Santa Clara County
Office of Education

Santa Clara County
Special Education Local Plan Areas
I, II, III, IV, & VII

SCHOOL BASED SPEECH AND LANGUAGE SERVICES

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I. INTRODUCTION

These Speech and Language Guidelines are part of a continuing process to utilize appropriate entry and exit criteria within the Santa Clara County Special Education Local Plan Areas. These guidelines are intended to provide guidance to districts in delivering appropriate, consistent, cost effective, and individualized educationally based speech and language services to the students in Santa Clara County. There continues to be an evolution in the role of the SLP in the educational environment. The newly evolved role of the SLP is that of "a professional who contributes to the success of students throughout the school community by contributing their expertise to students, teachers, related service providers, administrators and parents". (Kathleen Whitmore, PhD, CCC-SLP, Director of Student Services, ASHA)

These 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 pursuant to IDEA 2004. The format, and much of the content, was adopted from Riverside County SELPA's guidelines, ASHA's Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (1999) and CSHA position papers on Caseloads, and California Department of Education Program Guidelines (1989).

For consistency in this document the acronym, SLP will be used when referencing a speech/language pathologist.

The following excerpts from the Guiding Principles outlined in the "Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist" (ASHA, 1999, pg. 2) are the basis of these guidelines:

- Language is the foundation for learning within all academic subjects.
- Educational success leads to productive citizens.
- School-based speech/language pathologists' goal is to remediate, ameliorate, or alleviate student communication problems within the educational environment.
- A student-centered focus drives team decision-making.
- Comprehensive assessment and thorough evaluation provide information for appropriate eligibility, intervention and dismissal decisions.
- Intervention focuses on the student's abilities, rather than disabilities.
- Intervention plans are consistent with current research and practice.

State and federal law mandate that special education and related services be provided in the least restrictive environment (LRE**);** therefore the role of the SLP has changed

substantially over the years. The Response to Intervention Model (RtI) as referenced in IDEA 2004 is very applicable to speech and language services. Service delivery models have changed to include direct, indirect, collaboration/consultation, inclusion models, across a variety of settings, which include home, preschool, elementary, and secondary schools, and the community. In addition, school-based SLPs assess, provide intervention, prepare reports, complete IEPs, and set conference times to maintain the critical connection to the student, parents, and educators.

II. STUDENT STUDY TEAM (SST) PROCESS

General Information

Any student for whom there is a concern regarding progress in the regular education curriculum should be referred to a Student Study Team (SST). Under California Education Code 56303 and under the "No Child Left Behind" Education Act, all regular education supports and services must be exhausted prior to a referral for special education services.

Student Study Teams (SSTs) are school based, problem-solving groups whose mission is to assist teachers, administrators, school staff, and parents with intervention strategies for dealing with the academic and social-emotional behavioral needs of regular education students. Through the SST process, the team can recommend classroom supports, accommodations and modifications which, when implemented, may prevent the need for special education and related services. The SLP may act as a consultant to the general education teacher when an SST perceives a student needs specific interventions regarding language and/or communication needs. Student Study Teams have also been used successfully at the preschool level to facilitate the development of emergent skills prior to the referral for special education assessment.

Specific to the area of speech and language, the SST can suggest interventions to support a student in the classroom. The team should consider the Content Standards the student is struggling with as targets for intervention. The SLP can then provide strategies to the general education teacher to support language development and/or correct phoneme production through this process based on the information shared at the SST meeting. Such suggestions could include support of a specific language concept or a demonstration or suggestion on how to accurately model correct production of a phoneme through the use of the core curriculum text available within each regular and special education classroom.

At a follow-up meeting, the SST will present positive outcomes and/or challenges noted by the classroom teacher based on the recommendations made. The Student Study Team will review the results of any additional supports and progress noted. All information regarding health, family history, district and state assessment results, and linguistic levels for non-English speaking students will be gathered to support success in the general education environment. If necessary, the results of interventions used may become part of the information to support special education assessment.

III. SCREENING

Pursuant to IDEA 2004, "Screening of a pupil by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an assessment for eligibility for special education and related services." {56321 (f)} Any assessment for Speech and Language concerns would require an assessment plan signed by the parent

IV. GENERAL CONSIDERATIONS FOR DIAGNOSTIC EVALUATIONS

Speech and Language Impairment (SLI) is a qualifying category under IDEA. Definitions are as follows:

Eligibility Criteria
5 CCR 3030 - Eligibility Criteria
A pupil has a language or speech disorder as defined in Section 56333 of the Education Code, and it is determined that the pupil's disorder meets one or more of the following criteria:
(1) Articulation disorder.
(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.
(B) A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.
(2) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.
(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.
(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 language, speech, and hearing specialist 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.

Eligibility decisions for students in school settings must be made within the framework of the federal legislation and regulations governing the provision of services for students with disabilities. IDEA Regulations stipulate that the goal of providing services under IDEA is to help students progress in the general curriculum. Difficulties that do not "adversely impact the student's educational performance" do not qualify the student for services under IDEA. (*ASHA: IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3-21. Revised May 2003*

There are a number of factors to consider beyond the standardized assessment information when determining the need for speech and language services. Factors such as positive attitude, motivation, and environmental supports may diminish the impact of communication impairment. Therefore, even though the student may manifest challenges when given a 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 student may not be eligible for speech and 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, learning centers).

Conversely, if the student performs well on the standardized tests but presents poor functional communication skills, the student <u>may</u> be found eligible. This decision could

be based on the student's inability to use those skills deemed "appropriate" on the standardized test outside the test environment. Eligibility in this case must be supported by authentic data collected in a variety of school settings as appropriate (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 student to qualify for Speech and Language services. This is supported by the California Education Code found below.

V. Eligibility Criteria
(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 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.

VI. GENERAL EXIT CRITERIA

The IEP Team shall determine the dismissal from speech and language services based on the following criteria:

A district shall evaluate a student with a disability before determining the student is no longer a student with a disability. An IEP Team meeting convenes to review all standardized and non-standardized assessment information (such as criterion referenced and other informal evaluation tools) and that time determines if dismissal is indicated.

Dismissal occurs when a student no longer needs special education and related services to take advantage of educational opportunities. Reasons for dismissal and the IEP Team's recommendation for dismissal are documented.

The IEP Team should consider the following when determining if dismissal is indicated:

- The need for specialized services to address the adverse effect(s) on educational performance is no longer present.
- The disability no longer has an adverse effect on the student's educational performance.
- The disability no longer exists.

1. When upon reassessment, it is determined that a student who has met the goals and objectives on the IEP, no longer requires related services to benefit from the educational setting, or
2. The conditions that qualified the student for services have been addressed or remediated to the extent that the student can function adequately in an alternative education program or in the regular school program with or without accommodations or modifications for maximum educational benefit, or
3. The IEP team feels that the student is not benefiting from Special Education services after a continuum of appropriate alternatives have been implemented according to documentation/data, or
4. 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 reached a plateau according to assessment/documentation/data, or

   NOTE: This caveat is rarely the case for students whose cognitive abilities fall with in 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.

5. When the IEP team determines, based on the present levels of performance and current assessment, that the student no longer requires speech and language services in order to obtain educational benefit in the areas of academics, behaviors, and/or socialization, or
6. When the pupil, age 18 or over, who retains his/her own educational rights requests, in writing, removal from the program, or
7. When a student shows unwillingness to participate in a special education service and the IEP Team determines the unwillingness is not due to the disabling condition, or when the conservator of a student, over 18 years of age, refuses, in writing, to allow the continuance of special education services,

VII. ARTICULATION: ELIGIBILITY AND EXIT CONSIDERATIONS

A. Definition

An ARTICULATION DISORDER is the abnormal production of speech sounds or an unacceptable variation in syllable flow or phonological process consistency. Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.

B. Evaluation Procedures

A referred student must be evaluated to determine if his/her production of speech significantly interferes with his/her communication and/or attracts adverse attention, and adversely affects educational performance.

1. No single score or test 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 sampling procedure; or
   b) Two formal test instruments are used to consider eligibility.
3. The SLP shall document and describe the type, consistency and stimulability of the speech errors.
4. The SLP shall complete an oral-peripheral screening or evaluation and document/describe ability, rate and control.

C. Eligibility Criteria

A student 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.

D. Articulation Dismissal Criteria

A student will be dismissed from articulation therapy when one of the following applies:

An assessment must be completed prior to dismissal from speech and language services. This could include formal or informal measures.

In addition one of the following must following must apply:

1. Articulation skills are commensurate with chronological/mental age.
2. Production accuracy verified at 80% using data collected through therapy and or assessment.

For additional considerations, refer to the General Exit Criteria, on page 10.

VIII. FLUENCY: ELIGIBLITY AND EXIT CONSIDERATIONS

A. Definition

DYSFLUENCY – Speech difficulties resulting in an abnormal flow of verbal expression including rate and rhythm, to such a degree that these difficulties adversely affect communication between speaker and listener.

When assessing for eligibility in the area of fluency, consider the complexity of the problem; including motor behaviors, avoidance of words and/or speaking situation and/or words substitutions. In addition, cognitive, affective, linguistic, motor and social components of fluency should be considered when determining eligibility and the resulting educational impact.

B. Eligibility Criteria

A student may be recommended for fluency therapy when a formal assessment indicates one or more of the following is present:

1. At least 2% atypical dysfluencies (prolongations, blocks, etc.) are noted in two minutes of talk time and /or;
2. At least 5% atypical dysfluencies (repetitions) with an average of 5 repetitions per word with or without the presence of struggling, coping or covert stuttering behaviors noted in a speech sample of 200 words, 200 syllables or in a 10 minute sample.
3. Adverse educational impact must be documented through such methods as observation in the classroom setting, report on classroom participation and its impact on the student in academic and nonacademic/extracurricular environments.

C. Additional Considerations

1. When developing a case history, the SLP, obtains information regarding:
    a. Teacher report/interview
    b. Student's self report/interview
    c. Parent report/interview
    d. Development of student's dysfluencies over time
    e. Any previous history of therapy

f. Changes in dysfluent behavior based on the audience, context and/or setting

There is a certain degree of normal non-fluent behavior in young student. If this is the case, parent/teacher education and periodic monitoring may be the more appropriate strategy.

2. Consider the adverse effect on the student'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

D. Criteria and Guidelines for Making a Differential Diagnosis

Refer to Appendix D, page 32, *A Fluency Severity Rating Scale* to assist in making a differential diagnosis between a nonfluent student and the incipient stutterer.

E. Fluency Dismissal Criteria/Considerations

1. Student meets fluency rate goal as designated by the IEP. Use fluency strategies 80% in spontaneous conversations.
2. Accompanying disabilities (i.e., neurological impairments) limit/nullify benefits of therapy.
3. Refer to General Exit Criteria, see page 10.

IX. LANGUAGE: ELIGIBILITY AND EXIT CONSIDERATIONS

A. Definition:

A LANGUAGE DISORDER is the impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve:
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. Pragmatic skills may be measured using non-standardized assessments.

B. Evaluation Procedures

1. A student 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 recommended in addition to standardized tests.
2. When standardized tests are considered to be invalid for a student, 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. Previous history in speech/language therapy
    c. Learned cultural and language differences
4. The IEP Team will consider all test results as well as observations and school success when eligibility is difficult to confirm. Pragmatic skills may be measured using non-standardized assessments. A student may be eligible

under pragmatics without a standardized score if the team decides the student's issues adversely affect their educational performance.

C. Suggested Evaluation Instruments

The tests listed on Appendix F are discrete, thorough measures of language areas and are valid indicators of ability/disability. All tests found below are options available to use at the discretion of the SLP based on his/her knowledge of the student and the areas of suspected disability. Supplementary tests can be used when appropriate in addition to a basic battery.

D. Eligibility Criteria

A student may be recommended for language therapy when:

1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his/her chronological age or developmental level on:
    a. 2 or more standardized tests (not just subtests) or
    b. 1 or more standardized tests and demonstrates inappropriate or inadequate usage of expressive or receptive language as measured by a spontaneous or elicited language sample of a minimum of fifty utterances.
2. All areas of suspected disability in the areas of language are considered for assessment: syntax, morphology, semantics, pragmatics, and functional communication skills.
3. Adversely affects educational performance.

E. Factors to Consider

Consider the following when deciding to recommend a student 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.

F. Language Dismissal Criteria

A student will be considered for dismissal from language therapy when:

1. The student demonstrates receptive and expressive language skills less than 1 standard deviation, or its equivalent, below 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 Team. This would be supported by current assessment and no other concern areas are identified.
4. The student uses his/her augmentative communication system 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) years 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 or in alternative program (e.g., ELL, etc). This decision is supported by #1 and #2.

NOTE: There must be an IEP Team meeting following assessment to dismiss a student from speech and language services.

X. VOICE: ELIGIBILITY AND EXIT CONSIDERATIONS

A. Definition

A VOICE disorder is defined as the absence or abnormal production of vocal quality, pitch, loudness, resonance, and/or duration. Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.

Description of Terms for Voice

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 student'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.
g. Quality – hoarseness, breathiness, harshness and stridency

B. Evaluation Procedures

Each student 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:
    a. Pitch
    b. Resonance
    c. Range
    d. Intensity
    e. Nasality
    f. Rate
    g. Air supply
4. Assessment of the student's perception of his/her voice, the parent's perception of the voice, and the concern of others.

5. Classroom observation.

Informal

Observations that note the following: breathing, pitch, intensity, glottal onset, resonance, etc.

C. Eligibility Criteria

A student may 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 student for intervention.

D. Degree of Severity Chart

If the total score is four (4) or more points on the *Degree of Severity Chart for VOICE* (see Appendix C page 31) admission to voice therapy is indicated.

E. Severity Rating Scale

1. **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 – 70db
2. **Mild:** Inconsistent or slight deviation. Voice disorder is not noted by casual listener. Student may be aware of problem.
3. **Moderate:** Voice disorder is consistent and noted by casual listener.
4. **Severe:** There is a significant deviation in the voice. Voice disorder is noted by the casual listener. Parents are usually aware of problem.

F. Additional Considerations

1. Students 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 student's teacher, the parent, the physician, and the student.
2. No student 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. Students with allergies may be selected for direct therapy, but also may be considered for consultative services.

G. <u>Exit Criteria for Voice</u>

The student will be dismissed from voice therapy when:

1. The SLP's professional judgment and evaluation indicates that the student'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 student from benefiting from further therapy.
4. Consistent use of inappropriate behaviors prevents the student 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.

NOTE: There <u>must</u> be an IEP Team meeting following assessment to dismiss a student from speech and language services.

XI. ADDITIONAL CONSIDERATIONS

A. English 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 culturally and linguistically diverse students (Cheng, 1996). The knowledge of the linguistic rules of many dialects allows the speech and language pathologist to assist the regular and special education teachers with the instruction of these students. It is important that educational teams understand social dialects that are rule-governed linguistic systems which, if there are concerns, can be evaluated for a 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 should become familiar with current norms for the phonological, morphological, syntactic, semantic and pragmatic development of students from limited English backgrounds. If possible, ASHA recommends consultation with a bilingual SLP, ELL instructors and/or directors within district or the county office of education.

Supports/interventions the speech and language pathologist can provide are as follows:

- Assist student, 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 student
- Assist parents in obtaining skills to provide appropriate modeling and language stimulation activities
- Refer student for additional services and/or programs as appropriate

(ASHA 1999, pg. 52)

B. Deaf/Hard of Hearing

SLPs are often called upon to support the language and speech development of students with hearing loss. The scope of service should include auditory training, speech reading, social pragmatics/pragmatic language, and speech and language intervention secondary to hearing loss; visual inspection and checks of amplification devices.

C. Eligibility Criteria for Students with Severe Disabilities

Eligibility for services and supports should be based on *individual communication needs* and *not* on prior criteria such as:

- Discrepancies between cognitive and communication functioning;
- Chronological age;
- A particular diagnosis;
- Absence of cognitive or other skills purported to be prerequisites; or
- Restrictive definitions of educational, vocational, and/or medical necessity

Categorical denial, without consideration of the student's unique needs and potential benefit, violates federal and state statute and regulations. Expected outcomes of communication services and supports may include increased access to learning, ability to direct one's own care, and greater independence and participation in home, school, work and community life.

Communication services and supports encompass interventions that include assistive technology, Augmentative/Alternative Communication (AAC) devices, environmental modifications, and instruction of communication partners. An interdisciplinary team should offer these services and supports. Composition of the team should be based on individual communication needs. The specialized expertise in language content, form, and use of personnel and/or resources should not drive decisions about eligibility or service delivery model.

The National Joint Committee for the Communication Needs of Persons with Severe Disabilities- Technical Position Statement and Technical Report on Eligibility (2002)

D. Augmentative/Alternative Communication (AAC)

The SLP is an integral part of an assessment/IEP Team when the need for AAC is considered. The SLP should 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>.

E. Testing African American Students

The Larry P. decision continues to guide SLPs with regard to assessment of African American students. Tests that directly or indirectly purport to measure IQ are 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.

When assessing African American students, speech/language pathologists must keep in mind the following:

1. In lieu of IQ tests, alternative means of assessment should be utilized. Alternative means should be utilized whenever there is a professional concern about the validity of the test;
2. Nondiscriminatory techniques, methods and materials should be used for ethnic and culturally diverse children;
3. Assessment personnel must be competent and appropriately trained to administer and interpret test results and, when necessary, be knowledgeable of and sensitive to the cultural and ethnic backgrounds of students;
4. When an assessment has been completed, a written report must be developed which addresses an effects of environmental, cultural, or economic disadvantages, where appropriate; and
5. When appropriate, the IEP should contain linguistically appropriate goals and objectives.

NOTE: "Banned" assessment tools cannot be used even if at parent request.

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

- Carefully listen to the history shared by the parent/guardian when describing differences in development of the student in comparison to other students (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 students from similar backgrounds

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).

F. Transition

It is critical that the SLP assist the student and IEP Team when transition is to be considered.

As a member of the IEP Team, the SLP can assist in the preparation of the student for the projected communication demands. When transition occurs between school settings, speech and language pathologists 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 student has the skills to facilitate positive experiences.

Beginning not later than the first individualized education program to be in effect when the pupil is 16 years of age, and updated annually thereafter, the following shall be included:
(A) Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills.
(B) The transition services, including courses of study, needed to assist the pupil in reaching those goals (30 EC 56345). This is a requirement for all students who have IEPs even those who have speech and language as their only service.

Beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter:

(a) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills;
(b) the transition services (including course of study) needed to assist the child in reaching those goals; and
(c) beginning not later than 1 year before the child reaches the age majority (age 18), a statement that the child has been informed of the child's rights that will transfer to the child when reached age 18.

G. Caseloads

When looking at the Rowley decision model to provide support for students, the IEP team needs to consider whether the student is receiving support and/or services from other special education personnel. When a student is eligible for

speech and language services, it does not automatically mean that the SLP will be a provider of direct services. In the CSHA position paper on **"***Caseloads – Language, Speech, Hearing Service Delivery in the Public Schools: Legal and Ethical Considerations***",** one idea for manageable caseloads states that the SLP "determine if any other professional (speech/language pathology assistant) could facilitate the goals written for a particular student, or help in the monthly monitoring process." 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 RSP and SDC teachers. The SLP could be responsible for overseeing the design and implementation of the goals, and if determined appropriate by the IEP Team, supervise staff.

H. Workload

Workload refers to all activities required and performed by school-based SLPs. SLP workloads may include time for face-to-face direct services to students. Workloads may also include many other activities necessary to support students' education programs, implement best practices for school speech and language services, and ensure compliance with IDEA and other mandates.

A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools: Technical Report, ASHA

XII. RESPONSE TO INTERVENTION

Response to Intervention (RtI) is the practice of providing high-quality instruction/intervention matched to student needs and using learning rate over time and level of performance to make important educational decisions.

RtI programs are designed to provide intense instructional opportunity, for a specified period of time, to students who may be suspected of having a speech/language disability. They are designed to provide students with instructional opportunities they may have missed. Students with reading difficulties make up the majority of students identified as having specific learning disabilities (SLD). Researchers in the area of speech and language pathology have been challenging the appropriateness of the use of a discrepancy model for eligibility. SLPs have an important role in RtI programs in the schools. It is the wave of the future and as more pilot programs are developed it is evident that there will a major shift in this direction for speech and language services in the schools. Speech-language pathologists will recognize that early intervening services, along with appropriate identification and intervention procedures, use of evidence-based practice and a workload analysis approach, will reshape their model for service in a positive way." (Moore-Brown & Montgomery, 2005)

RtI continues to be addressed on a district by district basis.

XIII. APPENDIX A - G

APPENDIX A

DEVELOPMENTAL TABLE FOR CONSONANT SOUNDS (GUIDELINE)

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

*Refer to Section D-5 Concerns on page 8 "lateralized /s/."

Reference: Goldman Fristoe, Test of Articulation, 2003.

Additional Considerations

There may be additional factors to be considered in deciding whether to enroll a student in articulation therapy.

1. Organic or physical disabilities (e.g., dysarthria, apraxia, developmental anomalies, hearing impairment, cerebral palsy, cleft palate, etc.)
2. All resources of the regular education program have been considered and, when appropriate, utilized. This includes mandatory classroom modification.
3. Test instrument/procedures used:
    a) Are unbiased and valid;
    b) Are provided and administered in the student's primary language/mode of communication;
    c) Given by a credentialed SLP in conformance with instructions provided;
4. Status and effects of a cultural and/or linguistically diversified history and social-environmental influence, if any, on speech production.
5. Factors related to phonological processes should be considered.

APPENDIX B

RECEPTIVE AND EXPRESSIVE LANGUAGE FACTORS

	LISTENING Receptive	SPEAKING Expressive	READING Receptive	WRITING Expressive
FORM	Applies phonological, morphological, and syntactic rules for comprehension or oral language	Uses words and sentences correctly in discourse according to phonological, and syntactic rules	Applies graphophonemic, morphological, and syntactic rules for comprehension of text	Uses words and sentences correctly in writing according to spelling, morphological, and syntactic rules
CONTENT	Comprehends the meaning of words and spoken language	Selects words and uses oral language to convey meaning Formulates thoughts into oral language Uses literal and figurative language	Comprehends the meaning of words and text	Selects words and uses written language to convey meaning Formulates thoughts into written language Uses precise and descriptive vocabulary Uses literal and figurative language
FUNCTION	Follows directions Understands social meanings	Uses appropriate language for the social context Takes turns in listener/speaker role	Understands mood, tone, style, and context of text	Follows rules of discourse Uses various styles and genres of writing
COGNITIVE COMMUNICATION COMPONENTS				Attention, long- and short-term memory, problem solving, and related components

American Speech-Language-Hearing Association. (in press). Roles and responsibilities of speech-language pathologists with respect to reading and writing in students and adolescents: Position statement, guidelines and technical report. Rockville, MD: Author.

APPENDIX C

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 maybe is indicated.

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

APPENDIX D

FLUENCY - SEVERITY RATING SCALE

CRITERIA	NORMAL	MILD	MODERATE	SEVERE
Fluency	Fluency Predominant	Stuttering may be episodic	Stuttering consistent	Stuttering consistent
Frequency of Nonfluencies	9 or less/100 words	3-10/100 words	3-15/100 words	10-20/100 words
Types of Nonfluencies	*Whole words phrase and some part word repetitions	*Primarily part word repetitions prolongations appearing	Part word repetitions, prolongations, postural blocks	Tension in all blocks
# of Repetitions per Word	1 – 3	*1 – 5	1 – 8	1 – 10
Duration of Nonfluencies	1 second or less	Average 1 second	Average 2 seconds	1 – 20 seconds
Phonation	*Easy effortless repetitions	Easy effortless repetitions and prolongations	*Abrupt initiation of phonation	Abrupt initiation of phonation
Substitution of Schwa Vowel	Absent	*Observable	Present on irregular basis	Present in repetitive blocks
Struggle Behavior	Absent	Absent	Observable	*Consistent with release devices used
Use of Starters and Postponements	Absent	Absent	Beginning to occur	*May be frequently employed
Word avoidances, Circumlocutions	Absent	Absent	Beginning to occur	*Frequently employed
Situational Avoidances	Absent	Absent	Noticeably concerned	*Frequent occurrences
Listener Reaction	No concern	Aware but unconcerned		*Noticeably uncomfortable

*Predominant features

Reference: Based on charts published/provided by the Stuttering Foundation of America, (www.stutteringhelp.org)

APPENDIX E

(MODEL)
CONFIDENTIAL REPORT OF SPEECH/LANGUAGE EVALUATION
SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

Name:	**D.O.B.**
Student ID Number:	**Age:** **Gender:Select**
Parent/Guardian:	**Grade:**
Date of Evaluation Report:	**Examiner:**

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 student with exceptional needs. is being considered for special education and related services because of difficulties the student is having progressing and participating in the regular curriculum. The student is experiencing significant difficulty in the area(s) of:

☐ voice ☐ language ☐ phonological processes ☐ fluency ☐ articulation
☐ augmentative/alternative communication

SOURCES OF INFORMATION

Student File/Portfolio - Be sure to capture SST information, accommodations made and the success of each, should be reflected along with State and district assessment results, report cards, etc.

Referral Information (school & parent/guardian)

- ✓ Home Language Survey
- ✓ Work Samples
- ✓ Academic/Behavioral History (school & parent/guardian)
- ✓ Health/Motor Skills History/Information (school & parent/guardian)

General History/Information (school & parent/guardian)

Existing Evaluation Information

Interviews: (Parent/Guardian/Teacher(s)/Therapists/Other)

List Assessment Instruments here or in specific section:

EXISTING/BACKGROUND INFORMATION

- ☐ Student Study Team memory sheets (Attach sheets)
- ☐ Student File/Portfolio
- ☐ Referral Information, if not received through SST (School & Parent/Guardian)
- ☐ Academic/Behavioral History (School & Parent/Guardian)
- ☐ History/Information (School & Parent)

Previous Interventions and Results (SST)

Specific services and special programs that have been provided, tried or considered for this student are:

Dates of interventions: from to

- ☐ These efforts have met the student's needs.
- ☐ These efforts have not been successful because:

Information Reported by the Parent:

(Referral information from parent)

Education:

(Summary of student's academic history)

Information Reported by the Teacher:

(Referral information from teacher)

☐ **For Reevaluation (if appropriate)**

For more detailed background information, please refer to the information contained in records located at School District and School.

The student:

- ☐ has not been receiving speech therapy services
- ☐ is currently receiving speech therapy to address:
  - ☐ voice ☐ language ☐ fluency ☐ articulation.

There appear to be no cultural, linguistic, or experiential factors, which may directly influence this student's ability to profit from the education process ☐ **YES** ☐ **NO**

Home Language Results:
The only language spoken in the home is .
The language the student speaks most of the time is .
In the home the student speaks .
The parent's report the student's preferred language with his/her peers is .
The student's method of expressive language is verbal. ☐ **YES** ☐ **NO,** (describe) .

Language Survey Information:
All students: Date of Survey
For students determined to be English Learners:
CELDT English LAS Spanish
Other Language Test Date Tested Scores
Recommendations of the Language Proficiency Assessment Committee (LPAC) for Limited English Proficient Students:
Date of the LPAC
Dominant Language: ☐ English ☐ Spanish ☐ Vietnamese ☐ Not clearly established
Student is limited in: ☐ English Other:

Proficiency: ☐ above average ☐ age appropriate ☐ below average
☐ average for this student's mental age
The current language of instruction is _____
Based on a review of existing data all further assessments will be conducted in
☐ English ☐ and Spanish ☐ ☐ Vietnamese)
☐ Other

The following sources of information were used to assess _____ (student's name) language dominance:
☐ Observation
☐ Referral/reevaluation data
☐ Woodcock Language Proficiency Battery ☐ English ☐ Spanish
☐ Woodcock Munoz Language Survey ☐ English ☐ Spanish
☐ Bilingual Verbal Ability Test
☐ Other:

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

- ☐ Coming from a non-English speaking home or geographic area
- ☐ The student'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

Medical/Health

Vision and Hearing:
(Report results and date(s) of current (within the year) screenings)

Health Information:

- ☐ The student is generally healthy and requires no ongoing health services.

- ☐ The student has been diagnosed as having according to . He/She takes the prescribed medication(s) .

- ☐ This student has significant health history as indicated by:

Existing Evaluation Information (or Referral Information)

- ☐ No data regarding existing evaluations is available.

Assessment information from School district or other school districts or outside sources is found in the student's cumulative/special education file. This includes:

- ☐ Comprehensive Individual Assessment ☐ Psychological
- ☐ Medical ☐ Speech and Language ☐ Other:

Review of school administered standardized criterion-referenced assessments indicate:

☐ The student does demonstrate ability to function in the regular curriculum on grade level as evidenced by scores.

☐ The student does not demonstrate ability to function in the regular curriculum on grade level as evidenced by scores on state or district wide assessments in:

☐ Reading ☐ Math ☐ Written Language

Cognitive/Intellectual Assessment – Information available ☐ **Yes** ☐ **No**
Results of standardized assessment conducted by dated
indicates the student performs as follows:

☐ above average ☐ average ☐ below average range and achievement functioning.

SCOPE OF THE EVALUATION

Based on review of Existing Evaluation data, a Formal Assessment was conducted in the following areas:

☐ Language/Communication
☐ Auditory Processing
☐ Fluency
☐ Voice (requires doctor's referral)
☐ Augmentative/alternative communication
☐ Social Communication/Functional Language

CURRENT ASSESSMENT

Classroom Observation: Behavioral Considerations

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:

LANGUAGE AND COMMUNICATION

Based on the assessment of 's language abilities, the remainder of the speech and language assessment was conducted in

☐ English ☐ Spanish ☐ both English and Spanish

☐ By an examiner familiar with second language acquisition was used to obtain optimal results.

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the assessment results, does not present a challenge in this area.

Based on the assessment results, presents challenges with:

VOICE:

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the assessment results/observations, does not present a challenge in this area.

Based on the assessment results/observations, presents challenges with:

FLUENCY:

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the assessment results/observations, does not present a challenge in this area.

Based on the assessment results/observations, presents challenges with:

ARTICULATION/PHONOLOGICAL PROCESSES:

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the assessment results/observations, does not present a challenge in this area.

Based on the assessment results/observations, presents challenges with:

AUGMENTATIVE COMMUNICATION

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the assessment results/observations, does not present a challenge in this area.

Based on the assessment results/observations, presents challenges with:

Assistive Technology Consideration

☐ Based on the review of existing data, including information, observations from parent and classroom teachers, there are factors which may warrant additional assessment for assistive technology devices or services. These factors include:

☐ Based on the review of existing data, including information, observations from parent and classroom teachers, there are no identified needs for assistive technology or services.

SOCIAL SKILLS/FUNCTIONAL COMMUNICATION

SCORES LISTED/SUMMARY OF INFORMATION HERE

☐ Based on the assessment results, does not present a challenge in this area.

☐ Based on feedback from parents and school staff, informal/formal assessment, and assessor observations, there are factors which indicate that requires:

BEHAVIOR RELATED TO THE STUDENT CODE OF CONDUCT:

☐ The student generally has appropriate behavior related to the Student Code of Conduct.
☐ Minor offenses documented on this student include:
☐ Documented persistent, serious offenses related to the student code of conduct include:

TRANSITION: (Consider when student will turn 14 within the scope of the IEP)

SCORES LISTED/SUMMARY OF INFORMATION HERE

Based on the Transition Inventory,

SUMMARY OF FINDINGS AND CONSIDERATION OF ELIGIBILITY

As a part of 's evaluation, a qualified professional carefully considered existing evaluation data, information and evaluations provided by the parent, current classroom based assessments and observations by teachers and related service providers to determine the presence or absence of a physical, mental, or emotional 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).

SUSPECTED AREA(S) OF DISABILITY (IES)

Based on information reviewed, the suspected area(s) of disability (ies) for this student is/are:

This student appears to meet specific eligibility criteria for:

☐ Speech/Language Impairment	☐ Deaf	☐ Hard of Hearing
☐ Autism		

☐ There is no severe discrepancy.

☐ Functional language statement:

☐ Student is making satisfactory progress and passing all of his/her subjects in the regular program. There is no educational need for eligibility.

RECOMMENDATIONS FOR THE IEP TEAM

The IEP Team will convene to review the results of the assessment and ultimately determine eligibility. The IEP Team should consider the impact of the student's speech and language impairment on the student's educational performance and whether speech and language services are indicated at this time. The following recommendations based on the student's learning style and needs should be considered in order for the student to reach his capacity for involvement and progress in the general education class and curriculum (34CFR 300.532):

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 student will not be determined a student with a disability if the determinant factor is limited English proficiency.

The findings and judgment expressed here are an accurate reflection of the information available for this report.

This report is respectfully submitted for use by the IEP Team in reaching education decisions for the student.

_____

(Name/title)

ADAPTED FROM: Lisa Warren, Psychologist, Riverside County SELPA

APPENDIX F

SUGGESTED ASSESSMENT TOOLS

NOTE: In assessing African American students, tests that directly or indirectly purport to measure IQ are 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.

Suggested Evaluation Instruments for Assessing Articulation

1. Perceptual Articulation theory based instruments:
   a. Arizona Test of Articulation Proficiency
   b. Clinical Probes of Articulation Proficiency (C-PAC)
   c. Fisher-Logemann Test of Articulation
   d. Goldman-Fristoe Test of Articulation (GFTA-2)
   e. Photo Articulation Test -3 (PAT-3)
   f. Riley Articulation Test, Revised
   g. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
   h. Structured Photo Articulation Test D-II (SPAT-D-II)
   i. Test of Minimal Articulation Competence (T-MAC)
   j. Test of Phonological Awareness in Spanish (TPAS)
   k. Weiss Comprehensive Articulation Test

2. Language/Rule theory based instruments:
   a. Assessment Link Between Phonology and Articulation (ALPHA)
   b. Clinical Assessment of Phonological Processes (CAPP)
   c. Comprehensive Test of Phonological Processing (CTOPP)
   d. Hodson Assessment of Phonological Patterns 3rd Edition (HAPP-3)
   e. Hodson Assessment of Phonological Patterns 3rd Edition Spanish
   f. Khan-Lewis Phonological Analysis, Second Edition (KLPA-2)
   g. Lindamood Auditory Conceptualization Test, 3rd Edition (LAC-3)
   h. Phonological Awareness Test

Suggested Evaluation Instruments for Assessing Fluency

1. Monterey Fluency Program – Fluency Inventory (FI)
2. Stuttering Severity Instrument for Children and Adults (SSI-3)
3. Stuttering Prediction Instrument
4. ACES (in publication)

Semantics

1. Assessing Semantic Skills Through Everyday Themes (ASSET)
2. Assessment of Student's Language Comprehension (ACLC)
3. Bracken Test of Basics Concepts
4. Clinical Evaluation of Language Fundamentals-Revised (CELF-4)
5. Clinical Evaluation of Language Fundamental)4th Spanish Edition (4th)
6. Comprehensive Assessment of Spoken Language (CASL)
7. Comprehensive Receptive and Expressive Vocabulary Test 2nd Edition (CREVT)
8. Expressive One Word Picture Vocabulary Test-Revised (EOWPVT-R)
9. Expressive One Word Picture Vocabulary Test (EOWPVT) Spanish
10. Language Processing Test-3 (LPT-3)
11. Peabody Picture Vocabulary Test (PPVT IV)
12. Test de Vocabularies de Imagenes (TVIP)
13. Receptive One Word Picture Vocabulary Test (ROWPVT) – 2000 Edition
14. Receptive One Word Picture Vocabulary Test (ROWPVT) – 2000 Edition (Spanish)
15. Test of Auditory Comprehension of Language (TACL-3)
16. Test of Language Competence (TLC)
17. Test of Language Development – Primary (TOLD-P:3)*
18. Test of Language Development – Intermediate (TOLD-I:3)
19. Test of Semantic Skills (TOSS-P) 4-8 yrs.
20. Test of Semantic Skills (TOSS –I) 9-13 yrs.
21. The Listening Comprehension Test -2
22. Test of Word Finding (TWF-2)
23. The Word Test-2
24. Wig Assessment of Basic Concepts (WABC)
25. Test of Word Knowledge

Morphology

1. Clinical Evaluation of Language Fundamentals (CELF-4)
2. Clinical Evaluation of Language Fundamental 4th Spanish Edition
3. Test of Auditory Comprehension of Language- Revised (TACL-3)
4. Test of Language Development – Intermediate (TOLD-I)*
5. Test of Language Development – Primary (TOLD-P)*

Syntax

1. Adapted Sequenced Inventory of Communication Development for Adolescents and Adults with Severe Handicaps (A-SICD)
2. Clinical Evaluation of Language Fundamentals-Revised (CELF-4)
3. Clinical Evaluation of Language Fundamental 4th Spanish Edition
4. Expressive Language Test
5. Fluharty -2 Preschool Speech-Language Screening Test
6. HELP Test-Elementary
7. Illinois Test of Psycholinguistic Abilities – 3 (ITPA-3)
8. Oral and Written Language Scales (OWLS)
9. Reynell Developmental Language Scales
10. Spanish Language Assessment Procedure (SLAP- 3)
11. Spanish SPELT II
12. Structured Photographic Elicited Language Test- II (SPELT II)
13. Structured Photographic Elicited Language Test – Preschool (SPELT-P)
14. Test of Auditory Comprehension of Language (TACL-3)
15. Test of Early Language Development (TELD-I -3)
16. Test of Language Development – Intermediate (TOLD-3)*

Pragmatics

1. Clinical Evaluation of Language Function (Pragmatic Profile) (CELF-4)
2. Comprehensive Assessment of Spoken Language (CASL)
3. Functional Communication Profile
4. Social Communication Questionnaire (SCQ)
5. Test of Adolescent Problem Solving (TOPS:3)
6. Test of Pragmatic Language (TOPL)
7. Oral Written Language Scales (OWLS)

Functional Communication

1. Functional Communication Profile – Revised

Preschool

1. Battelle Developmental Inventory 2nd Edition
2. Clinical Evaluation of Language Fundamentals -Preschool (CELF P:2nd Edition)
3. Miller Assessment for Preschoolers (MAP)
4. Preschool Language Assessment Instrument -2 (PLAI-2)
5. Preschool Language Scale (PLS-4th Edition)
6. Preschool Language Scale – Spanish 4th Edition
7. Rossetti Infant Toddler Language Scale
8. Test of Early Language Development (TELD)*

Voice Evaluation Instruments

1. Boone Voice Evaluation Form and Voice Evaluation Profile
2. Fisher-Logemann Voice Evaluation
3. Ling Test
4. Medical evaluation

Other

1. Boehm Test of Basic Concepts
2. Hawaii Early Learning Profile
3. Test of Auditory Processing Skills-3 (TAPS-3)
4. Social, Communication, Emotional Regulation, Transactional Support (SCERTS)
5. Wig Assessment of Basic Concepts (WABC)

APPENDIX G

MODIFICATIONS

The following general modifications are from the State Department of Education (1989) Program Guidelines for Language Speech, and Hearing Specialist Providing Designated Instruction and Services. These are important in this era of collaborative models for use with classroom teachers.

General Classroom Modifications

Check which classroom modifications have been made to accommodate a student with speech, language, or hearing difficulties.

_____Provide a home-school checklist

_____Provide peer partners or a "buddy" system

_____Provide preferential seating

_____Provide cross-age tutoring

_____Increase routine and predictability

_____Move about the room to maintain attention

_____Touch student occasionally to reward or orient

_____Use visual aids and examples liberally

_____Provide parent/teacher conferences

_____Consult with fellow teachers

_____Use easier material or shorter assignments than those usually given

_____Provide classroom contracts

_____Begin the day by reviewing the schedule and expectations

_____Provide study check sheets

_____Decrease change

_____Create a quiet study area

_____Provide breaks during the instructional day

_____Provide period-by-period reinforcement

_____Change teacher or grade

_____Modify the schedule or shorten the day

_____Increase student participation in commitment and decision making

_____Obtain adult tutor volunteers

Speech and Language Modification for the Regular Education Program

On the appropriate line, give the date when the activities listed below have been implemented.

Articulation

_____Provide sound discrimination activities

_____Provide sound awareness activities

_____Develop a sound book

_____Identify a target sound of the week (should match classroom lessons, if possible)

Language: Listening

_____Keep directions simple; use short sentences

_____Provide visual cues and examples

_____Ask students to repeat or paraphrase directions to determine whether they have been received

_____Supervise initial work on a new activity

_____Demonstrate directions

_____Shorten amount of verbalization

_____Gain the student's attention and limit other movement when directions are being given

_____Give directions at the student's eye level

_____Check for understanding before proceeding

_____Encourage questions

_____Speak directly, loudly, and clearly

_____Use a written checklist or sequence

_____Color code the routine and sequence

Language: Vocabulary Concepts

_____Teach vocabulary words in context

_____Encourage use of dictionary

_____Teach categorization or classification activities

Develop unit vocabulary lists from textbooks to send home

_____Teach synonyms and antonyms

_____Expand sentences with adverbs and adjectives

_____Brainstorm attributes of objects

_____Use newspapers to build practical vocabulary

_____Introduce and review lesson vocabulary prior to presenting the lesson

Verbal Expressions

_____Model expected responses.

_____Expand and model the student's verbal expressions

_____Encourage persuasive communication

_____Listen carefully, maintain eye contact, and show interest

_____Retell stories; verbally summarize directions or chapters

_____Ask students to make up stories

_____Encourage parents to enrich everyday experiences and stress communication exchanges

_____Encourage students to verbalize rather than use gestures or facial expressions

_____Attempt choral reading

_____Stimulate expression by asking who, what, when, where, and why questions

_____Incorporate puppets, role playing or drama

_____Encourage the use of adverbs or adjectives

_____Call on reluctant students when they have the answer

_____Promote leadership in nonverbal activities

_____Use correct and incorrect sentences; have students judge correctness

_____Provide a statement; ask students to form a question

_____Provide a word; ask students to form a sentence

_____Stress verb tense being used

Fluency

_____Discourage interruptions when the student blocks on a word

_____Do not fill in words; wait patiently showing interest

_____Minimize competition

_____Remove time pressures in speaking

_____Avoid calling on students alphabetically or according to seating arrangements

_____Gain the student's attention

_____Observe the degree of fluency in speaking situations and encourage participation in fluent situations

_____Do not ask the student to stop and start over; accept whatever quality of language is expressed

_____Allow considerable flexibility in mode of responding (e.g., taped book reports, reports from seats)

_____Model acceptance for individual difference; for example, strengths and weaknesses

_____Talk and act calmly

_____Communicate positive regard for the content of the communication and accept any quality

_____Facilitate nonverbal activities in which the student can succeed

_____Call on students randomly

Voice*

(* These are suggestions not modifications.

They are intended to support observation and data collection)

_____Consult with school nurse regarding any medical concerns (i.e., allergies, injuries)

_____Monitor and note different situations foe excessive yelling, screaming, shouting, or other verbal abuse; then reduce instances of abuse

_____Observe voice in various situations; too loud or soft, tense, strained. Maintain chart of behaviors noted supplied by the SLP

_____Note any concerns voiced by parents

_____Observe for any unnatural use of voice; (e.g., imitates cars "squealing" wheels). Remind the student to use his/her "(good)" voice. Reward reductions in vocal abuse as per SLP recommendations

_____Monitor for participation in activities that encourage/ require excessive vocal use (e.g., cheer practice during recess). Alert SLP to such activity

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