:

The following sources of information were used to assess _____'s language dominance: ☐Observation, ☐Referral/reevaluation data, ☐ Other:_____.

Cognitive/Intellectual Assessment: Information available ☐ **Yes** ☐ **No**

Results of standardized assessment conducted by _____, School Psychologist, dated _____ indicates the students full scale IQ is _____. This means that the child functions within the _____ range compared with peers.

Response to Interventions (if appropriate)
The following is a listing of interventions that were tried and how _____ responded.

Name of Intervention	**Length of Time Implemented** (Date to Date)	**Response to the Intervention**

Based on the information presented above, the assessment is appropriate at this time because .

SCOPE OF THE EVALUATION:

Based on review of existing evaluation data, a formal assessment was conducted in the following areas: ☐ Language, ☐ Social Communication and/or Functional Language, ☐ Voice, ☐ Phonological processes, ☐ Fluency, ☐ Articulation, ☐ Augmentative or alternative communication, ☐ Transition, if appropriate

CURRENT ASSESSMENT RESULTS:

Based on the assessment of _____'s language abilities, the speech and language assessment was conducted in ☐English ☐Spanish ☐ both English and Spanish ☐ Other_____ ☐ By an examiner familiar with second language acquisition.

Classroom Observation: _____

Evaluation Behavior Observation:
☐ Worked with consistent effort. He/she was compliant to all requests
☐ Responded to praise for efforts by smiling and readily beginning new tasks
☐ Put forth minimal effort and frequently asked to complete only portions of the tests
☐ Frequent short breaks were taken to ensure task completion
☐ Other: _____

ARTICULATION:

☐ An informal analysis of _____'s articulation skills during conversational speech revealed no errors.

☐ The **Goldman Fristoe Test of Articulation 2 (GFTA-2)** was administered to assess sound productions in single words. The following scores were obtained: Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent: _____; Errors include: _____

☐ Errors noted appear to be developmental in nature.

☐ The child appears to be stimulable for the errors noted. Speech intelligibility is judged to be _____. A cursory oral motor exam revealed no abnormalities of the speech mechanism. Function appeared appropriate for adequate speech production.

LANGUAGE:

☐ The **Receptive One Word Picture Vocabulary Test – 2000 (ROWPVT-2000)**
The Receptive One Word Picture Vocabulary Test – 2000 Spanish Bilingual Edition (ROWPVT-2000) was administered to assess receptive vocabulary skills. The following scores were obtained: Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent: _____.

☐ The **Expressive One Word Picture Vocabulary Test – 2000 (EOWPVT-2000)**
The **Expressive One Word Picture Vocabulary Test – 2000 Spanish Bilingual Edition (EOWPVT-2000)** was administered to assess expressive vocabulary skills. The following scores were obtained: Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent:

_____'s scores achieved on the receptive and expressive vocabulary tests reveal _____ understanding and use of vocabulary skills are _____.

☐ The **Oral and Written Language Scales Test (OWLS)** was administered to assess semantics (word order and relationships), morphology/syntax (understanding of word forms and word order), pragmatics (appropriate responses in specific situations) and supralinguistics (comprehension and use of double word meanings, figurative language, logical responses and higher order thinking skills). The following scores were obtained:

Listening Comprehension:
Raw Score: _____ Age Equivalent: _____ Standard Score: _____ Percentile: _____

Oral Expression:
Raw Score: _____Age Equivalent: _____Standard Score: _____Percentile: _____

Oral Composite:
Standard Score: _____Percentile: _____

☐ The **Clinical Evaluation of Language Fundamental-Fourth Edition (CELF-4)** was administered to assess _____'s receptive and expressive language abilities. The following subtests were administered and scores achieved are as follows:

Subtest	Raw Score	Scaled Score	Percentile
Concepts and Directions			
Word Structure			
Recalling Sentences			
Formulated Sentences			

Total Core Language Index: Standard Score:_____; Percentile: _____

☐ The **Clinical Evaluation of Language Fundamental-Fourth Edition (CELF-4) Screening Test** was administered to determine if further language testing was warranted. This test yields a criterion score for ages 5-21 years. Scores achieved at or above criterion indicate language abilities to be within normal limits. Scores achieved below criterion warrant additional testing for language delays and/or disorders.
The following scores were obtained: Total Score: _____; Criterion Score per age level: _____; Score achieved is above criterion/ or below criterion _____.

☐ The **Comprehensive Assessment of Spoken Language (CASL)** was administered to assess _____'s receptive and expressive verbal language abilities. The following subtests were administered and scores achieved are as follows:

Subtest	Raw Score	Scaled Score	Percentile
Synonyms			
Grammaticality Judgment			
Nonliteral Language			
Meaning from Context			
Pragmatic Judgment			

Total Core Language Index: Standard Score: _____

Category & Processing Indexes: Lexical/Semantic _____; Syntactic _____; Supralinguistic _____

☐ **The Preschool Language Scale 4 (PLS-4)** was administered to determine auditory comprehension and expressive communication abilities. The Auditory Comprehension subtest measures a child's ability to understand language concepts that are spoken to them. The Expressive Communication subtest measures a child's ability to use language to communicate. The following scores were obtained:

Auditory Comprehension:
Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent: _____

Expressive Communication:
Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent: _____

Total Language Score:
Raw Score: _____; Standard Score: _____; Percentile: _____; Age Equivalent: _____

☐ The **Clinical Evaluation of Language Fundamental-Third Edition-Spanish Edition** was administered to assess _____'s receptive and expressive language abilities. The following subtests were administered and scores achieved are as follows:

Subtest	Raw Score	Standard Score	Percentile
Concepts and directions			
Word Classes			
Formulating Sentence			
Repeating sentences			

Total Receptive Language Score: _____
Total Expressive Language Score: _____

_____ scored in the _____ range in all subtests. His receptive and expressive language scores are _____.

LANGUAGE SAMPLE:
An informal analysis of _____'s conversational skills revealed his vocabulary, sentence length and complexity are adequate and appropriate to express his wants, needs and ideas in his home, school and community environments. _____ is able to relate stories with clear beginnings and endings.

FLUENCY:

☐ No errors noted or observed.

☐ The **Stuttering Severity Instrument-3** was administered. The following scores were obtained: Frequency = _____; Duration = _____; Physical Concomitants = _____; Total Overall Score = _____; Severity Rating = _____

Whole word, phrase, syllable or sound repetitions, hesitations, interjections, prolongations, revisions, blocks

☐ Rate of speech is _____.

VOICE:
☐ Vocal pitch, quality and loudness were observed to be appropriate for age and gender. No concerns at this time.

☐ Physician's report, duration of problem

TRANSITION AT AGE 16 (IF APPROPRIATE):

Career Abilities: _____

Career Interests: _____

Vocational Abilities: _____

Vocational Interests: _____

SUMMARY OF FINDINGS AND CONSIDERATION OF ELIGIBILITY

As a part of _____'s evaluation, a qualified related services assessor carefully considered existing evaluation data, information and evaluations provided by the parent, current classroom based assessments and observations by teachers to determine the presence or absence of a speech and/or language deficit, which may be contributing to his/her educational need.

☐ Based on this evaluation, the assessor assures that the following have been ruled out as a determination for eligibility: environmental, cultural/linguistic, or economic disadvantage (EC 56327, G).

☐ Cultural, linguistic, or experiential factors which may influence this child's ability to profit from the education process include:

- ☐ Coming from a non-English speaking home or geographic area
- ☐ The child's/family's recent immigration to the United States
- ☐ The family's high mobility or migrant status
- ☐ Limited or sporadic school attendance
- ☐ Few readiness skills experiences
- ☐ Lack of early childhood education, such as Preschool, Pre-K, Head Start
- ☐ Lack of instruction in reading and math
- ☐ Frequent/multiple school moves

SUSPECTED AREA(S) OF DISABILITY(IES)

☐ Based on information reviewed, there is no area of suspected disability.

☐ Based on information reviewed, the suspected area(s) of disability(ies) for this child is/are: _____. This child appears to meet specific eligibility criteria for:

- ☐ Speech/Language Impairment in the area of _____.
- ☐ There is no severe discrepancy.
- ☐ Functional language statement: The student's needs can be met within the appropriate classroom setting.
- ☐ Child is making satisfactory progress and passing all of his/her subjects in the regular program. There is no educational need for eligibility.

ASSURANCES

- The testing, evaluation materials, and procedures used for the purposes of this evaluation were selected and administered so as not to be racially or culturally discriminatory.
- The tests and other evaluation materials have been validated for the specific purpose for which they were used.

- The tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.
- A child will not be determined a child with a disability if the determinant factor is lack of instruction in reading or math or limited English proficiency.

RECOMMENDATIONS FOR PARENTS AND TEACHERS

The following recommendations based on the child's learning style and needs should be considered in order for the child to reach his capacity for involvement and progress in the general education class and curriculum (34CFR 300.532):

SAMPLES AT END OF TEMPLATE

_____
(Name/title)

Samples:
To Facilitate Improvement in Articulation:

1. Model correct production of erred sounds.
2. Provide visual cues for correct sound placement when student is reading during small group instruction.
3. Provide sound discrimination activities to insure student hears the difference between correct and incorrect sound productions.

To Facilitate Improvement in Expressive Language Skills:

1. Model expected responses.
2. Expand and provide corrected models of student's spontaneous utterances.
3. Encourage daily language stimulation and experience with language enriched activities, such as answering open-ended questions, retelling stories and describing pictures and events.
4. Stimulate expression by asking who, what, where, when and why questions.

To Facilitate Improvement in Receptive Language Skills:

1. Keep directions simple, rephrase as needed.
2. Provide visual cues and examples to supplement oral directions.
3. Ask student to repeat or paraphrase directions to determine adequate comprehension.
4. Encourage student to ask questions.

Appendix G

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Appendix H

Resources/Research

5 CCR 3030 - Eligibility Criteria
http://www3.scoe.net/speced/laws_search/searchDetailsLaws.cfm?id=744&keywords=5%20CCR%203030%20%2D%20Eligibility%20Criteria

Appropriate Communication Services: General 'Eligibility' Policies
http://www.asha.org/NJC/faqs-eligibility.htm?print=1

California State Standards
http://www.cde.ca.gov/be/st/ss/documents/elacontentstnds.pdf

Speech and Language Goals: Standards Based: CSHA
http://www.csha.org/pdf/SLPGoalsandObjectivesupdate.pdf

Riverside County SELPA 2010 – 2011 IEP MANUAL, *Special Education Timetable*
http://www.rcselpa.org/docs/iep/IEP%20Manual%20R12-10.pdf

Handbook of goals and objectives related to essential state of California content Standards http://www.valverde.edu/selpa/iep.htm

Your Child's Communication Development: Kindergarten through Fifth Grade
http://www.asha.org/public/speech/development/communicationdevelopment.htm

Advocating for SLP Caseloads:
http://www.speechville.com/advocacy-depot/caseloads.html

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A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools: Guidelines http://www.asha.org/docs/html/GL2002-00066.html

Workload Activity Clusters http://www.asha.org/docs/html/GL2002-00066-F2.html

Brainstorm list of workload activities of school SLPs
http://www.asha.org/docs/html/GL2002-00066-T1.html

Quick Assessment of ELD Levels of Proficiency
http://www.education.com/reference/article/quick-assessment-eld-levels-proficiency/

CELDT Performance Level Descriptors
http://www.celdt.org/documents/CELDT_TRIG_English_09-10.pdf

Language Acquisition Descriptors: CELDT Levels 1-5
http://www.sccoe.k12.ca.us/depts/ell/elac/1008/CELDTLevelDescriptors.pdf

CELDT Initial/Annual Scale Scores http://www.cde.ca.gov/ta/tg/el/cutpoints.asp

The Speech Accent Archive http://accent.gmu.edu/browse_language.php

Website features over 100 free resources regarding phonological assessment and treatment, articulation assessment and treatment, preschool language development, RtI and other topics. http://slpath.com/

Preferred Practice Patterns for the Profession of Speech-Language Pathology
http://www.asha.org/docs/pdf/PP2004-00191.pdf

Autism – Social Skills: The Spiral of Social Success and Social Failure
Michelle Garcia Winner, Think Social Publishing, www.socialthinking.com

Transition at age 16: Transition to Adult Living, An Information and Resource Guide.
A listing of Transition Assessments, in Appendix E
Sample Transition Goals, in Appendix F
Free download @ www.calstat.org/info.html
Order Paper copies at: 311 Professional Center Drive, Rohnert Park, CA 94928

RTI: San Diego Speech Improvement Class, research based practices for articulation, inventories and other resources for complexity theory
jtaps@sandi.net
http://slpath.com

Vocabulary interventions for RTI: Judy Montgomery @ montgome@chapman.edu

Montgomery, J. K. (2006). *"The Bride of Vocabulary: Evidence-Based Activities for Academic Success"*. Pearson, Inc 2006

Resources for evaluation techniques and measures may be found in:
Boone, The Voice and Voice Therapy
Brodnitz, Vocal Rehabilitation
Fairbanks, Voice and Articulation Drillbook
Green, Voice and Its Disorders
Johnson, Darley, and Spriestersbach, Diagnostic and Clinical Methods Workbook
Moore, Organic Voice Disorders
Wilson, Voice Disorders Kit
Wilson, Voice Problems of Children

Lopez, R. (1995) Update: *Assessment of the Intellectual Ability of Black Students*. CASP Today.

Pannbacker, Mary, (1992) Some Common Myths About Voice Therapy. *Language, Speech and Hearing Services in the School, 23, 12-19.*