Rethinking the School Based SLP Workload Under the Lens of IDEA Requirements for Assessment and Eligibility

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Thursday, February 9th, 2023 **8:30-3:30**

DISCLOSURES

Financial Disclosure:

- Receiving an honorarium from GOSSLP.

Non-Financial Disclosure:

- ASHA School Issues Advisory Board
- SC State Department of Education
- SEACDC board member

LEARNER OUTCOMES:

1. State key features of eligibility according to the IDEA.

2. Discuss current research with regard to norm-based assessment and other evidence-based methods of assessment.
- Specifically discuss assessment and eligibility related to:
    - Speech Sound Production
    - Language
    - Students from culturally and linguistically diverse backgrounds
    - Autism Spectrum
    - Preschool

3. List a variety of strategies for reducing workload.

WHY RETHINK ASSESSMENT AND ELIGIBILITY UNDER IDEA?

Could rethinking impact workload?

Are we certain eligibility hasn't changed?

What does current research say?

FEDERAL LAWS, STATE LAWS, AND GUIDANCE

The IDEA is a federal statute (a.k.a. law). If you refuse to follow the law, you can be sanctioned civilly or criminally.

Statutes do not and cannot set out all the details that describe procedure or the details related to the application and enforcement of the statutes. That is where regulations come in which are drafted by departments such as State Departments of Education.

States and other agencies (ASHA) may also issue further clarification and guidance on certain topics (i.e., SLP Companion Guides, ASHA Roles and Responsibilities document).

If guidance and regulations do not align,

follow the regulations

IDEA ASSESSMENT AND ELIGIBILITY

- IDEA has **not** changed.
- GA's eligibility requirements have **not** changed.
- The evidence **has** changed.
- The student population, types of concerns, rates of disability subgroups and number of referrals **have** changed.

10 FACTORS THAT CONTRIBUTE TO HIGH CASELOADS

1. Exclusionary factors have not been excluded.
2. Misunderstandings regarding appropriate referral, assessment, eligibility, and dismissal criteria in accordance with the requirements of the IDEA and the role of the school-based SLP.
3. Student does not meet both prongs of eligibility
4. Student does not continue to meet eligibility
5. Shortage of SLPs
6. Student has not moved across the continuum of service delivery options within the LRE
7. Therapeutic intervention that does not follow a clear progression along the continuum of development
8. Failure to implement a workload approac
9. Student has not been reevaluated to consider other areas of suspected disability
10. Failure to implement EBP

EVIDENCE-BASED PRACTICE AND EVIDENCE-BASED ASSESSMENT

- The use of the terms “scientifically-based research” and “**evidence-based practice**” (EBP) is contained within Every Student Succeeds Act (ESSA), the Individuals with Disabilities Education Act (IDEA) as well as many state laws related to instruction.

- EBP is a term that describes a model for professional work and a way of working that **increases accountability and student outcomes.**

- Attention to research and evidence-based practice recommendations **for diagnostic accuracy**, analysis and interpretation of assessment, considerations for culture and socioeconomic status, and other factors is vital for the decision-making process (Ireland & Conrad, 2016).

WHY USE CURRENT EVIDENCE?

- ESSA: Under No Child Left Behind (NCLB), districts and schools were called to use “scientifically-based research”. This has been replaced by “**evidence-based** interventions” under ESSA. This shift was designed to help increase the impact of educational investments by ensuring that interventions being implemented have **proven to be effective in leading to desired outcomes**.
- IDEA: 34 CFR 300.320 (4) A statement of the special education and related services and supplementary aids and services, based on **peer-reviewed research.**
- In any field of science, new information is welcome because new information leads to better outcomes.

Its not about being right; its about getting it right.

TRUE OR FALSE:

SCREENINGS DETERMINE IF A STUDENTS RECEIVES AN EVALUATION

34 CFR §300.302

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.

TRUE OR FALSE:

THERE ARE FACTORS THAT EXCLUDE A CHILD FROM BEING DETERMINED AS HAVING A DISABILITY

34 CFR §300.306
34 CFR §300.309,
34 CFR §300.311

- A child **must not be determined to be a child with a disability** (1) **if** the determinant factor for that determination is—
- Lack of appropriate instruction in reading, including the essential components of reading instruction (systematic and explicit instruction in phonemic awareness, phonics, vocabulary, fluency and comprehension).
- Lack of appropriate instruction in math; or
- Limited English proficiency;
- Cultural factors;
- Environmental or economic disadvantage;

Data must be collected to document whether or not these factors have been considered **prior** to determining the disability.

EXCLUSIONARY FACTORS

This exclusionary factors are not about excluding students from receiving additional support, but rather **ensuring that they are provided the necessary supports prior to determining the presence of a disability.**

SYSTEMATIC AND EXPLICIT INSTRUCTION IN THE ESSENTIAL COMPONENTS OF READING INSTRUCTION

- Lack of appropriate instruction in reading, including the essential components of reading instruction (systematic and explicit instruction in
- phonemic awareness,
- phonics,
- vocabulary,
- fluency and
- comprehension.

EXCLUSIONARY FACTORS

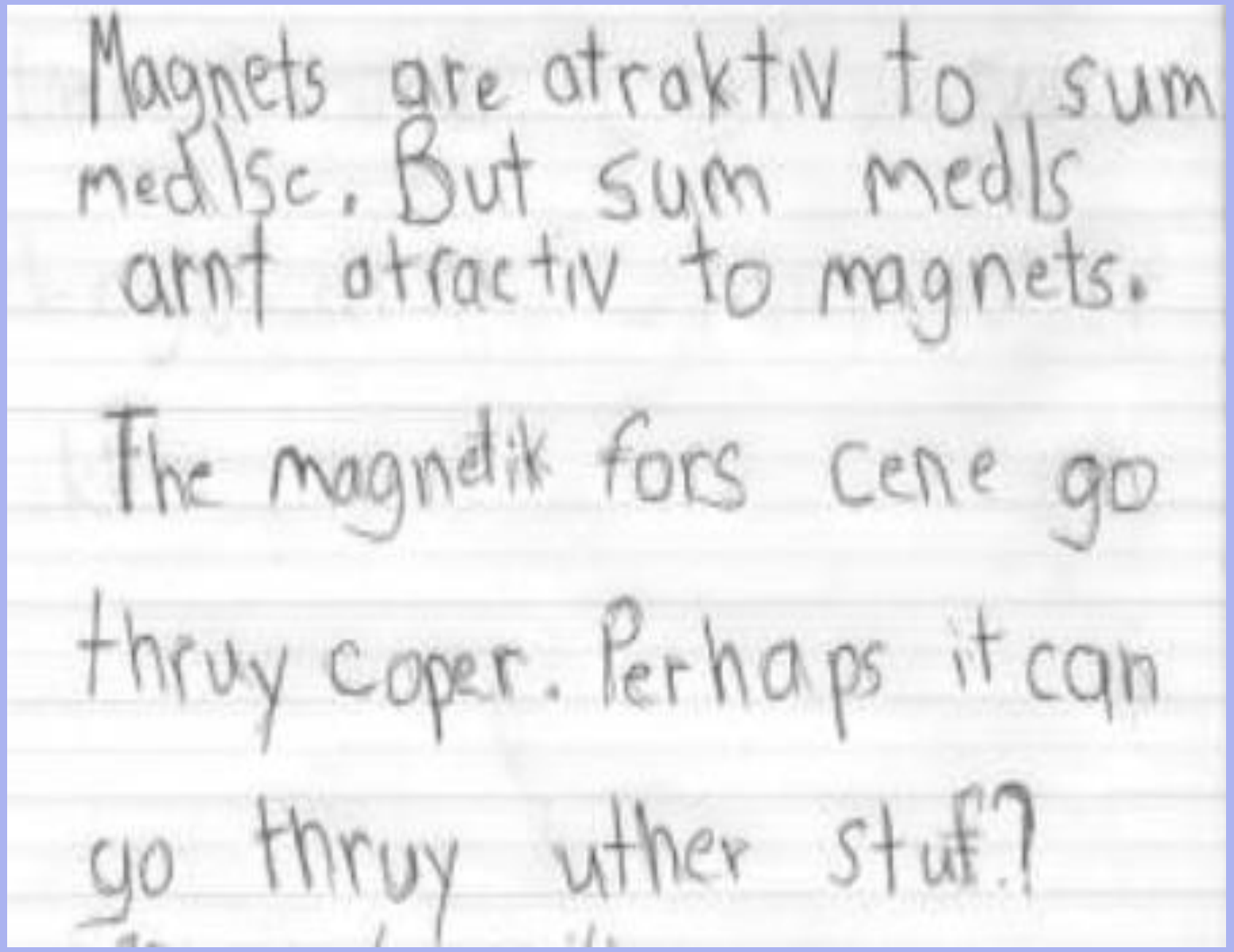
Is it possible to look at a student's academic data and determine whether difficulties observed in spelling, reading, and/or curriculum-based measures are due to speech-language difficulties OR if the student simply has not been taught these skills?

Phonemic Awareness

Phonics

Vocabulary

Comprehension



WHAT SYSTEMATIC AND EXPLICIT INSTRUCTION IS NOT

Give the word list on Monday and test on Friday without any instruction, explanation or directed practice.

Word lists that do not progress from simple to complex or that are random (without an organizing concept).

Grade levels that are not aware of what was taught the grade level before.

Systematic and explicit instruction that stops after 2nd grade.

Sight words added to the end of a list vs. high frequency words within the pattern list.

EXCLUSIONARY FACTORS

Is it possible to look at a student's academic data and determine whether difficulties observed in spelling, reading, and/or curriculum-based measures are due to speech-language difficulties OR if the student has not been provided explicit instruction or sufficient instruction to acquire English proficiency?

Limited English proficiency;

Cultural factors;

Why do you think Eric's parents want him to learn more about the Gold Rush?

ENVIRONMENTAL OR ECONOMIC DISADVANTAGE

- Children in low-income families are engaged more in talk about immediate daily living concerns and often do not converse about topics beyond practical concerns. As a result, low-SES children often have very concrete language and difficulty understanding the abstract, decontextualized language of school (Nelson, 2010).
- Vocabulary size has been correlated to SES background in numerous studies and has been found to be a diagnostically **inaccurate** method of identifying individuals with language disorders (Hart & Risley, 1995; Pruitt, Oetting & Hegarty, 2011; Roseberry-McKibbin, 2008).
- Norm-referenced tests are typically **biased against children from lower SES backgrounds** because the normative/standardization sample is often largely made up of participants from middle SES. Due to this, the norms often indicate children of low SES to be delayed in development in comparison (ASHA Leaders Project, 2013).

TRUE OR FALSE:

INTERVENTIONS MUST BE COMPLETED PRIOR TO EVALUATION

OFFICE OF SPECIAL EDUCATION PROGRAMS, 2011

States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of a Response to Intervention strategy.

The use of Response to Intervention strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §300.304 - 300.311, to a child suspected of having a disability under 34 CFR §300.8.

TENNESSEE DEPARTMENT OF EDUCATION, JUNE 2022

COMPROMISE AND SETTLEMENT AGREEMENT

In the matter of:

***[redacted], the student, and [redacted]. and [redacted]., the student's parents v. Tennessee Department of Education*, APD Case No. 07.03-220434J.**

This Compromise and Settlement Agreement ("the Agreement") is made by and among [redacted] and [redacted] and their minor son [redacted] (collectively "the Petitioners") and the Tennessee Department of Education ("the Department") (with the Petitioners, collectively "the Parties"). This Agreement is made to compromise and settle the Petitioners' claims against the Department in the due process matter styled [redacted]., *the student, and* [redacted]. *and* [redacted].., *the student's parents v. Tennessee Department of Education,* Administrative Procedures Division Case No. 07.03-220434J.

TRUE OR FALSE:

STUDENTS CAN STAY IN INTERVENTION AS LONG AS THEY ARE MAKING PROGRESS

WHAT IF THE STUDENT NEEDS READING INTERVENTIONS AND A SPEECH EVALUATION?

- Intervention may not delay or deny access to evaluation
- There is nothing that would prevent reading interventions from taking place concurrently with the evaluation timeline.
- The intervention data can provide excellent data to support evaluation findings.
- Kindergarten scenario

INSUFFICIENT RATE OF PROGRESS

- When provided with high-quality core instruction that a majority of children are responding to
  - and they have received **scientific, researched-based** intervention(s)
  - that are **matched to the area(s) of need,**
  - the child demonstrates either a **lack of response** to instruction and intervention
  - **or is responding at a rate that is insufficient to reduce their risk of failure**
  - after an appropriate period of time.

HIGH QUALITY CORE INSTRUCTION

Comprehensive core reading programs (IRIS Center):

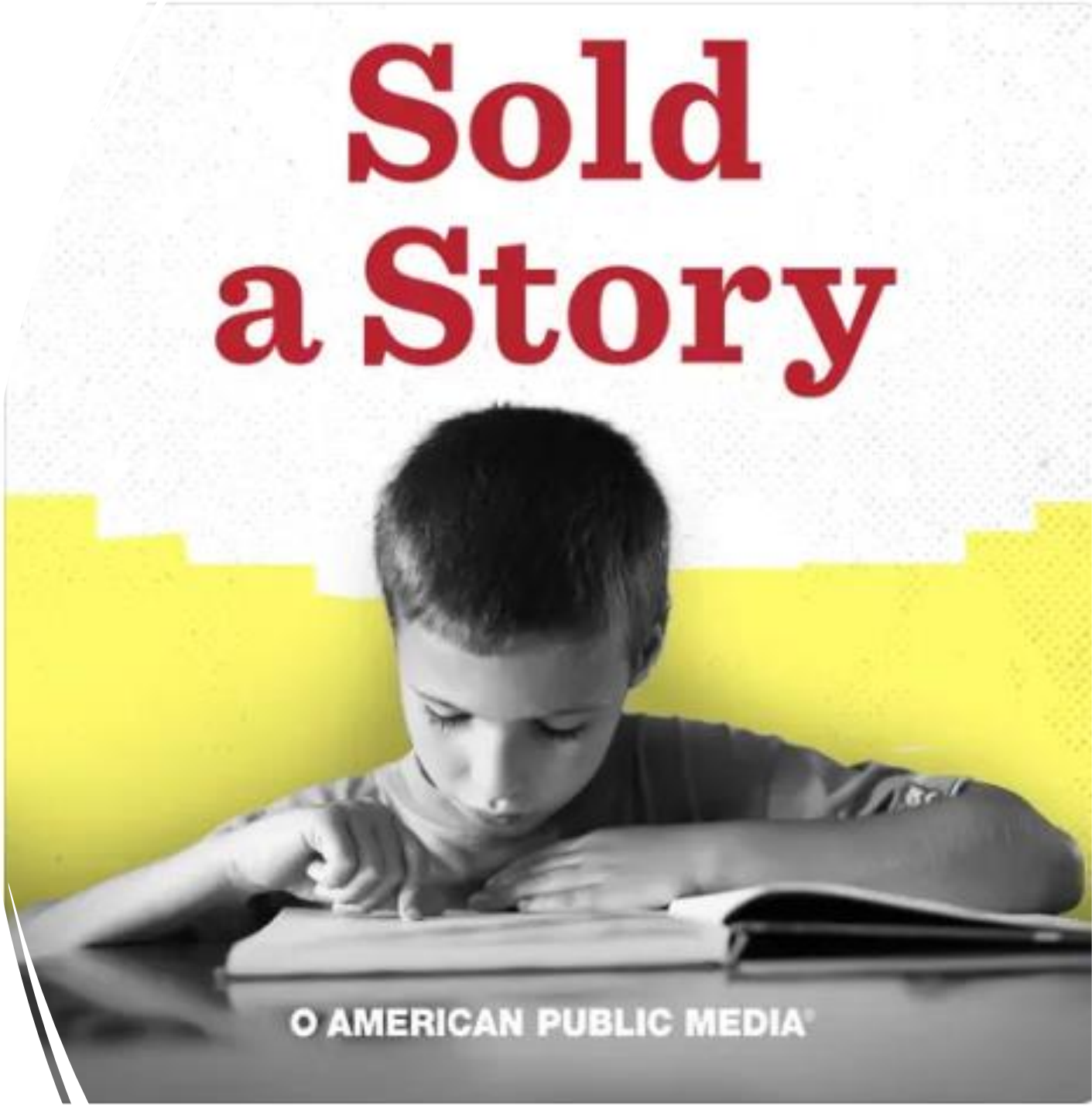
- Organize the scope and sequence of lessons in which specific skills are taught so that teachers don't have to make it up as they go
- Create consistency across classrooms, grade levels, schools, and districts
- Provide research-validated materials and strategies for meeting diverse students' needs
- Build curricula and instructional practices that support students' initial learning as well as the transfer of knowledge and skills to other contexts
- Reflect state standards, which identify benchmarks and target instruction at each grade level

In most schools, 80 percent of the resources are allocated to Tier 1, so if only 40 percent of students in Tier 1 are proficient and 80% of the resources exist in Tier 1, it will not be possible for the remaining resources to compensate for 60 percent of the students, no matter how effective supplemental intervention may be (PATTAN).

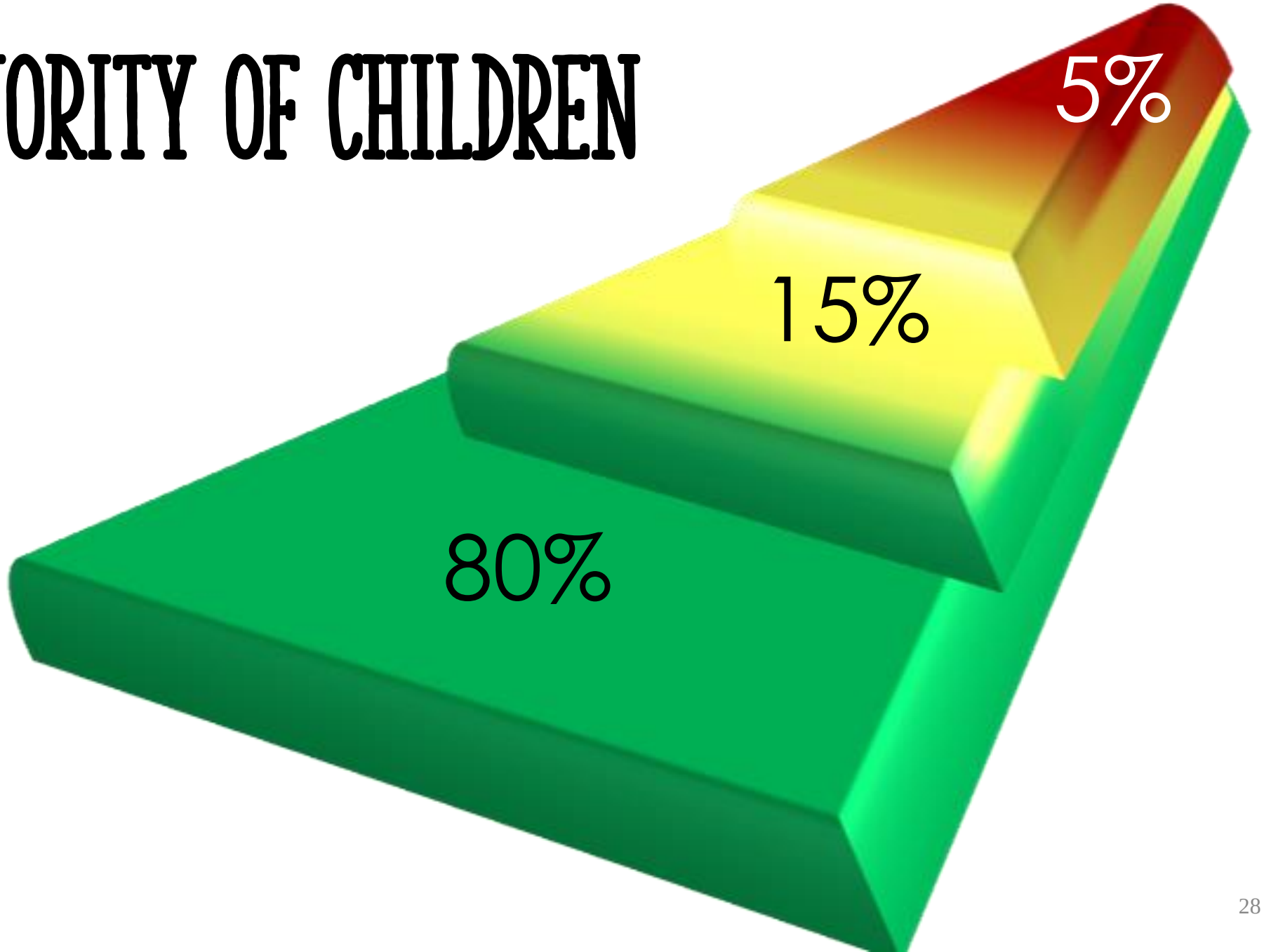
EMILY HANFORD PODCASTS

Also by Emily Hanford:

- What the Words Say
- At A Loss for Words
- Hard Words
- Hard to Read

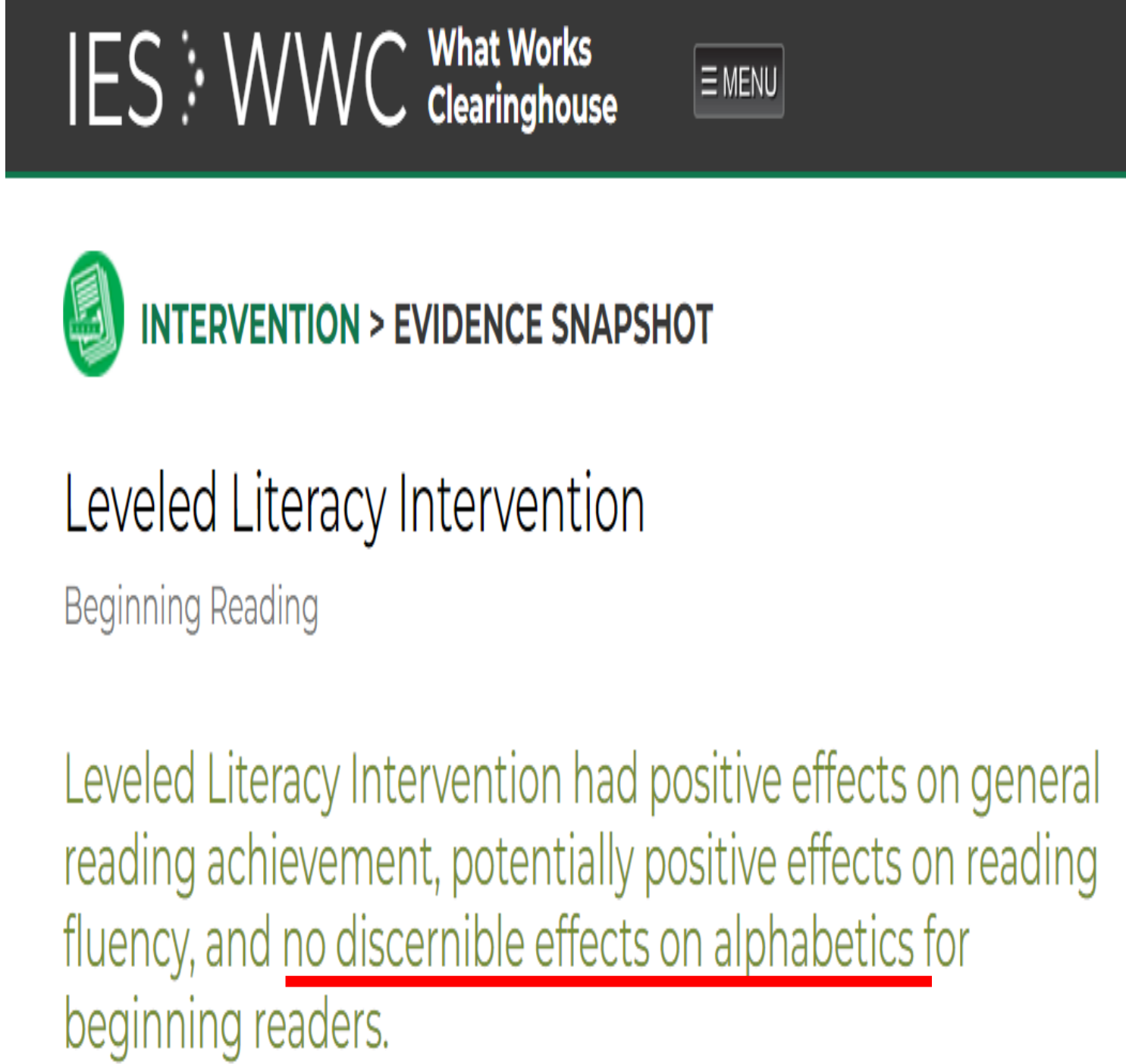


A MAJORITY OF CHILDREN



SCIENTIFIC, RESEARCH-BASED INTERVENTION

According to WWC, alphabetics includes phonemic awareness, phonological awareness, letter identification, print awareness, and phonics.



The Simple View of Reading

0	X	0	=	0
0	X	1	=	0
1	X	0	=	0
.5	x	.5	=	.25
1	X	1	=	1

Many Strands Are Woven into Skilled Reading

THREE CUEING APPROACHES ARE NOT EVIDENCE-BASED

Some variation of:

- 1) meaning drawn from context or pictures (“Does it make sense?”)
- 2) syntax (“Does it sound right?”)
- 3) visual information, meaning letters or parts of words (“Does it loo right”?)
- When giving prompts to students, context and picture cues only work 10% of the time. Decoding the word, sounding out the word, and using context clues works nearly 100% of the time. (Kilpatrick, 2015).
- Strategies promoted by the three cueing systems model how *poor* readers approach text rather than how skilled readers approach text (Hempenstall, 2002; Liberman &Liberman, 1990).

The ability to read words in isolation quickly and accurately is the hallmark of a skilled reader.

MATCHED TO THE NEED(S) OF THE STUDENT

Kindergarten	-	15-30 minutes a day
1st grade	-	30-45 minutes a day
2nd	-	60 minutes a day
3rd	-	90 minutes to 3 hours a day

(Torgeson et al, 2001)

The later interventions begin,

the longer they take to work,

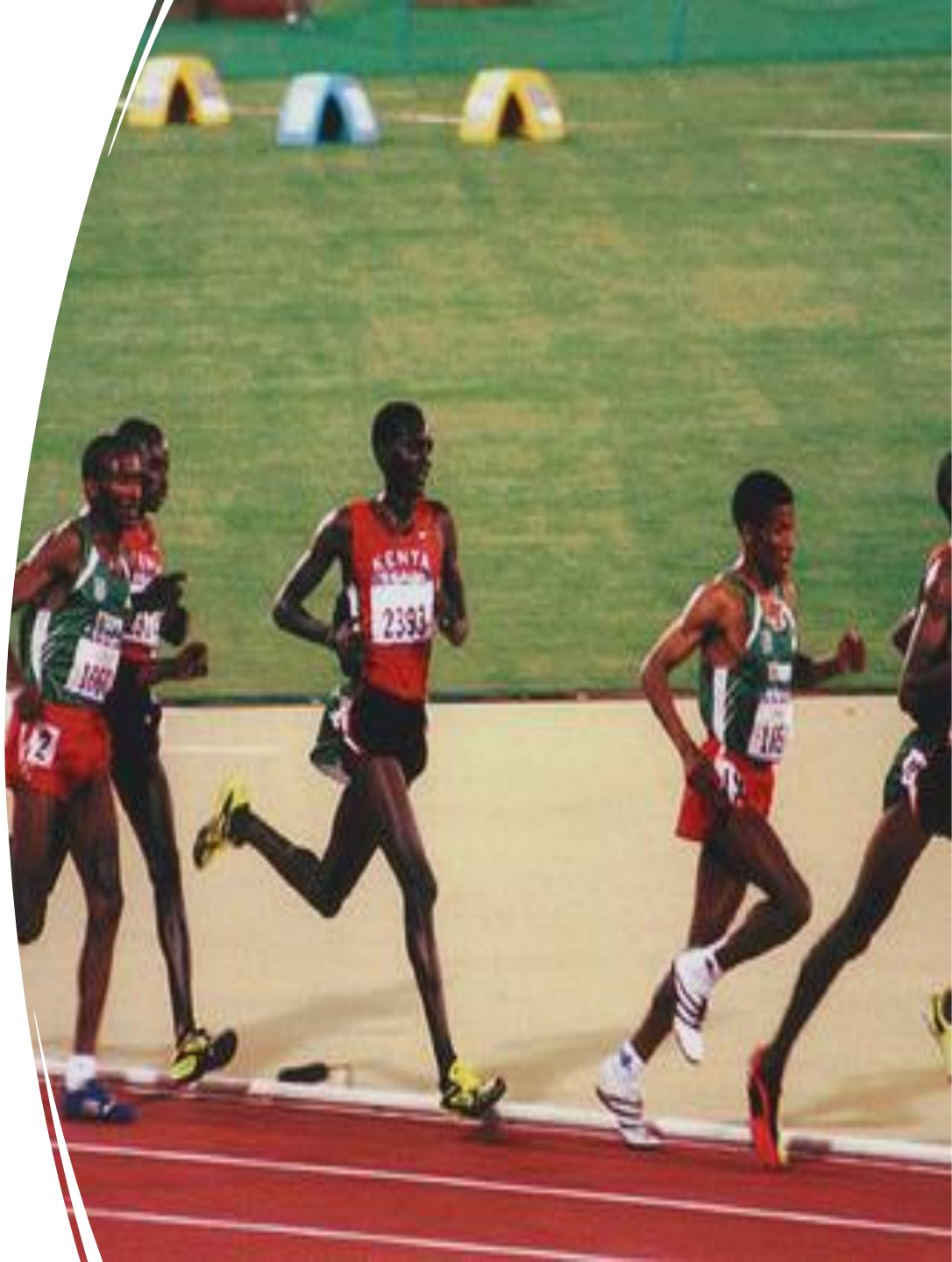
the longer they need to be implemented each day,

and the less likely they are to produce desired effects

(Adams, 1990; Good, Simmons, & Kame'enui, 2001; Snow, Burns, & Griffin, 1998; Stanovich, 1986; Torgesen, 2000; Torgesen et al., 2001).

LACK OF RESPONSE

- Responding at a rate that is insufficient to reduce their risk of failure.
- Students receiving intervention must respond at a rate of 40% faster than their peers. If not, it is a mathematical impossibility that they will close the gap.
- If after 6-8 weeks, the data shows that the student is not responding to the intervention teams implement the problem-solving process.



INTERVENTION KEY POINTS

1. Intervention cannot be used to **delay or deny** an evaluation as per IDEA.
2. Intervention IS required to be matched to the needs of the student.
3. Every student of every age can access the MTSS problem solving framework.
4. MTSS is different from RTI as the focus is on **prevention** with tier one (core instruction) as the primary focus.
5. It is a **data**-based **problem-solving** model
6. Intervention by the SLP should **not be used to supplant** explicit and systematic tier one instruction in the essential components of reading instruction which includes phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies as required by ESSA.

TRUE OR FALSE:

THREE TYPES OF DATA ARE NECESSARY

34 CFR §300.304

(b) In conducting the evaluation, the public agency must
(1) Use a variety of assessment tools and strategies to gather relevant **functional, developmental,** and **academic** information about the child, including information provided by the parent, that may assist in determining—

- (i) Whether the child is a child with a disability under §300.8; and
- (ii) The **content of the child's IEP**, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

Academic and Functional	Developmental Non-Standardized Tools
• Examples of student work • Writing Samples • Contextual and curriculum-based assessments • Observations in school setting • Educational record review • Intervention data	• Case history • Interviews • Language sample • Narrative sample • Stimulability Probe • Percent of Consonants Correct • Phonemic awareness probe • Dynamic assessment • Play-based assessment • Checklists
Academic – District Wide Assessments	**Developmental Norm-Referenced Measures**
• Norm-referenced measures of academic achievement • Curriculum benchmarks	• Norm-referenced or other evidence-based assessments that are technically sound, valid and reliable, with appropriate sensitivity and

SHOULD I INCLUDE READING LEVEL DATA?

Oral reading fluency demonstrated higher diagnostic accuracy and resulted in 80% correct classification compared to 54% for the reading inventory data (using Fountas & Pinnell Benchmark Assessment System) (Burns et al., 2015).

The use of leveled books is a focus on the material; not the student's instructional strengths or needs and are not based on evidence as there is not a reliable and measurable difference between adjacent levels (Hasbrouck, 2021).

No studies have found instructional level placements to be beneficial (grades 2-9). In fact, studies either found no benefits to instructional level placement or that they *hindered* learning (Shanahan, 2022; Lupo, et al., 2019; Homan, et al., 2010; Kuhn, et al., 2006; O'Connor et al., 2010; O'Connor et al., 2002; Brown, et al., 2017; Morgan, et al., 2000; Jorgensen, et al., 1977; Dunkeld, 1971; Powell, 1968; Killgallon, 1942).

TRUE OR FALSE:

TEACHERS ARE PART OF THE EVALUATION TEAM

34 CFR §300.304

- (4) The child is **assessed in all areas related to** the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, **academic performance**, communicative status, and motor abilities;

- (7) Assessment tools and strategies that provide relevant information that directly assists persons in **determining the educational needs** of the child are provided.

Educational Performance is **Not** Limited to Grades or Scores on State, District, or School-Wide Assessments (i.e., MAP, SC Ready, etc.).

- Educational impact is not based on grades as grades are subjective, based on a teacher observations, and may be based on many different factors:
  - Some teachers allow students to improve their grades by doing extra credit work.
  - Some teachers may base grades on class participation, a good attitude, or citizenship.
  - Teachers may also give a student a better grade because the child is trying very hard to do good work.

A child who is making good grades can still need specially designed instruction and supports.

TRUE OR FALSE:

SPEECH-LANGUAGE IMPAIRED EVALUATION "ONLY"

34 CFR §300.304

(6) In evaluating each child with a disability under §§300.304 through 300.306, the evaluation is **sufficiently comprehensive** to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

COMPREHENSIVE EVALUATIONS

- Evaluation refers to this whole data review **process,** not just to the testing.
- While the **referral** may be for a specific area of concern, all areas must be reviewed and discussed by the team in order to look comprehensively at the student's strengths and needs and conduct a review of all existing data (34 CFR § 300.305(a)(1).
- Looking holistically at the student helps to identify all areas of potential areas of disability, provide appropriate supports to students in a timely manner, and assists with the provision of support via a problem-solving process.
- All areas impacted should be part of the evaluation planning, even if it is ultimately determined that there is enough information to determine other eligibility and no additional assessments are needed for eligibility.
- Evaluation reports should be combined.

A COMPREHENSIVE ASSESSMENT ASKS AND ANSWERS...

1. Have exclusionary factors been documented and ruled out?
2. **Has the area of concern been addressed?** Have **all** areas of concern been addressed?
3. Has the referral concern been thoroughly explored and answered?
4. What is the student's current level of skill development?
5. What can the student do *without* supportive prompts*?*
6. What can the student do *with appropriate support and scaffolding*?
7. What is the **functional** result of the student's disability as demonstrated by performance in classroom activities as well as assignments, curriculum benchmarks, and academic testing?
8. What is the adverse educational impact specific to this student?
9. What skills does the student need to be successful?
10. What evidence supports the need for specially designed instruction?

TRUE OR FALSE:

TESTS MUST BE GIVEN IN THE STUDENT'S NATIVE LANGUAGE

34 CFR §300.304

- (c)(1) Assessments and other evaluation materials used to assess a child under this part…
- (i) Are selected and administered so as **not to be discriminatory on a racial or cultural basis;**
- (ii) Are provided and administered **in the child's native language** or other mode of communication and **in the form most likely to yield accurate information** on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

BIAS: CULTURALLY AND LINGUISTICALLY DIVERSE CHILDREN

- Measures with norm-referenced data provide important information on a child's language abilities in relation to their peers; **however, these measures are not suitable for use with particular groups, particularly children from culturally and linguistically diverse (CLD) backgrounds** (Caesar & Kohler, 2007).
- When tests are translated, it is more than likely that there is not a one-to-one translation as **languages may vary based on phonology, morphology, and syntactic structures and not all structures that are assessed on English tests exist in other languages** (Goldstein, 2000).

DIAGNOSTIC QUESTIONS FOR MULTILINGUAL ASSESSMENT

Is what you hear developmentally appropriate for L1 and L2?
This is a delay, not a disorder.

Is what you hear the influence of L1 on L2 (English)?
This is a difference not a disorder.

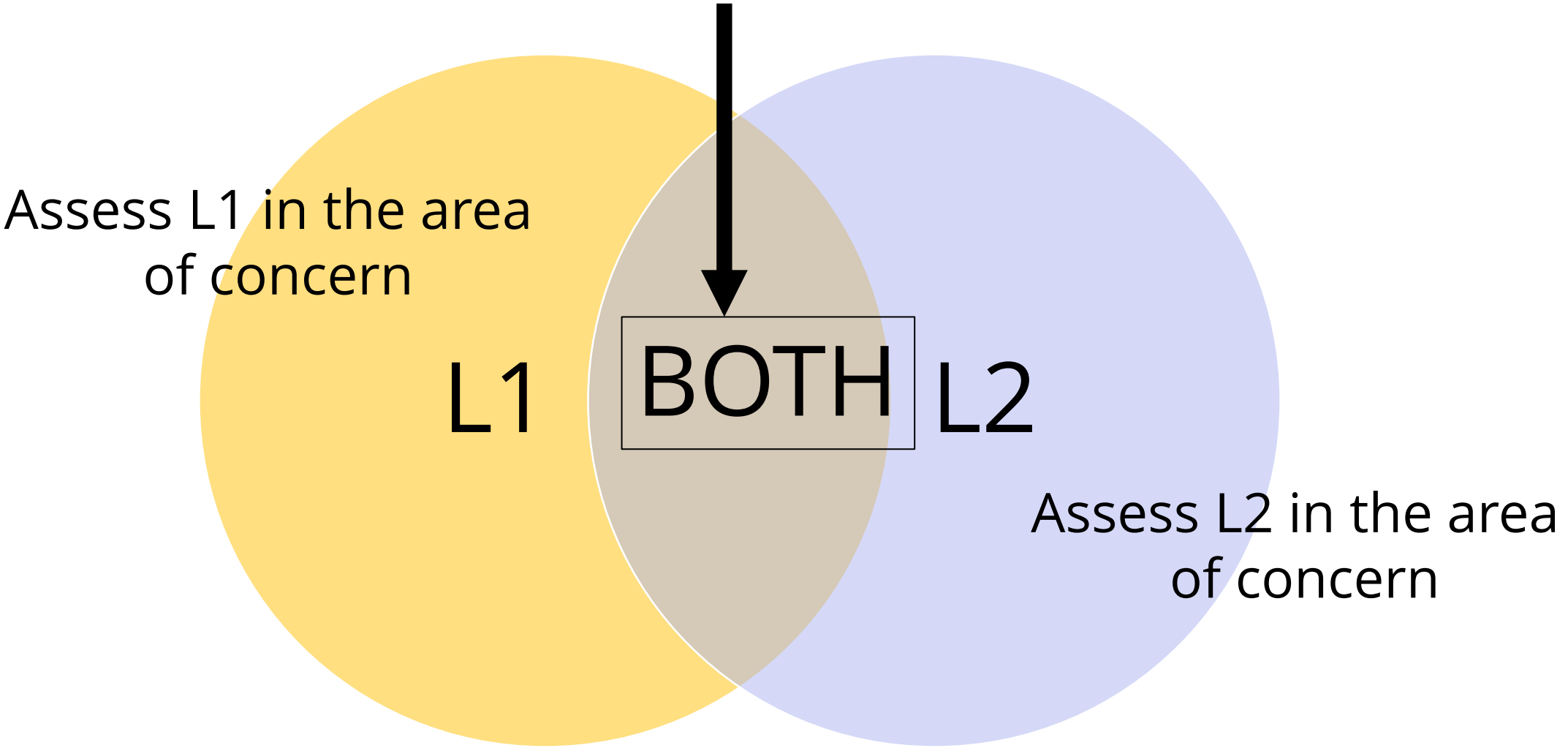
Is what you hear atypical for L1 **and** atypical for L2 (English)?
This would be considered disordered.

ASSESSMENT AND ELIGIBILITY OF MULTILINGUAL STUDENTS

- Best practices in assessing language in developing bilinguals requires the use of multiple measures, in both languages (e.g., American Speech-Language-Hearing Association, 2004; see Caesar & Kohler, 2007, Kohnert, 2008 and Langdon, 2008).

- Children with SLI can and routinely do learn two languages yet will obviously do so less efficiently than their unaffected bilingual peers. **The underlying impairment will manifest in both languages (Kohnert, 2010).**

PRESENCE OF A DISORDER



LANGUAGES AND DIALECTS DIFFER IN PHONOLOGY

(EXAMPLES ONLY - NOT A COMPLETE LIST)

- In English, 85% of words end in a consonant with almost 30% of them in a consonant cluster.
- Languages and/or dialects that **do not include consonant clusters**: Arabic, Japanese, Mandarin, Vietnamese, African American English (final position).
- Voiced and voiceless /th/phonemes are not present realized differently in the following languages or dialects: French, German, Japanese, Korean, Mandarin, Russian, Spanish, and Vietnamese. In African American English those phonemes are realized differently.
- The Spanish /s/ is produced more frontally than English /s/ and in Vietnamese the /t/ is interdentalized.
- In Korean, fricatives and affricates never appear in the final position of words and consonant clusters only appear in inter-syllabic positions.
- Spanish, Japanese, and Vietnamese words are mostly CV syllable types.

LANGUAGES AND DIALECTS DIFFER IN MORPHOLOGY

(EXAMPLES ONLY - NOT A COMPLETE LIST)

- Plual-s and past tense –ed is impacted in languages and/or dialects that **do not include consonant clusters**: Arabic, Japanese, Mandarin, Vietnamese, African American English (final position).
- In Arabic, French, Spanish, and Vietnamese, the possessor follows the object and possessive morphemes are not used (i.e., This is the car of the man.).
- In Japanese, Korean, Mandarin, Russian, and African American English, plurals morphemes are not present as they are marked by number within the sentence.
- In Spanish, comparative morphemes are not present as they are marked by the word “more” in the sentence.

LANGUAGES AND DIALECTS DIFFER IN SYNTAX

(EXAMPLES ONLY - NOT A COMPLETE LIST)

- English prevailing word order consists of subject-verb-object.
- In German, Japanese, Russian, and Spanish, word order is flexible.
- In French, Mandarin, and Vietnamese the adjective follows the noun.
- In Japanese, Korean, Mandarin, Russian, and Spanish, articles are not used.
- In Korean, pronouns are not used.
- In Korean, prepositions are not used, and Spanish has one preposition.
- In Russian, verb forms of “be” are not used.
- Double negatives are present in Spanish and African American English.

HOW WILL I KNOW IF THERE IS AN IMPAIRMENT IN BOTH LANGUAGES?

- Do I need to be a bilingual SLP?

- Computerized Language Analysis (CLAN) (Free and Online) MacWhinney, 2000), Download the software and clinician's guidebook. Able compute language sample analysis measures across **49 languages.**

ASHA RESOURCES

Phonemic Inventories and Cultural and Linguistic Information Across Languages

Languages across the world have unique phonemic systems. For individuals learning English as a second language, it is common for the phonemic system of their first language to influence the production of sounds in English.

Resources listed below are intended to contribute to foundational awareness of potential cultural and linguistic influences. There are variations within cultures, and regional and dialectal variances exist in all languages. Therefore, a single chart/page on cultural and/or linguistic features is not meant to provide a comprehensive overview. Clinical judgment, client/patient/student and caregiver input, and additional research are needed to ensure culturally responsive services.

Haitian Creole

- Haitian Creole (Portland State University)
- The Haitians [PDF, 10MB]
- CIRRIE: An Introduction to Haitian Culture for Rehabilitation Service Providers

Hindi/Urdu

- Hindi (Portland State University)
- Urdu Linguistic Features
- Hindi-Urdu vs. English Consonants
- CIRRIE: Working with People with Disabilities: An Indian Perspective

Hmong

- Phonetic Inventory of the Mong Leng [PDF]
- Hmong (Portland State University)
- Information about the Hmong Language (Asian Pacific Islander Speech-Language-Hearing Caucus)
- Hmong Speech and Language Development (Bilinguistics)

ASHA ONLINE MODULES FOR DYNAMIC ASSESSMENT

Dynamic Assessment

You may have heard the term **dynamic assessment**, but do you know how to integrate it into your practice? Assessing individuals on your caseload can be complex because they bring unique cultural and linguistic identities that don't fit one mold. One alternative to standardized testing methods is dynamic assessment. Learn more about the components of dynamic assessment to inform clinical decision making in these four 30-minute micro courses, with speaker Dr. Elizabeth Peña.

- Module 1: What Is Dynamic Assessment?
- Module 2: Using Mediated Learning Experience in Dynamic Assessment
- Module 3: Observing Modifiability During Dynamic Assessment
- Module 4: Clinical Decision Making With Dynamic Assessment

ASHA TUTORIAL

AJSLP

Tutorial

Tutorial: Speech Assessment for Multilingual Children Who Do Not Speak the Same Language(s) as the Speech-Language Pathologist

Sharynne McLeod,[a,b] Sarah Verdon,[a,b] and
The International Expert Panel on Multilingual Children's Speech

EXCLUSIONARY CRITERIA

34 CFR §300.306
34 CFR §300.309,
34 CFR §300.311

- A child **must not be determined to be a child with a disability** (1) **if** the determinant factor for that determination is—
- Lack of appropriate instruction in reading, including the essential components of reading instruction (systematic and explicit instruction in phonemic awareness, phonics, vocabulary, fluency and comprehension).
- Lack of appropriate instruction in math; or
- Limited English proficiency;
- Cultural factors;
- Environmental or economic disadvantage;

Data must be collected to document whether or not these factors have been considered **prior** to determining the disability.

- If you don’t know the sounds or patterns of sounds, you can’t connect to the letters that represent them

- If you can’t make a connection between the sounds that the letters represent, then you can’t decode the word

- If you can’t decode the words; you can’t comprehend what you’ve been asked to read.

- Which is why support should not target comprehension only; it is critical to ensure that students can decode the words.

There’s no comprehension strategy that can make up for the fact that you can’t read the words.

FLUENCY

Fluency is not a stand-alone skill

Suppressing one language while reading another may give the appearance of poor reading fluency

Cognitive load

Never assume reading difficulties are due to second language acquisition

WHEN ASSESSING MULTILINGUAL STUDENTS...

- The role of the interpreter is not to translate an English assessment into the student's primary language as this yields an invalid interpretation of ability.
- Assess all languages used 30% of the time or more (Castilla-Earles, et al., 2020) (Alberta Language Environment Survey)
- The assessment should be administered in all languages that the student speaks. For a truly valid assessment, the tests administered should be designed specifically for the population the child belongs to (e.g., monolingual Spanish tests aren't the same as a bilingual test designed for Spanish-English bilinguals).
- Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect (ASHA Code of Ethics).

TRUE OR FALSE:

A STANDARDIZED ASSESSMENT MUST BE ADMINISTERED

34 CFR §300.304

(b) Conduct of evaluation. In conducting the evaluation, the public agency must
(1) **Use a variety of assessment tools and strategies** to gather relevant functional, developmental, and academic information about the child

(2) **Not use any single measure or assessment** as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child;

34 CFR §300.304

(c)(1) Assessments and other evaluation materials used to assess a child under this part (iii) are **used for the purposes** for which the assessments or measures **are valid and reliable.**

Is the purpose of a norm-based assessment to identify a disability and identify goals to target?

LANGUAGE ASSESSMENT STUDY (2017)

Fifteen (language) assessments were evaluated. **No assessments presented with evidence of structural validity, internal consistency or error measurement.** Overall, all assessments were identified as having limitations with regards to evidence of psychometric quality (*Psychometric Properties of Language Assessments for Children Aged 4–12 Years: A Systematic Review, Denman et al., 2017*)

TRUE OR FALSE:

A STANDARDIZED SCORE (1.5 OR 2.0 SD BELOW THE MEAN) DETERMINES ELIGIBILITY

FALSE

34 CFR §300.304

- (3) Use technically sound instruments
  - Technically sound instruments generally refers to assessments that have been shown through research to be **valid and reliable** (71 Fed. Reg. at 46642).

DIAGNOSTIC ACCURACY

The use of cut scores (i.e., 1.5 or 2.0 SD below the mean)

- varies across tests,
- is not supported by the evidence,
- and thus, is not likely to result in accurate determination of a disability.

Using standard deviations to diagnose language impairment does not accurately identify language impairment with acceptable specificity and sensitivity (Spaulding, Plante & Farinella, 2006).

SENSITIVITY AND SPECIFICITY

Sensitivity correctly categorizes children as having a disorder.

Specificity correctly categorizes children as typically developing.

Specificity and sensitivity **must be ≥ 80%** (Plante & Vance 1994).

Use the cut score that gives the best balance between sensitivity and specificity for **THAT** test.

Sensitivity and Specificity for Five Tests of Language

At one standard deviation (sensitivity and specificity)

- Test A: 74%, 84%
- Test B: 94%, 84%
- Test C: Not reported
- Test D: 64%, 92%
- Test E: 98%, 89%

There is no single cut score or standard deviation that can be applicable to all standardized assessments.

TRUE OR FALSE:

ELIGIBILITY IS BASED ON POSSIBLE BENEFIT FROM SERVICES

34 CFR §300.8

(a)(1)Prong One – A child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having one or more of the 13 categories of disability as defined by the IDEA and who, by reason thereof, needs special education and related services.

AND

(c)(11) Prong Two – the disability adversely affects a child's educational performance.

WHAT IS SPECIALLY DESIGNED INSTRUCTION?

- Special education means specially-designed instruction (34 CFR § 300.39(a)(1)) which means adapting the content, methodology, or delivery of instruction to address the **unique needs** of a student **that result from the student's disability** to ensure **access of the student to the general education curriculum** in order **to meet the educational standards** that apply to all students (34 CFR § 300.39(b)(3)(i) (ii)).
- If the data suggests the student's needs for instruction **can** be provided within the general education setting **without** the support of special education and related services, the team must determine that the student is **not** in need of special education and related services.

CONSEQUENCES OF INAPPROPRIATE ELIGIBILITY DETERMINATION

- Identification of a child as disabled, who does not meet the federal definition of special education
  - Can have negative educational consequences for the student,
  - Is a violation of the student's civil rights (U.S. Department of Education, 2016),
  - Is a violation of ethical standards of practice,
  - Would be considered a denial of FAPE, and
  - May be considered fraudulent receipt of state and federal funds.

CONSEQUENCES OF INACCURATE ELIGIBILITY DETERMINATION

Disproportionality is monitored by the federal Office of Special Education Programs to determine if too many students in a specific subgroup or disability category are identified as disabled.

In about 52% of records corrected, most were due to lack of data supporting educational impact and/or not providing a comprehensive evaluation.

TRUE OR FALSE:

DISMISSAL SHOULD BE DISCUSSED AT INITIAL PLACEMENT

DISMISSAL CRITERIA

The team should be able to answer yes to **both** of the following questions for a student to **remain** eligible:

1. Does the student continue to demonstrate the identified disability?

2. Is there an adverse educational impact which results in the need for specially designed instruction?

Dismissal should be discussed at initial eligibility and every IEP meeting thereafter.

- The goal of public-school speech-language pathology services is to remediate or improve a student's communication disorder such that it does not interfere with or deter academic achievement and functional performance.
- The SLP should make the goals of speech-language pathology services clear to parents and teachers which are:
  - to determine if the student's communication disorder is adversely affecting academic achievement and functional performance;
  - to provide intervention for those communication disorders that are adversely affecting academic achievement and functional performance, specifying goals leading to specific criteria for dismissal;
  - to dismiss the student from speech-language pathology services once the criteria for eligibility are no longer met.

Excerpt from: "*Implementing IDEA 2004 Part I: Conducting Educationally Relevant Evaluations, Technical Assistance for Speech-Language Pathologists*"

TRUE OR FALSE:

ACCOMMODATIONS AND/OR GOALS FOR ANOTHER AREA OF DISABILITY CAN BE ADDED AT ANY TIME (THE "MALL" ANALOGY)

SUSPICION OF ANOTHER AREA OF DISABILITY

- If another disability is suspected, a reevaluation is warranted.
- If another disability is not suspected, the student should participate in tiered intervention and progress monitored prior to adding goals to the IEP.
- Prior to adding goals (i.e., reading, math, behavior) that are not related to the identified disability, the team must determine if there is reason to suspect another area of disability.
- Prior to adding accommodations that are not related to the identified area of disability, the team must determine if there is reason to suspect another area of disability.
- Each professional needs to review and interpret data as well as provide recommendations for accommodations that are within their scope of practice.

CURRENT EVIDENCE IN ASSESSMENT OF SPEECH SOUND PRODUCTION

- Intelligibility norms for familiar listeners (2012)
- Intelligibility norms for unfamiliar listeners (2021)
- Speech sound development norms (2020)
- Speech sound development norms across 27 languages (2018)
- The body of evidence regarding speech-language impairment, phonological awareness, and later reading difficulty.

TRUE OR FALSE:

CHILDREN ACQUIRE ALL SPEECH SOUNDS BY THE AGE OF 5 ½

PREVIOUS NORMS

- Sanders **(1972)** “the horizontal bar graph” (left side indicated 50% mastery, right side of bar indicated 90% mastery)
- Iowa-Nebraska norms **(1990)** sample only from only in the Iowa-Nebraska region of the U.S. (997 children aged 3-9)
- Shriberg **(1993)** “early, middle, late eight” (64 children aged 3-6)

HAIRSTYLES OF THE TIME

MCLEOD & CROWE, 2020

0-3;0 years	/b/ (2;7)	/n/ (2;9)	/m/ (2;9)	/p/ (2;9)	/h/ (2;11)	/w/ (2;11)	/d/ (3;0)
3;0-4;0 years	/g/ (3;1)	/k/ (3;2)	/f/ (3;2)	/t/ (3;3)	/ŋ/ (3;4)	/j/ (3;10)	/g/ (3;1)
4;0-5;0 years	/v/ (4;3)	/dʒ/ (4;3)	/s/ (4;3)	/tʃ/ (4;6)	/l/ (4;6)	/ʃ/ (4;7)	/z/ (4;9)
5-6;5 years	/ə/ (5;9)	/ʒ/ (5;11)	/r/* (5;6)	/ɚ/ (5:6) *includes all vowel controlled /r/ phonemes			/θ/ (6;5)

CALCULATING TOTAL NUMBER OF ERRORS: /R/

- wɛd (rɛd), ˈbwʌʃɪŋ (ˈbrʌʃɪŋ), bwʌðə (ˈbrʌðəɹ), fwag (frɑg), gwin (grin), fɪŋgə (fɪŋgəɹ), wɪŋ (rɪŋ), tiʧə (tiʧəɹ), ʤəwæf (ʤəræf), dɔə (dɔr), spaɪdə (spaɪdəɹ), ʧɛə (ʧɛəɹ), gɪˈtɑə (gɪˈtɑəɹ), hæmmə (hæmməɹ), taɪgə (taɪgəɹ), sta (staəɹ)

Initial and Medial	Blends	Vowel Controlled	Total
Initial – wɛd, wɪŋ Medial - ʤəwæf	Bwʌʃɪŋ, bwʌðə, fwag, gwin	fɪŋgə, tiʧə, dɔə, spaɪdə, ʧɛə, gɪˈtɑə, hæmmə, taɪgə, sta	
1	1	1	3

CALCULATING TOTAL NUMBER OF ERRORS: /S/

- Stopping vs. interdental vs. lateral vs. dialectal
- GFTA-3 Manual "*A response where articulators are slightly misplaced (e.g., dentalization), but the sound produced is acoustically accurate is not counted as a speech sound error*." However, it would be considered an error if not age appropriate when utilizing developmental norms.
- Lateralized sibilants are considered atypical for all ages and unlikely to self correct. Therefore, developmental norms do not apply.

Position in Words	Blends	Total
Initial, Medial, and Final	Blends	
1	1	2

CALCULATING TOTAL NUMBER OF ERRORS: /K/

- Calculating errors for /k/ and the vast majority of other phonemes is based on whether it is produced in all positions of the word
- In other words, it is looking at the ability to produce the phoneme as opposed to if the phoneme is present in certain positions.

Position in Words	Total
Initial, Medial, and Final	
1	1

DEVELOPMENTAL NORMS FOR 27 LANGUAGES

AJSLP

Review Article

Children's Consonant Acquisition in 27 Languages: A Cross-Linguistic Review

Sharynne McLeod[a] and Kathryn Crowe[a]

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Appendix A (p. 2 of 2)

Consonants Assessed and Acquired in the Studies of 27 Languages

Language assessed (ISO[a])	No. studies	Age range assessed (months)	Plosives	Nasals	Trills, taps, and flaps	Fricatives	Lateral fricatives	Approximants and laterals	Affricates	Clicks	Implosives	Ejectives
Jamaican Creole (jam)	1	12–54	/p, b, t, d, k, g/	/m, n, ŋ/	—	/f, v, (θ), (ð), s, z, ʃ, (ʒ), (h)/	—	/ɹ, j, l, w/	/ʧ, ʤ/	—	—	—
Japanese (jpn)	5	12–83	/p, b, t, d, k, g/	/m, n/	/ɾ/	/ɸ, s, z, ç, ɕ, h/	—	/j, w/	/ʦ, ɕɕ, ʥʑ/	—	—	—
Korean (kor)	4	5–85	/p, p*, p^h, t, t*, t^h, k, k*, k^h/	/m, n, ŋ/	—	/s, s*, h/	—	/l/	/ʧ, ʧ*, ʧ^h/	—	—	—
Malay (msa)	1	48–77	/p, b, t, d, k, g, ʔ/	/m, n, ɲ, ŋ/	—	/s, h/	—	/ɹ, j, l, w/	/ʧ, ʤ/	—	—	—
Maltese (mlt)	1	24–42	/p, b, t, d, k, g, ʔ/	/m, n/	—	/f, v, s, ʃ, h/	—	/ɹ, j, l, w/	/ʧ, ʤ/	—	—	—
Mandarin (Putonghua; cmn)	1	18–54	/p, p^h, t, t^h, k, k^h/	/m, n/	—	/f, s, ʂ, ɕ, x/	—	/ɹ, l/	/ʦ, ʦ^h, ʈʂ, ʈʂ^h, ʨ, ʨ^h/	—	—	—
Portuguese (pot)	3	24–95	/p, b, t, d, k, g/	/m, n, ɲ/	/r, ʁ, ɾ/	/f, v, θ, ð, s, z, ʃ, ʒ, x/	—	/l, ʎ/	/ʧ, ʤ/	—	—	—
Setswana (Tswana; tsn)	1	36–71	/p^h, b, t^h, t^{wh}, d, k^h, k^{wh}/	/m, n, n^w, ɲ, ŋ, ŋ^w/	/(r), (r^w)/	/f, s, s^w, x, x^w, h/	—	/j, l, l^w, w/	/ʦ^h, ʦ^{hw}, ʧ^h, ʧ^{wh}, ʧ^h, ʤ, ʤ^w, kx^{hw}/	—	—	/p', t', t$^{w'}$, k', k$^{w'}$, ʦ', ʦ$^{w'}$/
Slovenian (slv)	1	29–67	/p, b, t, d, k, g/	/m, n/	/(r)/	/f, v, (s), (z), (ʃ), (ʒ), x/	—	/j, l/	/(ʦ), (ʧ)/	—	—	—
Spanish (spa)	4	23–107	/p, b, t, d, k, g/	/m, n, ɲ, ŋ/	/r, ɾ/	/β, f, ð, s, ʒ, x/	—	/j, l, w/	/ʧ, ʤ/	—	—	—
Swahili (swa)	1	36–71	/p, b, t, d, k, g/	/m, n, ɲ, ŋ/	/r/	/f, v, θ, ð, s, z, ʃ, h/	—	/j, l, w/	/ʧ/	—	—	—
Turkish (tur)	3	12–107	/p, b, t, d, c, ɟ, k, g/	/m, n/	/r/	/f, v, s, z, ʃ, ʒ, ɣ, h/	—	/ʊ, j, l, ɫ/	/ʧ, ʤ/	—	—	—
Xhosa (xho)	3	12–72	/p, p^h, b, t, t^h, d, c^h, ɟ, k, k^h, g/	/m, n, ɲ, ŋ/	/r/	/f, v, s, z, ʃ, x, ɣ, ɦ, h/	/ɬ, ɮ/	/j, l, w/	/ʦ^h, ʣ, tɬ, ʧ, ʧ^h, ʤ/	/ǀ, ǀ^h, ǃ, ǃ^h, ǁ, ǁ^h/	/b/	/p', t', c', k', ʦ', ʧ', kx'/

KEY TAKEAWAYS FROM NORMS ACROSS 27 LANGUAGES (2018)

1. Children are able to produce almost every consonant in their language by age five
2. Developmental norms are similar across all languages

Therefore, consider the process of identifying which sounds to work on with a bilingual child in four parts:

- Test them in English and identify which sounds are being said in error.
- Find out if those sounds **exist** in the home language, so we can separate second-language influence from true difficulty.
- Make sure the sounds can be used in the same way/position in both languages.
- Make sure that the sounds come in at the same age, so we don't misdiagnose based on age of acquisition.

UNIQUE FEATURES OF PHONOLOGY

(*HIGHLIGHTS, NOT A COMPREHENSIVE LIST*):

- Languages and/or dialects that **do not include consonant clusters**: Arabic, Japanese, Mandarin, Vietnamese, African American English (final position).
- In Spanish, /s/ does not blend with its neighboring consonant.
- The Spanish /s/ is produced more frontally than English /s/ and in Vietnamese the /t/ is interdentalized.
- In Korean, fricatives and affricates never appear in the final position of words and consonant clusters only appear in inter-syllabic positions.
- Japanese and Vietnamese and words are mostly CV syllable types.
- There are many overlaps in African American English, Southern White English and Gullah-Geechee.

THESE LANGUAGES DO NOT INCLUDE THE FOLLOWING ENGLISH PHONEMES...

(HIGHLIGHTS, NOT A COMPREHENSIVE LIST).

- **Arabic:** /p, v, ŋ, dʒ, tʃ, r, e, o, I, ʊ, *æ,* ʌ, ɔ and ə /.
- **French:** /r, h, tʃ, dʒ, θ, ð, I, ʊ, *æ,* ʌ/.
- **German:** /th/ voiced and voiceless. Also, words beginning with a /w/ are pronounced with a /v/ and the final consonant is often not voiced.
- **Japanese:** /f, v, l, r, tʃ, ʃ, dʒ, θ, ð, ʒ, ʊ, ə, *æ, e, u,* ɔ, *and* I/.
- **Korean:** /b, d, f, g, v, w, j, r, tʃ, ʃ, dʒ, θ, ð, ʒ, ʊ, ə, *æ, e, and* I/.
- **Mandarin:** /b, d, g, v, z, r, h, ʃ, dʒ, θ, ð, j, w, ʊ, *æ,* ʌ, I and ɔ/ and only the phonemes /m/ and ŋ/ are present in the final position of words.
- **Russian:** /w, ŋ, dʒ, θ, or ð/ and final consonants in Russian are always unvoiced.
- **Spanish:** /th/ (voiced and voiceless), /ʤ/, /ng/, /sh/, /v/, /z/, /ʒ/ and some /r/ controlled vowels.
- **Vietnamese:** /v, r, ʃ, dʒ, θ, ð, ʒ, ʊ, *æ,* ʌ, I and a/, words are produced mostly as a CV syllable shape, and the only consonants in the final position include /t, p, /k, m, n, or ŋ/

ACCENT VS. DIALECT

- Dialect **is a version of a language spoken by a group of people distinguished by characteristics such as race, ethnicity, religion, and/or geographic region.**
- An accent refers only to the way words are *pronounced*, while a dialect has its own grammar, vocabulary, syntax, and common expressions *as well as* pronunciation rules that make it unique from other dialects of the same language.
- An accent is different from dialect because it is a **phonetic** characteristic from L1 that is carried over to L2.
- **English dialects around the world:** Cockney vs. Liverpool vs London, Australian, South African, Scottish, Irish, Canadian, Jamaican, Pakistani, etc.
- **General American English dialects around the United States:** Southern White English, Gullah/Geechee, African American English, Cajun/Creole, Appalachian, Urban Chicago, New York City, Hawaiian, Philadelphia, Spanish Influenced English, Texan English, Upper Midwest (North and South Dakota), Northeastern New England English (Boston and Maine), etc.

THE ROLE OF THE SLP WITH RESPECT TO DIALECT

The role of the school based SLP is to remediate or improve a student's communication **disorder** such that it does not interfere with or deter academic achievement and functional performance (ASHA).

The role of the SLP is **not** to make a student sound like a General American English Speaker (GAE) speaker.

It is the position of the American Speech-Language-Hearing Association (ASHA) that **no dialectal variety of American English is a disorder or a pathological form of speech or language** (2003).

A cultural–linguistic difference does not constitute a disorder (Hamilton, M, Mont, E., & McLain, C., 2018).

IMPORTANT: WHEN REFERRING TO DIALECTAL DIFFERENCES, DO NOT USE DEFICIT-BASED LANGUAGE

- Instead of “consonant cluster reduction”
  - use “consonants do not blend with neighboring consonants”
- Instead of “voiced and voiceless /th/ substitutions”,
  - use “variations of /th/ consistent with dialectal patterns”.
- Instead of “final consonant deletion”,
  - use “variations of syllable shape consistent with the language or dialect”

It’s not an incorrect production or substitution, it’s a dialectal or linguistic difference.

AAE, SWE, GG PHONOLOGY OVERLAPS

Do not make assumptions about dialect. Simply document the presence and whether they are consistent with a dialect.

- **Voiced and voiceless /th/ variations:** Production of /th/ in initial position as /d/, as /v/ or /f/ in medial position, and as /f/ in final position of words
- **/l/ and /r/ variations:** Middle and final /r/, middle and final /l/
- **/r/ blend** variation between a consonant and a back rounded vowel, or initial position /str/ as /skr/
- **/l/ or /r/** after vowels
- **Nasality in final position**
- **Voiced final consonants** may be unvoiced

THREE KEY TAKEAWAYS FROM DIFFERENCES IN PHONOLOGY AND PHONEMES

If the student appears to be struggling with one of phonemes not present in their language – conduct dynamic assessment for that phoneme using nonsense words.

Share with the student's teacher which phonemes and phonology differences are present in the child's language so that they can be explicitly taught the difference in comparison to the language of academic text (General American English).

This is exclusionary criteria that needs to be documented prior to evaluation.

GEORGIA ELIGIBILITY: SPEECH SOUND PRODUCTION

- (1) Speech Sound Production Impairment (e.g., articulation impairment)- **atypical** production of speech sounds characterized by substitutions, omissions, additions or distortions that **interferes with intelligibility** in conversational speech **and obstructs learning ,successful verbal communication in the educational setting.** The term may include the atypical production of speech sounds resulting from phonology, motor or other issues.
- The term speech sound impairment does not include:
- A) Inconsistent or situational errors;
- B) Communication problems primarily from regional, dialectic, and/or cultural differences;
- C) Speech sound errors at or above age level according to established research-based developmental norms, speech that Is intelligible and without documented evidence of adverse affect on educational performance;
- D) Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment; or
- E) Children who exhibit tongue thrust behavior without an associated speech sound impairment.

CLARITY FOR IEP TEAM MEMBERS

- How, where, and when are exclusionary factors been documented and considered?
- What constitutes an obstruction of learning and/or successful verbal communication in the educational setting?
- What is considered “atypical” speech production?
- What percentage of intelligibility is considered impaired?
- How is the need for specially designed instruction determined?

OBSTRUCTS LEARNING-
PHONEMIC AND PHONOLOGICAL AWARENESS

- Atypical speech sound errors and distortions in preschool are predictive of weak phonological awareness (PA) skills (Preston & Edwards, 2010). This is true even when language is normal (Bird, et al., 1995; Overby, Trainin, Smit, Bernthal & Hull, 2012).
- The majority of all poor readers have an early history of spoken language deficits with 73% of second grade poor readers having poor phonemic awareness or spoken language problems in K5 (Scientific Studies of Reading, 1999).
- Atypical speech sound errors in preschool are predictive of school-age PA abilities; if more than 10% of the child's speech has atypical errors, the child is likely to have deficits in PA, reading, and spelling (Preston & Hull, 2012).

OBSTRUCTS LEARNING - PHONEMIC AND PHONOLOGICAL AWARENESS

- Preschoolers with SSDs (speech sound disorders) are at increased risk for deficits with phonological awareness (Anthony et al., 2011; Bird, Bishop, & Freeman, 1995; Foy & Mann, 2011; Lewis et al., 2011; Lewis & Freebairn, 1992; Peterson, Pennington, Shriberg, & Boada, 2009; Raitano, Pennington, Tunick, Boada, & Shriberg, 2004; Rvachew, Ohberg, Grawberg, & Heyding, 2003).
- Phonological processing (word reading and phonological working memory) skills have been shown to be weak *even once the speech sound disorder is remediated* (Farquharson, 2015; Raitano, Tunick, Pennington, Boada, & Shriberg, 2004).
- Comorbidity of reading disability with a speech sound disorder is approximately 25-30% (Grosse, 2009).

WHY IS PHONOLOGICAL AWARENESS IMPORTANT?

- We put *written* words into long-term memory by anchoring them to their sounds, **not** by their meanings.

Suspicious Convalesce

- Phonological awareness is what allows us to compare words we know with words we don't know yet.
- Phonological Awareness is also what allows us to repeat and pronounce new, challenging, multi-syllable words.
- When we are not able to hear the differences in words, we are not able to make sense of how the meaning is different

HOW IMPORTANT IS PHONEMIC AND PHONOLOGICAL AWARENESS?

If a student enters 1st grade at the 20th percentile for phonological awareness, by 5th grade those students will be at least ...
... 3 grade levels behind in phonics
... 2 grade levels behind in sight word development
... 3.5 grade levels behind in reading comprehension (even if verbal ability is average range or above);
...if the phonological awareness deficits are never remediated (Torgeson & Mathes, 2000).

Never, ever repeat the letter sounds over and over again– teach students to say it once and say it like you mean it

Never, ever pronounce consonant blends as “one sound”

Never, ever pay attention to only the first and last letters (ex. salt-slat, dead-deed, bomb-boob, tilt-tent, window-willow)

Never, ever add “uh” when pronouncing single letter sounds (i.e. the letter “r” says /r/, not “ruh”)

PHONOLOGICAL AWARENESS PROBE VS. NORM-BASED ASSESSMENT

- The problem with a composite score
- Developmental continuum
- **SOUND** to letter correspondence (speech to print)
- Nonsense word decoding
  - A dynamic assessment can predict which kindergarten students will have difficulty learning to decode six years into the future **more accurately** (over 80% sensitivity and specificity) than a composite scores of the DIBELS (69%–79% sensitivity and 50%–51% specificity) (Peterson et al., 2018).
- Single word dictation

OBSTRUCTS VERBAL COMMUNICATION

- Evidence of struggle in most areas when compared to peers
  - observation and student work samples
  - student interview/report of student's feelings about speech production
  - does the speech sound difficulty cause the student to…
    - repeat or rephrase so that they can be understood?
    - hesitate to speak aloud or read aloud in class?
    - participate with peers and adults in structured discussions and routines about grade-appropriate topics and texts?
    - communicate needs and wants?
    - ask and answer questions?

EDUCATIONAL IMPACTS AND SPEECH SOUND DISORDERS - INTELLIGIBILITY

1. **Familiar Listeners** - The Intelligibility in Context Scale (ICS) (2012) is a free parent-report screening tool that has been translated into over 60 languages. To date, there is cross-linguistic evidence regarding its validity and reliability reported in 18 studies of over 4235 children from 14 countries. The ICS is a **parent-completed** questionnaire consisting of 7 items. A score of 3.5 indicates that the child is usually to sometimes understood.

2. **Unfamiliar Listeners** - **2021 norms*** by Hustad et al. Children should be ...
   - 50% intelligible by 4 years,
   - 75% intelligible by 5 years, and
   - 90% intelligible a little past 7 years.

WHAT IS ATYPICAL SPEECH SOUND DEVELOPMENT?

- Percentage of Consonants Correct (PCC) “differs from intelligibility in that it reflects the segmental accuracy of the child’s production and does not take into account the listener’s ability to understand the message being conveyed” (Allison, 2020). Either imitative or connected speech samples may be used when calculating PCC.
- In 2004, Johnson, Weston, and Bain found that an “imitative sentence procedure provided PCC scores that compared favorably to those derived from spontaneous speech” (p. 63) and that the imitative sampling procedure was significantly more efficient than spontaneous speech sampling.
- PCC of 84% or less would be considered a moderate to substantial impact.
- Three or more phonemes that do not meet norms for age-appropriate development.

HOW IS THE NEED FOR SPECIALLY DESIGNED INSTRUCTION BE DETERMINED?

- Sounds that children **are stimulable** for have been found to undergo the most change **in the absence of treatment** (Miccio et al. 1999).

- Sounds stimulable *some of the time* (i.e., **at least 30 percent**), were "presumed to be stimulable" (Miccio 2002, p. 225). This criteria was also used by Storkel (2018) in her stimulability probe.

SPEECH SOUND DISORDER ELIGIBILITY
BASED ON EVIDENCE BASED ASSESSMENT

Prong One: Disability
2 out of 3

1. Three or more sounds do not meet norms for acquisition AND/OR one or more of the following phonological processes occur: Weak syllable deletion, Depalatalization, Initial cluster Reduction, Stopping, Initial Consonant Deletion, Final Consonant Deletion, Velar fronting **(McLeod & Crowe, 2020 norms with consideration for cultural and linguistic variations)**
2. Percent of Consonants Correct 84% or less
3. 59% or less stimulable (Miccio Probe)

Prong Two: Educational Impact
2 out of 3

1. Intelligibility to familiar AND unfamiliar listener based on age.
2. Phonological awareness based on age (*with documentation relative to exclusionary criteria*).
3. Evidence of struggle in most areas when compared to peers (*based on observation and student interview /feelings about speech production (does it cause them to repeat, rephrase, or not speak or read aloud in class*)

Speech Sound Assessment Summary

Student Name: Date:

- For each assessment area column, circle the item that best represents the student's performance.
- Is the student multilingual or bidialectal? ___ Yes ___No
  - If yes, what is the student's primary language or dialect spoken? _____
  - If yes, which speech sounds observed in the assessment are considered unique to the language or dialect and not considered to be in error:

Phonological Process Abbreviations: CR – Cluster Reduction WSD – Weak Syllable Deletion FR – Fronting Gliding- Gliding of liquids DEP- Depalatalization of Singletons FCD- Final Consonant Deletion ICD- Initial Consonant Deletion

	Academic Activities, Tests, and Related Measures At least 2 out of 3 must be in moderate or substantial range			**SLP Probes, Tests and Measures** At least 2 out of 3 must be in moderate or substantial range			
				I. Speech Sound Production		II.	III.
	Data sources: teacher checklist, ~~classroom~~ and observations of oral, & written language in school settings	Phonological Awareness probes	Intelligibility in Connected Speech (ICS) across settings Familiar/ Unfamiliar listeners	Speech sound production (McLeod & Crowe 2020)	and/or Phonological Processes	Stimulability (Miccio Probe or dynamic assessment)	Severity - %age of Consonants Correct (PCC)
No Apparent Impact	Performs similarly to peers in most areas	Meets ~~age~~ appropriate norms	*Familiar:* ICS 4 or 5 Age 3: 75% Age 4: 85% Age5+: 90% *Unfamiliar:* Age 5-6: 75% Age 6-7: 83% ≥7: 90%	Meets norms for acquisition	No significant error processes.	Error sounds are 90% stimulable	PCC value more than 95%
Minimal Impact	Evidence of struggle in one or more areas when compared to peers	One PA skill does not meet age or grade appropriate norms	*Familiar:* ICS ≤3 Age 3: 65-75% Age 4: 75-85% Age 5+: 81-90% *Unfamiliar:* Age 5-6: 60-74% Age 6-7: 75-82% ≥7: 71-89%	One-two sounds do not meet norms for acquisition	One or more occur: - Gliding - CR with /s/ - Vowelization post-vocalic /r/ or /l/	Error sounds are 60 – 89% stimulable	PCC value of 85 – 94%
Moderate Impact	Evidence of struggle in most areas when compared to peers	Two skills do not meet age or grade appropriate norms	*Familiar:* ICS ≤3 Age 3: 50- 64% Age 4: 65-74% Age 5+: 70-80% *Unfamiliar:* Age 5-6: 51-60% Age 6-7: 51-74% ≥7: 51-70%	Three-four sounds do not meet norms for acquisition	One or more occur: - WSD - DEP - initial CR /l/, /r/, /s/ -Velar fronting	Error sounds are 50 - 59% stimulable	PCC value of 50 – 84%
Substantial Impact	Evidence of very limited ability in most areas	Three or more skills do not meet age or grade appropriate ~~norms~~	*Familiar:* ICS ≤3 Age 3: <70% *Unfamiliar:* All Ages: 0-50%	Five or more sounds do not meet norms for acquisition	One or more occur: - ICD - FCD - Stopping - DEP final	Error sounds are less than 50% stimulable	PCC value less than 50%

SPEECH SOUND RUBRIC

CREDIT FOR RUBRICS GOES TO MARIE IRELAND!

Adapt, Adopt, Apply!

CURRENT EVIDENCE IN RELATED TO LANGUAGE

Developmental language disorder (DLD) is a diagnosis given to a person who has difficulty talking and/or understanding language. It has been known as expressive-receptive language disorder, specific language impairment, or speech-language impairment. DLD is now the term for these language problems (Adlof, 2019)*

Research shows that the diagnostic accuracy of narrative retells is high in addition to being a sensitive indicator of language impairment. This makes LSA a valuable tool in resolving the difference vs. disorder conundrum (Horton-Ikard, 2010; Peña, Gilliam, & Bedore, 2004).

Oral and written language abilities during the school-age years are best explained by a two-factor model with sound/word and sentence/discourse language levels and memory as a contributing factor (Nelson, Plante, Anderson & Applegate, 2022).

TRUE OR FALSE:

LANGUAGE IS BEST DESCRIBED AS THE TWO CONSTRUCTS OF RECEPTIVE AND EXPRESSIVE

CURRENT EVIDENCE

Oral language and listening comprehension are best characterized as a single oral language construct in PK through 3rd grade (Language and Reading Research Consortium, 2017)

Oral and written language abilities during the school-age years are best explained by a two-factor model with sound/word and sentence/discourse language levels and memory as a contributing factor (Nelson, Plante, Anderson & Applegate, 2022)

SOUND/WORD LEVEL

Phonemic Awareness
Nonword Repetition
Nonword Spelling
Nonword Reading
Reading Fluency
Written Expression–Word

SENTENCE/DISCOURSE LEVEL

Vocabulary Awareness
Reading Comprehension
Listening Comprehension
Story Retelling
Following Directions
Social Communication
Written Expression–Sentence
Written Expression–Discourse

*INFLUENCE OF VERBAL MEMORY

Story Retelling, Listening Comprehension,
Following Directions

TEST OF INTEGRATED LANGUAGE AND LITERACY SKILLS (TILLS)

Language Modality	Language Dimension	
	Sound/Word	Sentence/Discourse
Listening	Vocabulary Phonemic Awareness	Listening Comprehension Following Directions
Speaking	Nonword repetition	Story Retelling Social Communication
Reading	Nonword Reading Reading Fluency	Reading Comprehension
Writing	Nonword Spelling Written Expression (Word)	Written Expression (Discourse) Written Expression (Sentence)
Memory	Digit Span Forward Digit Span Backwards	Delayed Story Retelling

TRUE OR FALSE:

FAMILIARITY WITH AN ASSESSMENT TOOL RESULTS IN DIAGNOSTICALLY ACCURATE FINDINGS

VALIDITY AND RELIABILITY STUDY, 2021

Validity and reliability did not significantly correlate with the frequency of test use. **Diagnostic accuracy** also did not significantly correlate with frequency of test use. *Only recency of publication positively correlated with frequency of use* (Ogiela & Montzka, 2021).

Evaluation results will only be as precise as the least diagnostically accurate assessment tool.

DYNAMIC ASSESSMENT

- A norm-referenced test performance is a static measure of current language functioning and does not represent a child's potential for learning (Gillam & McFadden, 1994) as such It seems logical that the modifiability of a child's language deficits (as observed through dynamic assessment) would be an important factor to consider when making a severity determination (Spaulding et al., 2012).
- Dynamic assessment for language would target an identified area of need (morphology, syntax, semantics, etc.) and look at modifiability within the dynamic assessment framework.
- The test-teach-retest model of dynamic assessment has proven effective in discriminating between students with language differences and those with deficits… students who are speakers of AAE will show more modifiability during the test-teach-retest model than those with true language deficits (Laing & Kamhi, 2003).

DYNAMIC ASSESSMENT

- Dynamic Assessment differentiates between two explanations for deficient performance: **poor instruction (or limited opportunity** for learning) **versus disability** (Fuchs, 2003).
- Most evidence supports the test-teach-retest method of dynamic assessment which includes:
  - Test- Assess the child's current performance.
  - Teach - Incorporate mediated learning: Facilitate the child with strategy use, while observing their modifiability, or ability to incorporate the newly learned strategy.
  - Retest- Compare the child's performance to the pretest phase and evaluate the child's modifiability.

PROCESSING DEPENDENT TASKS

Processing

- Processing dependent tasks help to distinguish poor performance reflective of language processing deficits from differential background knowledge (Laing & Kamhi, 2003).

Processing

- Processing dependent tasks include
  - Nonword repetition tasks,
  - Working memory tasks
  - Rapid Automatic Naming tasks

LANGUAGE SAMPLES

SLAM (School Age Language Measure)

- ASHA Leaders Project
- Free and online
- *NEW* Preschool Version

SUGAR (Sampling Utterances and Grammatical Analysis Revised)

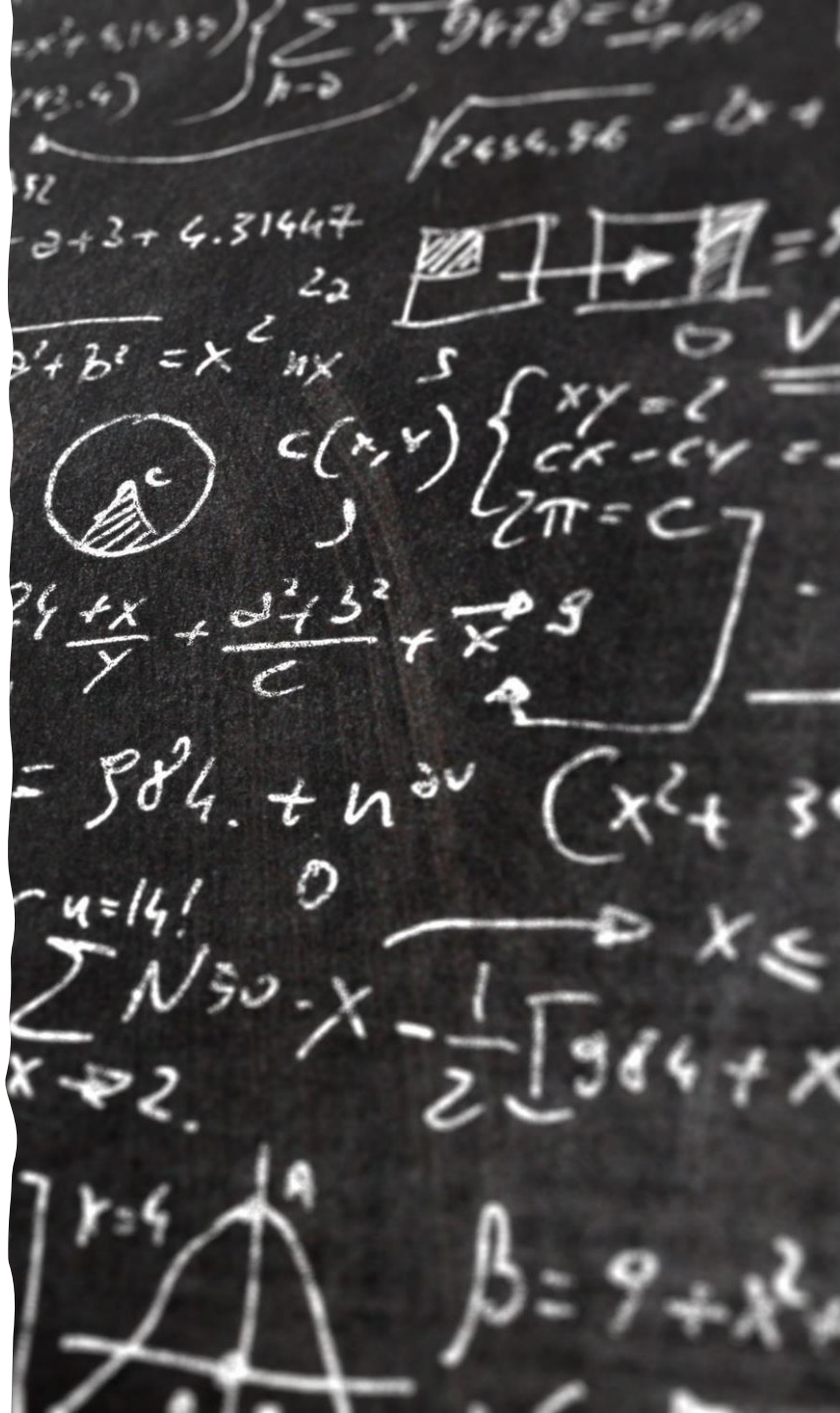
- Free and online
- Assesses mean length of utterance (MLU), total number of words (TNW), clauses per sentence (CPS), and words per sentence (WPS)

WHY NOT JUST MEASURE MLU?

- Limitations of using MLU include limited helpfulness when planning goals.
- MLU is a quantitative measure that does not reveal specific needs to be addressed.
- MLU does not take into consideration cultural and linguistic diversity.

NARRATIVE SAMPLE

- Difficulties with narrative comprehension and production may have serious negative effects on students' educational and social achievement (Nation, Clarke, & Marshall, 2004).
- Narratives are sensitive indicators of language impairment in students as students and adolescents with compromised language skills typically produce shorter, less complete, and less elaborate narratives than their same age, typical peers.
  - NLM3 from Language Dynamics (also referred to as Cubed) for preschool through school-age students (free and online)
  - Timler's Share and Tell Protocol (free and online)



BILINGUAL ENGLISH-SPANISH ASSESSMENT (BESA)

- For bilingual students who speak Spanish, English, or both ages 4:0 through 6:11 and it consists of two questionnaires, one activity and three subtests in two languages.
- Two subtests on the BESA, morphosyntax and semantics provides the best diagnostic accuracy and with the addition of story retell sensitivity and specificity are 100% and 93% respectively (Lazewnick, et al., 2018).
- The BESA can be administered by a monolingual SLP using and interpreter because it is not a translated test.
- Obtain a language sample in both languages (e.g., the SALT) (Arias & Friberg, 2016).

DIAGNOSTIC EVALUATION FOR LANGUAGE VARIATION (DELV)

DELV (Seymour, Roeper, & de Villiers, 2004) is the first test designed to be dialect neutral with respect to AAE.

The DELV is for children aged 4.0-9.11 who speak all varieties of English.

It is an assessment of complex aspects of children's syntactic, semantic, phonologic, and pragmatic development.

It has 95% sensitivity and 93% specificity.

GEORGIA ELIGIBILITY: LANGUAGE IMPAIRMENT

- (2) Language Impairment- **impaired** comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is **negatively impacting the child's ability to participate in the classroom environment**. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is **adversely affecting the child's educational performance**.
- The term language impairment does not include:
- A) Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.
- B) Children who have regional, dialectic, and/or cultural differences
- C) Children who have auditory processing disorders not accompanied by language impairment.
- D) Children who have anxiety disorders (e.g. selective mutism) unless it is also determined that they have a speech language impairment.
- There must be a documented speech-language impairment that adversely affects the educational performance for these children to qualify for special education services

CLARITY FOR IEP TEAM MEMBERS

- How or where are exclusionary factors been documented and considered?
- What qualifies as negatively impacting the child's ability to participate in the classroom environment and how is that different from adverse educational performance?
- What is constitutes "impaired" language?
- How is the need for specially designed instruction determined?

TRUE OR FALSE:

USE OF THE TERM DEVELOPMENTAL LANGUAGE DISORDER IS PREFERRED

EXPRESSIVE-RECEPTIVE LANGUAGE DISORDER, LANGUAGE DISORDER, OR DEVELOPMENTAL LANGUAGE DISORDER?

- The term 'Language Disorder' refer to children with language difficulties associated with a differentiating condition such as brain injury, certain neurodegenerative conditions, cerebral palsy, and oral language limitations associated with sensori-neural hearing loss (Tomblin et al., 2015) as well as genetic conditions such as Down syndrome, autism spectrum disorder (ASD) and/or intellectual disability (Harris, 2013) because these conditions are commonly linked to genetic or neurological causes (Fitzgerald et al., 2015; 267 Shevell, Majnemer, Rosenbaum, & Abrahamowicz, 2001).
- 'Developmental Language Disorder' refers to language skills that are persistently below the level expected for the child's age was the agreed term for when the language disorder is not associated with a known condition such as autism spectrum disorder, brain injury, genetic conditions such as Down's syndrome and sensorineural hearing loss (Bishop et al, 2016).

WHAT IS ATYPICAL LANGUAGE DEVELOPMENT?

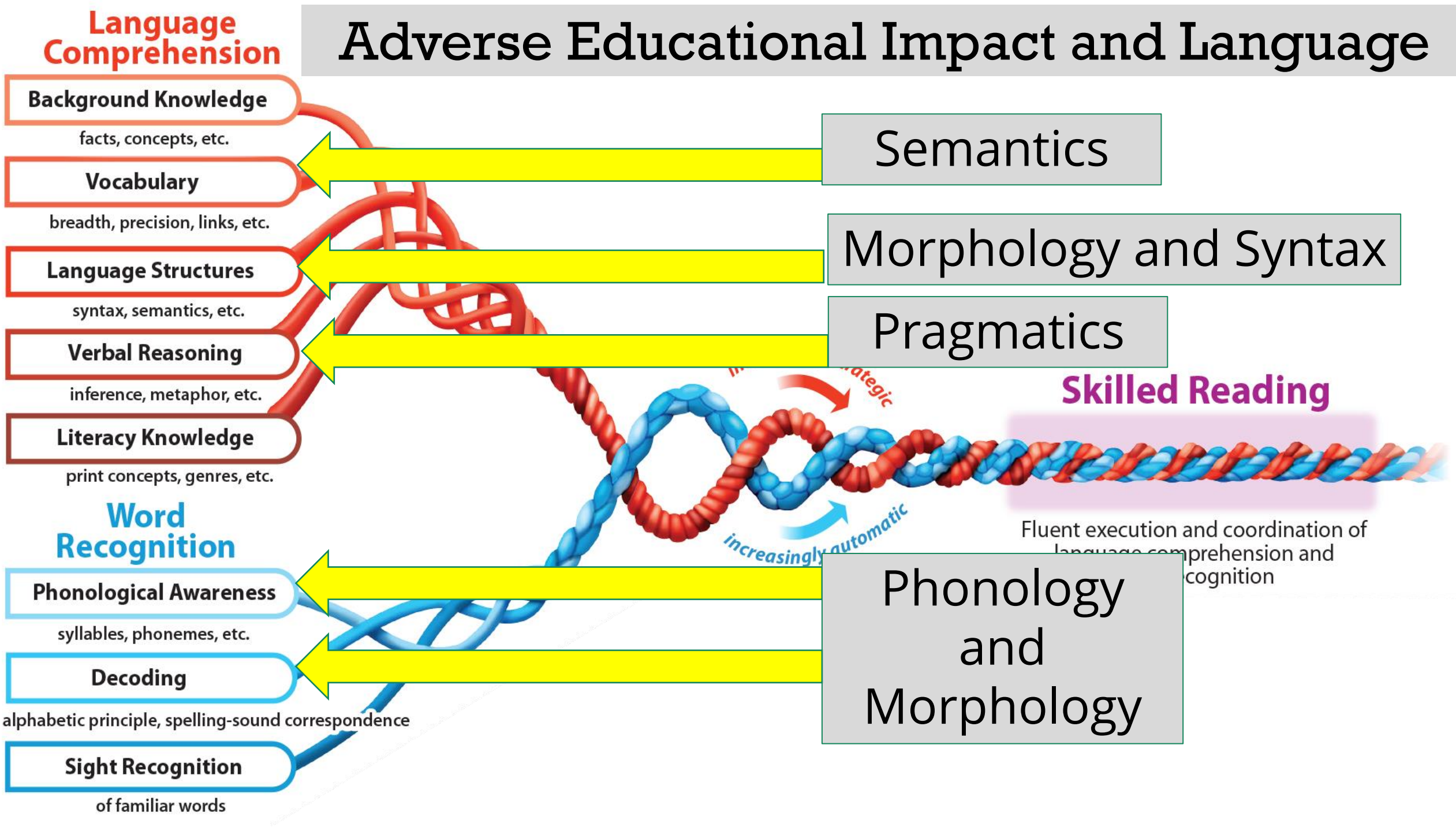
A combination of linguistic difficulties:

- Phonology (the sounds of language separate from their meaning)
- Semantics (vocabulary)
- Syntax (grammar) and morphology (endings on words that express grammatical relationships, like past tense –ed in English)
- Discourse (narrative, conversation)
- Pragmatics (social communication, inferencing, figurative language

Where to look:

- Phonology – phonological awareness continuum
- Semantics – Three Tiers of vocabulary, word relationships, semantic features (categories, category members, visual characteristics, function, location, etc.)
- Morphology and Syntax – Brown's Stages of Syntactic and Morphological Development (1973)
- Discourse/Narrative – Heaps to True Narratives (Hutson-Nechkash, Peg, 2001, Ripley, K., 2012)
- Pragmatics – context driven, emotional vocabulary, prosody, figurative language, central coherence, Theory of Mind, play skills, development of gestures

Adverse Educational Impact and Language



LANGUAGE IS THE FOUNDATION FOR READING

Each of the components of language play a vital role in reading and writing (Wolf Nelson, Catts, Ehren, Roth, Scott, and Staskowski, 2009).

Phonology

- Phonological awareness has been shown to be more closely related to success in reading than intelligence **(**Torgesen, 1997) and is the strongest single predictor of word reading difficulties (e.g., Pennington, et al. 2012; Snowling, 2000).

Semantics

- Children must have mental imagery, representational and thinking skills (Westby, 1980) because understanding of a story requires the reader to form a mental representation of the story while reading (e.g., Kintsch, 1988; Zwaan and Radvansky, 1998).

Syntax

- In 2011 and 2012, student SAT scores revealed that only 43 percent reached a proficiency level for reading comprehension. The clearest differentiator was the students' ability to answer questions associated with texts that had complex syntactical structures as opposed to critical thinking skills.

Morphology

- Approximately 80 percent of English words contain multiple morphemes (Anglin, 1993; Hiebert, Goodwin, & Cervetti, 2018) and morphologically complex words represent the bulk of unfamiliar words that children encounter in text (White, Power, & White, 1989).

Pragmatics

- Pragmatics includes understanding point-of-view, interpretation of figurative language, separating important from unimportant details, making inferences and predictions as well as conveying point-of-view, providing essential details and specific referents.

Discourse and Narrative

- Difficulties with narrative comprehension and production may have serious negative effects on students' educational and social achievement (Nation, Clarke, & Marshall, 2004) and when narrative performance is weak, children may be at risk for developing social and behavioral problems because of their limited ability to interact with others (Dickinson & Snow, 1987; Snow, Burns, & Griffin, 1998).

HOW CAN THE NEED FOR SPECIALLY DESIGNED INSTRUCTION BE DETERMINED?

Spaulding et al., 2010

- While there is a wealth of information outlining how to determine the presence of a language disorder, guidelines for determining the severity of a language impairment in children have not been well established.
- Be cautious in determining the severity of children's language impairment using norm-referenced test performance given the inconsistency in guidelines and lack of empirical data within test manuals.
- None of the 45 test manuals provided statistical analyses to indicate how the severity categories and cutoff points that they provided for determining degree of impairment were empirically derived.
- 34 CFR §300.304(c)(1) Assessments and other evaluation materials used to assess a child under this part (iii) are **used for the purposes** for which the assessments or measures **are valid and reliable.**

WHAT IS SPECIAL ABOUT SPECIALLY DESIGNED INSTRUCTION FOR LANGUAGE?

- The younger the student is the more likely they are to benefit from direct language instruction by the SLP.
- **Collaborate within the continuum of services**
  - Although IDEA requires a statement of the special education and related services that students require to work toward achieving their goals, IDEA does NOT specify that each service provider writes discipline-specific goals. IEP goals are individualized to the student and do not belong to any specific discipline.
- **Work at the top of your license.**
  - Utilize the full extent of education, training, and experience, and do not spend time doing things that could be effectively done by someone else with a different set of skills
- **Least Restrictive Environment**
  - 300.114 **LRE requirements** (a)(2) To the maximum extent appropriate, children with disabilities.. are educated with children who are nondisabled; and … other removal of children with disabilities from the regular educational environment occurs **only if** the **nature or severity** of the disability is such that education in regular classes with the use of **supplementary aids and services** cannot be achieved satisfactorily.

A CONTINUUM OF SERVICES: **DIRECT**

- **A variety of direct services and amounts**
  - 45 minutes once a week targeting language utilizing curricular content.
  - 30 minutes of direct instruction once a week for three out of four weeks per month to remediate identified areas of need with indirect services provided directly to the general education teacher during the fourth week to help model and reinforce specific skills or to spend time collaborating on curricular content.
  - 30 minutes of direct instruction twice a week focused on identified needs via narrative-based instruction.
  - Co-teaching or push-in services targeting explicit vocabulary, narrative or syntax needs.

A CONTINUUM OF SERVICES: **INDIRECT**

- **A variety of indirect services**
  - Indirect services are **not** provided directly to the child, but **on behalf of** the child *and* may involve teaching, consulting with, collaborating with and/or directly supervising other personnel.

  Examples:
    - Supporting a special education goal by providing consultative support to the special education and regular education teacher on the selection of tier 1, 2, or 3 vocabulary words and how to provide explicit instruction for vocabulary.
    - Creating or sharing materials or home program tools to support language development.
    - Collaborating with regular education teachers to analyze the language demands of the curriculum, the impact on the student, and creating strategies for improved outcomes.
    - Providing staff development training.

A CONTINUUM OF SERVICES: **SUPPLEMENTARY**

- **The primary differences between indirect services and supplementary aids/services/supports include…**
  - Supplementary aids/services/supports are not tied to an IEP goal.
  - The provider will **only** work with the staff and parents – no direct contact with the student.
  - Supplementary services are not directly **or** indirectly designed to support the student toward a goal/objective.
- **Supplementary aids/services/supports …**
  - are provided across all educational settings,
  - in order to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

DECISION TREE

At any time will you be in direct contact with the student?

No - contact will only be with staff, parents, other IEP team members

Supplementary Aids/Service

Yes - there will be some contact with the student (periodic or partial)

Indirect Service

Yes - there will be direct contact and interaction with the student

Direct Service

LANGUAGE ELIGIBILITY
BASED ON EVIDENCE BASED ASSESSMENT

Prong One: Disability 3 out of 5

1. Criterion Referenced Assessment: Two **PA** skills do not meet age-appropriate norms
2. Criterion Referenced Assessment **Narrative** skills are one year or more below age-appropriate norms
3. Criterion Referenced Assessment Three or more skills in one or more area of language (**morphology, syntax, or pragmatics**) do not meet age-appropriate norms
4. Dynamic Assessment: limited or no improvement noted in dynamic assessment and/or requires moderate to substantial support
5. Norm-Based Assessment: 1 or 2 composite scores that document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity. If sensitivity and specificity of 80% is not present, additional data must support presence of a disability.

Prong Two: Educational Impact

1. Functionally how PA, narrative, morphology, syntax, etc. may be impacting student performance
2. Evidence of struggle in most areas when compared to peers (*based on observation, review of written work, curriculum-based, assessments, etc.)*

Language Assessment Summary

Student Name: Date:

- For each assessment area column, circle the item that best represents the student's performance.
- Is the student multilingual or bidialectal? ___ Yes ___No
  If yes, what is the student's primary language or dialect spoken? _____
  If yes, which features of language observed in the assessment are considered unique to the language or dialect and not considered to be in error:

  Morphology:

  Syntax:

  Phonology:

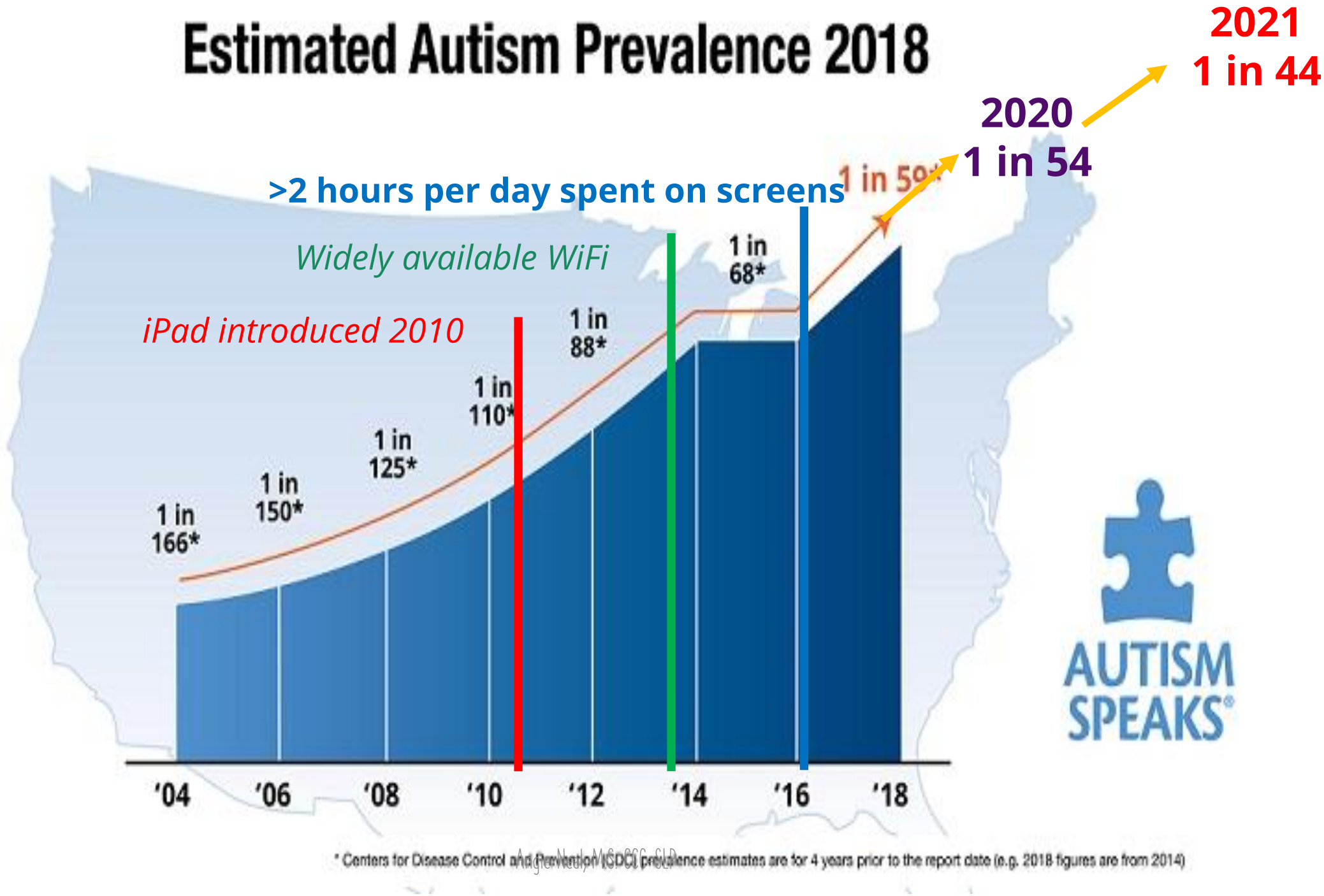
	Academic Activities, Tests, and Related Measures			SLP Probes, Tests and Measures At least 3 out of 5 must be in moderate or substantial range in addition to similar findings from classroom observation, teacher checklist, work and/or written language samples, interviews		
	Data sources include: teacher checklist, classwork, interviews, and observations of work samples or written language samples in school settings	Because language is the foundation for literacy, the measures below are applicable for documentation of the student's understanding and use of language for educational purposes. Phonological Awareness (PA) probes	Narrative Skills	Language Sample (morphology, syntax, pragmatics)	Dynamic Assessment	Norm-referenced test (based on composite/total score)
No Apparent Impact	Performs similarly to peers in most areas	Meets age-appropriate norms for PA	Meets age-appropriate norms	Meets age-appropriate norms	Able to complete all steps of dynamic assessment for targeted skill(s), improvement noted, and/or requires no support	1 or 2 composite scores that do not document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity.
Minimal Impact	Evidence of struggle with one or more areas when compared to peers	One PA skill does not meet age or grade appropriate norms	Two to three skills do not meet age appropriate norms	One to two skills in any one area do not meet age appropriate norms	Able to complete most or all steps of dynamic assessment for targeted skill(s), improvement noted, and/or requires no support or minimal support	
Moderate Impact	Evidence of struggle in most areas when compared to peers	Two PA skills do not meet age or grade appropriate norms	Narrative skills are one year below age appropriate norms	Three to four skills in any one area do not meet age appropriate norms	Able to complete one-three steps of dynamic assessment for targeted skill(s), limited improvement noted, and/or requires moderate support	1 or 2 composite scores that document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity. If sensitivity and specificity of 80% is not present, additional data must support presence of a disability.
Substantial Impact	Evidence of very limited ability in most areas	Three or more PA skills do not meet age or grade appropriate norms	Narrative skills are two years or more below age expected age appropriate norms	Five or more skills in any one area do not meet age appropriate norms	Unable to complete all steps of dynamic assessment for targeted skill(s), no improvement noted, and/or requires maximum support	

LANGUAGE RUBRIC

AUTISM

National Rates of Autism (CDC)	
2000	2021
1 in 150	1 in 44

IDEA Rates of Autism (OSEP)	
2018-2019	2020-2021
756,834	829,145


Estimated Autism Prevalence 2018
2021
1 in 44
2020
1 in 54
>2 hours per day spent on screens
1 in 59*
Widely available WiFi
iPad introduced 2010
1 in 166*
1 in 150*
1 in 125*
1 in 110*
1 in 88*
1 in 68*
'04
'06
'08
'10
'12
'14
'16
'18
AUTISM SPEAKS
* Centers for Disease Control and Prevention (CDC) prevalence estimates are for 4 years prior to the report date (e.g. 2018 figures are from 2014)

INFLUENCE OF SCREEN TIME

- Screen time was positively correlated with the CARS score in that the longer the screen time, the more obvious the autistic symptoms (Dong et al., 2021).
- Research study showed that the hours spent using the electronic device were significantly associated with having a significant association between the daily hours spent on devices and having a score on the Social Communication Questionnaire above 15, which suggests a deficit in social skill development and having autism spectrum disorder-like symptoms (Alrahli, 2021).
- Longer screen time resulted in shorter play time, shorter companionship time with caregivers, and shorter time for social interactions resulting in worse social behavior and more obvious autism symptoms.
- Its **not** that technology *causes* ASD, but disproportionate exposure during critical periods can negatively impact the development of social communication, social-emotional skills and behavior.

RATES OF AUTISM

South Carolina	2019	2021
Ages 3-21	10,443	11,667

Georgia	2019	2021
Ages 3-21	22,587	26,467

AUTISM ASSESSMENT AND PRONG 1A

a. Persistent deficits in **social communication and social interaction** across multiple contexts, as manifested by all of the following (currently or by history):

- (1) Deficits in **social-emotional reciprocity**, ranging, for example from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
- (2) Deficits in **nonverbal communicative behaviors** used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and **body language** or deficits in understanding and use of gestures; to a total lack of **facial expressions** and nonverbal communication.

AUTISM ASSESSMENT AND PRONG 1A

- (3) Deficits in **developing, maintaining, and understanding relationships**, ranging, for example, from difficulties adjusting behavior **to suit various social contexts;** to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

- Prong 2: What is the **adverse effect of those skills relative to a child's educational performance** such that it requires specialized instruction to access general education in order to meet educational standards?

SLP ASSESSMENT OF PRAGMATICS

- When assessing pragmatics, the question is not whether a certain behavior is appropriate or not, but **when** is it appropriate. The only thing that can determine that is context.
- Does IDEA require a standard score?
- What to assess?
  - 34 CFR §300.304 (7) Assessment tools and strategies that provide **relevant information** that directly assists persons in determining the educational needs of the child.

Comprehensive assessment of pragmatics and social communication must include more than standardized tests (Timler et al., 2021).

AUTISM: KEY TERMS

- **Social interaction** includes social reasoning, social skill tasks, play, resolving conflict, rules for politeness, adjusting communication to the context.

- **Social cognition** includes theory of mind, emotional competence and emotional regulation, executive functioning, joint attention, as well as inference and presupposition.

- **A social skill** refers to the ability to complete a social task with a pre-determined result. Teaching a social skill means that the student may have learned a skill that, when observed in isolation, may appear to be functional and meaningful. However, the student may not be able to understand why the skill is important outside of the pre-determined or isolated context.

AUTISM: KEY TERMS

- **Social communication or communicative competence** refers to the ability to have a broader level of understanding such that the student can understand why certain skills are important and how to demonstrate them across broader contexts.

- **Social reciprocity** relates to the active role communicative partners engage in with a common, unspoken goal of successful interaction (i.e., the spontaneous ability to engage in back-and-forth social interactions with a variety of people in a variety of situations).

AUTISM ASSESSMENT AND 1B

b. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following (currently or by history):

- (1) Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping plates, echolalia, idiosyncratic phrases).
- (2) Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

What is the FUNCTIONAL impact?

What is the CONTEXT?

AUTISM ASSESSMENT AND 1B

- (3) Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transition, rigid thinking patterns, greeting rituals, needing to take the same route or eat the same food every day).

- (4) Hyper-or hypo-activity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

What is the FUNCTIONAL impact?

What is the CONTEXT?

AUTISM: 10 KEY CONSIDERATIONS

1. Does the student appear to break social rules and/or expectations they do not like, do not agree with, or that they do not know?

2. Once the student learns a social rule or expectation, do they continue to break it? If so, why?

3. Is there performance inconsistency (meaning are social interactions better in certain settings, or at certain times, or with certain people)?

4. Are impulsivity and/or difficulty considering consequences before acting impacting the ability to apply social knowledge?

5. Is the student missing social cues due to not paying attention to others?

AUTISM: 10 KEY CONSIDERATIONS

6. Has the student had opportunities to be exposed to or learn social rules/expectations or had adverse childhood experiences that would impact social development?

7. Is there a lack of empathy for other people and/or a deliberate intent to hurt or harm others?

8. Is the student manipulative or purposefully deceitful?

9. Are sensory related behaviors impeding the student's ability to function?

10. What is the evidence of adverse educational impact?

DEVELOPMENTAL DELAY

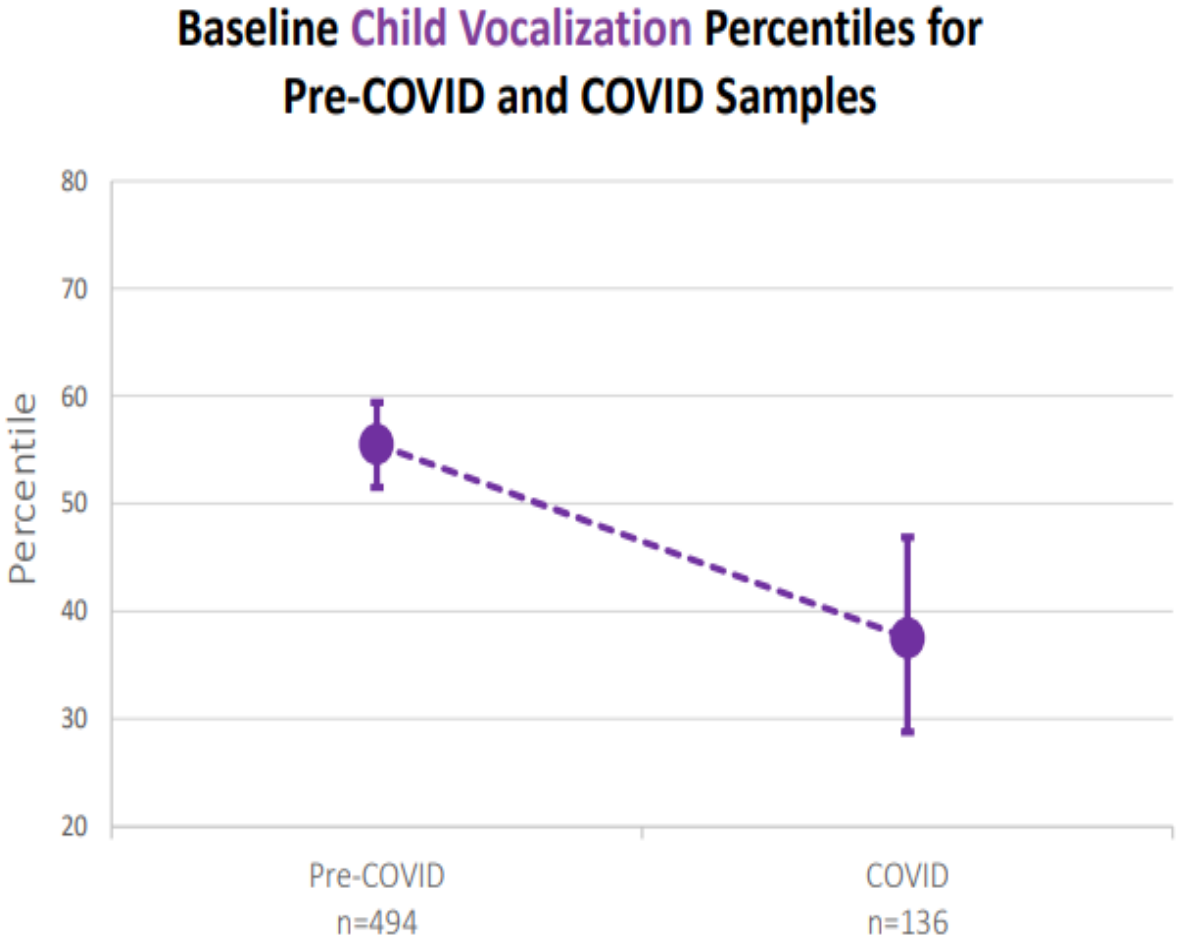
IDEA Rates of Developmental Delay (OSEP)	
2018-2019	2020-2021
475,039	480,458

DEVELOPMENTAL DELAY

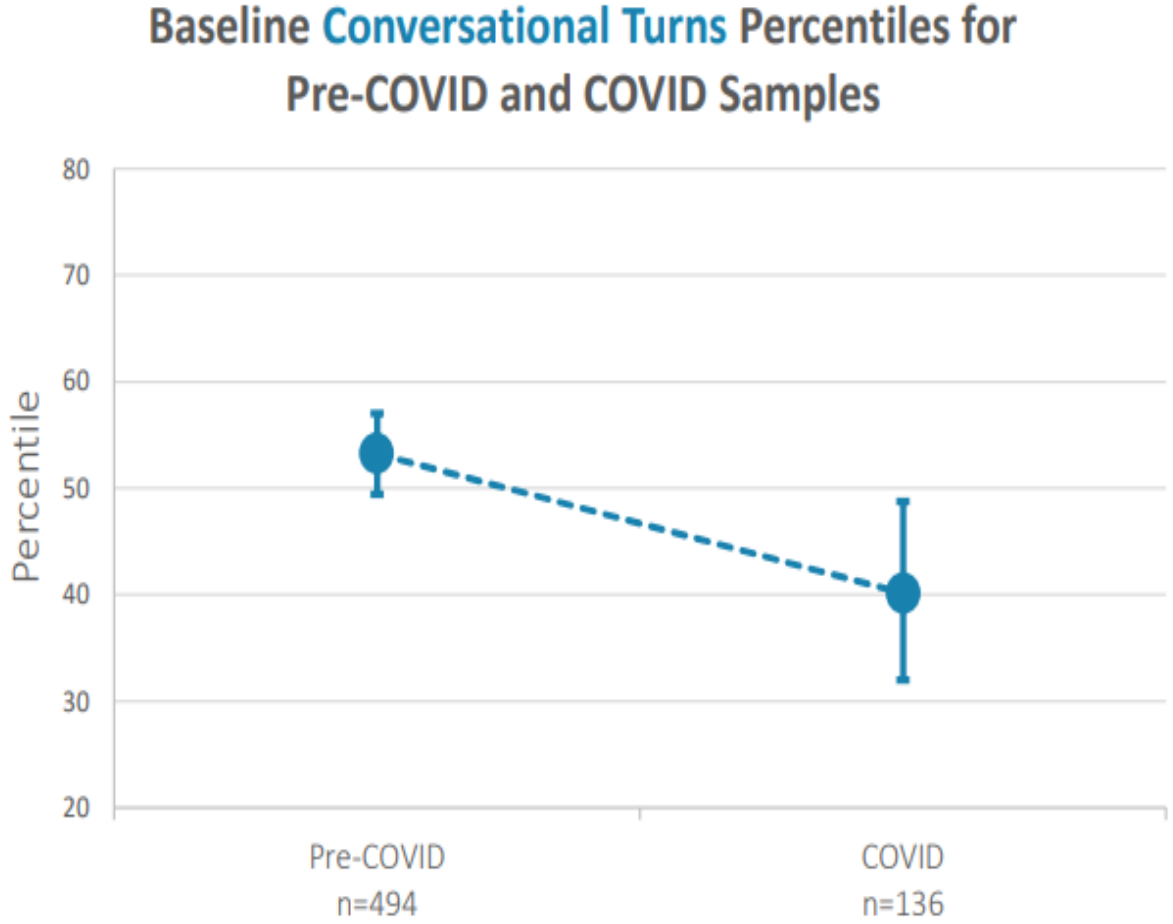
South Carolina	2019	2021
Age 3-21	9,219	9,669

Georgia	2019	2021
Age 3-21	25,460	26,461

DO BABIES BORN DURING THE COVID-19 PANDEMIC "TALK" LESS? (LENA, 2022)

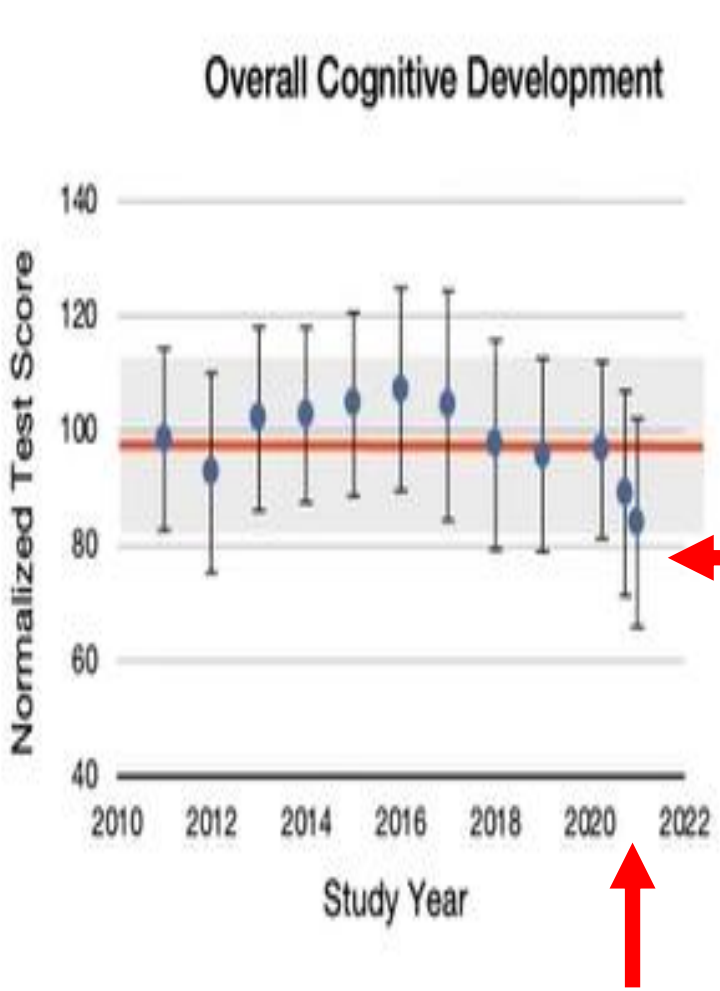


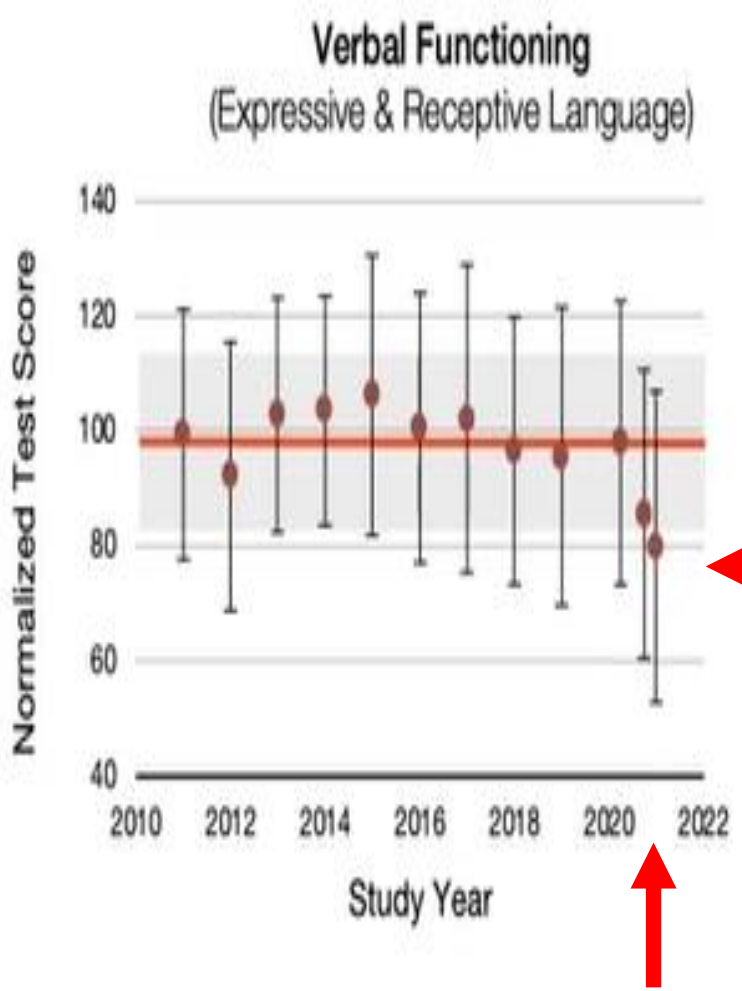
t(628) = 3.03, p = 0.003

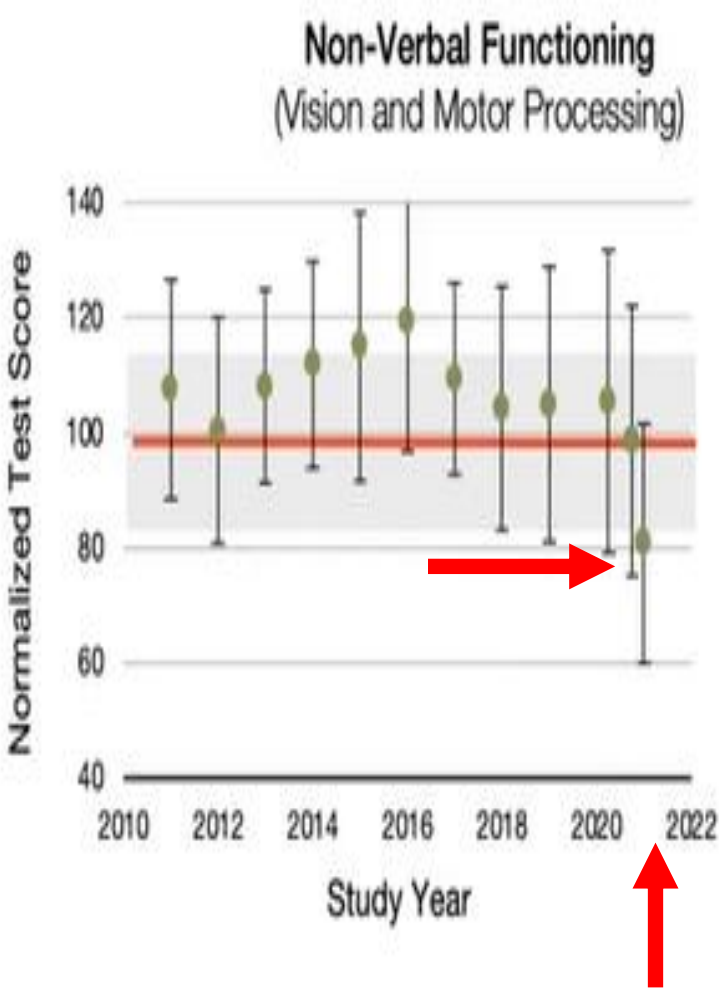


t(628) = 3.94, p < 0.001

TRENDS IN COGNITIVE DEVELOPMENT (0-3 YEARS)





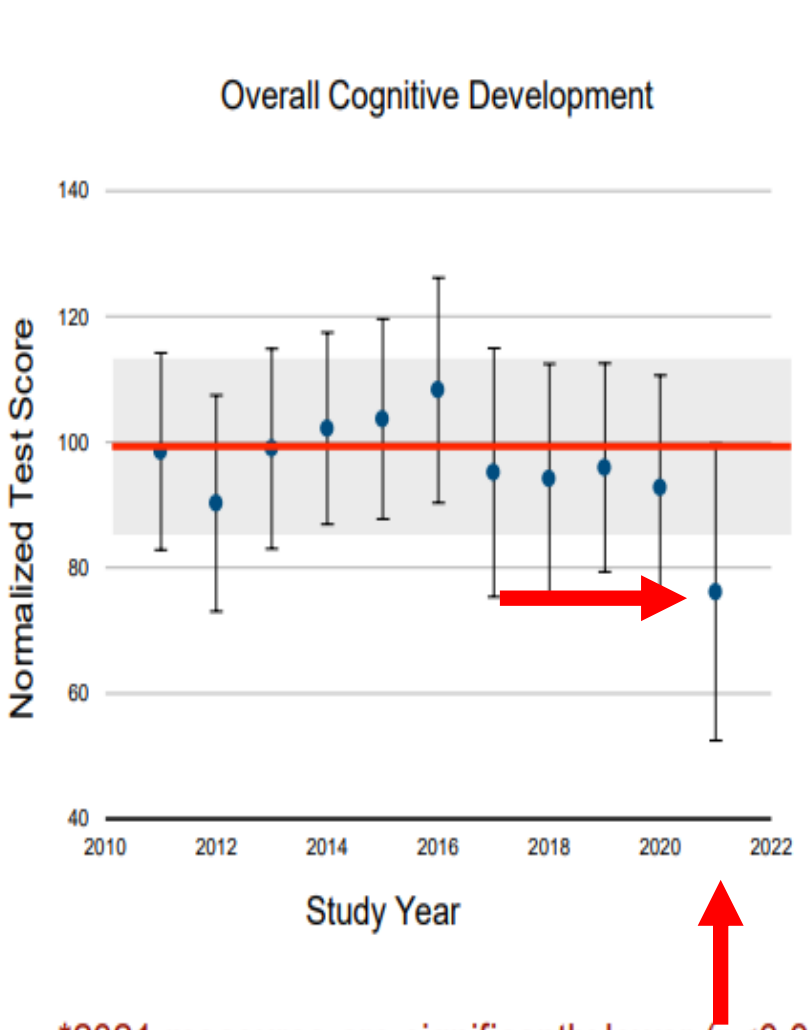


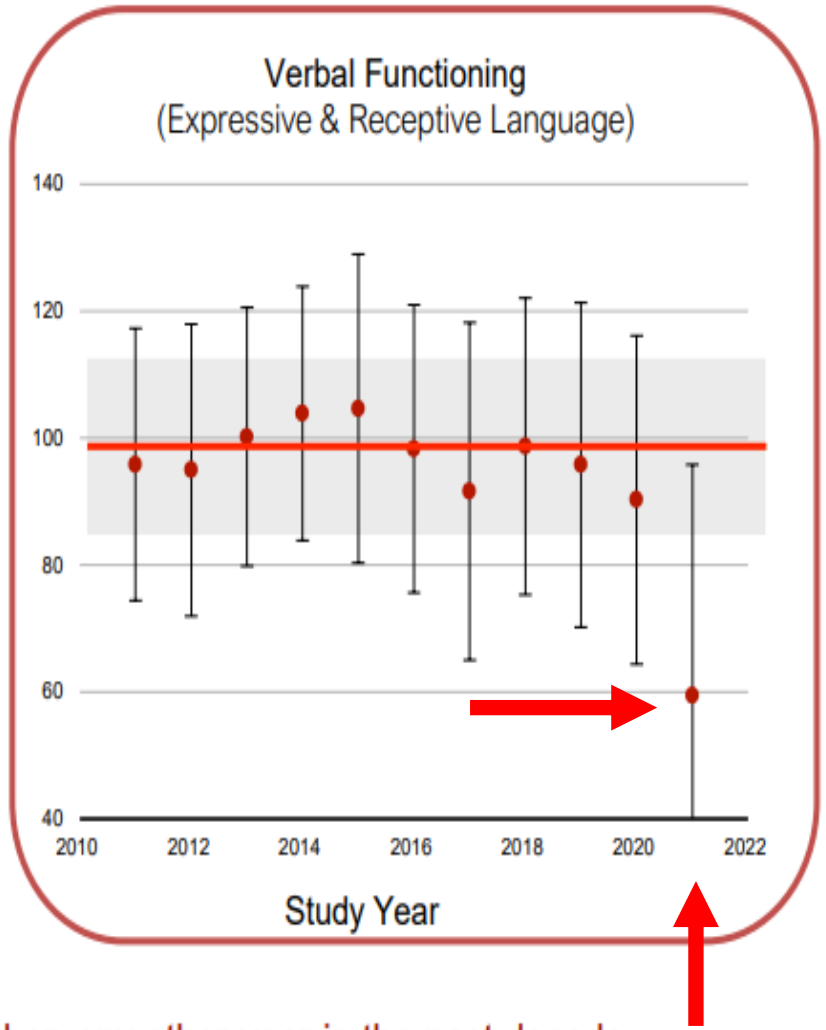
*2021 measures are significantly lower ($p<0.001$) than any other year in the past decade.

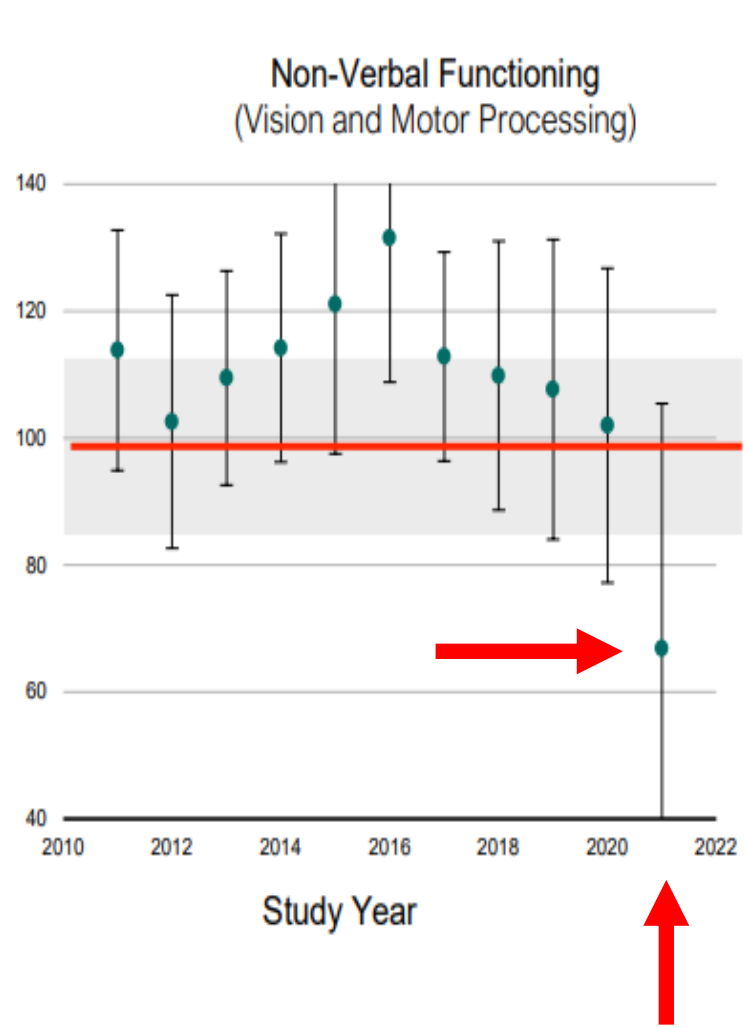
An average decrease of **24.6** points across the composite values.

TRENDS IN COGNITIVE DEVELOPMENT (4 YEARS)

(TURNED 1 BEFORE COVID)







*2021 measures are significantly lower ($p<0.001$) than any other year in the past decade.

An average decrease of **33** points across the composite values.

THE LANGUAGE ENVIRONMENT (DEONI, 2022)

A child's language environment is a critical factor that drives brain maturation which in turn drive language skills and the foundation for social emotional skills, executive function skills, and academic skills.

As demonstrated in cognition and brain imaging, COVID-19 has had a significant impact *absent of infection*.

Every child has been impacted across socio-economic status.

DEVELOPMENTAL DELAY

- The term significant developmental delay refers to a delay in a child's development in adaptive behavior, cognition, communication, motor development or social development to the extent that, if not provided with special intervention, it may adversely affect his/her educational performance in **age-appropriate activities**.

- The term **does not apply** to children who are experiencing a **slight or temporary lag** in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage, lack of experience in age-appropriate activities, lack of appropriate instruction in reading, lack of appropriate instruction in math, limited English proficiency or the child does not otherwise meet the eligibility criteria as a child with a disability.

AGE-APPROPRIATE ACTIVITIES

Goal APL-5: Children are willing to try new and challenging experiences.

Developmental Indicators				
Infants Birth to 12 months	**Younger Toddlers** 8 to 21 months	**Older Toddlers** 18 to 36 months	**Younger Preschoolers** 36 to 48 months	**Older Preschoolers** 48 to 60+ months
• Explore new experiences both indoors and outdoors (toys, foods, people, spaces) with support of a familiar trusted adult. APL-5a • Try to do things that are hard for them (stretch to reach toy, work to crawl or walk, try to capture tiny crumb with pincer grasp). APL-5b • Look to adult for cues and, when reassured, proceed. APL- 5c	• Try unfamiliar experiences and interact with new people with a familiar adult nearby. APL-5d • Move away from a familiar adult to explore, but check in frequently. APL-5e • Show interest in and try to opperate toys that offer a challenge. APL-5f	• Explore freely without a familiar adult nearby. APL-5g • Try out new skills in a familiar environment (learn to climb steps and then try to climb ladder to the slide). APL-5h • Approach a challenge with confidence (try to lift a heavy object, work on a difficult puzzle, "I can do it."). APL-5i • Want to do things their own way (say "Me do it!", push an adult's hand away if the person is trying to help). APL-5j	• Express a belief that they can do things that are hard. APL-5k • Choose to participate in an increasing variety of familiar and new experiences. APL-5l • Accept new challenges when offered. APL-5m • Try things they are not sure they can do, while avoiding dangerous risks. APL-5n	• Express a belief that they can do things that are hard. APL-5o • Approach new experiences independently. APL-5p • Ask to participate in new experiences that they have observed or heard about. APL-5q • Independently seek new challenges. APL-5r

QUESTIONS TO CONSIDER

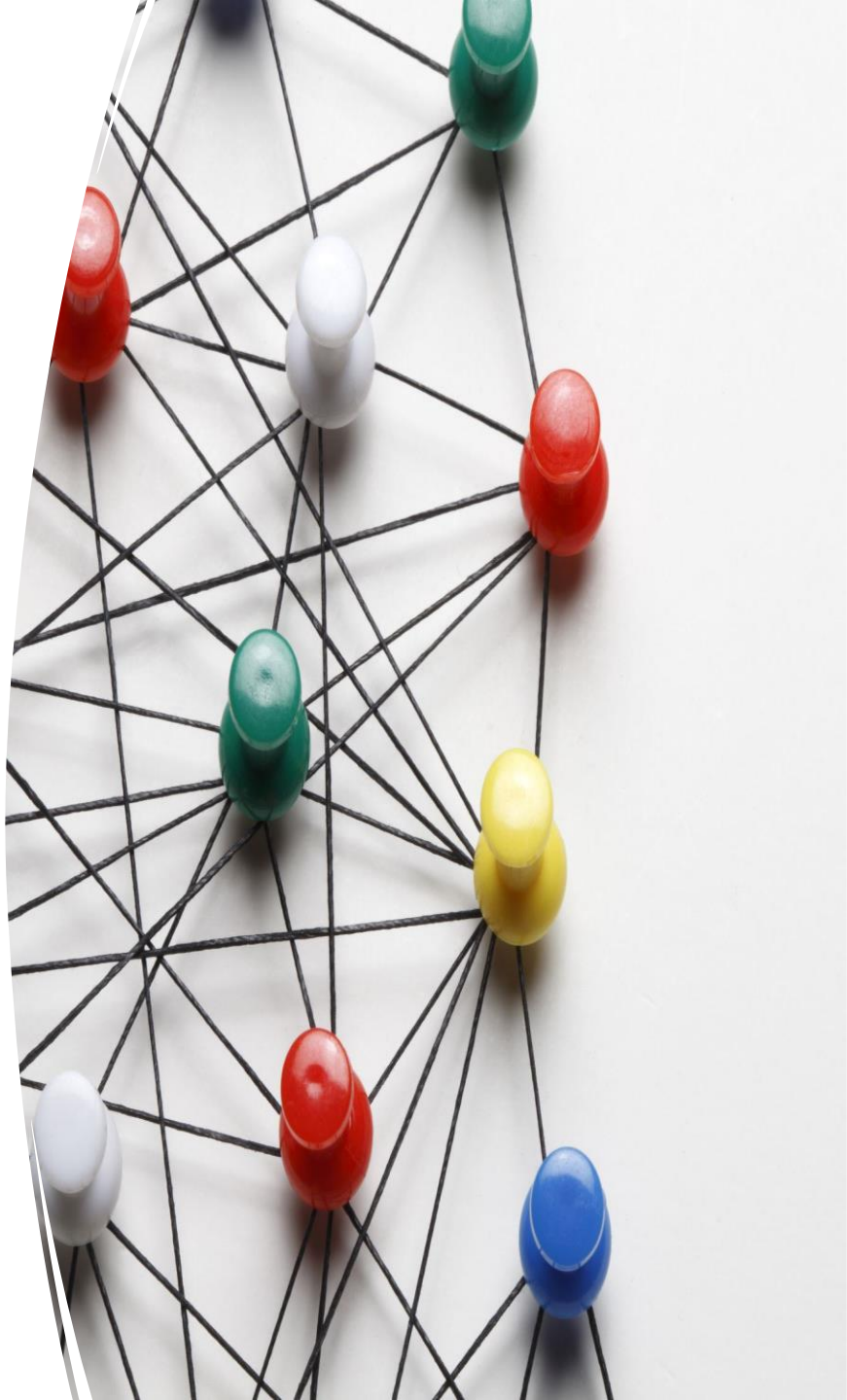
- How often is the child around other children that are of a similar age?
- What kinds of activities does the child engage in on a daily basis?
- What are some your child's favorite activities?
- How often are stories told or books read to the child at home?
- How much time does the child spend using handheld technology?
- How much time does the parent spend using handheld technology in front of the child?
- Is the parent around other adults from another culture or who speak another language?
- Has the child had any gaps in their hearing ability (e.g., frequent ear infections)?
- What is one of their favorite activities that they've learned how to do by themselves?
- What are some of the most talked about topics of conversation in the car, at dinner, etc.

PRESCHOOL AND DYNAMIC ASSESSMENT (ITS NOT JUST FOR SLPS)

- Consider the role of dynamic assessment to determine **learning potential** vs. a snapshot of skills.
  - nonword repetition tasks, fast word mapping, following directions for a new play routine, etc.
- If a child requires a high amount of examiner effort, was less responsive to input, and did not readily transfer their learning to the task, this may be indicative of a disability.
- Typical language learners will demonstrate the ability to learn, retain, and transfer new information.
- In addition, preschool evaluations should include consideration of the child's lack of exposure to school routines, the unfamiliar environment, the unfamiliar adults conducting the assessment, and the child's language environment (language rich vs. language poor including conversational turn taking).

DYNAMIC ASSESSMENT EXAMPLE ACTIVITIES FOR PRESCHOOL

- Learning to use a cause-and-effect toy
- Linguistic concepts (Spatial concepts/sequence/descriptive)
- Following directions (1 step and multi-step)
- Sorting activities (pre-academics)
- Categorization of items (animals versus people)
- Manual signs for communication
- Identification of body parts (self and others)
- Fast mapping labels/names for novel toys



PLAY SCALES (CAROL WESTBY, 1980) (FREE AND ONLINE)

- Formal psychometric tests yield an estimate of some specific skills, but they do not assess all the cognitive, representational, and thinking skills necessary for the use of language for communicative purposes (Westby, 1980).
- Social and joint attention, imitation, and play have been shown to be especially significant variables in relationship to language outcomes (Watson & Flippin, 2008).
- Children who participated in joint attention or symbolic play interventions showed better expressive language skills than children who only participated in applied behavior analysis (ABA) services after a one-year period (Kasari, Paparella, & Freeman, 2008).
- Developmentally appropriate play is a singular opportunity to promote the social-emotional, cognitive, language, and self-regulation skills that build **executive function** and a prosocial brain that is **ready for academic learning** (American Academy of Pediatrics, 2018).

DEVELOPMENT OF GESTURES

Specific gestures (especially pointing) have proven to be a strong predictor of later language skills in children with typical development (Morissette et al., 1995), children with Down syndrome (Franco & Butterworth, 1996), and autistic children (Baron-Cohen, 1989).

Gesture development can be a key distinguishing feature to help differentiate children with typical development from those with various types of disabilities including ASD (Mundy, Kasari, Sigman, & Ruskin, 1995; Zwaigenbaum et al., 2005) due to the numerous studies across a variety of disciplines related to gesture development and its link with later language skills (Capirci, Iverson, Pizzuto, & Volterra, 1996; M. Carpenter et al., 1998; Iverson, Capirci, & Caselli, 1994; Thal & Tobias, 1992, 1994; Thal, Tobias, & Morrison,1991).

PRESCHOOL ELIGIBILITY CONSIDERATIONS

- At young ages, all areas of speech and language can overlap and have educational impact.
  - In 4-year-olds, the greater the number of areas of language functioning that are impaired, the higher the likelihood that the problems will persist into school age (Bishop & Edmundson, 1987)
  - Language problems that are still evident at 5 years and over are likely to persist (Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998).
- Intervention considerations (slight delay or temporary lag vs. disability)
- Documentation of exclusionary factors **environmental, cultural, or economic disadvantage**, **lack of experience in age-appropriate activities**, limited English proficiency, etc.

Preschool Assessment Summary

Student Name: _____ Date: _____

- Review all assessment data prior to completing this form.
- For each assessment area column, circle the item that best represents the student's performance.
- When a valid comparison to a normative sample cannot be made or a student has significant impairments, consider completion of the Functional Communication Summary form.
- Is the student multilingual or bidialectal? ___ Yes ___No
  If yes, what is the student's primary language or dialect spoken? _____
  If yes, which features of language observed in the assessment are considered unique to the language or dialect and not considered to be in error:

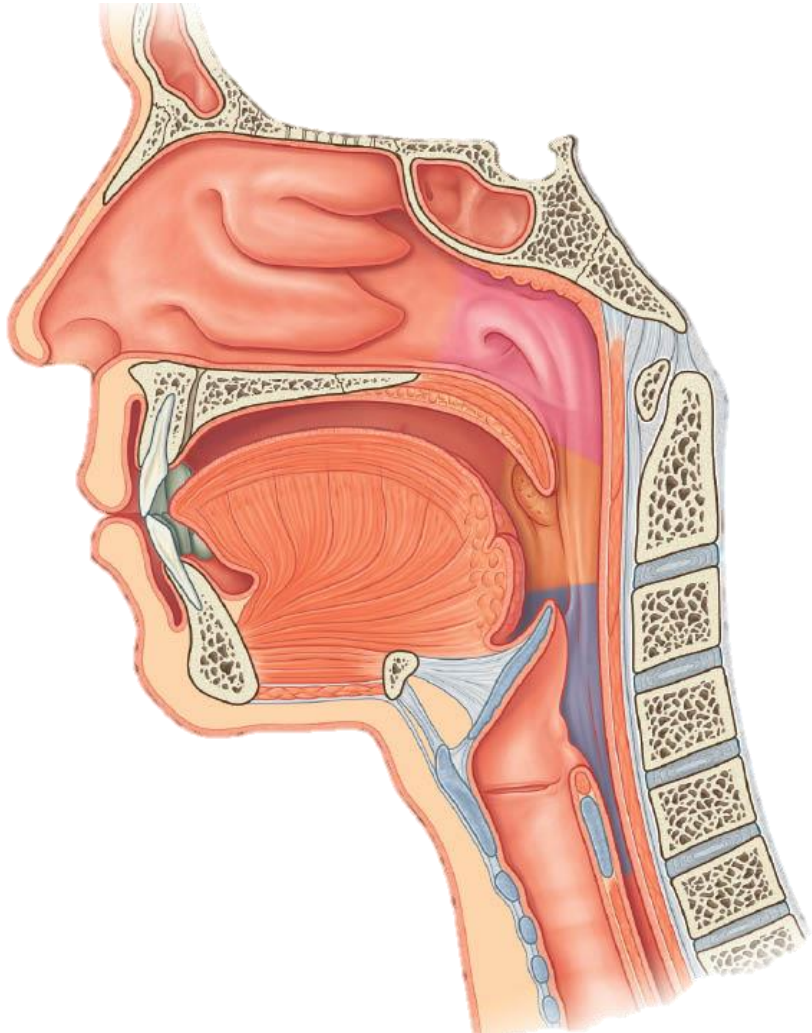
*At least four out of eight columns should fall within the moderate range to denote a disability in the area of speech-language impairment.

	Because language is the foundation for literacy, the measures below are applicable for documentation of the student's understanding and use of language for educational purposes.				Play Skills and Social	Speech Sound Development		Norm-referenced test (Based on composite/total score)
	Participation in age-appropriate activities (see SC ELS)	Phonological Awareness (PA) probes	Narrative Skills	Language Sample (morphology, syntax, pragmatics)	Adapted Westby Play Scale (symbolic and pre-symbolic) gestures and ToM	Intelligibility in Connected Speech (ICS) across settings Familiar/ Unfamiliar listeners	Speech sound production (McLeod & Crowe 2020)/ Phonological Processes	
No Apparent Impact	Performs similarly to peers all six domains	Meets age-appropriate norms for PA	Meets age-appropriate norms	Meets age-appropriate norms	Meets norms for acquisition in in all four areas	*Familiar:* ICS 4 or 5 Age 3: 75% Age 4: 85% *Unfamiliar* Age 3-4: 50%	Meets norms for acquisition/ No significant error processes	1 or 2 composite scores that do not document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity.
Minimal Impact	Evidence of difficulty in 1 or 2 domains	One PA skill does not meet age or grade appropriate norms	Two to three skills do not meet age appropriate norms	One to two skills in any one area do not meet age appropriate norms	6 -12 months below norms for acquisition in at least 1 out of 4 areas	*Familiar:* ICS ≤ 3 Age 3: 65–75% Age 4: 75 – 85% *Unfamiliar* Age 3-4: 34%	1-2 sounds do not meet norms for acquisition/ One or more occur: - CR with /s/ -Assimilation	
Moderate Impact	Evidence of difficulty in 3 or 4 domains	Two PA skills do not meet age or grade appropriate norms	Narrative skills are one year below age appropriate norms	Three to four skills in any one area do not meet age appropriate norms	12-24 months below norms for acquisition in at least 2 out of 4 areas	*Familiar:* ICS ≤ 3 Age 3: 50 – 64% Age 4: 65 – 74% *Unfamiliar* Age 3-4: 20%	3-4 sounds do not meet norms for acquisition/ One or more occur: - WSD -Fronting - Affrication	1 or 2 composite scores that document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity.
Substantial Impact	Evidence of difficulty in 5 or 6 domains	Three or more PA skills do not meet age or grade appropriate norms	Narrative skills are two years or more below age expected age appropriate norms	Five or more skills in any one area do not meet age appropriate norms	24 or more months below norms for acquisition in 3 or more areas	*Familiar:* ICS ≤ 3 Age 3: <70% *Unfamiliar* Age 3-4: 0-20%	5 or more sounds do not meet norms for acquisition/ One or more occur: - ICD - FCD -Reduplication	If sensitivity and specificity of 80% is not present, additional data must support the presence of a disability.

PRESCHOOL RUBRIC

VOICE

- Teacher Reported Pediatric Voice Index (TRPVHI adapted) – completed by parent and/or teacher
  - Current Evidence: The TRPVHI is the only valid and reliable teacher-reported outcome measure of the effects of voice disorders on children. It is anticipated that the deployment of the TRPVHI in conjunction with other subjective tools, both in the initial evaluation and the follow-up of the treatment results, will allow a better understanding of the physical, functional, and emotional effects of voice disorders on children (Yağcıoğlu, 2022)



Voice Assessment Summary

Student Name: _____ Date: _____

- For each assessment area column, circle the item that best represents the student's performance.
- When a valid comparison to a normative sample cannot be made or a student has significant impairments, consider completion of the Functional Communication Summary form.
- Has the student received a medical examination from an otolaryngologist (i.e., ear, nose, and throat physician)? ___ Yes ___ No
- Is therapy contraindicated based on the physician's finding/diagnosis? ___ Yes ___ No
- Is there evidence that the student's difficulties in the area of voice may be related to temporary factors such as respiratory virus, infection, allergies, short-term vocal abuse, or puberty? ___ Yes ___ No
  If yes, describe:

	Academic Activities, Tests, and Measures Data sources include: teacher checklist, classwork, or review of oral, & written language in school settings	**SLP Probes, Tests and Measures** At least 3 out of 6 columns must be in the moderate or substantial range. Observations and the CALMS overlap in their ability to provide data about verbal abilities in the academic setting as well as educational impact and may therefore be used to support both presence of a disability and educational impact.					
		Observation of student speaking across a variety of contexts during school	Pediatric Voice Index Score (PVI) Teacher and/or Parent	**Quality:** Hoarse, breathy, no voice	**Resonance:** Hypernasal or hyponasal	**Loudness / Intensity:** Judged for appropriateness and variability	**Pitch:** Appropriateness for age and gender, and for appropriate variability
No Apparent Impact	Performs similarly to peers in most areas	Ability to verbally communicate is similar to peers in most contexts	Score of 0-39	•Voice quality within the range of normal	Normal resonance	Normal loudness	Normal pitch
Minimal Impact	Evidence of struggle with one or more areas when compared to peers	Speech sounds similar to peers with occasional exception, without impact on message	Score of 40-58	•Inconsistent vocal concerns •Noticeable to the trained listener • Average Maximum Phonation Time (9-15 seconds)	• Inconsistent vocal concerns •Noticeable to the trained listener	• Inconsistent vocal concerns • Noticeable to the trained listener	• Inconsistent vocal concerns • Noticeable to the trained listener
Moderate Impact	Evidence of struggle in most areas when compared to peers	Speech sounds dissimilar to peers across half or more contexts	Score of 59-70	•Consistent problems in conversational speech that significantly reduces their ability to communicate effectively • Below average Maximum Phonation Time	•Consistent problems in conversational speech that significantly reduces their ability to communicate effectively • Inappropriate for age, gender, or culture • Noticeable to all listeners	•Consistent problems in conversational speech that significantly reduces their ability to communicate effectively •Inappropriate for age, gender, or culture • Noticeable to all listeners	• •Consistent problems in conversational speech that significantly reduces their ability to communicate effectively • Inappropriate for age, gender, or culture • Noticeable to all listeners
Substantial Impact	Evidence of very limited ability in most areas	Speech sounds dissimilar to peers across almost all contexts	Score of 70 to 81	•Persistent problem. •Noticeable at all times •Significantly below average Maximum Phonation Time	• Persistent problem. • Always inappropriate for age, gender, or culture • Noticeable at all times	• Persistent problem. • Always inappropriate for age, gender, or culture • Noticeable at all times	• Persistent problem. • Always inappropriate for age, gender, or culture • Noticeable at all times

VOICE RUBRIC

FLUENCY

Score of 4-5 on the CALMS (Adapted) Rating Scale for School-Age Children Who Stutter

a. Current Evidence: Research over the past several decades supports the view that stuttering is a complex and multidimensional disorder. A complete assessment includes identifying all of the dimensions (cognitive, affective, linguistic, motor, and social) of the disorder that are relevant to a particular child (Shiels, 2018)

Fluency Assessment Summary

Student Name: Date:

- For each assessment area column, circle the item that best represents the student's performance.
- When a valid comparison to a normative sample cannot be made or a student has significant impairments, consider completion of the Functional Communication Summary form.
- Is the student multilingual or bidialectal? ___ Yes ___No
  If yes, what is the student's primary language or dialect spoken? _____
  Does the student demonstrate dysfluency characteristics in both languages? ___ Yes ___No

	Academic Activities, Tests, and Measures			**SLP Probes, Tests and Measures** At least 4 out of 6 columns must be in moderate or substantial range			
	Data sources [redacted] teacher checklist, observations of oral, & written language in school settings.	Observations and the CALMS overlap in their ability to provide data about verbal abilities in the academic setting as well as educational impact and may therefore be used to support both presence of a disability and educational impact.					
		Observation of student speaking across a variety of contexts during school	CALMS	Frequency of Dysfluency	Description of Dysfluency	Associated Non-vocal Behaviors	Avoidance
No Apparent Impact	Performs similarly to peers in most areas	Ability to verbally communicate is similar to peers in most contexts	CALMS score of 1-2	•Less than 4% vocal dysfluencies per speaking minute, •Below 5% of syllables stuttered, •< 3 dysfluencies per minute	• Primarily whole multisyllabic word repetitions • Occasional whole-word interjections and phrase/sentence revisions • Less than 1 second pauses OR less than 4 iterations	No associated behaviors	Does not avoid speaking situations
Minimal Impact	Evidence of struggle with one or more areas when compared to peers	Ability to verbally communicate is similar to peers with occasional exception, but does not impact message	CALMS score of 3	•4% vocal dysfluencies per speaking minute, •5-10% of syllables stuttered, • 3 – 5 dysfluencies per minute	• Transitory dysfluencies in specific speaking situations including repetitions, prolongations, blocks, hesitations or interjections, and vocal tension. • 1 second pauses OR 4 iterations	One associated behavior that is noticeable, but not distracting	Usually does not avoid speaking situations
Moderate Impact	Evidence of struggle in most areas when compared to peers	Ability to verbally communicate is dissimilar to peers across half or more contexts	CALMS score of 4	• 6 – 10% vocal dysfluencies per speaking minute, •10-15 percent of syllables stuttered, • 6 – 10 dysfluencies per minute	• Frequent dysfluencies in many speaking situations including repetitions, prolongations, blocks, hesitations or interjections and vocal tension • 2 second pauses OR 5 iterations	One associated behavior that is noticeable and distracting	Does avoid some speaking situations
Substantial Impact	Evidence of very limited ability in most areas	Ability to verbally communicate is dissimilar to peers across almost all contexts	CALMS score of 5	•10% or more vocal dysfluencies per minute, •15-20% of syllables stuttered, • 11 or more dysfluencies per minute	• Habitual dysfluencies in a majority of speaking situations, including repetitions, prolongations, blocks, hesitations or interjections, and vocal tension • 3 or more second pauses OR 6 or more iterations	Two or more associated behaviors that are noticeable and distracting	Generally avoids speaking situations

FLUENCY RUBRIC

BENEFITS OF COLLABORATION

- Facilitates collaboration among educators in developing functional communication skills within the classroom context (Frassinelli, Superior, & Meyers, 1983).

- Enhances the academic and language needs of students at all educational levels (Damico, 1987; Despain & Simon, 1987; Gerber,1987; Simon, 1987; Stewart, 1987) and maximizes the effectiveness of services provided.

- 300.114 **LRE requirements** (a)(2) To the maximum extent appropriate, children with disabilities.. are educated with children who are nondisabled; and … other removal of children with disabilities from the regular educational environment occurs **only if** the **nature or severity** of the disability is such that education in regular classes with the use of **supplementary aids and services** cannot be achieved satisfactorily.

MODELS FOR COLLABORATIVE SERVICE DELIVERY: WORKLOAD

Traditionally, a school SLP's **workload** has been conceptualized as almost exclusively synonymous with caseload; the reality is that **caseload** is only one part of the picture. When a student is added to a caseload for direct services, significant amounts of time within the school day, week, or month must be allocated for additional important and necessary workload activities.

Workload includes the time spent providing face-to-face direct services to students as well as the time spent performing other activities necessary to support students' education programs, implement best practices for school speech-language services, and ensure compliance with the IDEA and other mandates.

MODELS FOR COLLABORATIVE SERVICE DELIVERY: 3:1

The 3:1 Model = Collaborative Model

In a collaborative model, it is assumed that no one person or profession has an adequate knowledge base or sufficient expertise to execute all the functions (assessment, planning, and intervention) associated with providing educational services for students (ASHA, 1990)

IDEA AND COLLABORATION

Does IDEA require discipline-specific goals?

- Although IDEA requires a statement of the special education and related services that students require to work toward achieving their goals, IDEA does NOT specify that each service provider writes discipline-specific goals. IEP goals are individualized to the student and do not belong to any specific discipline.

How would IEP team document progress on collaborative goals?

- Providers should collaborate to develop data collection and analysis systems to track progress and make informed decisions about interventions, service provision, and goal achievement. Examples of data collection systems include but are not limited to rubrics, checklists, and data sheets.

KEY TAKE AWAYS

- You are the one in control of your caseload.
- Utilize the requirements of IDEA to ensure that all students are eligible to be and remain on your caseload.
- Utilize the continuum of service delivery in a school setting to shift amounts of direct support.
- Educate and advocate for the models of service delivery that match the current laws, needs, and types of supports we are able to provide.

THANK YOU FOR YOUR TIME, ATTENTION, ATTENDANCE, AND FOR WHAT YOU DO FOR STUDENTS EVERY DAY!

Angie Neal,
M.S. CCC-SLP

aneal@ed.sc.gov

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