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Ventura County SELPA

Guidelines for Speech-Language Pathologists (SLPs)

2021

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Foreword

Dear Speech-Language Pathologist:

On behalf of the Ventura County SELPA Speech-Language Committee, it is with great pleasure that we present these revised guidelines to you.

Our SELPA believes that it values its educators by giving them the information, support and training that they need to be effective professionals. This means that we provide leadership in instructional and therapeutic as well as legal and compliance arenas.

Leadership for Speech-Language Pathologists is provided by our SELPA SLP Committee, which meets several times a year to articulate concerns and needs, gather and synthesize information and provide ongoing professional development to keep everyone up to date. Without this committee, our program would not be of the same high caliber.

We hope it gives you a strong foundation for your practice as a school-based Speech-Language Pathologist. Thanks for all your work with our students!

Sincerely,

Regina Reed, Director, Personnel Development

Thank you to the following for the 2017 Guidelines Revisions:
Sandra Crawford
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Guidelines for Speech Language Pathologists

Table of Contents

Section I – Responsibilities of School-Based Speech-Language Pathologists (SLPs)

The American Speech and Hearing Association (ASHA) has produced several documents regarding the unique role of the SLP in the school setting.

Appendix 1 "ASHA Code of Ethics"

Appendix 2 "Core Roles and Responsibilities" describes the role of the SLP within special education prereferral, referral and service delivery.

Appendix 3 "IDEA's Influence on Student Needs and Expanded SLP Responsibilities in Schools" describes the legal requirements for the various duties of the SLP.

Appendix 4 "ASHA: Roles and Responsibilities of Speech-Language Pathologists in Schools"

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C.   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.

D.   Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E.   Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F.   Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G.   Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H.   Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I.   Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J.   Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K.   Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L.   Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M.   Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N.   Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O.   Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

I. SLP Core Roles- Within Team	Responsibilities
	Student Study Team
PREVENTION/PRE-REFERRAL INTERVENTION	In-service Training Consultation Prereferral Interventions Whole Group Whole Group Screening: Hearing, Speech, and Language Referral and Consent for Evaluation Data Collection Tiered Intervention Problem-Solving Team
	REFERRAL FOR SPECIAL EDUCATION
ASSESSMENT	Assessment Plan Assessment Methods: • Student History • Nonstandardized Assessment • Standardized Assessment • Assess students enrolled in private schools (refer to SELPA Private School Guidelines)
EVALUATION	Strengths/Needs/Emerging Abilities Disorder/Delay/Difference Severity Rating Educational Impact: Academic, Social-Emotional, and Vocational Factors Specific Evaluation Considerations: • Age • Attention • Processing Skills • Cognitive Factors • Cultural and/or Linguistic Diversity/Limited English Proficiency • Hearing Loss and Deafness • Neurologic, Orthopedic, and Other Health Factors • Social-Emotional Factors
	IEP Team
ELIGIBILITY DETERMINATION	Presence of Disability Educational Need Other Factors
IEP/IFSP DEVELOPMENT	Present Levels of Performance Goals Services Accommodations
CASELOAD MANAGEMENT	Coordination of Program Service-Delivery Options Scheduling Students for Intervention Caseload Size Utilization of Paraprofessionals

Guidelines for Speech Language Pathologists   Section I

Core Roles and Responsibilities

II. SLP Core Roles- Sole Responsibilities	Responsibilities
	Service Delivery
INTERVENTION	For Communication Disorders:
	Scope of Intervention • Communication • Language • Speech: Articulation/Phonology, Fluency, Voice/Resonance
INTERVENTION	For Communication Variations:
	Limited English Proficiency Cultural and/or Linguistic Diversity Students Requiring Technology Support
CONSULTATION/COLLABORATION	Teachers, parents, other specialists, outside professionals, other staff Referral
	Monitoring the IEP
REVIEW	Annual Triennial 30-day administrative placement reviews Ongoing
TRANSITION	Between levels (birth to 3; preschool to kindergarten; elementary to middle; middle to high school) Secondary to post-secondary education or employment More-restrictive to less-restrictive settings
EXIT	Presence of Disability Educational Need Other Factors
	Miscellaneous
DOCUMENTATION AND ACCOUNTABILITY	Progress toward Goals & Objectives Treatment Outcome Measures Medi-Cal Billing (where appropriate) Professional Performance Appraisal
SUPERVISION	Clinical Fellows Support Personnel University Practicum Students Speech & language Pathology Assistants (SLPAs) Volunteers Limited services to Special Education eligible private school students
LEADERSHIP	Training the professionals Training the parents

Guidelines for Speech Language Pathologists   Section I

IDEA's influence on student needs and expanded SLP responsibilities in schools.

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
1. *Zero reject*: 300.125 Child Find of 1999 Final IDEA Regulations SUBPART B	1. Schools must educate all children with a disability, no matter how severe. Each state is responsible for locating, identifying, and evaluating all children residing in the state suspected or having disability.	1. School speech-language pathologists (SLPs) must work with school evaluation teams to identify all students suspected of having a speech and/or language disability whether it is the primary disability or a disability related to another category under IDEA. The range and severity of students with disabilities that require speech-language services has greatly expanded, increasing school caseloads. Children with more severe disabilities may require greater use of individualized and smaller group models of service delivery as well as more frequent contact every week.
2. *Nondiscriminatory evaluation*: 300.19 of 1999 Final IDEA Regulations SUBPART A	2. A student with disabilities must receive a full, individual evaluation before being placed in special education. The evaluation must be nondiscriminatory and fair to every student, even nonverbal and nonreading students and those with different cultural backgrounds.	2. The evaluation process must determine the student's level of communication functioning even if the student is nonverbal and from a different cultural background. This takes more time because of the need to coordinate and work with interpreters, plan and choose appropriate alternative and authentic assessments, etc.

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
3. *FAPE* 300.113 and 300.121 of 1999 Final IDEA Regulations SUBPART A	3. Free, appropriate public education (FAPE): All children identified with a disability have the right to a free and appropriate education. An IEP must be developed according to each child's needs. The focus is on improving teaching and learning, with the specific focus on the IEP as the primary tool for enhancing the students' involvement and progress in the general curriculum.	3. Each student receiving speech and/or language services should be educated with peers whenever possible while addressing the student's individualized needs. This includes meeting and collaborating with general education teachers.
4. *Least restrictive environment (LRE)* 300.130 of 1999 Final IDEA Regulations SUBPART B	4. To the maximum extent appropriate, students with disabilities should be educated with peers who not have disabilities, whenever possible. LRE must be individualized and appropriate to each student's needs.	4. Each student receiving speech-language services should be educated with typical developing peers whenever possible, while addressing the student(s) IEP needs to help him/her progress in the general curriculum. This adds to SLP workload activities to meet and collaborate with general education teachers, understand the demands of the curriculum at all grade levels, and apply general ed. Curriculum standards, etc.
5. *Due process* 300.501 of 1999 Final IDEA Regulations SUBPART D	5. Due process: Parents/legal guardians must be notified and give consent during the assessment and evaluation process. Early identification of to children with disabilities and provision of services are promoted.	5. This permission includes assessments and evaluations for speech and language functioning. This involves increased paperwork and meeting specific timelines that affect the SLP's workload. Also, compliance tasks, case management tasks, etc.

Guidelines for Speech Language Pathologists   Section I

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
6. *Parent participation* 300.345 of 1999 Final IDEA Regulations SUBPART C	6. Parental participation: Teams composed of parents/legal guardians and school personnel must make special education decisions.	6. Parents should be involved as team members in all decisions relative to speech and language services. Parents are expected to be equal partners along with school personnel in developing, reviewing, and revising the IEP for their child. Several requirements are designed to guarantee parent participation, including notifying parents with adequate time so they have the opportunity to attend an IEP meeting, documenting phone calls, correspondence, home visits, and all efforts to include the parents. More meetings, more contacts with parents that add to the SLP workload.
7. *Early intervention* 300.125 Child Find of 1999 Final IDEA Regulations SUBPART B	7. Clarifies that for children from birth to age 2 are the responsibility of the local education agency to ensure compliance with child find when the lead agency for the Part C program is different.	7. SLPs are involved in identification of children birth to age 2 in some states.
8. *Transition services* 300.29 of 1999 Final IDEA Regulations SUBPART A	8. Transition services means a coordinated set of activities for the student with a disability designed to promote movement from school to post-school activities.	8. Transition services must be based on the individual needs of the student and include many services that affect the SLP's workload, such as instruction, related services, and community experiences and, if appropriate, acquisition of daily living skills and functional vocational evaluation.

Guidelines for Speech Language Pathologists   **Section I**

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
9. *Assistive technology* 300.5 and 300.6 1999 Final IDEA Regulations SUBPART A	9. Assistive technology devices mean any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology services mean any service that assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This must be addressed in every IEP.	9. The SLP may be involved in evaluation of the student's needs; providing the acquisition of assistive tech. devices; selecting, designing, fitting, customizing, adapting, applying, maintaining, or repairing such devices; coordinating and using other therapies, interventions or services; training or technical assistance to teachers and family members and others involved with the students. These tasks are very time consuming in the SLP workloads.
10. *Participation in state/district assessments* 300.138 of 1999 Final IDEA Regulations SUBPART A	10. IDEA mandates that students participate in school-wide testing and demonstrate that they are making progress in the school curriculum	10. SLPs must know the language-learning demands of state and district assessments in order to address student needs such as identifying appropriate accommodations and modifications to enable students to participate.
11. *Multidisciplinary teaming* 300.344 IEP Team of 1999 Final IDEA Regulations SUBPART C	11. As a member of a professional team, the SLP is among a cadre of staff who may be responsible for implementing the IEP communication goals and objectives. In the teaming concept teachers/staff share responsibility for aspects of student learning. This provides the opportunity for joint ownership of student success and maximizing connection to education standards, with particular emphasis on building literacy skills.	11. All IEP goals and objectives are to be developed by the team and are not the sole responsibility of the SLP. In order for regular education teachers, special education teachers, and speech-language pathologists to team, they need time to meet, share information about students' strengths and needs, and develop appropriate goals and objectives.

Guidelines for Speech Language Pathologists   Section I

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
12. *Connection to general education curriculum:* •Integration/inclusion •Contextual-based evaluations 333.26 of 1999 Final IDEA Regulations SUBPART A 300.346 of 1999 Final IDEA Regulations SUBPART C	12. Children and adolescents with disabilities and their teachers are accountable for these students' progress in the general education curriculum. Specific instruction should be designed to ensure access of the child to the general curriculum so that he or she can meet the education standards that apply to all children. The reauthorization of IDEA calls for more educationally relevant IEPs. These changes are designed to lead integrated speech and language service delivery that includes curriculum-based assessment and intervention. Because the internal fabric of the IEP has changed, activities that lead to its design and implementation have also changed. Fundamental to this shift is the underlying assumption that special educators, regular educators, and parents must collaborate and consult with one another on behalf of the student.	12. In order for regular education teachers, special education teachers, and speech-language pathologists to develop and implement educationally relevant and integrated IEPs, they need time to meet, share curriculum standards and goals, and determine appropriate instructional strategies. Consideration must be given to the students' communication needs in the development and modification of all IEPs. This increases the involvement of the SLP in the student's IEP process. Speech-language pathologists must understand the demands of the curriculum at all grade levels and across school, district, and state requirements. Student evaluation data must include information relevant to current classroom-based functioning. SLPs need time to do classroom observations and to collect authentic assessments that reflect the student's performance in the general curriculum and on current IEP goals.

Guidelines for Speech Language Pathologists   **Section I**

Statutes, Regulations, & Other Federal Sources	What Is the Intent	Implications for School SLP Workload
13. *Notice of interpretation:* Extent to which child will participate with nondisabled children. 300. (533). Appendix A to Part	13. To the maximum extent appropriate to the child's needs, each child with a disability participates with nondisabled children in nonacademic and extracurricular services and activities: All services and education placements under Part B must be individually determined in light of each child's unique abilities and needs, to reasonably promote the child's education success. Placing children with disabilities in this manner should enable each disabled child to meet high expectations in the future. IDEA's emphasis on access to the general curriculum is intended to ensure that special education and related services are in addition to, not separate from that curriculum. The requirements regarding services provided to address a child's present levels of education performance and to make progress toward identified goals reinforce the emphasis on progress in the general curriculum.	13. In all cases, placement decisions must be individually determined on the basis of each child's abilities and needs, and not solely on factors such as category of disability, significance of disability, availability of special education and related services, configuration of the service delivery system, availability of space, or administrative convenience. Rather, each student's IEP forms the basis for the placement decision. This affects the SLP workload as listed under Least Restrictive Environment and Connection to General Curriculum listed above. Sources: ASHA (1999b) and Hehir (1998).

Guidelines for Speech Language Pathologists   **Section I**

Roles and Responsibilities of Speech-Language Pathologists in Schools

AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

NEW!

School-based speech-language pathology is at a crossroads where SLPs seek to contribute significantly to the well-being, and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice.

Critical Roles

Working Across All Levels
Serving a Range of Disorders
Ensuring Educational Relevance
Providing Unique Contributions to Curriculum
Highlighting Language/Literacy
Providing Culturally Competent Services

Collaboration

With Other School Professionals
With Universities
With the Community
With Families
With Students

Who should know about these documents?

- Other SLPs in your school district
- The special education director in your district
- Your supervisor
- Your principal(s)
- Reading specialists, school psychologists, and other support personnel with whom you work
- RTI leaders in your district and building
- Leaders of local professional organizations or unions
- Teachers
- Parents

Policy Documents

- Position Statement
- Professional Issues Statement

Available from **www.asha.org/policy**

It is essential that SLPs' roles and responsibilities be redefined in light of substantive changes that have taken place in schools, as well as in the discipline of speech-language pathology.

Position Statement:

Driven by educational reform, legal mandates, and evolving professional practices, it is the position of the American Speech-Language-Hearing Association (ASHA) that based on their unique skill set, speech-language pathologists (SLPs) in schools (1) have integral roles in education and are essential members of school faculties, (2) help students meet the performance standards of a particular school district and state by assuming a range of responsibilities, (3) work in partnership with others to meet students' needs, and (4) provide direction in defining their roles and responsibilities and in ensuring appropriate services to students, as described more fully in the 2010 professional issues statement, Roles and Responsibilities of Speech-Language Pathologists in Schools. Further, it is anticipated that this position may require a realignment of existing roles and responsibilities in the context of a reasonable workload with appropriate professional preparation and lifelong learning.

WHAT IS NEEDED

Role and Responsibility Realignment
Reasonable Workloads
Professional Preparation
Lifelong Learning

Not one more thing!

Range of Responsibilities

Prevention
Assessment
Intervention
Program Design
Data Collection and Analysis
Compliance

Leadership

Advocacy
Supervision and Mentorship
Professional Development
Parent Training
Research

What can you do to spread the word?

- Provide a hard copy or link to the documents for key stakeholders.
- Excerpt relevant sections for specific people.
- Provide an overview at a district professional development activity.
- Provide an overview at a faculty meeting.
- Post a blurb with a link on your school website.
- Engage in (or design) professional development to enhance implementation of these roles.
- Talk with your local university about how they prepare SLPs for these roles.

Section II – Caseload Models Using Workload Analysis

When analyzing caseloads of Speech-Language Pathologists for the purposes of equitable distribution of work within a school or district there can be pitfalls in comparing caseload numbers only. As a result, a variety of entities have developed methods of comparing caseloads based on analysis of <u>workload</u>. In addition to direct services, workload models consider such activities as IEP meetings, parent phone calls, and services to non-identified students.

Included in this section are two models for using a "Workload" analysis for the purpose of comparing caseloads.

<u>Appendices</u>

1. "A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools" ASHA, 2002 (with permission from ASHA, October 2011.)
2. "Speech and Language Workload Model," Ventura County SELPA, 2009c (not adopted by SELPA.)

A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools: Guidelines

Summary

Recent research (reviewed in the accompanying Technical Report) indicates that large caseloads limit school SLPs' capacity to choose appropriate service options based on students' individual needs, as well as to collaborate with special education and general education teachers. Large caseloads appear to constrain SLPs' ability to engage in many of the workload activities necessary to implement the intent of IDEA and best practices in school speech-language pathology.

These guidelines describe a process for analyzing the total work activities of school-based SLPs to help determine the number of students who can be served. A workload analysis process is necessary for SLPs to document all of the workload activities that must be done to (a) provide appropriate services to meet students' individual needs, (b) ensure compliance with education agency mandates, and (c) implement best practices in school speech-language pathology.

Setting caseload standards by analyzing the workload will allow SLPs to engage in the broad range of professional activities necessary to implement appropriate and effective service options, and tailor intervention to meet individual student needs. Without consideration of the entire workload, school-based SLPs may be placed in the position of only offering services that are administratively convenient, forming treatment groups that are too large to ensure meaningful student progress, or filling all available time slots with face-to-face intervention services. ASHA members report that these common practices leave little or no time for the use of an array of service delivery options and the myriad of other activities necessary to support students' education programs.

Introduction to Steps (Excerpted from Executive Summary of Guidelines)

These guidelines describe a rationale and conceptual framework for using an analysis of the total work activities of school-based SLPs to help determine the number of students who can be served. This framework is based on the assumption that the primary emphasis of school SLP services must be on meeting the individual needs of students, consistent with the intent of IDEA and current information on best practices in school speech-language pathology. These guidelines begin with an introduction to the concept of workload followed by an overview of the factors that influence school SLPs' workloads and caseloads. Next, a workload analysis process is presented that can help to organize and document necessary SLP workload activities, and compare the time needed for their implementation to the time available. Finally, strategies and resources that can help school SLPs advocate for improved working conditions are discussed.

Steps in a Workload Analysis

Step 1: Analyze the current workload relative to the needs of students receiving services.

An analysis of SLP workloads requires detailed information on the services and tasks necessary to meet each student's individual needs, the time it takes for each student-related service and activity, and the time available for these activities.

- Each student should have an appropriate intervention or service plan, or an IEP/IFSP with team consensus on appropriate communication goal(s) and service options. To carry out a workload analysis, SLPs should determine the specific workload activities necessary to provide adequate services for every student for whom they are responsible. For the majority of students served by the SLP, the activities necessary to support the education plan appropriately should occur across all four workload activity clusters.
- Accurate information must be available on the amount of time spent on each workload activity for each student per school day, week, or month. Data from individual SLPs or data aggregated across all SLPs in a unit should be collected and analyzed.
- Each school day or week has a fixed number of time slots available for SLPs to fulfill the roles and responsibilities described above. A number of time slots must be used for activities that are mandated by federal and state rule and law (for example, compliance with timelines for notice and evaluation of students), or local education agency policies and procedures (for example, travel between buildings, student team meetings, and teacher planning periods during the students' school day). Time slots when students are not available for face-to-face services should be used to the greatest extent possible for these administrative and management activities.
- The remaining time slots will be filled with direct, indirect, and other activities from each workload cluster that are necessary to support the education of students who receive services from the SLP. **When all available time slots are filled, the caseload maximum has been reached for any individual SLP. This maximum number will vary across settings and be a function of the needs of the specific students on the caseload, the activities in each cluster determined necessary to meet student needs, the time required to implement those activities, local logistic constraints (e.g., limitations on times teachers are free to collaborate and plan), and the amount of time available**. Administratively convenient practices, such as serving more students by increasing intervention group sizes, are not appropriate if student needs are compromised and current research findings on the effects of caseload size are not considered.

Step 2: Is the workload balanced?

When all time slots are filled but required activities or student services remain unscheduled, an imbalance exists between the SLP's assigned workload and the amount of time available to fulfill those responsibilities. An outcome from this step is a list of services and activities required for full implementation of IDEA and best practices that cannot be completed given current workload conditions. Reasonably, this step also includes an objective assessment of how the local education agency might address these unmet needs. The technical assistance manual (in

preparation) that accompanies these guidelines describes examples of student service, administrative, and teacher contract options to help address workload issues.

Step 3: Collaborate with SLPs, teachers, administrators, union representatives, parents, and others to address workload issues.

The use of multiple advocacy strategies and partnerships is often necessary to influence workload and caseload issues within state and local education agencies. ASHA has developed a variety of resource materials that can strengthen local SLP advocacy efforts. One resource, *Working for Change: A Guide for Speech-Language Pathologists and Audiologists in Schools* (ASHA, 2000d) outlines a number of strategies for working with teachers' unions and local and state education agencies to improve working conditions. For example, school SLPs can:

- Establish a committee of district-wide SLP and audiology representatives to work with local union representatives to address workload and caseload issues with decision-makers.
- Gather local data to demonstrate how student achievement may be affected by workload conditions, including caseload and intervention group size.
- Become familiar with the local teacher contract on class size and caseload policies, mandated ancillary teacher duties (e.g., lunch duty, bus duty), and other contract rights and policies pertaining to working conditions for general education and special education teachers.
- Identify state and local decision makers for workload and caseload conditions, and become familiar with the process by which decisions are made.

Appendix A

Workload Activity Clusters

Direct services to students

- Counsel students
- Evaluate students for eligibility for special education
- Identify students with speech and language impairment
- Implement IEPs and IFSPs
- Provide direct intervention to students using a continuum of service-delivery options
- Re-evaluate students

Indirect activities that support students in the least restrictive environment and general education curriculum

- Engage in dynamic assessment of students
- Connect standards for the learner to the IEP
- Consult with teachers to match students learning style and teaching style
- Design and engage in pre-referral intervention activities
- Design/recommend adaptations to curriculum and delivery of instruction

- Design/recommend modifications to the curriculum to benefit students with special needs
- Participate in activities designed to help prevent academic and literacy problems
- Observe students in classrooms
- Screen students for suspected problems with communication, learning, and literacy

Indirect services that support students' educational programs

- Analyze and engineer environments to increase opportunities for communication
- Analyze demands of the curriculum and effects on students
- Attend student planning teams to solve specific problems
- Attend teacher/service provider meetings (planning, progress monitoring, modifications to program)

- Communicate and coordinate with outside agencies
- Contribute to the development of IEPs, IFSPs
- Coordinate with private, nonpublic school teachers and staff
- Design service plans
- Design and implement transition evaluations and transition goals
- Design and program high-, medium-, and low-tech augmentative communication systems
- Engage in special preparation to provide services to students (e.g., low incidence populations, research basis for intervention, best practices)

- Interview teachers
- Make referrals to other professionals
- Monitor implementation of IEP modifications
- Observe students in classrooms
- Plan and prepare lessons
- Plan for student transitions
- Provide staff development to school staff, parents, and others
- Program and maintain assistive technology/ augmentative communication systems (AT/AC) and equipment
- Train teachers and staff for AT/AC system use

Activities that support compliance with federal, state, and local mandates

- Attend staff/faculty meetings
- Carry out assigned school duties (e.g. hall, lunch, bus, extracurricular)
- Collect and report student performance data
- Complete compliance paperwork
- Complete daily logs of student services
- Complete parent contact logs
- Document services to students and other activities
- Document third-party billing activities
- Participate in parent/teacher conferences
- Participate in professional association activities
- Participate in professional development

- Participate on school improvement teams
- Participate on school or district committees
- Serve multiple schools and sites
- Supervise paraprofessionals, teacher aides, interns, CFYs
- Travel between buildings
- Write funding reports for assistive technology and augmentative communication
- Write periodic student progress reports
- Write student evaluation reports

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

Workload Time Survey (Form B)

Week of:	Number of minutes performing function					* Time You Need
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	*** Time You Need**

Direct Services
 	
• Face-to-face services:
  • in pull-out setting
  • in classroom or other settings
 	
• Face-to-face initial evaluations and reevaluations (administer tests, observe student in class for eval purposes)
 	
• Other face-to-face interactions with students						

Indirect Services to support students' ed programs • Analyze environments (aug comm) • Analyze curriculum (gen ed) • Attend student team meetings • Design lesson plans (**prep** 55 min/day) • Design transition plans • Program aug comm devices • Train teachers/paras/parents (e.g., aug comm) • Maintain aug comm equipment • Special student-related preparation • Interview teachers (gen ed) • Provide staff development						
Indirect Services to support students in LRE/gen ed • Observe students in classrooms (for all purposes except evals) • Pre-referral activities including teacher consultation and attendance at CTARS meetings • Adapt gen ed curriculum and materials for your students • Connect standards to IEP (include. becoming familiar with the standards, materials, lessons, texts, and projects for which your students are responsible) • Consult with teachers to match student learning style and teaching style						

Compliance to support federal, state and district mandates *Highlight those activities you do before and after the defined student day.*						
• Attend staff meetings						
• Attend eval/reeval meetings						
• Attend IEP meetings						
• Attend student support meetings						
• Attend other compliance-related meetings (sig change, trans)						
• School duties (hall, bus, lunch, etc.)						
• Complete daily service logs						
• Complete progress reports						
• Score and interpret tests						
• Write eval summary reports						
• Photocopying associated with logs, progress reports, evals, IEPs, etc.						
• Participate in professional development						
• Participate on school committees						
• Travel between assignments (include. setup time)						
• Write funding reports (aug comm)						
• Supervise paraprofessionals						
• Write exit summary and notices for exiting students						
Case management activities:						
• Send notices for eval/reeval/IEPs meetings, etc.						
• Obtain parental permission						
• Communicate with other school team members						
• Write and compile notes and docs related to IEP meetings, etc.						
• Keep due process file up to date and in compliance						
• Copying, other related clerical						
• Other case management tasks						
Other Activities						
• Schedule/use interpreters for English Language Learners						
• Train bilingual interpreters						
• District email, phone calls, etc.						
• Other (please list):						
Total Time per day • **Student day**: **335 min** (exclude 25-min lunch) • **Teacher day**: **435 min** (exclude 30-min duty-free lunch)						

Workload Time Survey (Form B, cont'd)

Comments:

1. **Is this a typical week for this time of the school year? (circle one)**

   Less busy than normal   Typical   Busier than normal

2. **List any factors that you feel have influenced your workload this week (for example, crises, scheduling issues):**

3. **Specifically, what do you need from the school district to be able to:**
   - Provide appropriate services to meet students' individual needs (as required by IDEA)?
   - Implement best practice in school speech-language pathology?
   - Ensure compliance with education agency mandates?

Overload Action Plan Worksheet (Example)

Fill in time estimates here

Unscheduled Students or Activities	Direct Services	Indirect Services Supporting Education Program	Indirect Services Supporting LRE and General Ed Curriculum	Compliance and Other Activities	Brainstorm Action Strategies
A.J. Age 15; 6	360 min/mo small group pull-out	40 min/mo classroom observation 60 min/qtr analyze data report progress	40 min/wk test adaptations 40 min/wk consult with classroom teachers	60 min/qtr write reports & IEP 30 min/wk 3rd party bill 15 min/wk e-mail teachers 90 min/yr consult with parents	Service delivery strategy: Shift from pull-out format to complementary teaching format in order to model use of: 1. graphic organizers 2. metacognitive strategies 3. vocabulary software 4. behavioral program
3rd party billing paperwork	80 min/mo data collection from pull-out sessions	40 min/mo data collection from inclusive practices	60 min/yr inservice to learn use of new forms	60 min/yr inservice to learn new policies	Administrative Strategies: 1. release time from bus duty, hall duty, lunch duty, and recess duty 2. time during early release day Contract Strategy: Negotiate extended day contract for a 3% salary increase

Workload Time Survey for SLPs

Week of:	Number of minutes performing function.					
	Monday	Tuesday	Wednesday	Thursday	Friday	Extra time you need
Direct Services •Instruction/Intervention 1:1 •Instruction/Intervention 2-4 grp •Instruction/Intervention >4 grp •Instruction/Intervention > 8 grp •Evaluation/Screenings •Behavior support •Time for make-ups •Spport student in classroom but not responsible for developing & teaching lesson •**List number of 1:1 & groups per week & how long they last**						
InDirect Services •Collaboration/Consultation •Preparation/Planning - Factors to consider severity, ind. vs. group, frequently changing or stay same, destruction of materials, visually structured classrooms. •AAC - designing & developing •AAC - maintenance •AAC - programming •AAC - staff training •Designing curriculum & instructional modifications •Collect & analyze student performance data •Observe students in variety of settings to investigate progress •Communication & meetings with parents & non-school staff •Documentation of sessions - 0-10, 11-25, 26-35, >36, >50. Including name, date, time, goals, activities, & progress •Travel documentation •Filing & photocopying •Laminating, cutting & velcroing •Emails •Phone Calls •Continuing education: teaching & taking •Supervising •Site staff meetings •Design & implement transitions •SLP meetings •Assigned school duties						

Week of:	Number of minutes performing function.					
	Monday	Tuesday	Wednesday	Thursday	Friday	Extra time you need
InDirect Services Cont. •Cleaning of surfaces & materials •Make referrals to other professionals •Participate in parent/teacher conferences •Participate on School or District committees •Writing funding requests for AAC & other equipment						
Activities that support Compliance •IEP paperwork, documentation & photocopying •Writing reports for annuals & tri •Score evaluations for initials & tris •Medical billing & photocopying •MAA billing •Progress reports •IEP meetings •Connecting standards to goals for IEPs •Maintaining license for medical •Student study team meetings & paperwork •Response to intervention •Case management duties						
Other Activities						
Total Time per day •**Student Day (min. excluding min. for lunch)** •**Teacher Day (min. excluding 30 min. duty free lunch)**						

7 hour work day per Human Res.

References

American Speech-Language-Hearing Association. (2000d). *Working for change: A guide for speech-language pathologists and audiologists in schools*. Rockville, MD: Author.

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U.S. Department of Education. (2000). *22nd annual report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA)*. Washington, DC: U.S. Government Printing Office.

The Ventura County Special Education Local Plan Area (SELPA)
Emily Mostovoy-Luna, Assistant Superintendent
www.vcselpa.org

Speech and Language Workload Model

Based on original work by Linda DuBois, MA, CCC, SLP and Christine Rollins, MA, CCC, SLP, Ventura Unified School District

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Purpose

The purpose of this Speech and Language Workload Model Rubric is to develop a system that provides equity among Speech-Language Pathologists (SLP) by basing workloads on a set of criterion that is consistently applied to all school sites and programs. Traditionally, a school SLP's workload has been conceptualized as being almost exclusively synonymous with caseload. Instead, caseload in this model only one part of SLPs' total workload. The term caseload typically refers to the number of students with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) school SLPs serve through direct and/or indirect service delivery options. School SLPs may also serve as case managers for all or some students on their caseload, which adds significant responsibilities and time for writing and managing IEPs, as well as assuring compliance with special education regulations. Workload refers to all activities required and performed by school-based SLPs. including for face-to-face direct services to students, planning and implementing best practices for school speech-language services, ensuring compliance with state and federal mandates, providing RtI² services, consulting with teachers and parents of students without disabilities, ongoing assessment, progress reporting , multidisciplinary team conferences, parent and teacher contacts, and many other responsibilities.

Overview of the Speech and Language Workload Model (SLWM)

The SLWM uses a rubric which applies the same criteria to each SLP's students on their caseload to help determine their true workload, not just the number of students with an IEP. It is devised by a point system for each student based on:

- Program type (speech only, inclusion, special education classes, preschool, etc.)
- Therapy time - number of minutes for services
- Individual vs. group delivery of service
- Extra considerations such as augmentative assistance, cochlear implant, etc.
- Collaboration with other practitioners

The points are then tallied for each student for total number for each SLP. The results are collected by the District Special Education Administrator, and reviewed to determine the approximate speech therapy allocation for each site.

These figures should be used as a <u>starting point</u> for discussion with staff about site assignments.

Ventura County SELPA
Speech and Language Workload Model Point Rubric

Points	Program Type	Therapy time – minutes/month	Other Support Providers
4	• Severe disabilities in general education classroom with modified curriculum/substantial supports (inclusion) • Monthly team meeting	211-270	• Tech Support (i.e. Assistive Technology, Augmentative communication, Cochlear Implant)
3	• Special education classroom • Preschool speech • Meetings every 6-8 weeks	161-210	• Government Agencies (i.e. CCS, regional center, mental health)
2	• Two Way Immersion (or ELL) • 1:1 therapy • Monthly meetings	121-160	• Bilingual Support • Private Therapy • Other Related Services
1	• Speech and Language only • Students in special education < half the day • Students with speech/language • RtI^2 – consult/individual/small group	30-120	• Parents • Teachers

Directions: For every student you serve; apply a point value from each of the three columns. Use the highest number value if the student meets more than one criterion (i.e. tech support and government agencies does not mean a score of 7 points. Give the child a score of 4).

Example A: An inclusion child receives 180 min/month and uses PECS would be 4+3+4=11.
Example B: Child with "speech/language only" services, 150 min/month would be 1+2+1=4.

Complete this rubric on each student you maintain on your roster. Add up the total.

Developed by Christina Rollins M.A., CCC-SLP & Linda DuBois, M.A., CCC-SLP, Ventura Unified School District
Permission to copy is granted under the condition that data be shared with VUSD for collection purposes.

Speech and Language Workload Model Point Collection Form

Name of School: _____ (if at more than one site, use one form per site)

SLP: _____

Student	Program	Therapy time	Support	1:1 Therapy (2pts)	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					

Other duties:

- Supervising CFY:(5 pts)
- Supervising SLPA (3 pts)
- Bilingual Assessments (3pts)
- Leadership committee (2 pts)
- Preschool Assessments:
  - 1-20/year (2 pts)
  - 20+/year (5 pts)

Total=

Directions: Give point value under each column. You may not give a student more than 4 points in any one column.

Return the point collection form to the District Special Education Administrator. Once the data has been compiled, a value will be assigned based on the mean. This value will help determine the allocation of time per site.

Instructions for figuring "balanced" caseloads within district Speech-Language Pathologist staff.

1. Total your amount of current FTEs
2. Add the workload points per site to get a district total
3. Divide FTEs by district total workload points to get the "weighted factor"
4. For each school multiply the actual number of workload points by the "weighted factor", which will give you the proportionate share or FTE for that school
5. Multiply FTE x number of weekly hours in a full time caseload to determine actual hours
6. The SELPA recommends that these numbers always be used as a starting point in discussions about caseload assignments. It is encouraged that staff participate together in discussing factors imparting their assignments in making the final decision about caseloads.

Speech and Language Workload Model Allocation Sheet

School	Workload Points	Proportionate FTE (weighted factor x workload points)*	Hours (proportionate FTE x number hours FTE)1

Total District Workload Points = _____

Actual # FTEs = _____

FTEs ÷ Workload points = _____ (weighted factor)*

Number of hours in full time weekly assignment = _____ (usually 35-40)1

SAMPLE

School	Workload Points	FTE (weighted factor x workload points)	Hours (proportionate FTE x # of hours per FTE)
Beech	241	.93	35
Oak	256	.99	37
Linden	360	1.39	52.8
Cypress	200	.77	28
Maple	231	.89	33.5

Total District Workload points = <u>1288</u>

Actual # FTEs = __5__

FTEs ÷ Workload points = ___.003881987___ (weighted factor)

Number of hours in full time weekly assignment = __37.5__

Section III – Pre-referral

A.   The SLP's role in Response to Instruction and Intervention (RtI[2])

The SLP will be involved in the process of planning and performing pre-referral interventions for general education students with speech and/or language concerns within the context of a Response to Instruction and Intervention (RtI[2]) model. In RtI[2], each school has a Problem Solving Team which meets on a regular basis to consider student needs, analyze data and plan and provide interventions based upon the individual student's needs.

These teams may be called Student Study Team (SST), Intervention Progress Team (IPT), Professional Learning Community (PLC) or any other name adopted by the school (to be referred to as "Problem Solving Team" in this manual). The teams are made up of teachers, specialists and administrators, and will usually meet by grade level (elementary) or department (secondary). The SLP is not mandated to participate on all of the Problem Solving Teams at the schools which he or she serves, but the SLP should be available to consult with the teams as needed.

In RtI[2], interventions are provided in tiers, with each tier becoming increasingly intensive in terms of level of service. Tier One is provided in the context of the general education classroom and includes good basic teaching in core instruction. Research shows that with research-based instruction offered with fidelity, at least 80% of all children should be performing at proficient or above, both academically and behaviorally. See Ventura County Office of Education "Ventura County Model for RtI[2] 2010." See also ASHA "Responsiveness to Intervention Home Page."

In Tier One, the SLP may assist general education teachers in understanding typical speech and language development. SLPs may consult with the teachers or the Problem Solving Team on language development activities for the classroom and ideas for accommodations and supports to assist a student with speech or language concerns. The SLP may be asked to assist the teacher in modeling or conducting large group lessons. Or, the SLP may consult with the teacher and give him or her resources, materials and strategies to use to address the student's needs. *(See Appendices 1-12 for charts and tools that can be used to assist classroom teachers in understanding typical speech development, collection information and providing interventions.)*

Tier Two is provided for a small group of students who, even with quality instruction at Tier One, continue to fall below performance expectations. The Problem-Solving Team will develop intervention options for these students, usually no more than 20% of the total student population. The SLP may assist with Tier Two interventions, either providing small group services to students in areas of language or speech, or consulting with teachers or paraeducators regarding research- based practices for interventions. Services are typically provided for 30 minutes a day, in approximately six week periods. The person providing interventions collects data on a regular basis to compare with baseline to monitor progress, and reports back to the Problem Solving Team.

Guidelines for Speech Language Pathologists   Section III

Tier Three is provided for the approximately 5% of students who fail to make adequate progress even with Tier Two interventions. Tier Three interventions are more intensive than Tier Two, with interventions provided on average 60 minutes per day, individually or in groups of 2-3 students. For language or speech issues, it will usually be the SLP that provides Tier Three interventions.

See Appendix 13 for the Ventura County Office of Education "Ventura County RtI[2] Model for Students with Speech Concerns Only" (2009). Students served by an SLP in RtI[2] interventions do not need an IEP, as they are considered to be general education students. When working with students in RtI[2], SLPs do not need to conduct assessments, perform annual or triennial reviews, or report progress in the same manner as for Special Education students. In addition, the SLP can work with the Problem-Solving Team to identify the periods of time in the school year in which interventions will be provided.

SLPs are allowed to perform informal observations and simple checklists as a step in collecting data for the Problem Solving Team. They also will assist the Problem Solving Team in determining whether or not a referral for assessment for Special Education services is needed, and will give input to the development of the Assessment Plan.

B.   Screening

Screening should be differentiated from Assessment. Assessment is a process which is performed *uniquely* with a student for the purpose of making decisions about special education eligibility and/or placement and services. Assessment may only be initiated as the result of a signed Assessment Plan, and always culminates in a written report to families presented at an IEP meeting.

Screening is a tool that can be used to test an individual or a *whole group* of students (i.e., all kindergartners), related to the discovery of developmental or sensory impairments, or to make recommendations for instructional purposes. An SLP may participate in screening for the school or district by conducting speech and language screenings for a whole group of students. Screening may reveal the need for tiered intervention through RtI[2], or if warranted, development of an Assessment Plan for special education evaluation.

In Ventura County, Child Development Resources-Head Start conducts a general developmental screening of all students within the first month of school. Any results that are of concern are forwarded to the school district special education team. An SLP acting upon a Head Start referral will review the screening results and may contact the Head Start teacher in deciding whether or not to proceed with an assessment.

In addition, all students must have a current (within one year) hearing and vision screening as part of initial or triennial reevaluation.

Some general guidelines about screening:

- Screening is a pass/fail procedure used to identify individuals who may require further speech or language testing.
- Screening targets a specific group or population such as a grade level, category or class (e.g., all second graders, all new students).
- Parental permission is not necessary for screening since it is conducted with all students in a target population.
- Screening is not a "special education service" and is not diagnostic. (Moore-Brown & Montgomery, 2001)
- Some school districts in the Ventura County SELPA ask SLPs to screen a specific group of students each year to identify students with potential communication difficulties.
- Some districts in the Ventura County SELPA do not conduct any screening, preferring to rely on teacher/parent referrals as more likely to correspond with adverse educational impact.
- Screening procedures are determined by each school district and can vary widely.
- Screening documentation can be used as part of the *Child Find* procedures required by IDEA.
- Trained support personnel may administer but not interpret a screening test.

C.   Screening for Instructional Strategies

IDEA 2004 and Calif. Ed. Code, (Part 30), section 56321 (g) allow "screening of a pupil by a teacher or specialist to determine appropriate instruction strategies for curriculum implementation" (which does not require parent permission). This means that an SLP could use individual, informal techniques to make recommendations to the Problem Solving Team or teacher. Recommendations would be made verbally or in an informal written format and not in the form of an Assessment Report, and would not be used in making decisions about Special Education eligibility.

D.   Information Gathering for the Problem Solving Team

In deciding whom to refer for assessment, it is useful for the Problem Solving Team to gather information regarding the impact of the communication difficulties. This information will bear on later decisions regarding eligibility for Special Education services, if a referral is ultimately made.

Information may include:

1. Does the student's communication need interfere with peer and adult interactions in school, home, and community? The following are examples of indicators:

   - Parents have voiced their concern about their student's communication problem and its effect on the student or other family members.

- Teachers have voiced their concern about the student's communication problem and its effect on the student and the student's classmates.

- The student has experienced negative peer group reaction or ridicule during speaking situations or because of his/her communication problem.

- The student is aware of his/her communication problem and is concerned about it.

2. Does the student's speech and language need interfere with his/her ability to function as a learner in the present educational program or setting? The following are examples of indicators:

   - The student's communication problem interferes with intelligibility or makes it difficult to understand the content of his/her verbal message.

   - The student avoids speaking in class.

   - The student exhibits observable frustration or anxiety when speaking or attempting to speak.

   - The student's communication problem may be more pronounced during certain times of the day.

   - The student has difficulty following directions or is able to follow only part of the directions.

   - The student's reading or spelling skills reflect sound production errors.

   - The student is not able to contribute during a class discussion.

   - The student does not respond appropriately to questions. For example, the student answers a "who" question with a "what" answer.

   - The student has difficulty expressing ideas and experiences in a logical, accurate, clear, and sequential fashion.

   - The student has difficulty getting information, asking for assistance, or having his/her needs and wants met by asking appropriate questions.

   - The student does not use grammatically intact sentences or uses sentence fragments.

   - The student makes comments that are not appropriate to the context of the discussion.

(Adapted from CESA #8 1985)

E.   <u>Appendices</u>

1. The Development of Speech Sounds in Children
2. Iowa/Nebraska Articulation Norms
3. Phonology Development
4. Developmental Milestones for Speech & Language
5. Speech and Language Interventions for the General Education Program
6. Ten Easy Strategies to Present to Teachers to the Problem Solving Team
7. Observation in Classroom/Relevant Setting
8. Teacher Checklist
9. Communication Survey
10. Teacher Observational Checklists- Oral Expression and Listening Comprehension
11. Classroom Observation Guide & Checklist
12. Communication Severity Scale English Articulation
13. RtI^2 Model for Students with "Speech Concerns" only

The Development of Speech Sounds in Children

Dear Parents and Teachers,

This chart shows at what age 90% of boys and girls can articulate the English consonants correctly (probably in all positions: initial, medial, and final). Vowels are correctly produced by the age of three. All children do not develop at the same time and in the same way, so we cannot expect correct speech from every child in the primary grades. If you have questions about this or other speech/language milestones contact your school's speech-language pathologist.
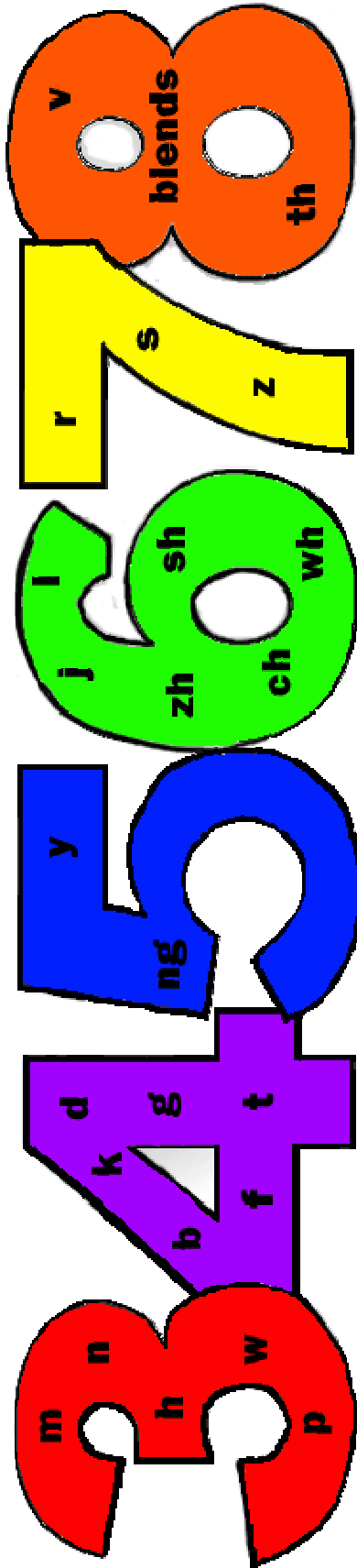
*The following sources were consulted for development of these norms: Poole, Sander, Hena, Fudala, Templin and Wellman.

Iowa/Nebraska Articulation Norms
1990
Two Position (Initial, Final)

Phoneme	Levels of Acquisition	
	90% Female/Male	75% Female/Male
/m/	3-0 / 3-0	≤3-0 / ≤3-0
/n/	3-6 / 3-0	≤3-0 / ≤3-0
/h/	3-0 / 3-0	≤3-0 / ≤3-0
/p/	3-0 / 3-0	≤3-0 / ≤3-0
/ŋ/	7-0 to 9-0	5-6 / 6-0
/f/	(I) 3-6 / 3-6	3-0 / 3-6
	(F) 5-6	3-0 / 3-6
/j/	4-0 / 5-0	3-6 / 3-6
/k/	3-6 / 3-6	≤3-0 / ≤3-0
/d/	3-0 / 3-6	3-0 / 3-0
/w/	3-0 / 3-0	≤3-0 / ≤3-0
/b/	3-0 / 3-0	≤3-0 / ≤3-0
/t/	4-0 / 3-6	≤3-0 / ≤3-0
/g/	3-6 / 4-0	≤3-0 / ≤3-0
/s/	7-0 to 9-0	3-0 / 5-0
/r/ ɾ-/ /-ɤ/	8-0 / 8-0	6-0 / 5-6
/l/	(I) 5-0 / 6-0	4-6 / 6-0
	(F) 6-0 / 7-0	4-6 / 6-0
/ʃ/	6-0 / 7-0	4-0 / 5-0
/+ʃ/	6-0 / 7-0	4-0 / 5-0
/dʒ/	6-0 / 7-0	4-6 / 4-0
/ʧ/	4-6 / 7-0	4-0 / 5-6
/θ/	6-0 / 8-0	5-6 / 6-0
/v/	5-6 / 5-6	4-0 / 4-6
/z/	7-0 / 9-0	5-0 / 6-0

Iowa/Nebraska Articulation Norms
1990
Two Position (Initial, Final)

Levels of Acquisition		
Word-Initial Clusters	90% Female/Male	75% Female/Male
/tw-/ /kw-/	4-0 / 5-6	
/sw-/ /sp-/ /st-/	7-0 / 9-0	
/sl-/ /sm-/		
/sk-/ /sn-/	7-0 / 9-0	
/pl-/ /bl-/ /kl-/	5-6 / 7-0	
/gl/ /fl-/		
/pr-/ /br-/ /tr-/	8-0	
/dr-/ /kr-/		
/gr-/ /fr-/		
/r-/	9-0	
/skw-/ /spl-/ /spr-/	7-0 to 9-0	
/skr-/ /str-/		

Reference: Smit, A.B., Hand, L., et al (1990)
The Iowa articulation norms project and its Nebraska replication. Journal of Speech and Hearing Disorders, 55, 779-798

Phonology Development

0 - 3 Months	3 - 6 Months	6 – 9 Months	9 – 12 Months

• Birth cry – undifferentiated
• Reflexive sound making produces glottal catch and vowels (ah, eh, uh)
• Some variety in non-crying sounds
• Differentiated cry (true vocal communication begins)
• Coos and gurgles
• Produces single syllables
• Begins blowing bubbles
	• Babbling begins
	  Double syllables – VCV, aga
	  Puts lips together – says "m"
	  Nasal tone is heard
	• Vocalizes pleasure and displeasure
	• Stops vocalizing when adult enters
	• Self-initiated vocal play
	• Coos, chuckles, gurgles and laughs
	• Babbles to self, others, and objects
	• Babbling show pitch and inflection change
	• Vocally expresses eagerness
		• Uses m, n, t, d, b, p, y in babbling multiple syllables
		• Babbles tunefully – singing tones
		• Uses wide variety of sound combinations including non-English sounds
		• Inflected vocal play – intonation patterns heard
		• Imitates intonation and speech sounds in his/her own repertoire
		• Reduplicative babbling begins – bababa
			• Vocalizes during play
			• Vocalizes to mirror
			• Jabbers loudly – wide variety of sounds and intonations
			• Uses most sounds (C&V) in vocal play – beginning of phonetic drift
			• May acquire first true word –0-18 months
			• Variegated babbling begins – combines different syllables in vocal play

1 – 1½ Years	1 ½ - 2 Years	2- 2 ½ Years	2½- 3 Years
• Uses sentence-like intonations (jargon) • Some echolalia • Uses most vowels and consonants and some initial consonants • Basically unintelligible with exception of a few words • Omits final consonants and some initial consonants • Words produced with VC structure (bo/boat) emerge) • Accurately imitates some words	• Words increasing in frequency – jargon almost gone by 2 years • Asks questions by raising intonation at end of phrase. • Improvement in intelligibility – now approximately 65% intelligible by 2 years • Appearance of words produced with CVC structure (hot)	• Approximately 70% intelligible • May omit final consonant, reduce consonant blends; substitute one consonant for another	• Still some substitutions and distortion of consonants • Continuing to improve intelligibility – now approximately 80% intelligible • Consonants mastered: p, m, n, w, h

3- 3½ Years	3 ½ - 4 Years	4- 4 ½ Years	4½- 5 Years
• Uses final consonants most of time • Phonological processes disappearing by age 3: consonant assimilation, diminutization, doubling , final consonant deletion, prevocalic voicing, reduplication, unstressed syllable deletion, velar fronting	• Becoming very intelligible in connected speech • Continued refinement of articulatory skills taking place • Consonants mastered: b, d, k, g, f, y • Phonological processes continuing after age 3: cluster reduction, deplatalization, epenthesis, final devoicing, gliding, stopping, vocalization	• Should be few omissions and substitutions of consonants • Very intelligible in connected speech	• Most consonant sounds used consistently and accurately, though may not be mastered in all contexts • More errors present in difficult blends

5- 6 Years	6 – 7 Years		
• Consonants mastered: t, ing, r, l	• Consonants mastered: voiceless th, sh, ch, j (by 8 years, voiced th, v, s, zh are mastered)		From: Speech and Language Development Chart (2nd Ed.) by Addy Gard, Leslea Gilman, and Jim Gorman, Pro-Ed.

DEVELOPMENTAL MILESTONES FOR SPEECH AND LANGUAGE

AGE	LANGUAGE AND SPEECH BEHAVIORS

1 yr.
recognizes his or he name
understands simple instructions
initiates familiar words, gestures, and sounds
uses "mama," "dada," and other common nouns

1 ½ yrs.
uses 10 to 20 words, including names
recognizes pictures of familiar persons and objects
combines two words, such as "all gone"
uses words to make wants known, such as "more," "up"
points and gestures to call attention to an event and to show wants
follows simple commands
imitates simple actions
hums, may sing simple tunes
distinguishes print from nonprint

2 yrs.
understands simple questions and commands
identifies body parts
carries on conversation with self and dolls
asks "what" and "where"
has sentence length of two to three words
refers to self by name
names pictures
uses two-word negative phrases, such as "no want"
forms some plurals by adding "s"
has about a 300-word vocabulary
asks for food and drink
stays with one activity for six to seven minutes
knows how to interact with books (right side up, page turning from left to right)

2 ½ yrs.
has about a 450-word vocabulary
gives first name
uses past tense and plurals; combines some nouns and verbs
understands simple time concepts, such as "last night," "tomorrow"
refers to self as "me" rather than name
tries to get adult attention with "watch me"
likes to hear same story repeated
uses "no" or "not" in speech
answers "where" questions
uses short sentences, such as "me do it"
holds up fingers to tell ages
talks to other children and adults
plays with sounds of language

3 yrs.	matches primary colors; names one color
	knows night and day
	begins to understand prepositional phrases such as "put the block under the chair"
	practices by talking to self
	knows last name, sex, street name, and several nursery rhymes
	tells a story or relays an idea
	has sentence length of three to four words
	has vocabulary of nearly 1,000 words
	consistently uses m, n, ng, p, f, h, and w
	draws circle and vertical line
	sings songs
	stays with one activity for eight to nine minutes
	asks "what" questions

4 yrs.	point to red, blue, yellow, and green
	identifies crosses, triangles, circles and squares
	knows "next month," "next year," and "noon"
	has sentence length of four to five words
	asks, "who" and "why"
	begins to use m, n, ng, p, f, h, w, y, k, b, d, and g
	stays with activity 11 to 12 minutes
	plays with language, e.g., word substitutions

5 yrs.	defines objects by their use and tells what they are made of
	knows address
	identifies penny, nickel, and dime
	has sentence length of five to six words
	has vocabulary of about 2, 000 words
	uses speech sounds correctly, with the possible exceptions being y, th, j, s/z, zh, and r
	knows common opposites
	understands "same" and "different"
	counts ten objects
	uses future, present, and past tenses
	stays with one activity for 12 to 13 minutes
	questions for information
	identifies left and right hand on self
	uses all types of sentences
	shows interest and appreciation for print

6-7 yrs.	identifies most sounds phonetically
	forms most sound-letter associations
	segments sounds into smallest grammatical units
	begins to use semantic and syntactic cues in writing and reading
	begins to write simple sentences with vocabulary and spelling appropriate for age; uses these sentences in brief reports and creative short stories
	understands time and space concepts, such as before/after, second/third
	comprehends mathematical concepts, such a "few," "many," "all," and "except"

8, 9, 10, 11 yrs.	by second grade, accurately follows oral directions for action and thereby acquires new knowledge

Guidelines for Speech Language Pathologists   Section III

11, 12, 13, 14 yrs.	substitutes words in oral reading, sentence recall, and repetition; copying and writing dictation are minimal
	comprehends reading materials required for various subjects, including story problems and simple sentences
	by fourth grade, easily classifies words and identifies relationships, such as "cause and effect"; defines words (sentence context); introduces self appropriately; asks for assistance
	exchanges small talk with friends
	initiates telephone calls and takes messages
	gives directions for fames; summarizes a television show or conversation
	begins to write effectively for a variety of purposes
	understands verbal humor

11, 12, 13, 14 yrs.	displays social and interpersonal communication appropriate for age
	forms appropriate peer relationships
	begins to define words at an adult level and talks about complex processes from an abstract point of view; uses figurative language organizes materials
	demonstrates good study skills
	follows lectures and outlines content through note taking
	paraphrases and asks questions appropriate to content

Adolescence and young adult	interprets emotions, attitudes, and intentions communicated by others' facial expressions and body languages
	takes role of other person effectively
	is aware of social space zones
	displays appropriate reactions to expressions of love, affection, and approval
	compares, contrasts, interprets, and analyzes new and abstract information
	communicates effectively and develops competence in oral and written modalities

Source: Ohio Statewide Language Task Force. (1990). Developmental milestones: Language behaviors. *In Ohio Handbook for the Identification, Evaluation and Placement of Children with Language Problems (1991)*. Columbus: Ohio Department of education. Reprinted by permission.

Editor's Notes. These milestones are variable due to individual differences and variance in the amount of exposure to oral and written communication.

Guidelines for Speech Language Pathologists   Section III

Speech and Language Interventions for the General Education Program

Student _____ Grade _____ Track_____
Teacher _____ Date _____

Please check all interventions you have implemented in your classroom.

Articulation
_____ Modeling of correct speech sounds to see if child is stimulable for correct production
_____ Sound discrimination activities
_____ Sound awareness activities
_____ Asking child to repeat problem word in short syllables
_____ Demonstrating correct placement of lips or tongue for problem sound

Language/Listening
_____ Demonstrating directions using visual aids
_____ Providing short, simple directions
_____ Making sure directions are understood by asking child to repeat them
_____ Repeating directions if necessary
_____ Supervising initial work on a new activity
_____ Gaining student's attention by close physical proximity, eye contact, or touch
_____ Encouraging questions
_____ Writing key points on the board

Vocabulary Concepts
_____ Teaching vocabulary word in context
_____ Teaching categorization or classification activities
_____ Brainstorming attributes of objects
_____ Introducing lesson vocabulary prior to presenting lesson
_____ Using newspapers to build practical vocabulary

Verbal Expression
_____ Modeling expected responses
_____ Expanding student's verbal expressions
_____ Listening carefully, maintaining eye contact, and showing interest
_____ Asking student to retell stories in sequence
_____ Having student verbally summarize previous story
_____ Asking student for main idea of story
_____ Asking student to make up stories
_____ Encouraging parents to enrich everyday experiences and discuss daily events
_____ Stimulating expression by asking who, what, when, where, why questions
_____ Calling on reluctant students when they have the answer

Guidelines for Speech Language Pathologists **Section III**

_____ Asking students to forma question for a statement provided
_____ Providing a word and asking students to form a sentence
_____ Stressing verb tense in review activities

Fluency
_____ Increasing the amount of time you wait for student to respond
_____ Discouraging interruptions when student blocks
_____ Not allowing others in class to ease student who stutters
_____ Not filling in words. Waiting patiently showing interest
_____ Minimizing competition
_____ Removing time pressures in speaking
_____ To reduce anxiety, avoiding calling on student according to seating arrangement; instead calling on students randomly
_____ Not asking student to stop and start over
_____ Modeling acceptance for individual differences – strengths and weaknesses
_____ Talking slowly and acting calmly
_____ Using a quieter voice
_____ Communicating positive regard for content of communication and accepting any quality of production
_____ Facilitating non-verbal activities where the students can be successful

Voice
_____ Consulting with parents. Are they concerned? Is the problem continual or seasonal?
_____ Checking whether student participates in any activities requiring excessive vocal us (cheerleading, choir)
_____ Monitoring and noting different situations for excessive yelling, screaming or other verbal abuse
_____ Seeking medical interventions as appropriate by consulting with the speech specialist
(See Voice Reports – Appendices 5a, 5b & 5c)

Your Letterhead

Voice Report to Parents

Ventura County SELPA

Student Name: Date:

School:

Dear Parent:

A voice evaluation was recently completed on your child.

Following is a brief summary of the findings:

Sometimes there are physical causes of the conditions noted above. Sometimes there are not. It is recommended that your child have an ear-nose-throat examination in which the vocal cords are viewed to determine whether there is a physical reason for the voice problem, and whether voice therapy is therefore contraindicated at this time.

We are asking that the physician return the accompanying form to my office. Voice therapy cannot be initiated without a doctor's examination of the vocal cords.

If you have any questions, please feel free to call me or to come in for a conference.

Sincerely,

_____

_____
Telephone

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

Guidelines for Speech Language Pathologists   **Section III**

Your Letterhead

Reporte de voz para los padres

Ventura County SELPA

Nombre de Estudiane: Fecha:

Escuela:

Estimado Padre:

Una evaluación de voz se acaba de concluir en el niño/a.

Enseguida esta un breve resumen de los resultados:

A veces hay causas fisícas de las condiciones mencionadas. A veces no hay. Es aconsejable que su hijo/a tenga un examen de oído, naríz y garganta en la cual las cuerdas vocales sean vistas para determiner si existe una razón fisíca para el problema de la voz, y si la terapia de la voz por lo tanto está contraindícada en este momento.

Estamos pidiendo que el medico regrese la forma adjunta a mi oficina. Terapia de voz no puede iniciarse sin la examinación de un doctor de las cuerdas vocales.

Si tiene alguna pregunta, puede comunicarse conmigo por teléfono y venir para una conferencia.

Sinceramente,

_____

_____
Teléfono

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

Guidelines for Speech Language Pathologists   **Section III**

Letterhead Here

| **Voice Evaluation** |

Child's Name: D.O.B.: Age: _Yrs. Mo.

Sex: Male Female

School:

Referring Clinician: Telephone:

<u>**SECTION 1:**</u>
Voice Evaluation Summary (to be completed by Speech Language Pathologist)

<u>**SECTION 2:**</u>
Summary of Medication Findings (to be completed by examining Physician)

Indicate site and
extent of lesion
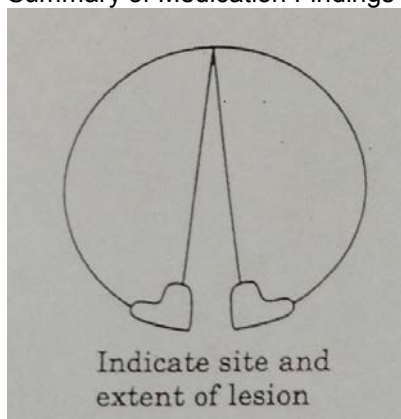
<u>**RECOMMENDATIONS:**</u>

___ Voice therapy recommended

___ Voice therapy not recommended

<u>**COMMENTS:**</u>

_____   _____   _____
Physician Name   Signature   Date

Please return this form to:

_____
_____
_____
_____

Guidelines for Speech Language Pathologists   **Section III**

10 Easy Strategies to Present to Teachers to the Problem Solving Team

1. Modify form of questions to include all levels of thinking skills:
   a. Content-loaded (e.g., tell me all of the _____)
   b. Less content/partial answer (e.g., name one of the _____)
   c. Multiple choice (e.g., Is it_____ or _____)
   d. Yes/no answer

2. Find out class's prior knowledge of topic before introducing new topic:
   a. Elicits student interest in the topic.
   b. Allows all students to share without being right or wrong.

3. Call on students with special needs as frequently as their classmates (using 1 & 2 above):
   a. Show that they are expected to listen.
   b. May need encouragement to participate in the discussion.

4. Modify seating arrangement:
   a. May/may not need to be in front of the class.
   b. Consider activity level, vision, hearing, attention, distractions.

5. Make an effort to interact individually with students with language needs in order to increase confidence and conversational skills.

6. Positive reinforcement/praise works best most of the time and students don't come to expect rewards for everything they do.

7. Break down verbal directions and written work:
   a. Give multiple-step directions to overall group, breaking down steps as necessary for students with special needs.
   b. Break down written assignments.

8. Sometimes it is necessary to re-state and/or explain certain vocabulary or concepts that have been missed by a few students.

9. Use visual and auditory prompts and cues as much as possible.

10. If possible, allow students with writing difficulties to use a tape recorder or computer to record a first draft of a written assignment.

Observation in Classroom/Relevant Setting

Name		Age	Sex

ID Number	School

Grade	Date of Observation	Location Check One
		☐ Regular Classroom ☐ Sp. Ed. Classroom ☐ Home ☐ Other

Subject/Activity	Duration

Instructional Setting *Check One*

☐ whole group instruction   ☐ small group instruction   ☐ cooperative group   ☐ individual instruction

Speech/Language Skills Data

Yes	No	Not Observed	
☐	☐	☐	1. Is speech sound articulation adequate?
☐	☐	☐	2. Is intelligibility adequate for successful communication in this setting?
☐	☐	☐	3. Is use of voice appropriate in terms of quality, loudness and pitch?
☐	☐	☐	4. Is voice adequate for successful communication?
☐	☐	☐	5. Is speech fluent?
☐	☐	☐	6. Is fluency adequate for successful communication?
☐	☐	☐	7. Are vocabulary and concepts understood and used appropriately?
☐	☐	☐	8. Are sentences of appropriate grammatical length and complexity used and understood?
☐	☐	☐	9. Are directions followed appropriately?
☐	☐	☐	10. Are pragmatic skills used appropriately?
☐	☐	☐	11. Are language skills adequate for successful communication in this setting?

Comments:

Academic, Social and Behavioral Factors

Yes	No	Not Observed	
☐	☐	☐	1. Does this student have difficulty meeting the academic requirements of this activity?
☐	☐	☐	2. Does this student avoid speaking in class?
☐	☐	☐	3. Does this student seem frustrated/anxious in meeting the communication demands of the activity?
☐	☐	☐	4. Do social interactions appear to be affected by this student's speech/language skills?

Comments:

List there any additional factors, which may have affected this student's communication performance in this setting?

_____

_____

_____

Does this observation appear consistent with this student's "typical" communication performance per teacher or other informant?   ☐ Yes   ☐ No

Developed by the Milwaukee Public Schools Speech and Language Disabilities Program 2001.

Teacher Checklist

Student	Date
Teacher	Grade

To the teacher, please read each of the following statements. Indicate those statements that are representative of the student's language and communication behavior.

1. ☐ In your opinion the student demonstrates a noticeable communication problem which maybe affecting educational performance.

2. ☐ The communication problem is most noticeable during:
   ☐ Comprehension tasks—written—verbal
   ☐ Classroom discussion
   ☐ Social Communication
   ☐ Mathematics
   ☐ Language Arts
   ☐ Spelling
   ☐ Oral Reading
   ☐ Other

3. ☐ The student understands subject-related vocabulary.

4. ☐ This student understands subject-related concepts.

5. ☐ The student follows written or spoken instructions.

6. ☐ The student understands figurative language.

7. ☐ The student has reasoning and problem solving abilities.

8. ☐ The student's responses to questions are appropriate.

9. ☐ The student participates appropriately in class.

10. ☐ The student relates stories and experiences.

11. ☐ The student's sentence structure interferes with his/her ability to clearly express a message.

12. ☐ The student's speech is easily understood.

13. ☐ The student is fluent in oral communication.

Revised from the University of Wisconsin-Stevens Point Graduate Extern Manual, 2001

Guidelines for Speech Language Pathologists   Section III

COMMUNICATION SURVEY

Please return to: _____

Student's Name:	Grade:	Date:
Teacher's Name:	Parent's Name:	Completed by:

Overall, this student listens and speaks ☐ well ☐ adequately ☐ poorly when compared to peers. Please rate this student's performance in the following areas and describe any difficulties observed.

ATTENDS TO SPOKEN MATERIAL
☐ well ☐ adequately ☐ poorly

Describe situation (e.g., size of group, type of activity) and any other factors interfering with attending.

FOLLOWS SPOKEN DIRECTIONS
☐ well ☐ adequately ☐ poorly

Describe type or length of directions, student's responses (e.g., actions, verbal, paper/pencil), and type of assistance needed.

COMPREHENDS CONCEPTS
☐ well ☐ adequately ☐ poorly

Describe type of concepts and student's difficulty in learning, remembering or applying concepts.

RECALLS SPOKEN INFORMATION
☐ well ☐ adequately ☐ poorly

Describe ability to answer questions about stories/lectures, ask appropriate questions and retell information. Describe what helps the student to remember.

Teacher Observational Checklist

Oral Expression

Teacher: _____ Student: _____

Date: ____/____/____ School/Class: _____

Instructions: ✓ Check the appropriate column for each item. *Rate student by comparing him/her with other students in the class, of the same age and cultural background.*

	I don't know	Cannot do or does poorly	Borderline	Adequate	Better than average	Exceptionally well
SPEECH						
1. Speaks with ease and confidence, interacts willingly and comfortably with people.						
2. Speaks fluently, without struggle, hesitation, repetition or unusual pauses.						
3. Speech is easy to understand.						
4. Has good vocal qualities; appropriate loudness, free from hoarseness.						
5. Speaks clearly with good pronunciation, articulation.						
6. Speaks with good intonation, rate and rhythm.						
LANGUAGE STRUCTURE						
1. Uses correct standard English grammar in speech or in writing (e.g., pronouns, verb tenses, word endings).						
2. Uses a variety of sentence structures in speech or in writing (e.g., questions, complex sentences, statements).						
3. Uses age-appropriate vocabulary.						
SOCIAL						
1. Switches style of speech when talking to different people (formal and casual).						
2. Recognizes when others do not understand his/her message and repeats or clarifies.						
3. Engages in conversation appropriately with peers and adults.						
4. Defends self verbally when threatened or wronged.						
5. Gestures, facial expressions and body movements are appropriate when talking.						
CLASSROOM						
1. Participates verbally in small group discussions.						
2. Answers and comments are logical and "on topic."						
3. Asks questions to get information or to clarify previous information.						
4. Follows classroom expectations regarding interrupting, asking permission, asking for help.						
5. Explains, describes, or paraphrases in a manner that is organized and easy to follow.						
6. Able to talk at length on a topic, giving sufficient, necessary and relevant details.						
7. Gives reason for doing/believing in something, or expresses opinion with sufficient support.						

Comments:_____

Teacher Observational Checklist

Listening Comprehension

Teacher: _____   Student: _____

Date: _____/_____/_____   School/Class: _____

Instructions: ✓ Check the appropriate column for each item. *Rate student by comparing him/her with other students in the class, of the same age and cultural background.*

	I don't know	Cannot do or does poorly	Borderline	Adequate	Better than average	Exceptionally well
AUDITORY MEMORY						
1. Follows typical classroom directions independently and without repetition.						
2. Recalls specific details from orally presented story or lecture.						
3. Responds after first presentation, does not often ask for things to be repeated (spelled words, sentences, digits).						
AUDITORY PERCEPTION						
1. Faces source of sound directly: does not tilt one ear toward sound source.						
2. Ignores auditory distractions and attends in presence of background noise.						
3. Discriminates likenesses and differences in words (toad - told) and sounds (t -d).						
4. Demonstrates understanding of other's speech when it is different (too rapid, foreign accent, articulation problems).						
5. Understands material on recording, radio or TV when static is present.						
6. Has an attention span for verbal presentation comparable to classmates.						
AUDITORY COMPREHENSION/VERBAL REASONING						
1. Demonstrates understanding of vocabulary comparable to classmates.						
2. Demonstrates understanding of time (before/after), directional (above/below) and quantitative (more/several) concepts.						
3. Understands main idea of verbal presentation.						
4. Answers who, what, when, where, why and how questions appropriately.						
5. Understands figurative language (jokes, puns, slang, multiple meaning).						
6. Understands hints and subtleties in language.						

Comments:_____

_____

CLASSROOM OBSERVATION GUIDE AND CHECKLIST

NAME: _____   DATE: ___/___/___

SCHOOL: _____ GRADE:____   TIME: _____ a.m./p.m.

SETTING: ❑ Regular Class   ❑ Special Ed.   ❑ Recess   ❑ Other:
_____

❑ Large Group   ❑ Small Group   ❑ Tutor   ❑ Independent Individual Work

ACTIVITY_____

PHYSICAL ACTIVITY LEVEL: ❑ Appropriate   ❑ Over-Active   ❑ Hypoactive

Comments:

_____

_____

ATTENTION: ❑ Attentive   ❑ Distractible   ❑ Inattentive

Comments:

_____

_____

WORK HABITS: ❑ Independent   ❑ Requires Assistance   ❑ Needs Constant Supervision

Comments:

_____

_____

PARTICIPATION: ❑ Volunteers   ❑ Responds appropriately   ❑ Does not respond

Comments:

_____

_____

PEER RELATIONS: ❑ Appropriate   ❑ Over-aggressive   ❑ Does not Interact

Comments:

_____

_____

ADDITIONAL OBSERVATIONS (e.g., Teacher comments)

_____

_____

_____

_____

_____

Observer _____

Date _____
Student _____

COMMUNICATION SEVERITY SCALE
ENGLISH ARTICULATION

PHONEME DEVELOPMENT

Age 2 – uses CVCV and CVC syllables and recognizable words
Age 3 - /m/, /n/, /p/, /b/, /w/, /h/
Age 4 - /d/, /t/, /g/, /k/, /f/, /j/
Age 5 - /s/, /z/, /ʃ/, /tʃ/ /dʒ/ - sounds emerging, but lingualization may be present
    Age 6 - /l/, /ŋ/
    Age 7 - /r/, /θ/, /ð/, /v/, /v/, /s/, /z/, /j/, /tʃ/ /dʒ/

Ronald Goldman and Macalyne Fristoe. (2000) Goldman-Fristoe Test of Articulation-2, Circle Pines, MN; Smit, A.B., Hand.L., Freilinger, J.J., Bernthal, J.E., & Bird, A. (1990). The Iowa articulation norms project and it's Nebraska replication. Journal of Speech and Hearing Disorders, 77-798.

PHONOLOGICAL PROCESSES
Definition: Systematic changes that affect entire phoneme classes or phoneme sequences. These changes are age appropriate up to the ages listed below.

AGES		
	DELETIONS	
2	1. Initial Consonant Deletion	at/hat
3	2. Final Consonant Deletion	no/noze
4	3. Consonant Cluster Reduction	top/stop (deleting one or more)
	SUBSTITUTIONS	
3 ½ – 5	1. Stopping	ton/sun	dus/juice
3	2. Voicing/Devoicing	die/tie	crip/crib
3 – 6	3. Gliding	ju/shoe	wef/leaf	weed/read
4 – 5	4. Fronting/Backing	dum/gum	cop/top
5 – 6	5. Affrication/Deaffrication	chew/shoe	ship/chip
	ASSIMILATION	
3 – 4	1. Progressive	beb/bed	dod/dog
3 – 4	2. Regressive	lellow/yellow	mim/swim
3	3. Velar Assimilation	gog/dog	
2 – 4	4. Labial Assimilation	beb/bad	babo/table
4	5. Alveolar Assimilation	lellow/yellow	dod/dog
3	6. Nasal Assimilation	nani/candy	
	OTHER (infrequent)	
3 – 4	1. Vocalization (vowelization)	bado/bottle	
4	2. Weak Syllable Deletion	tefone/telephone	
7	3. Transposition (Metathesis)	pasgetti/spaghetti	
5	4. Vowel Naturalization	use of schwa for all vowels	
2	5. CC Deletion	op/stop	ma/mask
2	6. Reduplication	wawa/water	

Bennett (11/85/9/87); Adapted from Hodson, B.W. (1980). The assessment of phonological processes. Danville, IL: Interstate; Ingram, D. (1981). Procedures for phonological analysis of children's language. Baltimore, MD: University Park Press; Shriberg, L.D., & Kwiatkowski, J. (1982). Phonological disorders III: A procedure for assessing severity of involvement. Journal of Speech and Hearing Disorders, 47, 256-270; Khan, L.M.L. (1982). A review of 16 major phonological processes. Language, Speech, and Hearing Services in Schools, 13, 77-85.

Guidelines for Speech Language Pathologists   **Section III**

> Ventura County
> Response to Instruction and Intervention (RtI^2)
> Model for Students with "Speech Concerns" Only

Decision-making Points:

1. At time of Reassessment between preschool-kindergarten (children with IEPs)- Speech-Language Impairment (SLI) (developmental errors only)

2. Elementary aged students with IEPs at time of 30 day review or annual review

3. Other students, not IEP:
   - Fall meetings with teachers conducted by the Speech-Language Pathologist (SLP)
   - November Parent Conferences
   - Grade level assessments
   - Grade level teams (Professional Learning Communities- PLC/Intervention Progress Teams - IPT) meet together and identify areas of concern- SLP is available to consult

Strategies offered:

1. **Tier 1 strategies** – (Benchmark/Core/Universal) There are two levels, level a. Coordinated Effective Instruction and b. Universal Access/Differentiation. Level a. are the *proactive* strategies that the general education teacher does to promote good speech development on a routine basis. Level b. are those things s/he puts into place to intervene once a "red flag" has been noted for a specific sound. The child's response to level b. interventions would be monitored by the general education teacher.

   a. **Coordinated Effective Instruction- Strategies implemented by the general education teacher to the whole class, which address the needs of all students, mindfully promoting good sound production and monitoring each child's development:**
      - A Multi-Sound program promoting good sound-symbol association
      - Modeling of specific sounds – (See attached "Helping Students Pronounce Sounds")
      - Listening and monitoring each child's sound production, using the Speech Sounds Checklist – (at benchmark assessment periods) (See attached checklist and words

Ventura County RtI^2 Task Force – 2009

Guidelines for Speech Language Pathologists   **Section III**

- Large group lessons on sounds led or modeled by the SLP
- Encouraging students to participate in all speaking opportunities in the classroom

b. Universal Access/Differentiation- For individual children for whom there are mild concerns about acquisition of speech milestones, or for when parents express concerns, the following strategies may be developed and provided by the general education teacher:
- Parent informational material given
- Informal monitoring plan developed, in which the SLP checks in with the parents and general education teacher 2-3 times a year. (November and March, especially)(such as "Watch and Listen" plan)
- A specific classroom instructional center offered to address the need
- Specific games, etc, to address the need
- SLP may model a strategy in the classroom
- Specific strategies for teacher to use with student (i.e., secret signal)
- Promoting respectful acceptance of speech differences in the classroom
- Showing the entire class how to make the sound correctly. Consult with SLP for how to describe the positions for each sound
- Giving students a list of words that contain the target sound in different positions. Words from the classroom word wall are ideal.
- Selecting five target words and asking students to draw or find a picture for each word. Write the label below each picture. Have the students display the words, and encourage practice during the day.

Universal Access/Differentiation strategies would be monitored with data collected by the general education teacher, using the Speech Sounds Checklist.

2. **Tier 2 strategies- (Strategic/Targeted/Selective) These are specific strategies offered in general education to address the unique needs of one student, who has not responded to Tier 1 interventions above. Tier 2 interventions would primarily be organized and implemented by the general education teacher, in consultation with the SLP, using available classroom helpers including paraeducators, parent volunteers, older peers, etc. – (May use "Describing Speech Misarticulations Teacher Questionnaire")** (See attached)
- Using "Peer Reading Coaches" (5th – 6th graders working on target sounds)
- 2-4 times per week group, operated by the SLP, SLPA, other paraprofessional, parent volunteers, or general educator:
    - Work with an individual student in a private conference and show how to make the specific sound correctly. Give positive feedback ("You put your lips just right") and incorrect ("Nice try, but next time spread your lips more").
    - Giving student a list of simple target words, and after showing him/her how to make the sound, arrange for student to read the list every day with an adult in the classroom. Train the adult to give positive feedback. Change the list to reflect growing ability.

Ventura County RtI² Task Force – 2009

      o   Tape-recording student reading either a list or a passage. Give them a copy of the material and ask them to mark the sounds that were produced correctly.

      o   Underlining words in a passage that contain the target sound. Ask the student to read the passage and give feedback.

Tier 2 strategies to be implemented in eight week intervals, with small groups of children, on average 1-2 times per week, with ongoing data monitoring.

3. **Tier 3 strategies**- **These would primarily be organized and implemented by the SLP or SLPA, and may include:**
   - ARtIc LAB (http://www.vcselpa.org/Resources-for-Teachers-and-Staff/Speech-Language/Response-to-Instruction-and-Intervention-RtI2)
   - Speech Club – 3 times a week, 15 minute groups (See attached Parent Permission to Enroll in Speech Class)
   - "Five Minute Kids" (http://www.vcselpa.org/Resources-for-Teachers-and-Staff/Speech-Language/Response-to-Instruction-and-Intervention-RtI2)
   - Use of a self-monitoring tool
   - 2-4 times a week group, pullout, operated by SLP, using a multi-sensory program (See attached Parent Permission Sheet)
   - Consistent Home Practice ("Homework") (See attached Speech Improvement Class Homework Contract)

   Tier 3 (Intensive/Indicated) is more intensive and provides more support, time and duration than Tier 2 implemented in eight week intervals with 1-3 children in the group, with more frequency than Tier 2. Data would be collected on progress on a regular basis.

To implement this model the SLP and their supervisor must agree to a workload service model in which the SLP gets "credit" on his/her caseload for students served in "Early Intervening" services via RtI.

Ventura County RtI² Task Force – 2009

Guidelines for Speech Language Pathologists   **Section III**

Section IV –Assessment

Assessments are updated frequently. Please be sure you are using the most current tools. Many assessments come with scoring software. Check with your district regarding the secure use of scoring software. Before administering a test, please be sure it serves your population (see Appendix 1). Refer to the template of test descriptions on the SELPA website

The following are guidelines for individual assessment:

A. Initial Assessment and Triennial Review

Assessment for initial eligibility and triennial review will be conducted in all areas related to the suspected disability, as specified on the Assessment Plan. In cases where the only area of suspected area of disability is a concern in the area of speech, the assessment may be conducted primarily by the SLP with additional input from other personnel such as nurse and classroom teacher.

The SLP will use his/her professional judgment in determining which specific area(s) of communication require in-depth assessment. Although extensive assessment is not required for every student in all areas of communication, the report should reflect consideration of all areas.

Other knowledgeable personnel (e.g., parents or teacher) participate in interpretation and discussion of test results at the IEP meeting. In cases where the SLP does not speak the primary language of the student, a trained interpreter/translator must assist in the assessment and reporting process.

No single procedure may be used as sole criterion in determining the student's special education eligibility (Calif. Ed. Code 56320 [e]). Data should be gathered in all areas of concern. A variety of data gathering techniques may be used, including standardized tests, criterion referenced tests, observation of a student's speech or language performance, language samples and other alternative forms of assessment.

The SLP is responsible for a written report for presentation at the IEP meeting. This may be a separate speech/language report or a component of a multidisciplinary psychoeducational report. The assessment report must include:

- Relevant behavior noted during the observation;
- Relationship of behavior to academic and social functioning;
- Educationally relevant health and development;
- Effects of environmental, cultural, or economic disadvantage;
- Whether pupil may need special education and related services;

Guidelines for Speech Language Pathologists   Section IV

- The basis for making the determination;
- The need for specialized services, materials and equipment.
  (Calif. Ed. Code Sect 56327)

See Appendix 2 for Speech Language Assessment Report Template and Instructions, and Appendix 3 for form "Specialist Input to Multidisciplinary Team." (VC SELPA 2011-h) (VC SELPA 2011-i)

See Appendix 4 for Sample Descriptions of Speech-Language Assessment Instruments. (VC SELPA 2011-g)

Although Calif. Ed. Code requires the report to make a recommendation about the need for special education and related services, the report should indicate that the ultimate decision about services is made by the IEP team

B. <u>Assessment of Incoming Preschoolers</u>

Many SLPs will participate as part of an assessment team which assesses incoming 3-4 year olds for Special Education services. The SLP may conduct assessments independently when there are concerns about Speech-Language Impairment only, or as part of a multidisciplinary team for children with more complex concerns.

Some children will have been served below 36 months of age in the Early Start Program. In Ventura County SELPA, all children in Early Start are served by either the Tri-Counties Regional Center or the North Los Angeles Regional Center, except children with Solely Low Incidence disabilities. Solely Low Incidence disabilities include:
- Orthopedic Impairments
- Visual Impairments
- Deaf/Hard of Hearing

Children with Solely Low Incidence disabilities aged 0-36 months in Ventura County SELPA are served by one of the four regional school district programs providing services to this population:
- Oxnard Elementary School District
- Ventura Unified School District
- Conejo Valley Unified School District
- Simi Valley Unified School District

In addition to serving all Solely Low Incidence children, these districts "dually" serve an additional number of Early Start eligible children in conjunction with the regional center.

Children served in the Early Start program are referred to their district of residence for assessment for Special Education services at age three, if the parents request. This means referral from Early Start may be made by either a Regional Center or school district Service Coordinator.

If the parents request a referral for Special Education assessment at age three, the Service Coordinator must invite the school district of residence to an Individual Family Service Plan (IFSP) meeting with the family between the child's ages of 2 years, 6 months and 2 years, 9 months. At the time of the meeting, the representative from the school district will meet the family, consider their concerns about their child, and discuss the school district Special Education preschool program options. They will also describe the assessment process and timeline. The SLP may serve as the representative of the district of residence at these meetings. *See Appendix 5 for the "Early Start Transition Plan*." (VC SELPA 2009-a)

The official referral must be made by the Early Start Service Coordinator no later than the child turning two years, 9 months. The referral should include the most recent IFSP as well as all current assessment reports. Once the referral is received, the school district has 15 days to develop an Assessment Plan or send written notice to the parent that it will not be initiating assessment. If an Assessment Plan is generated, the assessment will be completed within 60 days of receipt of the signed Assessment Plan from the parents, with the regular interruptions for school holidays in excess of five days allowed. All efforts must be made in timing the meeting with the family and receipt of the referral so that an IEP meeting and an offer of FAPE is in place for the family no later than the child's third birthday.

When the referral is made from Early Start, there will be assessment reports from the Early Start providers, which quite often will include an SLP. The SLP should gather these reports and consider them when planning any needed additional assessment.

If a parent calls the school districts and requests an assessment for a child between 3-4 years old who has not been served in Early Start, the district must respond to the request in the same manner as any parent request for assessment. In this case, if an Assessment Plan is generated, the SLP will gather sources of data from the family, the physician (if needed), and conduct the needed assessment.

Some school districts may operate an informal preschool screening option for parents who inquire about interventions but have not yet made a request for assessment. This is legal, as long as it is not used to delay the assessment timeline, or put forward as a "required" step for all families who want their child assessed. The SLP will participate in the preschool screening process and assist the district in determining which children should be referred for Special Education assessment.

See Appendix 6 for sample Preschool Assessment Collection Sheet.

C. Assessment of students in Private School

For students enrolled by their parents in private schools, the district of residence will assess for Special Education eligibility upon request. If eligible, the district will develop an IEP with Offer of FAPE. If the parent agrees to the

IEP but indicates that they will continue to enroll their child in the private school, their rights become very limited.

If the private school is located within the district of residence, the district will offer the parent an Individual Services Plan (ISP) indicating any services the student will receive. There is no individual entitlement to services, and each district, in consultation with all the private schools in the district, develops a limited list of services which may be made available. Contact your district for guidelines about what may be made available to Special Education eligible private school students in your district.

If the student is enrolled in a private school outside of the district, the district in which the private school is located will offer the ISP and limited services according to the guidelines of that district.

Many districts offer very limited services to private school children, and offer consultation, training, and other very brief services as appropriate. If you have a private school student with Speech and Language services per an ISP on your caseload, you need to provide the amount of services specified on the ISP. When complete, nothing further is required.

The ISP is reviewed annually. Input from the private school will be requested, but is not required. Additional evaluation would be conducted only if requested, and triennial reevaluation is required for students who have an ISP.

Refer to Private School procedures on the SELPA website for more information. http://www.vcselpa.org/Publications

D. Procedures for Triennial Review

The purpose of the triennial review is to provide information to the IEP Team in the determination of:

- whether the student continues to have disability;
- the present levels of academic achievement and related developmental needs; whether the student continues to need special education and related services; and
- whether any additions or modifications to special education and related services are needed to enable the student to meet the measurable annual IEP goals and as appropriate, in the general curriculum.

Within one year prior to the triennial review the IEP Team, including the parents, will review existing data and determine what additional information will be needed to address these issues. A preliminary discussion could occur at the second year

annual review meeting or could occur in a conference phone call with parents. The SLP should be included in this process if s/he is serving the student.

If the team agrees that no additional data are needed to answer the above questions, no additional assessment will be conducted. This decision must be documented. There are two SELPA forms to be used in documenting this discussion. In addition, there is a worksheet to summarize the sources of data reviewed *(See Appendices 7-9)*. An IEP meeting to answer the required triennial review questions must be held.

If the team agrees that additional data are needed a decision will be made regarding the areas to be addressed in the Assessment Plan and the proposed methods of evaluation. An Assessment Plan will be developed within the required timeline for conducting evaluations. Parents will be given an opportunity to review the Assessment Plan, meet with other members of the IEP Team if desired and indicate whether they believe that further assessment is needed in a particular area. If the IEP Team agrees additional assessment is needed, the form Specialist Input to Multidisciplinary Team *(See Appendix 3)* can be used by the speech therapist.

Every attempt will be made to obtain parental consent before conducting reevaluation of the student. However, if after reasonable efforts (at least two attempts in writing and at least one follow-up phone call) the school district is unable to get parent consent, the evaluation may be conducted without consent. The district will document attempts to get parent permission. If a parent refuses to give permission for review, the district may continue to pursue a reevaluation via due process procedures.

Sometimes an SLP will be asked to participate in a triennial evaluation when a student is no longer receiving Speech/Language services. This is because language or speech was at one time an "area of suspected disability." In this case, the SLP should evaluate in the areas in which concern was identified in the last assessment report. If the concerns are resolved, the student may no longer be eligible for special education services. However, if other concerns remain, (ie, academic, motor, etc) the student may remain special education eligible but continue to not require Speech/Language services. If the speech and language concerns are no longer present, the SLP should not continue to be involved in subsequent evaluations.

E. Validity

Tests must be validated for the specific purposes for which they are being utilized. Many assessment tools are biased toward students in the economic, cultural, and linguistic mainstream. Because they assume all students have the same experiences, language opportunities, and styles of learning, such tests must be selected and interpreted with care (Moore-Brown and Montgomery, 2001).

A test should always be used in its entirety when standard scores are to be used and reported. If subtest tasks are used individually, they may be viewed as performance indicators, but in this case standard scores do not apply and cannot be reported. In some cases, however, standardized tests are actually a battery of tests, and those subtests can be given independently and scores may be reported. SLPs need to be completely familiar with the administration and technical manuals of the standardized tests they use. It is unwise to use standardized tests for non-testing purposes. Doing so prevents SLPs from administering a valid test at a later date, since the student's performance would be affected by familiarity with the items (Brown and Montgomery, 2001). *Appendix 1 Suggested Evaluation Instruments for Assessment* includes a list of suggested assessments for each area of communication. These tests may not be appropriate for every student (see below) and the list is not exhaustive.

F. Larry P. vs. Riles/Assessment of African American Students

The Larry P. v Riles case was filed in the state of California in 1979 by African American parents. The parents argued that administration of culturally biased standardized intelligence tests (IQ tests) resulted in the disproportionate identification of African American students as mentally retarded and inappropriate placement in special education classes for the Educable Mentally Retarded (EMR).

In response to parental concerns, the court ruled against the use of IQ tests for African American students for placement in the EMR classes or their substantial equivalent. In 1986, the injuction was extended to include the use of IQ tests for all African Americans for special education purposes. In 1992, Judge Peckham rescinded his 1986 ban which prevented the use of standardized IQ tests for all special education settings. However, he did not reverse Larry P., his original 1979 ruling that banned the use of IQ tests for placing students in classes for EMR students. (Larry P. vs Riles, 1979).

Instruments that would not meet **Larry P. compliance** are those which:
- Are standardized and purport to measure intelligence (cognition, mental ability, aptitude), or,
- Use results which are reported in the form of an IQ or mental age, or,
- Have a construct validity which relies on correlation with IQ tests.

See Appendix 10 for Guidance on Alternative Assessments for African Americans.

G. Alternative Assessment

Section 3030 (c) of California Code of Regulations, Title 5 states, "when standardized tests are considered to be invalid for a specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan."

Alternative means of assessment must be used when standardized instruments are invalid or inappropriate for a particular student. Alternative means of assessments may include use of criterion referenced tests, selected portions of a standardized test, behavioral observations or a structured interview. Two further means of alternative assessment are described below.

Performance-based assessments require students to demonstrate knowledge and skills in either artificially created or natural situations. SLPs may engage students in conversation to assess such areas as topic maintenance, focus, vocabulary, fluency, or degree of dysarthria. The process of collecting and analyzing a language sample is an example of performance-based assessment. The language sample must be recorded, transcribed and analyzed. Performances-based tasks are in real time and reveal the actual performance of the student. (Moore-Brown and Montgomery, 2001)

Dynamic testing is the observation of language or learning during the intervention process as compared to more traditional, static methods of assessment. (Lidz, 1991) Dynamic testing is a process in which the examiner is actively engaged in the task with the student, using a process-oriented approach that looks at the student as a learner. (Ukrainetz et al., 2000) It uses a test-teach-retest approach, and it is used as the method to find out what types and amount of intervention are helpful to student learning. This assessment information leads directly to treatment planning. It does not result in scores, but instead requires the SLP to record the student's level of performance, along with the type and degree of assistance that was most helpful as a starting point for the intervention process. (Moore-Brown and Montgomery, 2001)

H. Appendices

1. Suggested Evaluation Instruments for Assessment

2. Speech-Language Assessment Report Template and Instructions
   (VC SELPA 2011-i)

3. Specialist Input to Multidisciplinary Team (VC SELPA 2011-h)

4. Sample Descriptions of Speech-Language Assessment Instruments
   (VC SELPA 2011-g)

5. Early Start-Transition Plan (VC SELPA 2009-a)

6. Preschool Assessment Collection Sheet

7. Worksheet for Determination of Needed Assessment for Triennial Review
   (VC SELPA-not dated)

8. Documentation of District and Parent/Student Decision about Assessment Needed for Triennial Review (VC SELPA-not dated)

9. Summary of Record Review in Preparation for Triennial Review
   (VC SELPA-not dated)

10. Guidance on Alternative Assessments of African Americans (Toya A. Wyatt, Ph.D., 2002)

Suggested Evaluation Instruments for Assessment

	Tests	Ages	Grades	RTI Level	Mod to Severe	Severe	CAP	African American	Bilingual
Articulation	Arizona Artic. Test-3	1:0-18:0	PK-12th		X				
	BESA Bilingual English Spanish Assessment	4:0-6:11	PK-2		X				X
	CAAP-2 Clinical Assessment of Articulation & Phonology	2:6-11:11	PK-6		X				
	CPAC-S Contextual Probes of Articulation Competence	3:0-Adult 3:0-8:11 for norms	PK-3		X				X
	GFTA-4 Goldman Fristoe Test of Articulation	2:0-21:11	PK-12	1-3	X		X		
	GFTA-4 Spanish Goldman Fristoe Test of Articulation	2:0-21:11	PK-12	1-3	X		X		X
	LAT LinguiSystems Artic Test	3:0-21	PK-12		X				
	MEDA Medida Espanola de Articulation	4:0-9:0	PK-4		X				X
	PLS-4 Spanish Artic Screener	3:0-6:0	PK-K		X				X
	SAM Spanish Articulation Measures	3:0 & up	PK		X				X
	Spanish Language Assessment Procedures Artic Subtest								
	SPAT-D3 Structured Photographic Articulation Test	3:0-9:11	PK-4		X				
Phonological Processing	APP-R Assess. Of Phono. Processes	3:0-10:0	PK -5th						X
	CTOPP-2 Comprehensive Test of Phonological Processing	4:0-24:11	K-12	2-3	X				
	HAPP-3 Hodson Assess of Phonological Patterns	2:00-Adult normed on 3:0-8:0	PK-12	2-3					
	KLPA-3 Khan-Lewis Phono. Analysis	2:0-21:11	PK-12	2-3	X				

Suggested Evaluation Instruments for Assessment

	Age	Grade					
Phonological/ Phonemic Awareness							
CTOPP-2 Subtests 1, 2, 8, 10, 11 & 12							X
LAC-3 Lindamood Auditory Conceptualization Test					X		
PAT-2 Phonological Awareness Test	5:0-9:11	K-4	X	X	X		
The Phonemic Synthesis Test	5:0-10:0	K-4		X	X		
TOPA- 2+ Test of Phonological Awareness Early Elementary	5:0-8:0	K-3	X				
TPAS Test of Phonological Awareness in Spanish	4:0-10:0	PK-4					X
Autism Pragmatic/ Social Skills							
Assess of Social Comm. & Skills							
Autism Communication Symbolic Behavioral Scales	0:8-2:0 Up to 72 months for delayed students	PK-5	X	X			
Behavioral Language Assessment Form	2:0-5:0	PK-K	X	X		X	X
CELF-5 Pragmatic Profile	5:0-21	K-12	X	X			X
Communication Matrix	3:0-Adult	PK-Adult	X	X			X
EASIC-3 Evaluating Acquired Skills in Communication	3 months-6:0	PK-K	X	X			
The Pragmatics Profile of Everyday Communication Skills in Children-R	9 months- 4:0-10:0	PK-5	X	X			
Prutting & Kirchner Pragmatic Aspects of Language Pragmatic Protocol	5:00	K	X	X			X
SICD-R Sequenced Inventory of Communication Development or A-SICD for Adolescents and Adults	4 months-Adult	PK-12	X	X			
SLAP-3 Spanish Language Assessment Procedure	3:0-9:0	PK-4	X				
SLDT-E Social Language Development Test SLDT-A for Adolescents	6:0-11:11 12:0-17:11	K-12	X	X	X		
SSIS Social Skills Improvement System	3:0-18:0	PK12	2				
TOPL-2 Test of Pragmatic Language	6:0-18:11	K-12					

Category	Instrument	Age	Grade	Grade Range					
	TOPS-2 Adolescent Test of Problem Solving	12:0-17:0	7-12				X		X
	TOPS-3 Elementary Test of Problem Solving	6:0-12:0	1-7				X		X
	The WH Question Comprehension Test	3:0-18:0	PK-12		X				
Language (Receptive, Expressive, Auditory)	ACLC Assessing Children's Language Comprehension	5.0	K-2				X		
	APAT Auditory Processing Abilities Test	5:0-12:11	K-8				X		X
	Bilingual Classroom Communication Profile	4:0-11:0	PK-3		X				X
	BESA Bilingual English Spanish Assessment	4:0-6:11	PK-2		X				X
	Boehm Test of Basic Concepts English/Spanish	5:0-7:0	K-2	1-3	X				X
	Bilingual Syntax Measure	3:0-6:11	PK-2	1-3	X				X
	BBCS Bracken Basic Concept Scale	3:0-6:11	PK-2	1-3	X				
	CASL-2 Comprehensive Assessment of Spoken Language	3:0-21	PK-12				X		
	CELF Preschool 2 Clinical Evaluation of Language Fundamentals	3:0-6:11	PK-2	2-3			X		
	CELF-4 Spanish	5:0-21:11	K-12	2-3			X		X
	CELF-5	5:0-21:11	K-12	2-3			X		
	CREVT-3 Comprehensive Receptive – Expressive Vocabulary Test	5:0-89	K-12				X		
	Dos Amigos verbal language scales	5:0-12:0	K-6		X				X
	DTLA-P:3 Detroit Test of Learning Aptitude-Primary	3:00-9:11	PK-4		X	X			
	DTLA-4 Detroit Test of Learning Aptitude-4	6:0-17:0	K-12				X		
	Dynamic Assessment & Intervention	3:0-18:0	PK-12		X			X	X
	EVT-2 Expressive Vocab. Test	2:6-90+	PK-12	2-3			X		
	EOWPVT-4 Expressive One Word Picture Vocab Test	2:0-70+	PK-12	2-3	X				
	EOWPVT Spanish Bilingual	2:0-70+	PK-12	2-3	X				X
	Goldman-Fristoe-Woodcock Test of Auditory Discrimination	3:0-70+	PK-12				X		X

Suggested Evaluation Instruments for Assessment

Language (Cont.)

Test	Age Range	Grade	No.					
ITPA-III / Illinois Test of Psycholinguistic Abilities	5:0-12:11	K-8				X		
LPT-3 / Language Processing Test Elementary	5:0-11:11	K-6		X		X		X
Language Sample	2:0-18:0	PK-12		X	X	X	X	
LAC-3 / Lindamood Auditory Conceptualization	5:0-18:0	K-12		X	X	X		
The Listening Comprehension Test-2	6:0-11:11	1-6						
MacArthur Inventory	3:0-6:0	PK-2		X		X		X
MacArthur IDHC (I &II) / Inventario Del Desarrollo de Habilidades Communcativas	8-18 months	PK						X
OPUS / Oral Passage Understanding Scale	5:0-21:0	K-12						
PVVT-4 / Peabody Picture Vocabulary Test	2:6-90+	PK-12	1-3			X		
PLS-5 / Preschool Language Scale English/Spanish	Birth-7:11	PK-2	2-3					X
PEOPLE	5:0-10:0	K-5						
Spanish Pruebas de Expresion Oral y Percepcion de la Lengua Espanols								X
ROWPVT-4 / Receptive One Word Picture Vocabulary Test English/Spanish	2:0-70+	PK-12	2-3	X		X		X
RTLS / Rhode Island Test of Language Structure	3:0-20:0 with (HI) hearing impairment / 3:0-6:0 w/out	PK-12 / Birth-PK		X		X		
Rossetti Infant Toddler Scale	Birth-3:0	Birth-PK		X	X	X		
SCAN-3:A / Tests for Auditory Processing disorders for Adolescents & Adults	13:0-50	7-12+	1-3	X	X	X		
SCAN-3:C / Tests for Auditory Processing disorders for children	5:0-12:11	K-6	1-3	X	X	X		
Sequenced Inventory of Comm. Development	0:4-4:0	Birth-PK		X	X			
SLAP / Spanish Language Assessment Procedures criterion referenced	3:0-8:0	PK-3						X

Suggested Evaluation Instruments for Assessment

Language (Cont.)	Age	Grade	1-3					
SPELT-3 Structured Photographic Expressive Language Test	4:0-9:11	PK-4						X
Spontaneous Language Sample	3:0-18	PK-12		X			X	X
STAMP Spanish Test for Assessing Morphologic Production	5:0-11:0	K-4						X
TACL-4 Test for Auditory Comprehension of Language	3:0-12:11	PK-8						
TAAS Test of Auditory Analysis Skills	4:0-6:0	PK-K						
TAPS-3 Test of Auditory Processing Skills	4:0-18:11	PK-12				X		
TAWF -2 Test of Adolescent Word Finding	12:0-80	7-12		X	X			
TECEL Test of Early Communication & Emerging Language	Birth-5	PK-K		X	X			
TEEM Test for Examining Expressive Morphology	3:0-7:0	PK-3						
TELD 3 Test of Early Language Development	3:0-6:0	PK-2		X				X
Test of Language Competence Expanded subtest 3	5:0-18	K-12				X		
TTFC-2 Token Test for Children	3:0-12:11	PK-6		X		X		
TOLD-P4 Primary 4 Test of Oral Language Dev.	4:0-8:11	PK-4				X		
TOLD-I4 Intermediate Test of Oral Language Development	8:0-17:11	4-12				X		
TOSS-I Intermediate Test of Semantic Skills	9:0-13:11 9:0-12:0	4-8 4-8		X				
TOSS-P Primary Test of Semantic Skills	4:0-8:0	PK-3						
TOWK Test of Word Knowledge	5-17	K-12						
TVCF Test of Verbal Conceptualization & Fluency	8:0-90:0	4-12						
TWF-2 Test of Word Finding	4:0-12:0	PK-7				X		
The Word Test-3 Elementary	6:0-11:0	1-6				X		
Wepman's Auditory Memory Battery	5:0-8:0	K-2				X		
Wiig Assessment of Basic Concepts	2:6-7:11	PK-4						

Stuttering								
SPI Stuttering Prediction Instrument for Young Children	3:0-8:0	PK-4						
SSI-4 Stuttering Severity Instrument for Childrens & Adults -4	2:0-Adult	PK-12		X				
TOCS Test of Childhood Stuttering	4:0-12:0	PK-7						
Voice								
Fisher- Logemann Voice Evaluation	3:0-18:0	PK-12		X	X		X	X
Ling Six Sound Test	3:0-18:0	PK-12						
Medical Evaluation	3:0-18:0	PK-12						
Voice Evaluation Form	3:0-18:0	PK-12						
Voice Evaluation Profile	3:0-18:0	PK-12						

Speech/Language Assessment Report Instructions

1. <u>EL Level -</u> If student is or was formerly an English Learner (EL) note the current level of proficiency and whether or not he or she has been reclassified Fully English Proficient.

2. <u>Test Administration Language -</u> Describe the language in which the assessment was administered. Give any rationale if it was not given in the native language. *Examples might be that the materials were not available in the native language, but interpretation was provided, or rationale given as to why the instrument selected was the one most likely to yield accurate information.*

3. <u>Most Recent Hearing Assessment -</u> Indicate date and results.

4. <u>Reason for Referral -</u> Indicate source and/or reason for referral.

5. . <u>Background Information -</u> Include all information relevant to this report. For environmental, cultural and economic, include any factors that may affect language development, including other languages spoken in the home. For health and developmental, only address factors or issues which may affect speech or language, including hearing. For educational history, describe any interventions or therapies the student has received in the past to address reason for referral, including Speech-Language Pathology.

6. <u>Behavioral Observations -</u> Report all relevant observations of the student's performance and behavior in classroom and other school settings. Address the student's behavior during assessment, and any possible impact on reliability of the results.

7. <u>Assessment Information</u>

   - Sources of Data Reviewed - Indicate all sources of assessment that were already existing in the child's file and were reviewed for this report. Note any assessment reports that are within three years old. Summarize if you choose.

8. New Assessments Administered - List all and either give a brief description of each assessment here or in the context of the areas of Assessment Results below. There is a **correlated template** that can be used to "cut and paste" boiler plate information into the report about specific assessment tools.

   - Explanation for any of the above that are not applicable - If any of the standard statements about the testing situation are not correct or accurate, give an explanation. *For example, rationale for deviations in administration of the test from the manual might be due to the necessity*

Guidelines for Speech Pathologists   **Section IV**

for having the instructions orally translated into another language, or some adaptations for a student with Intellectual Disabilities to assist in understanding the directions.

9. Assessment Results - Report the results in each area assessed. Indicate "Not an area of suspected disability" for any areas not assessed.

10. If Student is an EL, Address the Following – If the student is an EL, address all of the areas of English language development. For more information on the terminology, see the Ventura County SELPA *Guidelines for Speech-Language Pathologists in the Schools.* Consider these factors in determining whether the student has a Speech-Language Impairment as opposed to issues related to the acquisition of English as a second language. If not an EL, indicate and skip this section.

11. Overall Summary and Recommendations Regarding Educational Performance:

    - Recommendations to enable student to be involved and progress in general education curriculum (or, for a preschool child, to participate in appropriate activities)- Make suggestions about the types of interventions and supports the student may need. *For example, Student may benefit from more individualized practice with XXXX, or Student may benefit from more exposure to peers with typically developing language.*

    - Eligibility - This section must be addressed for Initial and Triennial Evaluations only. If not an Initial or Tri, it can be left blank. The Assessor should note any characteristics of disability that is observed or recorded, including any areas of Speech or Language that are considered to be significantly delayed according to CCR Title 5. Do not give a definitive statement of whether or not the student has a Special Education disability, but describe the characteristics that would assist the IEP team in making that determination. *For example, Student shows significant delays in language development for his or her chronological age, or Student's fluency errors impact his ability to interact with peers, or Student's articulation disorder make it difficult for others to understand his needs.*

    - Possible Special Education and related services needed or additions and modifications to current services that may be needed to meet goals and participate in general curriculum/appropriate activities- Indicate your recommendations for Special Education and any related services that may be appropriate. *Example - Student may continue to benefit from Speech-Language Therapy in small groups, or Student may benefit from frequent monitoring of his or her progress by the Speech Language Pathologist in collaboration with the Kindergarten teacher.*

Guidelines for Speech Pathologists   **Section IV**

- Need for specialized services and equipment - Required only for students with low incidence disabilities. However, note any adapted equipment or software that student may need. *For example, ProLoQuo To Go, or Alpha Talker.*

12. Sign and Date Report. Don't forget to copy and paste into SIRAS.

Letter Head Here

SPEECH-LANGUAGE ASSESSMENT REPORT

Ventura County SELPA

Student Name: D.O.B.: Age: _Yrs. Mo.

School: Grade: Sex: ☐ M ☐ F

Case Manager: Date(s) of Assessment:

Parent(s) Name(s):   Type of Report: ☐ Initial ☐ Triennial

      Address: ☐ Other:

                    (Street & Number, City, Zip)

    Phone: Home   Work: Cell:

The following report was developed to assist the IEP Team in determining eligibility and need for special education and related services according to the code of Federal Regulations, Sections 300.304 to 300.306. A student shall qualify as an individual with exceptional needs if the results of the assessment demonstrate that the degree of impairment requires special education. The decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education shall be made by the IEP team, including assessment personnel. The IEP team shall take into account all relevant material which is available on the student. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the student's eligibility for special education. (From CCR 5 Sec. 3030)

If EL, current overall level of English proficiency: ☐ Beginning ☐ Early Intermediate ☐ Intermediate ☐ Early Advanced ☐ Advanced
Student is Reclassified Fully English Proficient

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain.

Assessment(s) administered in English.

Most recent hearing assessment: Date: Results:

REASON FOR REFERRAL:

BACKGROUND INFORMATION RELEVANT TO THIS REPORT:

     Environmental, cultural, and economic information:

     Health and developmental information:

     Educational history:

BEHAVIORAL OBSERVATIONS:

     Observations in classroom and other appropriate settings, including relationship of behavior to student's academic and social functioning:

     Behavior during testing, including relationship of behavior to the reliability of the current assessment results:

ASSESSMENT INFORMATION:

SOURCES OF DATA REVIEWED: (CHECK OR INDICATE "NA")

    Cumulative records   Statewide Testing and Reporting results (STAR program)
    Work samples   Existing assessment reports (within three years list below)
    Progress toward goals   CELDT or Alternate Language Proficiency Scores

Date	Type	Assessor

    Parent interview   Teacher survey or interview
    Other data sources

    Summary of existing data (if applicable):

NEW ASSESSMENTS ADMINISTERED: (List all)
(Either describe each assessment in this section, or include description of assessments in results below)
- Student was assessed in all areas of suspected disability related to this discipline.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that is not applicable

ASSESSMENT RESULTS: (Address each area or indicate "Not an area of suspected disability")

    Articulation/Phonology:

Not an area of suspected disability

    Voice:

Not an area of suspected disability

    Fluency:

Not an area of suspected disability

    Language (Morphology, Syntax, Semantics):

Not an area of suspected disability

    Pragmatics:

Not an area of suspected disability

    English Language Development: Address the following or indicate "Not an English Learner" and skip below: Not an English Learner
Language used in various school settings (e.g., class, playground, with friends) -
Language used at home -
Language development compared to his or her siblings -
Language used for academic instruction (use worksheet "Language/Instructional Program and Services by Grade Level") -
Evidence of interference/transfer from primary language (L1) to second language (L2) -
Evidence of growth of the L2 resulting in loss of skills and fluency in L1 -
Evidence of "codeswitching" between the two languages -
Effects of the demands involved in learning two languages on any disfluency -

Stage of second language acquisition:
L1 - Preoperational-Silent PeriodSimple ProductionEarly ProductionSpeech EmergentLanguage Mastery
L2 - Preoperational-Silent PeriodSimple ProductionEarly ProductionSpeech EmergentLanguage Mastery

Level of Basic Academic Language: Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP)

OVERALL SUMMARY AND RECOMMENDATIONS REGARDING EDUCATIONAL PERFORMANCE:

Summary of assessment, including factors affecting educational performance:

(Required for initial and triennial evaluations)Indicators of possible disability or continuing disability, including specific areas considered to be significantly delayed according to CCR Title 5, Section 3030(c):

Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities):

Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need):

Need for specialized services and equipment (required for low incidence):

The decision regarding the provision of special education and specific related services is the responsibility of the IEP team. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

Name   Title

_____
Signature   Date

E-mail   Phone

Copy to: ☐ District Office ☐ Cumulative File ☐ Case Manager ☐ Parent/Adult Student ☐ Related Service(s)

District

Specialist Input to Multidisciplinary Team

Student Name: Click here to enter text.   DOB: Click here to enter text.

Specialist Name: Click here to enter text.

Title: Click here to enter text.

Date(s) of assessment: Click here to enter text.

Assessment administered in (language): Click here to enter text.

Any relevant background information obtained by this specialist (e.g., medical by PT, linguistic by SLP):
Click here to enter text.

Any unique behaviors observed in the classroom by this specialist: Click here to enter text.

Behavior during testing by this specialist: Click here to enter text.

Any existing assessments reviewed by this specialist (e.g. doctor reports) not also reviewed by psychologist:

Date	Type	Assessment
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

New assessments administered (name and brief description) by this specialist: Click here to enter text.

Any information about non standard administration of assessment (e.g. subtests only, non-standard scoring, translation): Click here to enter text.

NEW ASSESSMENT RESULTS

Findings: Click here to enter text.

Brief comments on how abilities may impact educational performance: Click here to enter text.

(For initials & triennials only) Any indicators of disability observed (use sample report language for list of characteristics): Click here to enter text.

Brief recommendations to enable student to be involved in general education curriculum (or for preschoolers, appropriate activities): Click here to enter text.

Brief recommendations about special education and related services: Click here to enter text.

(For SLI only) Recommendations about adapted equipment: Click here to enter text.
Guidelines for Speech Language Pathologists   Section IV

Ventura County SELPA

Sample Descriptions of Speech-Language Assessment Instruments

These descriptions were edited to include roughly the same information about each test. Emphasis was placed upon brief description of the task or communicative area being assessed. Individuals using this template may prefer to add mention of the type of score derived, or of the average range of scores for the population as a whole. These templates are not meant to prevent the use of any information deemed to be important by the report-writer.

The Assessment of Phonological Processes Revised (APP-R) - The APP-R is designed to assess unintelligible speech in young children. A speech sample is obtained through a naming task, and the child's speech is analyzed to identify early-developing production patterns, involving place or manner of production, affecting whole classes of speech sounds. Both typically and atypically developing patterns are considered, and results are evaluated to determine severity of disorder. The patterns/word classes identified are:

Syllable Reduction:
Pre/Postvocalic Singletons:
Consonant Sequences:
Stridents:
Velars:
Liquid (l):
Liquid (r):
Nasals:
Glides:

Arizona Articulation Test -3 - This instrument is a test of articulation, in which the student names pictured vocabulary words. An additional subtest assesses sounds in spontaneous speech. Results are scored according to age and gender norms.

The Assessment of Social and Communication Skills for Children with Autism - The *Assessment of Social and Communication Skills for Children with Autism* is a tool designed to evaluate a wide range of social and commj7unication abilities of children with autism. It consists of a comprehensive set of social and commination skills that are intervention priorities in the treatment of autism. Measures of specific social and communication skills include nonverbal social-communicative skills, imitation, play, communication and social skills required at home, at school, and in community settings. This tool can be used along with other formal and informal assessment instruments to obtain a complete evaluation of a child's competencies and to design social and communication intervention.

Guidelines for Speech Language Pathologists   **Section IV**

Behavioral Language Assessment Form (from <u>Teaching Language to Children</u> by Sundberg and Partington) - This is an assessment of the parameters contributing to the *learning* of language with instruction, rather than to the development of natural language. The learner's ability is assessed with regard to twelve parameters, using a 5-point scale to place current functioning at a level of 1 to 5 on each of the parameters. An estimate of Andrew's skills follows, based upon the examiner's observations:

I.   Cooperation with Adults
II.   Requests
III. Motor Imitation
IV.   Vocal Play
V.   Vocal Imitation
VI.   Matching-to-Sample
VII. Receptive
VIII. Labeling (Tacts)
IX.   Receptive by Function, Feature and Class
X.   Conversational Skills-Ability to fill-in words or answer questions
XI.   Letters and Numbers
XII. Social Interaction

Boehm Test of Basic Concepts 3 Preschool (Boehm-3 Preschool) English/Spanish - In the Boehm, students demonstrate their understanding of 52 linguistic concepts related to academic success in school by selecting the pictured concept from among a set of choices.

Number Correct	Percent Correct	Percentile Score

Boehm Test of Basic Concepts 3 (Boehm 3) English/Spanish - In the Boehm, students demonstrate their understanding of 50 linguistic concepts related to academic success in school by selecting the pictured concept from among a set of choices.

Number Correct	Percent Correct	Percentile Score

Bracken Basic Concept Scale Revised (BBCS-3rd Edition) - This instrument, is used to assess the basic concept development of children in the age range of 2 years 6 months through 7 years 11 months. The BBCS-3rd Edition is used to measure comprehension of 308 foundational and functionally relevant educational concepts in 11 subtests or concept categories: Colors, Letters, Numbers/Counting, Sizes, Comparisons, Shapes, Direction/Position, Self-/Social Awareness, Texture/Material, Quantity and Time/Sequence. The test is individually administered, and the concepts are presented orally within the contest of complete sentences and visually in a multiple-choice format.

Subtests Receptive	Raw Score	Scaled Score	Classification	Age Equivalent
SRC				

Guidelines for Speech Language Pathologists   **Section IV**

Direction/Position				
Self-Social Awareness				
Texture/Material				
Quantity				
Time/Sequence				
Composites	Raw Score	Std Score	Classification	Age Equivalent
Total Test				
SRC				

Subtests Expressive	Raw Score	Scaled Score	Classification	Age Equivalent
SRC				
Direction/Position				
Self-Social Awareness				
Texture/Material				
Quantity				
Time/Sequence				
Composites	Raw Score	Std Score	Classification	Age Equivalent
Total Test				
SRC				

Children's Communication Checklist-2 - The Children's Communication Checklist-2 (CCC--2) is a 70-item, parent or caregiver questionnaire. The checklist offers the flexibility to:
- Rate aspects of communication such as speech, vocabulary, sentence structure, and social language skills of children and adolescents who speak in sentences
- Screen for general language impairments confidently
- Identify children with pragmatic language impairment
- Determine if children who may benefit from further assessment for autism spectrum disorder

Clinical Evaluation of Language Fundamentals (CELF P-2) – Preschool-2 - The CELF P-2 is a tool for identifying, diagnosing, and performing follow-up evaluations of language deficits in children ages 3-6. A variety of language tasks require the child to use language skills to follow directions, select pictures, and express his ideas.

	Standard Scores	Percentile Ranks
Sentence Structure		
Word Structure		
Expressive Vocabulary		
Core Language Score		

Guidelines for Speech Language Pathologists   **Section IV**

Clinical Evaluation of Language Fundamentals-Fifth Edition (CELF-5) Ages 5-8 - The CELF-5 is a test of functional language use, such as understanding and repeating sentences, interpreting word meaning, and judging and analyzing the content of a message. Many subtests rely upon memory and processing of information. Results yield a standard score and percentile for each individual subtest as well as indexes pertaining to areas of language use.

Core Language & Index Scores	SS	% Rank	Subtest Scores	SS	% Rank
Core Language (CLS)			Sentence Comprehension (SC)		
Receptive Language (RLI)			Linguistic Concepts (LC)		
Expressive Language (ELI)			Word Structure (WS)		
Language Content (LCI)			Word Classes (WC)		
Language Structure (LS)			Following Directions (FD)		
			Formulated Sentences (FS)		
			Recalling Sentences (RS)		
			Understanding Spoken Paragraphs (USP)		
			Pragmatic Profile (PP)		

Clinical Evaluation of Language Fundamentals-Fifth Edition (CELF-5) Ages 9-21 - The CELF-5 is a test of functional language use, such as understanding and repeating sentences, interpreting word meaning, and judging and analyzing the content of a message. Many subtests rely upon memory and processing of information. Results yield a standard score and percentile for each individual subtest as well as indexes pertaining to areas of language use.

Core Language & Index Scores	SS	% Rank	Subtest Scores	SS	% Rank
Core Language (CLS)			Word Classes (WC)		
Receptive Language (RLI)			Following Directions		
Expressive Language (ELI)			Formulated Sentences		
Language Content (LCI)			Recalling Sentences		
Language Memory (LMI)			Understanding Spoken Paragraphs		
			Word Definitions		
			Sentence Assembly		
			Semantic Relationships		
			Pragmatic Profile		

Guidelines for Speech Language Pathologists   **Section IV**

Clinical Evaluation of Language Fundamentals-4, Ages 5-8 Spanish Edition (CELF-4 Spanish) - The CELF-4 Spanish is a clinical test designed for the identification, diagnosis, and follow-up evaluation of Spanish language skill deficits in school-age children, adolescents and young adults. It was designed to identify individuals who lack the basic foundations of language that characterizes mature language use.

Core Language & Index Scores	SS	% Rank	Subtest Scores	SS	% Rank
Core Language Score (CLS)			Conceptos y siguiendo direcciones		
Receptive Language Score (RLI)			Estructura de palabras		
Expressive Language Score (ELI)			Recordando oraciones		
Language Content (LCI)			Formulacion de oraciones		
Language Memory (LMI)			Clases de palabras-receptivo		
Working Memory (WMI)			Clases de palabras - total		
			Extructura de oraciones		
			Vocabulario expresivo		
			Repeticion de numeros		
			Secuencias familiares		

Clinical Evaluation of Language Fundamentals - 4, Spanish Edition (CELF4 Spanish) Age 9-21

Core Language & Index Scores	SS	% Rank	Subtest Scores	SS	% Rank
Core Language Score (CLS)			Conceptos y siguiendo direcciones		
Receptive Language Score (RLI)			Recordando oraciones Estructura de palabras		
Expressive Language Score (ELI)			Formulacion de oraciones		
Language Content (LCI)			Clases de palabras-receptivo		
Language Memory (LMI)			Clases de palabras-receptivo		
Working Memory (WMI)			Clases de palabras - total		
			Vocabulario expresivo		
			Definiciones de palabras		
			Extructura de oraciones		
			Entendiendo parrafos		
			Repeticion de numeros		

Guidelines for Speech Language Pathologists   **Section IV**

		Secuencias familiars 1 or 2		

Communication Abilities Diagnostic Test (CADeT) - CADeT is a standardized measure of language development for children ages 3 to 9. It is most sensitive to the language growth exhibited by children from age 3 to age 5, and is therefore also useful for identifying language delays or deficits in children from age 6 to age 9. The test samples syntactic, semantic, and pragmatic features of the child's language.

Communication and Symbolic Behavior Scales (CSBS™) - *Communication and Symbolic Behavior Scales (CSBS™)* is a norm-referenced, standardized instrument for infants, toddlers, and preschoolers, that uses parent interviews and naturalistic sampling procedures to collect information on communicative behaviors such as communicative functions, gestures, rate of communicating, positive effect, and gaze shifts. *CSBS* takes 50–75 minutes for the child assessment and 60–75 minutes for in-depth scoring.

The Communication Matrix - The Matrix is a system of analysis by which observation of communication behaviors can be placed within the entire spectrum of language development, from birth to the ability to speak in complete sentences. It divides the developmental process into seven levels:
I.   Pre-intentional behavior (body movements, facial expression, early sounds, such as crying, cooing) which are a response to the environment, but are not directed consciously by the child. (0-3 mos.)
II. Intentional behavior (body movements, facial expression, early sounds, such as crying, cooing, as well as directed gaze) which are now under the child's control. (3-8 mos)
III. Unconventional pre-symbolic communication (which now includes directed gaze and simple gestures) (6-12 mos)
IV. Conventional pre-symbolic communication, in which gestures, while still pre-symbolic, are those which are commonly understood by others, such as head nod, intentional pointing, beckoning)(12-18 mos)
V.   Concrete symbolic communication, in which conventional symbols, such as words, signs, or picture symbols are used in a meaningful way to refer to objects or people who are present (12-24 mos).
VI. Abstract symbolic communication, in which symbols are used to refer to things that are not present, or intangible (12-24 mos).
VII. Language – At this level the child is able to combine symbols (words) into thoughts and ideas (the beginning of sentence structure (24 mos)).

Comprehensive Assessment of Spoken Language (CASL) – The CASL provides an in-depth evaluation of 1) the oral language processing systems of auditory comprehension, oral expression, and word retrieval, 2) the knowledge and use of words and grammatical structures of language, 3) the ability to use language for special tasks requiring higher-level cognitive functions, and 4) the knowledge and use of language in communicative contexts.

	Standard Scores	Percentile Ranks

Guidelines for Speech Language Pathologists   **Section IV**

Antonyms		
Synonyms		
Grammaticality Judgment		
Nonliteral Language		
Meaning from Context		
Pragmatic Judgment		

CASL -2 - Ages 3 to 21:11 - The CASL-2 is comprised of 14 stand-alone, individually administered performance tests, requiring no reading or writing. It measures the oral language processing skills of comprehension and expression across four categories:
*Lexical/Semantic   *Syntactic   *Supralinguistic   *Pragmatic
Alternative scoring guidelines for African-American dialect

- General Language Ability Index (overall skill)
- Receptive Language Index
- Expressive Language Index
- Lexical/Semantic Index
- Syntactic Index
- Supralinguistic Index

- Receptive Vocabulary
- Antonyms
- Synonyms
- Expressive Vocabulary
- Idiomatic Language
- Sentence Expression
- Grammatical Morphemes
- Sentence Comprehension
- Grammatical Judgment
- Non-literal Language
- Meaning from Context
- Inference
- Double Meaning
- Pragmatic Language

Comprehensive Receptive-Expressive Vocabulary Test-Second Edition (CREVT-3) -The CREVT-3 tests receptive vocabulary through a pointing response, and expressive vocabulary by a word-defining task to yield a standardized score for each area, as well as a score for overall vocabulary development.

Receptive		
Expressive		
Overall Vocabulary		

Guidelines for Speech Language Pathologists   **Section IV**

Comprehensive Test of Phonological Processing (CTOPP-2) The CTOPP measures the capacity to use phonological information (the sound structure of language) when processing written and oral language through 12 subtests, and yields three composite scores.

Composite Scores	SS	% Rank	Subtest Scores	SS	% Rank
Phonological Awareness			Elision		
Phonological Memory			Blending Words		
Rapid Naming			Sound Matching		
			Memory for Digits		
			Nonword Repetition		
			Rapid Color Naming		
			Rapid Digit Naming		
			Rapid Letter Naming		
			Rapid Object Naming		
			Blending Nonwords		
			Phoneme Reversal		
			Segmenting Words		
			Blending Nonwords		

Detroit Test of Learning Aptitude-4th edition (DTLA-4) - The DTLA-4 is a battery of subtests that measure different but interrelated mental abilities, several of which are specifically language-related. Results include subtest standard scores, percentiles and age equivalents, and a language domain composite (include any other domain scores you wish).

Subtest	Standard Scores	Percentile Rank	Age Equivalent
Word Opposites			
Design Sequences			
Sentence Imitation			
Reversed Letters			
Story Construction			
Design Reproduction			
Basic Information			
Symbolic Relations			
Word Sequences			
Story Sequences			
Language Composite			

Guidelines for Speech Language Pathologists   **Section IV**

Dynamic Assessment and Intervention - Dynamic assessment was used to evaluate the child's response to mediation or scaffolding in a test-teach-test protocol. In this standardized method, the child was presented with a wordless book, and asked to tell the story depicted. Stories were rated for four components, five areas of language use, episode elements and volume of language, using a standardized method to count words and clauses. The process was repeated after two sessions of mediated practice, and results were compared to determine the level at which the child is able to benefit from language-learning activities.

Dynamic Assessment Areas of Improvement

> Story Components
> Story Ideas and Language
> Episode Elements
> Story Productivity % change

> Words   C-units   MLC-unit   No. Clauses
> _____   _____   _____   _____

> Language level:

Evaluating Acquired Skills in Communication (EASIC) - The EASIC is an inventory of receptive and expressive skills, administered according to each of three levels of development; pre-language (nonverbal communication between age 0 to 24 months), Level I (beginning comprehension and expressive language age skills ranging from 24 to 60 months), and Level II (more complex structures and pragmatics skills ranging from 24 to 72 months). In this assessment, items from the _____level were administered receptively and expressively.

Expressive Vocabulary Test (EVT-2) - The EVT measures word finding skills and knowledge of synonyms. The student is shown a picture and given a word. The student is then asked to give another word with the same meaning. This addition is available in two parallel forms (Form A & Form B) that are administered individually.

Raw Score	Standard Score	Percentile Score	Age Equivalent

Expressive One-Word Picture Vocabulary Test Revised (EOWPVT-4) English/Spanish - EOWPVT is a test of vocabulary use, and requires the student to look at a picture and state the noun, verb or category which best describes the picture.

Raw Score	Standard Score	Percentile Score	Age Equivalent

Expressive One Word Picture Vocabulary Test 4 Spanish (EOWPVT-4)-Bilingual Edition - EOWPVT is a test of vocabulary use, and requires the student to look at a picture and state the noun, verb or category with which it is best described. In the bilingual version, testing can be administered in either Spanish or English, as deemed appropriate, and responses in either English or Spanish are accepted for credit.

Guidelines for Speech Language Pathologists   **Section IV**

Raw Score	Standard Score	Percentile Score	Age Equivalent

Functional Communication Profile - This assessment tool creates a descriptive picture of communicative abilities, taking into account many aspects of communicative function. Areas described include Sensory, Motor, Attentiveness, Receptive Language, Expressive Language. Pragmatic/Social, Speech, Voice, Oral function, Fluency.

Goldman-Fristoe Test of Articulation (GFTA-2) - This test measures an individual's production of English consonant sounds from the age of two through 21 years. The phonemes (sound families) of Standard American English are tested in both individual words and spontaneous sentences. The test assesses connected speech in a story-re-tell format. Stimulability (ability to correct) error sounds is assessed in an imitation task.

Initial	Medial	Final	Blends

Hawaii Early Learning Profile (HELP)- 2nd Ed. (For 3-6 year olds) - HELP-2 is a comprehensive, on-going, curriculum-based assessment for use with young children and their families.

HELP 3-6 complements and extends the skills of HELP 0-3.

HELP Test-Elementary - The HELP Test-Elementary is a diagnostic test of general language skills designed for students ages 6-12. The tasks assess a student's basic language skills across six areas. The tasks are designed to yield information about children's semantic (meaning) and syntactical (grammar) skills in the familiar context of school-related language.

	Standard Score
Semantics	
Specific Vocabulary	
Word Order	
General Vocabulary	
Question Grammar	
Defining	
Total Test	

Hodson Assessment of Phonological Patterns-3 (HAAP-3) – This test identifies deviant phonological patterns.   (Describe or list child's deviant phonological patterns.)
        Total Occurrences of Major Phonological Deviations Score:

Guidelines for Speech Language Pathologists   Section IV

TOMPD Severity Rating:
Percentile Rank:

Illinois Test of Psycholinguistic Abilities-III (ITPA-III) - In the ITPA-III, all of the sub tests measure some aspect of language performance for children five years through twelve years eleven months. Standard scores provide the clearest indication of a child's sub test performance. Standard scores have a mean of 10 and a standard deviation of three. The most reliable scores of the ITPA-II are the composite quotients. The quotient is a standard score having a mean of 100 and a standard deviation of 15. The Spoken Language Quotient (SLQ) is the standard score of the six ITPA-III sub tests that measure spoken language. The areas assessed are semantics, grammar (including morphology and syntax), and phonology.

Spoken Subtest	Standard Score	Percentile Rank	Age Equivalent
Spoken Analogies			
Spoken Vocabulary			
Morphological Closure			
Syntactic Sentences			
Sound Deletion			
Rhyming Sequences			
Total Spoken Language Score			

Composite Quotients	Standard Score	Percentile Rank
Semantics Quotient		
Grammar Quotient		
Phonology Quotient		
Comprehension Quotient		

Khan-Lewis Phonological Analysis, Third Edition (KLPA-3) - The KLPA-3 is an analysis of the child's responses from the Goldman-Fristoe Test of Articulation (GFTA-2). This analysis is used to group and identify error patterns which arise from developmental language rules for phonemes that are not appropriate to the child's age or language level.

Guidelines for Speech Language Pathologists   **Section IV**

Language Processing Test–3 (LPT-3) - The LPT tests the ability to attach meaning to auditory stimuli. Difficulty retrieving and organizing information to respond is a component of a language processing disorder. Subtests are arranged in an order from simple to complex processing tasks. Attributes is a summary composite task.

Subtest	Raw Score	Standard Score	Percentile Rank	Age Equivalent
Associations				
Categorization				
Similarities				
Differences				
Multiple Meaning				
Attributes				
Total Test				

Language Sampling is the an informal (non-standardized) assessment consisting of transcribing of a conversation between the child and any other person, is a standard assessment technique.   (Ex.) A sample of the child's language was obtained during conversation with ____. The results were analyzed for morphological and syntactic features. Results are summarized below:

Totals   Means
Sentences   Words/Sentence
Words   Morphemes/Sentence
Morphemes   Word-Morpheme Index
Range of Sentence Lengths   Assigned Level

Lindamood Auditory Conceptualization Test–3 (LAC-3) – This test provides of method of measuring the ability to discern how and where one syllable or word differs from another and the ability to represent this contrast visually. Examinees are asked to judge and conceptualize the points of contrast between words in respect to the identity, number, and sequence of phonemes, syllables, or both. Results yield a composite standard score and percentile rank. The categories identified isolated phoneme patterns, tracking phonemes, counting syllables, tracking syllables, tracking syllables and phonemes.

Sum of Raw Scores	Standard Score	Percentile Rank

Guidelines for Speech Language Pathologists   **Section IV**

Linguisystems Articulation Test - The LAT is a standardized test, for students from age 3 to 22, which allows an examiner to observe the articulation of each of 22 English consonant sounds in beginning middle and final word position, as well as blends in word-initial position. Error sounds are checked for stimulability (repetition after a model). There is also a brief apraxia screening, to listen for consistency of production in words. Test results are interpreted according to age norms and standard scores and percentiles are derived.

The Listening Test - The Listening Test is a standardized assessment with a variety of listening tasks, some of which include pictures, which require the student to listen for stated or implied information, and to draw conclusions, state main ideas or give details.

	Standard Score	Percentile Rank
Main Idea		
Details		
Concepts		
Reasoning		
Story Comprehension		

MacArthur-Bates Communicative Development Inventories (CDIs) - The *MacArthur-Bates Communicative Development Inventories (CDIs)*, and the corresponding Spanish-language *Inventarios*, provide a systematic way for professionals to use parents as informants regarding their child's language. They enable professionals to tap into parents' knowledge about their young children's communicative development for use in screening and developing a prognosis for children with language delays. It also ensures they are meeting mandates for including parent input in child evaluation procedures. The goal of the CDIs is to yield reliable information on the course of language development from children's early signs of comprehension, to their first nonverbal gestural signals, to the expansion of early vocabulary and the beginnings of grammar.

Medida Espanola de Articulation (MEDA) - The MEDA measures the correct production of Spanish Consonant sounds in words. Pictures are presented with sentences to complete. The student made the following phoneme error(s):

Initial	Medial	Final	Clusters

Montgomery Assessment of Vocabulary Acquisition (MAVA) - The MAVA is an assessment of receptive and expressive oral vocabulary used with children from age 3 to 12. In the

Guidelines for Speech Language Pathologists   **Section IV**

receptive measure, the child points to select from a choice of pictures when the target is named aloud. The expressive task consists of asking the child to name pictures presented one at a time. Words in the test represent three different levels of vocabulary, as revealed by recent studies: Level I represents the most basic words, mastered by most children by age 6, Level II words are those seen frequently in written material, and Level III are words that are less frequently used and come from specific areas of usage, such as occupations or specific fields of study. Reported results include both a comparison to peers, according to a normed sample, and a qualitative interpretation, with the percentage correct at each of the three levels. The **MAVA** was chosen because special attention has been paid to reliability for African-American and Hispanic students, and results for these specific populations are made available to aide in norm-based assessment.

Peabody Picture Vocabulary Test Fourth Edition (PPVT-4) - The PPVT-4 is a task in which words of increasing difficulty are pronounced, and for each, the child must find the one picture in a group that best illustrates his understanding of the word. This edition is available in two parallel forms (Form A & Form B) that are administered individually.

Raw Score	Standard Score	Percentile Rank	Age Equivalent

Pragmatic Language Observation Scale (PLOS) - The *Pragmatic Language Observation Scale* (PLOS) is a 30-item, norm-referenced teachers' rating scale that can be used to assess students' (8-0 through 17-11 years) daily classroom spoken language behaviors. Its items relate to specific spoken language behaviors readily seen in instructional settings (e.g., "pays attention to oral instructions," "expresses thoughts clearly"). The PLOS can be used to (a) support a referral, (b) expand the scope of a comprehensive spoken language evaluation, (c) compare teachers' ratings with test results, (d) help plan interventions, and (e) monitor the effectiveness of interventions. Results are particularly useful when used as part of a comprehensive spoken language evaluation or as a pre-referral/referral tool.

Pragmatic Language Skills Inventory (PLSI) - The *Pragmatic Language Skills Inventory (PLSI)* is a norm-referenced rating scale designed to assess children's pragmatic language abilities. Its 45 items can be administered in only 5-10 minutes. The PLSI has three subscales: (1) Personal Interaction Skills, assesses initiating conversation, asking for help, participating in verbal games, and using appropriate nonverbal communicative gestures; (2) Social Interaction Skills, assesses knowing when to talk and when to listen, understanding classroom rules, taking turns in conversations, and predicting consequences for one's behavior; and (3) Classroom Interaction Skills, assesses using figurative language, maintaining a topic during conversation, explaining how things work, writing a good story, and using slang appropriately.

Preschool Language Assessment Instrument – Second Edition (PLAI-2) - The Preschool Language Assessment Instrument – Second Edition (PLAI-2) assesses the abilities of children 3-0 through 5-11 years of age, to meet the demand of classroom discourse.

Guidelines for Speech Language Pathologists   **Section IV**

Normed on a sample of 463 children residing in 16 states, PLAI-2 tells you how effectively a child integrates cognitive, linguistic and pragmatic components to deal with the full range of adult-child exchange. Teachers, speech-language clinicians, and those in special education will appreciate the ease-of-use and multi-faceted information this test provides.

Preschool Language Scale Fifth Edition (PLS-5) English/Spanish - The assessment is an individually administered test used to identify monolingual or bilingual Spanish speaking children who may exhibit a language disorder or delay. The measure is composed of two subscales. The Auditory Comprehension subscale is used to evaluate how much language a child understands. The Expressive Communication subscale is used to determine how well a child communicates with others.

An average Standard Score is 100 and ranges from 85-115. An average Percentile Rank is 50 and ranges from 25-75.

	Raw Score	Standard Score	Percentile Rank	Age Equivalent
Auditory Comprehension				
Expressive Communication				
Total Language Score				

Pruebas de Expresion Oral y Percepcion de la Lengua Espanola-(PEOPLE) Spanish - The PEOPLE is used to assess a variety of different linguistic abilities which are required to store, organize and process language. A scaled score of 35 is 1.5 standard deviations below average. The results for each language areas which was assessed are listed below.

Subtest	Standard Score	Percentile Rank	Age Equivalent
Auditory Sequential Memory			
Auditory Association			
Sentence Repetition			
Story Comprehension			
Encoding			

The Receptive, Expressive, & Social-Communication Assessment-Elementary (RESCA) - RESCA-E is a norm-references, language assessment for children ages 5 through 12 years of age. The RESCA-E has 14 components, organized into three cores (Receptive, Expressive, and Social-Communication). RESCA-E core subtests can be administered in one hour or less. Scaled scores are provided for subtests; standard scores are provided

Guidelines for Speech Language Pathologists   **Section IV**

for cores and the overall score. Discrepancy scores allow comparison of performance across subtests.

Receptive One-Word Picture Vocabulary Test (ROWPT-4) English/Spanish - The ROWPVT is a test of word-recognition, in which the student is asked to listen to a word and select from among several pictures on a page, the one which best illustrates the concept.

Raw Score	Standard Score	Percentile Score	Age Equivalent

Rhode Island Test of Language Structure – RTLS - The RTLS was administered as a criterion-referenced test to evaluate the child's recognition of 20 basic English sentence-types found in early development. After hearing a spoken sentence, the child was asked to select from a group of drawings, the one which accurately depicted the sentence.
Error Patterns
Simple Sentence Types:
Complex Sentence Types:

The Rossetti Infant-Toddler Scale - The scale measures the pre-verbal and verbal areas of communication and interaction. The results show the child's highest level of skills in each of the areas of language listed below.

Interaction-Attachment: Cues and responses that show the relationship between parent and child
Pragmatics: How the child uses language to communicate with others
Gesture: Expressing an idea and meaning non verbally before use of spoken language
Play: Changes during different types of play behavior
Language Comprehension: The child's understanding of verbal language with and without cues, such as gaze, gestures or understanding vocabulary
Language Expression: The child's use of pre-verbal and verbal behaviors to communicate with others

Subtest	Age Performance	Percentile
Interaction-Attachment	Months	
Pragmatics	Months	
Gesture	Months	
Play	Months	
Language Comprehension	Months	
Language Expression	Months	

Screening Test for Developmental Apraxia of Speech 2nd Ed. (STDAS-2) - The *Screening Test for Developmental Apraxia of Speech – Second Edition* (STDAS-2)

Guidelines for Speech Language Pathologists   **Section IV**

identifies children ages 4 through 12 who have both atypical speech language problems and associated oral performance. These two key factors render children suspect for developmental apraxia of speech. The STDAS-2 has four subtests. The first subtest, Expressive Language Discrepancy, is a required prescreening task. For this subtest, the difference between expressive and receptive language age is calculated if receptive language age is higher than expressive language age. This discrepancy remains the best indicator for further testing of developmental apraxia of speech. The other three subtests, Prosody, Verbal Sequencing, and Articulation, are core subtests.

Sequenced Inventory of Communication Development – Revised (SICD-R) - This popular diagnostic test evaluates and quantifies communication skills of normal and developmentally delayed children functioning between 4 and 48 months. It has two major sections: Receptive, which includes behavioral items that test sound and speech discrimination, awareness, and understanding; and Expressive, which includes three types of behavior (imitating, initiating, and responding), as well as two distinct areas of expressive measurement (length and grammatical and syntactic structures of verbal output and articulation). The percentage of correct responses for each of the age-graded sets is used to determine the child's Receptive Communication Age and Expressive Communication Age. The inventory is individually administered, usually in 30 to 75 minutes.

Social Language Development Test (Elementary) - This is a diagnostic test of social language skills, including nonverbal communication. The tasks focus on taking someone else's perspective, making correct inferences, negotiating conflicts with peers, being flexible in interpreting situations, and supporting friends diplomatically. This assessment is normed for ages 6 years to eleven years, eleven months.

Social Language Development Test (Adolescent) - This is a diagnostic test of social language skills, and nonverbal communication. The tasks focus on making inferences, interpreting social language, problem solving, social interaction, and interpreting ironic statements. The test is normed for ages 12-0 to 18-0 years.

Spanish Articulation Measures (SAM) - The SAM is a norm-referenced test of articulation. The student names pictures and imitates words, and the student's production of Spanish consonant sounds is compared to developmental norms.

Social Skills Improvement System (SSIS) - The SSIS is a measure of social skills which employs rating scales, completed by the child, his parent and teacher. Results are interpreted to show the areas of Social Skills, Problem Behavior and Academic Competence which are outside the norm.

SSIS Scores	SS	% Rank	Subtests	Below	Average	Above
Social Skills			Communication			
			Cooperation			
			Assertion			

Guidelines for Speech Language Pathologists   **Section IV**

			Responsibility			
			Empathy			
			Engagement			
			Self-Control			
Problem Behaviors			Externalizing			
			Bullying			
			Hyperactivity/Inattention			
			Internalizing			
			Autism Spectrum			
Academic Competence						

Spanish Articulation Measures (SAM) - The SAM is a norm-referenced test of articulation. The student names pictures and imitates words, and the student's production of Spanish consonant sounds is compared to developmental norms.

Structured Photographic Articulation Test-D III (SPAT-D III) English – This test is designed to assess the articulation of children ages 3 to 9 years using 40 actual photographs to spontaneously elicit production of consonant sounds. Ten initial consonant blends containing the phonemes /s/, /r/ and /l/ are also consonants through reading or sentence imitation is also observes.

Structured Photographic Expressive Language Test- English (SPELT-3) - In this test, sentences with specific grammatical forms (such as singular and plural nouns) are elicited as the child describes scenes in photographs. Responses are scored for correct and appropriate use of the necessary word- and sentence structure. (Child)'s areas of specific strength *(or weakness)* are the following: *specify* (singular and plural nouns; subject, object, possessive and reflexive pronouns, main verbs; copulas, auxiliary verbs; secondary verbs; prepositions; contractions; negatives, conjunctions, and question transformations).

Raw Score	Standard Score	Percentile Rank

Stuttering Severity Instrument for Children and Adults-4 (SSI-4) - This test provides for the observation and recording of the following areas: 1) frequency of repetition and prolongations of sounds and syllables, 2)estimated duration of the longest blocks (stuttering events), and 3)observable physical concomitants, such as facial grimaces, lip pressing, etc. The chart below presents detailed information regarding the stuttering behaviors.

	Speaking	Reading	Nonreading/Speaking
Frequency			
Duration			

Guidelines for Speech Language Pathologists   **Section IV**

Physical Concomitants			
Percentile			
Severity Rating			

Test for Auditory Comprehension of Language–4 (TACL-4) - The TACL is an individually administered test of auditory comprehension. There are three subtests.

	Standard Score	Percentile Rank
Vocabulary		
Grammatical Morphemes		
Elaborated Phrases and Sentences		
	TACL Quotient	Percentile Rank
Total Test		

Test of Early Communication and Emerging Language (TECEL) - The TECEL assesses the earliest communication behaviors and emerging language abilities in infants and toddlers up to 24 months old. It Includes both receptive and expressive items on the continuum from pre-linguistic communication behaviors to symbolic forms in emerging language. Can be administered to verbal and nonverbal respondents and is suitable for assessing individuals who communicate by means other than speech.

Test materials and interview questions are designed to be cross-cultural in content, free of jargon or difficult to understand concepts, and are appropriate for all ages.

Test for Examining Expressive Morphology (TEEM) - The TEEM assesses bound morpheme (grammatical word endings) development in children.
     Raw Score: /54
     Mean for chronological age of _____:
     Standard Deviation:

Test of Adolescent and Adult Language – Fourth Edition (TOAL 4) - The TOAL 4 is a battery of six subtests, which include Word Opposites, Word Derivations, Spoken Analogies, Word Similarities, Sentence Combining, and Orthographic Usage. These were selected to test a range of skills found in adolescent language. The student is required to listen or read and respond in either a spoken or written mode. The TOAL was chosen because special attention has been paid to reliability for students of multiple ethnicities, including African-American, Native American/Eskimo, and Asian/Pacific Islanders, and results for this specific population are made available to aide in norm-based assessment.

Guidelines for Speech Language Pathologists   **Section IV**

TOAL-4	SS	% Rank	Subtest Scores	SS	% Rank
Spoken Language	84	14	Word Opposites WO	5	5
			Word Derivations WD	7	16
			Spoken Analogies SA	9	37
Written Language	69	2	Word Similarities WS	5	5
			Sentence Combining SC	4	2
			Orthographic Usage OU	6	9
General Language	73	3			

Test of Childhood Stuttering (TOCS) -The TOCS is a straightforward, efficient, fluency assessment for children between 4 and 12 years of age. It has three components: The standardized Speech Fluency Measure, Observational Rating Scales, and Supplemental Assessment Activities.

Raw Score:

Percentile:

Test of Auditory Processing Skills–3 (TAPS-3) - The TAPS-3 assesses auditory processing. It examines phonologic skills, memory, comprehension and reasoning skills.

TAPS-3	SS	% Rank	Subtests	SS	% Rank
Phonologic			Word Discrimination		
			Phonological Segmentation		
			Phonological Blending		
Memory			Number Memory Forward		
			Number Memory Reverse		
			Word Memory		
			Sentence Memory		
Cohesion			Auditory Comprehension		
			Auditory Reasoning		
Overall					

Test de Vocabulario en Imagenes Peabody (TVIP) - The TVIP is a test of Spanish receptive vocabulary development. The child points to one of four pictures that best represents the meaning of the word. Results are compared to standardized norms.

Guidelines for Speech Language Pathologists   **Section IV**

Standard Score	Percentile Rank	Age Equivalent

Test of Auditory Analysis Skills (TAAS) - The TAAS was designed to assess the child's auditory processing skills within the spoken word. The student is asked to segment and delete syllables, as well as phonemes for auditorally presented words. Grade level equivalencies are provided.

Subtest	Standard Score	%ile Rank
Sentence Combining		
Picture Vocabulary		
Word Ordering		
Generals		
Grammatic Comprehension		
Malapropisms		

Test of Language Development Primary – Fourth Edition (TOLD P-4) - This test measures developmental word knowledge and grammar through 9 subtests, and yields composite scores in three areas

Subtest	Raw Score	Age Equivalent	Percentile Rank	Scaled Score	Descriptive Terms
Picture Vocabulary					
Relational Vocabulary					
Oral Vocabulary					
Syntactic Understanding					
Sentence Imitation					
Morphological Completion					
Word Discrimination					
Phonemic Analysis					
Word Articulation					

Guidelines for Speech Language Pathologists   **Section IV**

Composite Quotient	Sum of Scaled Scores	Percentile Ranks	Index Scores	Descriptive Terms
Listening				
Organizing				
Speaking				
Semantics				
Grammar				
Spoken Language				

Test of Language Development Intermediate Fourth Edition (TOLD I:4) - This assessment is designed to identify children who have difficulty communicating orally, and includes tasks of word knowledge and grammar use.

Subtests	Raw Score	Age Equivalents	Percentile Ranks	Scaled Scores	Descriptive Terms
Sentence Combining					
Picture Vocabulary					
Word Ordering					
Relational Vocabulary					
Morphological Comprehension					
Multiple Meanings					

Composite Quotient	Sum of Standard Score	Percentile	Index Scores	Descriptive Terms
Listening				
Organizing				
Speaking				
Grammar				
Semantics				
Spoken Language				

Test of Narrative Language-2nd Ed. - The *Test of Narrative Language–Second Edition* (TNL-2) is a norm-referenced test that measures children's narrative language

abilities (i.e., children's ability to understand and tell stories). Narration is an important aspect of spoken language, not usually measured by oral-language tests, that provides a critical foundation for literacy.

Test of Phonological Awareness – Early Elementary Version (TOPA-2) -The TOPA is a measure of young children's ability to isolate individual phonemes in spoken words. A number of researchers have concluded that adequate awareness of the phonological structure of words helps to make learning to read words a more understandable task for the young child. Performance on phonological awareness tasks before or during kindergarten is an excellent predictor of reading success. Without awareness of the phonological segments in words, the English alphabetic system of writing is not very comprehensible and these students will most likely fail to develop reading skills. This assessment is normed for children five years old nine years old.

Subtest	Standard Score:	Percentile Rank
Rhyming		
Segmentation		
Isolation		
Deletion		
Substitution		
Blending		
Graphemes		

Test of Pragmatic Language (TOPL-2) - The TOPL is a test of pragmatic knowledge in which scenarios with drawings are presented and explained verbally. Students are then asked to either devise appropriate responses for the people in the situation, or to answer a question demonstrating knowledge of how or when to use language.

TOPL Score	Quotient	Percentile Rank

Test of Problem Solving-Adolescent-2nd Edition (TOPS-2) - This test assesses the problem solving and critical thinking skills of secondary students through a series of stories and questions, presented auditorally, which require the student to capture information, connect with prior knowledge, and draw conclusions and inferences. Questions represent five critical thinking skills.

TOPS 2	Standard Score	Percentile Rank
Making Inferences		
Determining Solutions		
Problem Solving		
Interpreting Perspectives		
Transferring Insights		

Guidelines for Speech Language Pathologists   Section IV

Total Test		

Test of Problem Solving-Elementary Third Edition (TOPS-3) - The TOPS-3 Assesses language based critical thinking by means of examination and discussion of a series of pictured scenes. Questions require the child to visually capture information, connect with prior knowledge, and draw conclusions and inferences, then interpret the questions and form a verbal response. Questions represent six areas of thinking.

TOPS 3	Standard Score	Percentile Rank
Making Inferences		
Negative Questions		
Problem Solving		
Predicting		
Determining Causes		
Total Test		

Test of Semantic Skills - Primary (TOSS-P) Grades: Preschool-3 - The TOSS-P is a receptive and expressive diagnostic test designed to assess a child's semantic skills. Test items emphasize vocabulary that is meaningful and relevant to the experiences of children.

Subtests	Standard Score	%ile Rank
Identifying labels		
Identifying categories		
Identifying attributes		
Identifying functions		
Identifying definitions		
Receptive Total		
Stating labels		
Stating categories		
Stating attributes		
Stating functions		
Stating definitions		
Expressive Total		
Total Test		

Test of Semantic Skills - Intermediate (TOSS-I) Grades: 4-8 - The TOSS-P is a receptive and expressive diagnostic test designed to assess a child's semantic skills. Test items emphasize vocabulary that is meaningful and relevant to the experiences of children.

Subtests	Standard Score	%ile Rank
Identifying labels		

Guidelines for Speech Language Pathologists   **Section IV**

Identifying categories		
Identifying attributes		
Identifying functions		
Identifying definitions		
Receptive Total		
Stating labels		
Stating categories		
Stating attributes		
Stating functions		
Stating definitions		
Expressive Total		
Total Test		

Test of Verbal Conceptualization and Fluency (TVCF) - The TVCF assesses abilities related to executive function, (often a concern with traumatic brain injury), specifically, decision making, action, and motor output that is adaptive to external demands. Tasks involve rapid naming according to a criterion, categorizing, and rapidly finding a visual pattern.

TVCF Scores		**T-Score**	**Percentile**
Categorical Fluency			
Classification			
	Number Correct		
	Perseveration Errors		
	No. of Categories		
Letter Naming			
Trails			

The WH Question Comprehension Test: Exploring the World of WH Question Comprehension for Student with an Autism Spectrum Disorder - This test was administered to assess the ability to answer "who," "what," "when," "where," "why,' and "how" questions. These words have been found to form the basis of personal interactions and school/life instruction. The child is asked a "wh" question and then required to provide a verbal answer. Only minimal visuals are presented in the form of the "wh" word. --'s performance on this assessment is as follows:

Question Type	**Who**	**What**	**Where**	**When**	**Why**	**How**
Number of Mismatch Responses						
Number of No Responses						
Accuracy Score (%)						

Guidelines for Speech Language Pathologists   **Section IV**

Wiig Assessment of Basic Concepts - This is a norm-referenced assessment designed to evaluate a child's understanding and use of basic word opposites and related concepts. Basic concepts such as colors, numbers, location words, and descriptive words are the building blocks that children need to follow directions, engage in classroom routines and provide descriptions.
Standard Score:

The Test of Word-Finding (TWF-3) - The TWF-3 measures the individual's access to his vocabulary. Pictures are presented, which the student must name. This skill is compared to his ability to recognize those same words in a pointing task. Associated parameters, such as delayed response, and response to cueing are also measured and interpreted.
Word-Finding Score

The Test of Adolescent Word-Finding (TAWF) - The TAWF measures the individual's access to his vocabulary. Examinees provide the name or label in response to pictures, sentence completion, and description by attributes. Proficiency at naming verbs, and tenses, as well as categories is measured. Naming ability is compared to recognition of the same words to determine presence of a word-finding impairment. The test enables examiners to identify patterns of error and behavioral concomitants of word-finding struggle.

The Word Test – 2 Adolescent - In the Word Test, students are given various words to which they must respond with a related word or definition demonstrating various aspects of word-meaning.

Word Scores	Standard Score	Percentile Rank
Associations		
Synonyms		
Semantic Absurdities		
Antonyms		
Definitions		
Multiple Definitions		

Guidelines for Speech Language Pathologists   **Section IV**

Ventura County Early Start Program
Programa de Servicios de Intervención Temprana del Condado de Ventura

TRANSITION PLAN
PLAN DE TRANSICION

This form is used to facilitate discussion of each child's unique needs and to review options for services that may be necessary and appropriate when the child turns age three. *Esta forma es utilizada para facilitar información acerca de las necesidades individuales de cada niño y para discutir opciones de servicios que sean necesarias y apropiadas cuando el niño(a) cumpla tres años de edad.*

Date/*Fecha*:_____ DOB/*FDN*: _____ UCI #: _____ SSN#: _____

Child's Name/*Nombre del Niño*: _____ ☐ Male/*Masculino*   ☐ Female/*Femenino*

Address/*Domicilio*: _____

Parent/Guardian/Surrogate/*Padres/Guardian/Padre de Crianza*: _____

Home Phone/*Telefono del hogar*: _____ Work Phone/*Telefono de trabajo*: _____

Home Language/*Lenguaje de la familia*: _____ School District/*Distrito Escolar*: _____

Service Coordinator/Agency/*Coordinadora de Servicios*: _____ Phone/*Telefono*: _____

Transition booklet provided/*Folleto de trancisión proveído*:   ☐ Yes/*Si* ☐ No/*No*   Date of Initial IFSP/*Fecha de IFSP Inicial* _____

☐ Parent declined school district attendance/*Padre rechazo la asistencia del distrito escolar*

1. Current Early Start services, including provider/*Servicios de Comienzo Temprano actuales, incluyendo el proveedor*: _____

_____

_____

2. Child's strengths/*Fortalezas del niño*: _____

_____

_____

3. Areas of concern related to transition and where skills are needed (home, community, daycare/preschool)/*Areas de preocupación relacionadas con la transición y habilidades necesarias (hogar, comunidad, guardería, preescuela)*:: _____

_____

_____

4. Family's plans for age three services/activities/*Planes familiares para servicios/actividades de tres años.* Address any anticipated gaps in service (summer vacation, family trips)/*Identifique cualquier intervalo anticipado en servicios (vacaciones de verano, viajes familiares)* : _____

_____

_____

_____

5. Special health care needs (medications, equipment, vision and hearing)/*Necesidades medicas (medicamentos, equipo medico, vision y audición)*: __

_____

_____

6. Program options discussed/*Opciones de programas discutidas*: _____

_____

7.   Eligibility for age three services *(Elegibilidad para servicios después de los tres años)*:
     Does the family want assessment for public school special education eligibility at age 3? ☐ Yes   ☐ No
     (¿La familia quiere evaluación por medio de la escuela pública para elegibilidad de servicios especiales? ☐ Si   ☐ No
           School District of Residence *(Distrito escolar en su área residencial)*: _____

           ☐ Referral to district made today   ☐ Referral to be sent to district no later than:_____
                (Referencia al distrito hecha hoy)   *(Referencia debe ser enviada al distrito antes de)*

           Potential Areas of Assessment *(Areas potenciales para evaluar)*: _____

           School District Contact Person *(Contacto del distrito escolar)*:_____

           Phone *(Teléfono)*: _____   Email *(Correo electrónico)*: _____

           Individualized Education Program (IEP) team meeting to be held by: _____

           (La reunión del Plan Individualizado de Educación (IEP) será)

           ☐ Please invite my Early Start Service Coordinator to the IEP meeting. *(Por favor de invitar a mi coordinadora de servicios a la junta del IEP)*
                Service Coordinator's Email *(Correo electrónico de mi coordinadora)*: _____

     Additional follow-up steps (*if any. i.e. other data to be gathered, immunization records, medical records, appointments, etc.)* Adicionales
     medidas de seguimiento (si algo. e.j. otra información que tiene que ser documentada, registro de vacunas, expediente medico, citas, etc.): _____

     _____

     _____

     Does the family want assessment for Regional Center eligibility at age 3?   ☐ Yes   ☐ No
     (¿La familia quiere evaluación para elegibilidad de servicios por el Centro Regional después de los 3 años? ☐ Si   ☐ No

     Areas of Assessment *(Areas de evaluación)*: _____

           Who will contact parent *(Quien se pondrá en contacto con los padres)*: _____

           Phone *(Teléfono)*: _____   By When *(Antes de)*: _____

           Individual Program Plan (IPP) meeting to be held by *(La reunion del Plan Individualizado del Programa (IPP) será)*: _____

     Additional follow-up steps (*if any. i.e. other data to be gathered, immunization records, medical records, appointments, etc.)* Adicionales
     medidas de seguimiento (si algo. e.j. otra información que tiene que ser documentada, registro de vacunas, expediente medico, citas, etc.): _____

     _____

     _____

8.   Referral to Multidisciplinary, Multiagency Team Assessment (MMTA)   ☐ Yes   ☐ No
     (Referencia al Equipo Multidisciplinario, Evaluación por Varias Agencies (MMTA)   ☐ Si   ☐ No

9.   General notes *(Notas generales)*: _____

     _____

10. Agreement to proceed *(Acuerdo para proceder)*:

           ☐   I have participated in developing this Transition Plan *(He participado en el desarrollo de este Plan de Transición)*
           ☐   I agree with the steps outlined in this plan *(Estoy de acuerdo con los pasos descritos en este plan)*
           ☐   I give my permission for the individuals and agencies indicated to carry out the plan with me *(Doy mi permiso al personal y agencias
                indicadas para que sigan adelante con este plan conmigo.)*
           ☐   I give permission for the schools and Regional Center to share information and assessments that are needed to determine
                eligibility of my child at age 3 *(Doy permiso al las escuelas y al Centro Regional para que compartan información y evaluaciones que sean
                necesarias para determiner la elegibilidad de mi niño/a a la edad de 3 años.)*

Child's Name *(Nombre del niño/a)*:_____

11. Signed *(Firma)*:

Parent/Guardian/Surrogate Parent(s) _____ Date *(Fecha)* _____
(Padres/Guardían, Padres de Crianza)

Regional Center Service Coordinator *(Coordinadora de Servicios del Centro Regional)*: _____

School District Representative *(Representante del Distrito Escolar)*: _____
Title/Agency *(Titulo/Agencia)*: _____
      ☐ Present *(Presente)*   ☐ Participated via telephone *(Participo por teléfono)*

Participant *(Participante)*: _____ Title/Agency *(Titulo/Agencia)*: _____

Family would like a referral to Rainbow Connection Family Resource Center *(La familia gustaría una referencia al Centro de Conexión de Recursos Familiares)*	☐ Yes *(Si)* ☐ No

Preschool Assessment Collection sheet

Receptive language:

Comprehension questions	Multi-step directions	Vocabulary (write in how many used)	Parent Concerns
What Who Where How Why		Animals BP Clothing Verbs Food Vehicles	

Expressive Language:

Fluency	Articulation (PM)	MLU (check off if hear)	Variety of words (n, pn, adj, conj, v, prep, ad)
		Asking questions Plurals Possessives Negatives Articles In On Auxillary Pn Is+adj Negation Contractions P.Tense/Irreg	

Oral Motor:

_____

_____

Guidelines for Speech Language Pathologists   Section IV

Pragmatics:

Eye Contact	Social Greetings	Circles of Comm..	Other:

Guidelines for Speech Language Pathologists   **Section IV**

Language Sample
Age:
Expected MLU in Morphemes:

Mean Length of Utterance in Words:
Mean Length of Utterance in morphemes:

#	Utterance produced	# of words	# of Morph
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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Guidelines for Speech Language Pathologists   **Section IV**

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Guidelines for Speech Language Pathologists   **Section IV**

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MLU:

Age in Months	Predicted MLU
18	1.31
21	1.62
24	1.92
30	2.54
33	2.85
36	3.16

Notes or observations:

_____
_____
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Guidelines for Speech Language Pathologists   **Section IV**

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Guidelines for Speech Language Pathologists　　　　**Section IV**

WORKSHEET FOR DETERMINATION OF NEEDED ASSESSMENT FOR TRIENNIAL REVIEW
Ventura County SELPA IEP

Student Name _____   D.O.B. _____   Meeting Date _____

The following determinations are based on an IEP team review of existing evaluation data on the student, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related services providers' observations.

1. **ELIGIBILITY.** Additional assessment to determine if student continues to have a disability requiring special education services: ❑ **Needed** ❑ **Not Needed**

    Comments: _____

2. **EDUCATIONAL PERFORMANCE.** Additional assessment to determine present levels of academic achievement and related developmental needs:

    ❑ **Needed** ❑ **Not Needed**

    If needed, specify areas where additional assessment is needed: _____

    _____

    _____

3. **NEED FOR SERVICES.** Additional assessment to determine whether the student continues to need special education and related services:

    ❑ **Needed** ❑ **Not Needed**

    If needed, specify areas where additional assessment is needed: _____

    _____

    _____

4. **CHANGE OF SERVICES*.** Additional assessment to determine whether any additions or modifications to special education and related services are needed to enable the student to meet the measurable annual IEP goals and participate, as appropriate, in the general curriculum: ❑ **Needed** ❑ **Not Needed**

    If needed, specify area where additional assessment is needed: _____

    _____

5. **SUMMARY.**   A) Other members of IEP Team agree that additional assessment (in the above areas, if specified) is: ❑ **Needed*** ❑ **Not Needed**

    B) Parent believes that additional assessment is: ❑ **Needed*** ❑ **Not Needed**

    If parent is requesting additional assessment, specify the areas where they believe further assessment is needed: _____ .

    _____ .

    C) Whether or not additional assessment is needed, the triennial review meeting will be held by (date): _____ .

*If needed, an Assessment Plan will be developed.

Appendix 7

Copy to: ❑ District Office ❑ Cumulative File ❑ Case Manager ❑ Parent/Adult Student ❑ Related Services ❑ Other

DOCUMENTATION OF DISTRICT & PARENT/ADULT STUDENT DECISION ABOUT ASSESSMENT NEEDED FOR TRIENNIAL REVIEW

Ventura County SELPA

Student _____ D.O.B. _____

Dear Parent/Guardian or Adult Student:

Every three years, a review (known as a "Triennial Review") must be conducted to determine the following:

1) whether the student continues to have a disability;
2) the present levels of academic achievement and related developmental needs;
3) whether the student continues to need special education and related services; and
4) whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual IEP goals and participate, as appropriate, in the general curriculum.

As discussed with you _____, members of the IEP team have reviewed the existing information and/or data on the student, including:

- Information provided by you, and
- Current classroom-based assessments and observations, and
- Observations by teachers and related service providers

Based on that review and your input, it has been concluded that:

❑ Additional assessment is needed. An Assessment Plan is enclosed. If you are in agreement, please sign and return promptly.

❑ No additional data are needed to answer the questions above at this time.

You have the right to request additional assessment, if at any time you believe that it is needed in a particular area in order to address the Triennial Review components listed above. If you have any questions, or would like to discuss this further, please call me at the number listed below.

The Triennial Review IEP meeting will be scheduled no later than _____ and you will be invited to attend and participate.

Sincerely,

_____   _____
Name   Title

_____   _____
Phone Number   Date

Copy to: ❑District Office ❑ Cumulative File ❑ Case Manager ❑ Parent/Adult Student

Guidelines for Speech Language Pathologists   **Section IV**

**SUMMARY OF RECORD REVIEW IN PREPARATION FOR
TRIENNIAL REVIEW MEETING**
Ventura County SELPA

Date Click here to enter text.

Student Click here to enter text.   D.O.B Click here to enter text.

School Click here to enter text.

Reviewer Click here to enter text.   Title Click here to enter text.

If EL, current level of English proficiency: ☐Beginning ☐Early Intermediate ☐Intermediate ☐Early Advanced ☐Advanced

Student is Reclassified Fully English Proficient

This worksheet is to be used in preparation for Triennial Review when no new assessment was conducted. It is not considered to be an Assessment Report. It is a worksheet to record sources of data reviewed and for recommendations at the Triennial Review IEP meeting.

Sources of data used to compile this summary.

☐ Assessment Reports:

Date	Type	Assessor
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

☐ Review of cumulative records
☐ Statewide Testing and Reporting results (STAR Program)
☐ Grades
☐ Progress toward prior goals
☐ Teacher interview
☐ Parent interview
☐ CELDT Scores
☐ Other data sources:

Click here to enter text.

Brief summary of reviewer's findings and recommendations:

– Present levels of academic achievement and related developmental needs: Click here to enter text.

– Student appears to continue to meet criteria for the following disability: Click here to enter text.

– Student appears to continue to need the following special education and related services: Click here to enter text.

– Student may need the following additional special education and related services or modifications to special education and related services to meet IEP goals and participate in the general education curriculum.
Click here to enter text.

These findings are presented to the IEP team using data existing in the student's file and other sources noted above. The final decision about eligibility and services will be made by the IEP team.

Copy to: ☐ District Office ☐ Cumulative File

Guidelines for Speech Language Pathologists   **Section IV**   126

Presentation to State SELPA Administrators
Horton Grand Hotel, San Diego, CA
February 8, 2002

Toya A. Wyatt, Ph.D.
Department of Speech Communication
CALSTATE, Fullerton

Part I: An Overview of Larry P. v. Riles (1979): Implications for California SLPs

Larry P. v. Riles (1979)

The Larry P. v. Riles court case is a case that was filed against the state of California in 1979 by African American parents who argued that the administration of culturally biased standardized intelligence tests resulted in the disproportionate identification of African American children as mentally retarded and inappropriate placement in special education classes for the Educable Mentally Retarded (EMR). In response to parental concerns, the court ruled against the use of intelligence tests for African American children for placement in EMR classes or their substantial equivalent. In 1986, the injunction was extended to include the use of such tests for all special education purposes. In1992, Judge Peckham rescinded his 1986 ban which prevented the use of standardized IQ tests for all special education settings. However he did not reverse Larry P., his original 1979 ruling that banned the use of IQ tests for placing children in classes for the EMR.

Current status of Larry P.

Although Judge Peckham rescinded his original 1979 ruling, the CDE continues to assert that the use of standardized IQ tests continues to place many African American children at risk for possible misidentification and/or classification as mentally retarded. This refers to "all African American school children referred for assessment including those who have learning disabilities" (Memorandum and Order, p. 10, August 31, 1992). As a result, the CDE takes the responsibility for making sure that LEAs are thoroughly informed about the Larry P. mandate. The CDE is also obligated to prohibit the administration of IQ tests which have not been validated for the purpose of identifying African American children as mentally retarded or which have not been reviewed for evidence of racial and cultural bias by the Federal Court of Appeals.

To ensure compliance with the Larry P. mandate, the CDE has established compliance review procedures to evaluate how well school districts are meeting this mandate in their assessment of African American students. Current compliance review standards being used by the CDE for evaluating how well districts comply in their development and implementation of appropriate assessment plans include questions such as:

1. Does the plan include a description of alternative means that will be used to assess language impairment or specific learning disabilities when standard tests are considered invalid?

2. Is there evidence that the assessment will be comprehensive? Do tests and other assessment materials meet the following requirements:

    a. Are materials selected and administered that are not racially, culturally or sexually discriminatory?

    b. Do assessment procedures ensure that IQ tests are not administered to African American students?

    c. Do assessments result in a written report or reports, which include the findings of each assessment and contain the required information?

3. To what extent is the assessment varied from standard conditions?

4. What effects do environmental, cultural, or economic conditions have on the child's performance?

Who is affected?
All African American children being evaluated for possible special education services.

Implications for California Speech-Language Pathologists
Although the original ruling applies to the use of standardized IQ tests with African American children, many standardized speech and language tests also fall under the Larry P. mandate because they directly or indirectly purport to measure IQ and their construct validity is partially or fully determined through correlations with other IQ tests.

Part II: Test Bias and the Assessment of African American Children

There are a number of issues that need to be taken into account when evaluating the speech and language performance of African American children on standardized tests that are primarily normed on children from differing racial and ethnic backgrounds. Although an increasing number of African American children, particularly those from middle-class backgrounds are Standard American English (SAE) speakers and have language socialization experiences similar to those of other American children, there still remain a number of children from African American backgrounds who: a) are speakers of African American English (AAE), b) have differing language socialization experiences, and/or c) use verbal as well as nonverbal communication patterns that differ from the mainstream. These differences can play an important role in how some African American children approach or engage in the formal speech and language testing process.

Important language development concerns that must be taken into account when working with African American children include:

1) The emerging dialect differences in the speech acquiring AAE as their first dialect (beginning during the preschool years).

2) The wide range of language diversity that exists within the African American speech community (not all African American children are speakers of AAE).

3) Possible differences in the language socialization experiences of children raised in traditional African American communities and homes.

4) Differing conversational turn-taking and nonverbal communication patterns (e.g., use of sustained eyegaze during listening) by children who have a more Afro-centered style of communication.

These differences can lead to various forms of test bias during the testing process including: a) situational, b) format, c) value, and d) linguistic bias. Test bias is most likely to occur when using tests or other assessment procedures that have been primarily normed on or developed for use with non African American child populations. Test bias can also occur when testing AAE child speakers but using tests that are based on theories and models of SAE grammar, phonology or language developmental.

Part III: Assessing African American Children

Step #1: Review tests for possible test bias influences
In those cases where SLPs choose to use standardized tests that may contain possible forms of test bias, clinicians should review test manuals for the following:

a) Information on the demographic characteristics of the standardization sample to determine whether the test was primarily standardized on African American children and/or AAE child speakers from the same social class background as the child being tested

b) Information on the performance of African American/AAE child sub-groups within the standardization sample if the test was primarily standardized on non African American children

c) Individual test items, picture stimuli, test administration procedures and/or instructions that appear to contain forms of possible linguistic, format or value bias

Step #2: Review tests for compliance with Larry P.
In accordance with recommendations set forth by the 1989 task force report to the California Department of Education (Larry P. Task Force, 1989), SLPs should ask themselves the following questions when evaluating the appropriateness of a language test with African-American children (CSHA, 1994):

a) Is the test standardized and does it purport to measure intelligence (cognition, mental ability of aptitude)?

b) Are the test results reported in the form of IQ or mental age?

c) Does evidence of the (construct) validity of the test rely on correlations with IQ tests?

To answer the above questions, SLPs should do the following to determine the appropriateness of standardized speech and language tests for use with African-American children in the state of California.

a) Review the test manual for a description of its purpose to determine whether the assessment of cognitive/intellectual abilities is a directly stated or implied focus of the test

b) Look at test scores to determine whether or not they represent IQ or mental age equivalents

c) Look at the test manual section on content/construct validity to determine whether or not the test developers address how well their test functions as a measure of cognitive/intellectual ability

d) Look at other sources of test validity (e.g., predictive, concurrent, criterion) to determine whether correlations are established between the test of interest and other standardized IQ assessment tools.

Step #3: Use alternative or modified assessment procedures when standardized tests are determined to be invalid or inappropriate

a) Parent and teacher report (in those instances where teachers have had experience working with African American students) to accurately identify those children who seem to be developing differently from other child family members and peers in their home community as well as to identify those patterns of communication that distinguish a child from typically developing peers

b) Observations of peer interactions in the classroom and other language interaction situations to identify those children who are experiencing obvious difficulties communicating with peers

c) Language sample data collected within a variety of naturalistic communication contexts with a variety of conversational partners (e.g., children who are speakers of both SAE and AAE)

d) Criterion-referenced vs. norm-referenced testing procedures for identifying relative language strengths and weaknesses across various domains of language

e) Dynamic assessment procedures where the focus is on examining a child's language learning potential (e.g., degree of improvement in performance on a given language task after a brief period of mediated learning)

f) Portfolio assessment procedures where authentic schoolwork samples help to provide additional information on a child's developing language skills and dialect use patterns over time

g) Modified test administration and scoring procedures including:

-Rewording test instructions,

-Increasing the number of practice items and allowing for delays in responding when the test format may not be familiar to a children,

-Continuing to test beyond the ceiling if the clinician perceives the failure on some test items to be the result of underlying bias,

-Recording a child's entire response and also asking children to explain the rationale for their responses so that responses can be reviewed at a later date by someone who is familiar with cultural views, beliefs, language use patterns and practices within the African American community,

-Using alternative scoring procedures where responses that are culturally and linguistically (dialect) appropriate are scored as correct even though they are listed as unacceptable or incorrect within the test manual

Step #4: Make a differential diagnosis using data obtained from multiple sources and forms of assessment

When examining and analyzing data obtained during the assessment process, clinicians should:

a) Look for evidence of dialect markers that help to clearly distinguish children as possible AAE speakers (e.g., markers such as "been had," "be jumpin'," and "ain't" that can't be confused with normal developmental or disorder influences

b) Look for evidence of dialect use patterns that do not represent normal patterns of AAE or SAE dialect use (e.g., omission of articles, omissions of prepositions like "with," speech sound substitutions such as s /th, omissions of AAE forms such as the copula in contexts where absence should not occur such as at the ends of sentences or after it/that/what pronouns)

c) Focus on the more universal aspects of language development for identifying patterns of possible disorder (e.g., looking for restricted semantic and/or pragmatic category use in children who are less than 3 years of age or lack of complex sentence structure use in children older than 4 years of age)

d) Look at the case history information shared by parents and teachers for evidence of obvious medical or health risk concerns (e.g., history of frequent ear infections or seizures, prematurity, diagnosis of sickle cell anemia, etc.)

Step #5: After testing is completed, clinicians should report findings in a least biased fashion.

a) Provide a comprehensive overview of the child's language development and reported language strengths and weaknesses. Clinicians should also include information obtained

from the case history interview on the child's overall development and health history. Special attention should be given to information that may help to identify possible developmental and health risk factors.

b) Report any test modifications made during the assessment process. Avoid reporting normative test scores if obtained from a non-valid assessment tool. Use more qualitative vs. quantitative descriptions of test performance.

c) Report standardized test scores that are potentially biased (e.g., include a cautionary statement concerning the reliability and/or validity of test results) in those cases where clinicians choose to use normal standardized testing procedures

d) Distinguish those productions possibly related to dialect influences from those most likely to be associated with communication disorder when reporting test and language sample results

e) Describe possible language differences (vs. disorders) using non-deficit terminology.

Part IV: Common problems found in speech and language tests that violate Larry P.

1. At present, there are no standardized tests in the field of speech-language pathology that have been primarily standardized on African American children. Most tests include only 12-15% African American children in their standardization sample.

2. It is rare for test developers to provide important demographic information on the characteristics of their African American sample in terms of family income level, parental education, and dialect status of participating subjects.

3. Most tests contain some form of cultural, linguistic, format or value bias.

Examples of linguistic bias
On the "Sentence Imitation" subtest of the Test of Language Development P:3 (TOLD:P-3), the use of *"ain't"* for *"aren't"* is considered a grammatical error and is to be scored with a "O." The same is true on the Word Articulation subtest where substitutions of *f/th* are to be recorded as errors.

Examples of format/familiarity bias
The majority of the tests use picture labeling or sentence completion formats that may be less familiar to children coming from homes where these types of questioning formats are rarely used. In addition, many vocabulary tests contain vocabulary that may be less familiar due to differing cultural experiences of some children. Examples include: *archery, opera, fencing, snorkel, saddle, acorn, lake, meadow, vine, sailboat.*

Examples of value bias
Some tests place a higher value of certain ways of communicating or beliefs about the most appropriate way to solve a problem. For example, on the Test of Pragmatic

132

Language (TOPL), responses that are more indirect in nature are generally considered acceptable (e.g., "Would you like to play with us?," "Could you repeat that?," "Excuse me," and "This is not what I ordered"). Responses that are more direct are considered inappropriate and are scored as incorrect (e.g., "You can play if you want to," "Talk louder," "You brought me the wrong thing").

4. Although few tests are explicitly described as tests of cognitive or intellectual ability, many test developers make claims about their tests in terms of their relationship to measures of cognitive ability. For example on page 105 of the examiner's manual for the TELD-3, authors "because the TELD-3 measures an important cognitive ability, its scores should correlate significantly with IQ tests." The Receptive One-Word Picture Vocabulary Test (ROWPVT, Brownell) which is described by the authors as a measure of "English hearing vocabulary" (p. 10) identifies vocabulary as the "single best predictor of cognitive ability" (p. 11). The TOPL, according to authors, "measures language skills (e.g., skills that are highly cognitive in nature)." As a result, the authors conclude that "one would expect the results of the test to correlate with measures of general mental ability." (p. 25).

5. There are essentially no speech and language tests that generate IQ or MA scores. However, some tests like the Test of Language Development-Intermediate, Revision 3 (TOLD-I: 3), provide space on their protocol for the plotting of IQ test scores obtained from other tests. Test TOLD-I:3 authors also recommend certain IQ tests for making clinical decisions.

6. Many speech and language tests currently being used in the field have had their construct validity and/or other forms of validity (e.g., criterion) established through correlations with standardized IQ tests. Examples include the TELD-3, Peabody Picture Vocabulary Test-III (PPVT-III), and ROWPVT-2000 that are validated with standardized IQ tests such as the Weschler Intelligence Scale for Children-III, Third Edition (WISC-III), Stanford Binet Intelligence Scale, and Kaufman Adolescent and Adult Intelligence Test.

In addition, some tests such as the ROWPVT-2000 and TOPL, use a number of scholastic aptitude measures such as the Woodcock-Johnson Psycho-Educational Battery-Revised, Stanford Achievement Test-Ninth Edition and Scholastic Aptitude Scale to establish construct and/or other forms of validity.

There are also others such as the CREVT that are standardized on the PPVT-III and Clinical Evaluation of Language Fundamentals, Revised which used IQ tests as measures of criterion and/or construct validity. This places such tests in a "gray" area with respect to existing CDE Larry P. test evaluation because measures of validity are at least indirectly linked to standardized IQ test instruments. As a result, if SLPs decide to use scores from the latter (tests that are indirectly linked with IQ scores), a caution statement regarding the interpretation of findings should be included.

Part V: CDE/IDEA regulations and guidelines on assessing children from culturally and linguistically different backgrounds

CDE Eligibility Determination Standards

1. According to Section 3030 (c) of California's Title 5 regulations, "when standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan" (CDE, 1989, p. 69). Given this regulation, practicing SLPs and administrators need to remain mindful of the fact that while eligibility guidelines for designating students as having severe learning disabilities (SLD) or a language disorder refer to the use of scores from standardized tests, CDE guidelines allow for the use of alternative means of assessment whenever standardized tests are considered to be invalid. Individual Education Program (IEP) teams are also allowed to determine eligibility for children diagnosed as having severe learning disability and language disorders even when standardized testing does not reveal a 1.5 standard deviation discrepancy under Title 5 of the California Code of Regulations (Winget, 1992).

2. According to the CDE's (1989) Program guidelines for language, speech, and hearing specialists providing designated instruction and services, although school professionals often "rely heavily on test scores" for determining the eligibility of children for speech and language services. (p. 17), caution must be exercised when using tests and test scores that may be invalid. According to CDE guidelines, eligibility "cannot be accomplished on the basis of invalid test scores." (p.17). In those cases, where there are concerns about test validity, "less emphasis should be placed on test scores and more on professional judgement until appropriate tests are developed." (p.17) In addition, whenever test norms are determined to be inappropriate, test results should be reported as patterns of strength and weakness, with an analysis of items missed. (p.17)

CDE regulations pertaining to the assessment of children from diverse backgrounds

1) In lieu of IQ tests, districts should use alternative means of assessment. Alternative means of assessment should also be used whenever there is a professional concern about the validity of a test [5 CCR 3030(c)(B)(4), 5 CCR 3030(j)(2)(B)];

2) Nondiscriminatory techniques, methods and materials should be used for ethnic and culturally diverse children [5 CCR 3022, Education Code (EC) 56320 (a)];

3) Assessment personnel must be competent and appropriately trained to administer and interpret test results and, when necessary, be knowledgeable of and sensitive to the cultural and ethnic backgrounds of students [5 CCR 3023; EC 56320(b) (3), 56322; 56324]

4) When an assessment has been completed, a written report must be developed which addresses any effects of environmental, cultural, or economic disadvantages, where appropriate [EC 56327]; and

5) When appropriate, the IEP should contain linguistically appropriate goals, objectives, programs, and services [5 CCR 3001(s); EC 56345].

For the most current listing of CDE regulations addressing the special education assessment of children from diverse backgrounds, readers are directed to CDE's Special Education Division's website at http://www.cde.ca.gov/spbrance/scd.

IDEA and the Assessment of Children From Diverse Backgrounds

The potential problems of using standardized tests and recommendations for increased use of other forms of assessment are also addressed by federal regulations under IDEA (1999, 34 C.F.R. Part 300). A review of these regulations reveals that IDEA regulations:

1) Mandate that no single criteria be used for making eligibility determinations [Section 300.532(f)];

2) Emphasize the importance of using multiple sources for determining a child's eligibility for special education services (e.g., information provided by the parent, teacher, and information obtained from classroom-based assessments and observations) [Sections 300.532(b), 300.533 (a)(1) (i, ii, iii); 300.535(a)(1)];

3) States that tests and other evaluation materials used to assess any child must be: a) selected and administered so as not to be discriminatory on a racial or cultural basis, b) be administered in a child's native language, c) measure the extent to which a child demonstrates a true disability rather than a child's level of language proficiency in English [Sections 300.532(a) (1) (i), 300. 532(a) (1) (ii), and 300.532(a) (2)];

4) Specifies that any standardized tests given to a child be validated for the specific purpose for which they are used, and administered by personnel who are trained and knowledgeable. In addition, evaluation procedures must include those tailored to assess specific areas of educational need and not merely to provide a single general intelligence quotient. Finally, when tests are given under non-standardized conditions, a description of how the test administration varied be included in the final evaluation report [Sections 300.532 (c) (1) (i, ii,) 300.532(2), 300.532(2)(d)]; and

5) Stresses that no child is eligible for special education services if the determinate factor for eligibility is lack of instruction in reading, math or limited English proficiency [Section 300.534 (b) (1) (i, ii)].

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Section V – Assessment of Students with Autism

A. Speech and Language Components in the Assessment of Autism

The Autism Spectrum

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication and behavioral challenges. There is often nothing about how people with ASD look that sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called autism spectrum disorder.

Definition of Autism

A new educational definition of autism, more closely aligned with the DSM definition than previously, follows below:

> Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
> - Title 5 California Code of Regulations 3030 Eligibility Criteria July 1, 2014

The new regulation deletes the term "autistic-like behaviors" and adds the term "characteristics often associated with autism." (5 CCR 3030(b)(1).) The new list of "characteristics often associated with autism" replaces the former seven "autistic-like behaviors" but is highly similar: (1) engagement in repetitive activities and stereotyped movements; (2) resistance to environmental change or change in daily routines; and (3) unusual responses to sensory experiences. (https://adamsesq.com/amended-california-special-education-regulations-in-effect/)

These characteristics affect children across the full range of intellectual capability, and the observable symptoms vary widely from one individual to another. Because the characteristics manifest differently and overlap with a variety of syndromes (Intellectual Disability, Attention Deficit Disorders, Anxiety Disorder, and Obsessive/Compulsive Disorder, for example), *differential diagnosis* is key in the identification of autism.

B. <u>Speech Assessment and the Legal Definition of Autism</u> (Fagen, Friedman & Fulfrost 2013)

A speech pathologist should be included in any assessment team attempting to determine whether the educational definition of autism has been met. At one level, the team must identify the presence of definitive autism characteristics in students with known intellectual disability; at another level, evidence helps to understand students of typical to superior intellectual ability who struggle to learn in a general education classroom, and interact ineffectively with peers, while presenting atypical responses to classroom teaching. Careful testing, interview and observation by the SLP is important, and can contribute valuable speech and language information for this definition.

Decision to assess: Assessment should include gathering of evidence for the presence of autism whenever it is a <u>suspected area of disability</u>. Legal tests have resulted in guidance that *the assessment team should undertake an assessment for autism, whenever definite characteristics of autism have been observed by school personnel, whether or not the assessment will result in a determination of autism* ("relatively low threshold of suspicion"). Observations at home should also be taken into consideration, <u>but if no evidence of autism has been observed at school, evidence seen only in the home does not require that autism assessment be undertaken</u>, since eligibility under this category must meet the educational definition of autism for purposes of school functioning.

Defensible Assessment:
All assessors should be knowledgeable:
- Speech/Language Pathologists should be familiar with the educational definition of autism.
- SLPs and all assessment team members should be made familiar with *all areas of suspected disability* regarding the individual to be assessed.
- SLPs should be experienced and knowledgeable about assessments they use.

The assessment process should be thorough:
- Prior reports should be reviewed.

- Verification of findings should come from multiple sources, possible sources listed below.
  - Tests
  - Interviews or surveys of those familiar with the individual
  - Observations, in more than one setting, if possible.
- As in any speech/language assessment, it is important to address all areas of communication
- All relevant data should be gathered into a report which supports the conclusion that
  - A qualifying communicative disorder does or does not exist
  - Evidence that supports the educational definition of autism, along with factors that strengthen or limit the evidence.

Importance of Observation:
**Observation that verifies test results is a powerful tool to provide evidence of autism. It is important to note the date and time of each observation. Multiple observations across different times of the day, and different settings provide stronger evidence to support or rule out a diagnosis of autism.

While observing, be mindful of specific behaviors that can help meet the definition of autism: (Examples were drawn from the 7 criteria in the previous California educational definition of autism, and are here applied to the new characteristics. (Fagen, Friedman & Fulfrost 2013)

- <u>Significantly affect(ed) verbal and nonverbal communication</u> - ("Inability to use oral language for communication" under the previous definition)

  The definition no longer refers to "absence" or "inability" in language. The new term- "significant," does not include a quantitative measurement, such as percentile or standard deviation on a standardized test. Significance must be defined in the assessment according to the impact upon functioning or learning.

  - The absence of any language for communication would be strong evidence of "significantly affected verbal communication." Absence of language would be indicated to a *limited* degree if the student rarely speaks, but
    1. Imitates upon request
    2. Communicates effectively by gesture
    3. Shows intent to communicate
    4. Uses connected words to make requests or to answer or respond

- SLPs should remember that the terms "verbal" and "non-verbal" do <u>not</u> refer to oral and non-oral language, nor to the oral quality of language at all, as in the previous definition. Instead, "verbal" refers to the ability to use any symbolic form of communication. Non-verbal communication includes such concerns as
    1. Social-cognitive
        a. Understanding of social context
        b. Ability to anticipate or read reactions
        c. Ability to read inference, sarcasm, nonliteral language
    2. Pragmatics
        a. Para-verbals (rate, rhythm, intonation, prosody)
        b. Vocal parameters (pitch, quality, loudness)
        c. Body language (gesture, facial expression, proximity, eye gaze, joint attention)
        d. Intentional use of social timing and choice of phrasing to achieve a desired effect.

Under the new definition, the requirement specifying impairment of BOTH verbal AND non-verbal communication, is more stringent, while, at the same time, the criterion has been broadened from "inability" to "significantly affect(ed)." Legal tests will determine whether communication is considered to be "significantly affected" even when the child is *able* to use oral language. Description of the degree and type of communication used continues to be important in making that determination.

- <u>Significantly affect(ed) social interaction</u> ("History of extreme withdrawal" under the previous definition). Evidence of "extreme withdrawal" would be strong *if there are no other contributing factors, such as emotional disturbance or early second language learning characteristics (i.e. the "silent period").* Because the new characteristic is broader in scope, *description* of social interaction is needed. Analysis of those features present and not present, which might pertain to autism, will help the team in their determination.

- <u>Resistance to environmental change or change in daily routines</u> ("Obsession to maintain sameness" under the previous definition) - Students with autism often react emotionally to attempts to change routine, or to a change in discipline or rules. When reporting this in an observation, note whether the student sometimes shows more tolerance to change. Can the student be made to understand a change by explaining it? If so, evidence is limited for this characteristic.

Guidelines for Speech Language Pathologists   **Section V**

- <u>Repetitive activities</u> ("Extreme preoccupation/inappropriate use of objects" under the previous definition) Note preoccupation, or very repetitive and limited play, such as lining up Legos, rather than building with them. The new characteristic might also include repetitive sensory play, such as flapping an object. Also note: Can the child (especially a young child) be re-directed to a more typical activity? This would limit the strength of the evidence.

- <u>Stereotyped movements</u> ("self-stimulating, ritualistic behaviors" under the previous definition) If possible, note whether these behaviors exclude more normal forms of play and interaction with others. If this is the only preferred activity, it is a strong form of evidence for this characteristic.

Careful observation and description will assist the entire team in determining whether the educational definition of autism has been met.

C. <u>Speech and Language Assessment for Autism</u>
Children with autism may have a variety of language disorders, and assessment of speech production (articulation, phonology, motor planning, fluency and voice) and receptive/expressive language (vocabulary, morphology and syntax), is appropriate, if these are areas of suspected disability. In addition, the specific communicative characteristics of autism require special attention, and it is important to test/observe and describe the areas of <u>social-cognitive functioning, nonliteral language and pragmatics,</u> to develop evidence of "significantly affected verbal and non-verbal communication," contributing to an eligibility for special services under the definition of autism in California Code of Regulations Title 5, Section 3030 (b)(1).

The communicative characteristics of autism come from specific cognitive challenges, thus assessment may determine that communication is "significantly affected" as described in Section 3030 (b) (1), and speech/language therapy may be appropriate for these deficits. At the same time, assessment <u>*may or may*</u> *not indicate a specific language impairment, as described in California Code of Regulations Title 5, Section 3030 (b) (11), leading to a separate area of eligibility for special education services.* A separate eligibility would not be established if the criteria in Section 3030 (b) (11) are not met. The degree of speech and language impairment must be judged by the SLP during assessment.

Direct Assessment: Social-Cognitive Competence

Testable Aspects of Social-Cognitive Functioning

In testing for competence, the examiner looks for perception and knowledge of communicative dynamics which form a basis for social-cognitive functioning. Several aspects of social-cognition are described below. Most can be isolated, using hypothetical situations and standardized testing; yet they develop *interdependently* as the child matures. Observable characteristics are described below:

- Affect Recognition – This ability to process information from the face and body language is usually present at a very early age in typically developing children. There has been much research showing that in autism, this perceptual ability is deficient. Recognition of the feelings and responses of others guides the learning of socially appropriate communicative behavior, and is largely influenced by affect recognition.

- Theory of Mind – Effective communication requires an understanding of what another person may think or know about a situation. "Theory of mind" refers to the recognition that each person has a unique perspective, reflected in separate knowledge, thoughts and feelings. With an extreme deficit in "theory of mind" a child might think that everyone shares the child's own perspective and knowledge, and knows nothing that he does not. A severe form of this deficit would be the inability to see what others know or do not know in a given situation, sometimes even after being told. A "theory of mind" deficit frequently seen, is the inability to predict how a person is *likely to feel* when faced with given circumstances. Failure to make a connection between one's own remarks and the reactions of others is related to "theory of mind", and may also be connected to lack of experience and feedback with affect recognition.

- Reading the Social Context – Communication with others requires the knowledge that every interaction takes place in a context. The visible elements in the environment may create clues such as the activity that preceded the interaction, the way someone is likely to be feeling, or social connections between various individuals. The time or daily routine may dictate how much time is available to talk, the topics that are appropriate to initiate, or the degree of formality needed. The relationship or gender of the communicative partners may be clues as well. Atypical communicative habits which appear to be poor judgment may, in fact, be the result of inability to attach meaning to social context clues.

Guidelines for Speech Language Pathologists   **Section V**

- Inference – The drawing of conclusions intended by the speaker, though not directly stated, is known as "inference." Inference requires a combination of processes, including the ability to accept new information from a speaker, recall relevant known information, then integrate these with knowledge derived from the present context and situation, and finally, form a conclusion. Inference in daily conversation is an exercise in abstraction because knowledge and information is often less about facts and more about psychological responses (emotions); it is less about certainty and more about prediction based upon experience. This complex process must be completed rapidly if one is to participate in conversation and understand the implied (sometimes humorous or sarcastic) messages. People with autism often rely upon the more concrete elements of a message and find it difficult to use inference.

- Social Function of Language – Language serves a variety of functions. When language is used to form or preserve a relationship with another person, it has a "social function." Speakers who possess this knowledge, select the information, wording and timing which will best serve the social function. Some children with autism are unaware that these choices serve a "social function," or that their communicative behaviors are related to social outcomes. Others, who have an emerging awareness, can see the choices to be made in a hypothetical situation, but make ineffective choices when stressed by a real-life situation.

Formal Tests for Competence

Assessments listed in this section are effective in measuring language and/or communicative competence for children ranging from *minimal or limited* to *normal* use of language. They allow for evaluation of many aspects of competence that are pivotal in autism.

- Comprehensive Assessment of Spoken Language -2nd edition (CASL-2)
    - This test may be used with children who understand and use connected language (sentences and phrases) in brief conversation. It is less useful for those students whose communicative behavior is quite limited, or often echoic.
    - CASL-2 enables a comparison of the *form and content* of language with *use* (lexical-semantic subtests which measure the use of vocabulary, morphology, syntax, and language comprehension, versus supralinguistic subtests which probe theory of mind, reading the social context, inference, and social function of language). The test can identify a child who speaks and understands language

well, yet interprets concretely when the meaning is not literal (idioms, figurative language), or who cannot use context to disambiguate unclear sentences.

- Evaluating Acquired Skills in Communication 3ᴺᴰ Edition (EASIC-3)
  - This test uses concrete structured tasks with objects and pictures. Unlike many tests for preschool, this can be used with young children as well as older children and adolescents who speak in words and phrases.
  - Separate *receptive* and *expressive* scales enable some assessment of comprehension when expressive language is limited.
  - The test captures early language structures (specific parts of speech), to assess language *forms* paired with specific *linguistic functions* (as opposed to communicative functions), for example, answering specific –wh questions.
  - Three scaled levels of testing enable assessment of children with pre-linguistic, emerging, and expanding language.
  - Results are criterion-referenced by age-level, and can be organized in a profile, to show a sequence of skills, demonstrating language development that is either <u>consistent and delayed</u>, or <u>atypically uneven with gaps in development,</u> as often seen with autism.

- Adapted Sequenced Inventory of Communication Development (SICD-R or A-SICD for adolescents and adults) These have two different authors and different publishers.
  - These tests are meant for children (functioning from 4 months) through adults with minimal language.
  - A variety of tasks and probes, using objects and some pictures assess communicative functioning at a basic level.
  - The tests compare receptive versus expressive functioning, by means of separate profiles, sequenced developmentally, which yield language age scores.
  - Expressive communication by means of oral language is assessed in the SICD-R, while the A-SICD can be scored using alternative communication.

- Test of Problem Solving (TOPS-3, or TOPS -2 Adolescent)
  - The TOPS tests are used with children who understand and use connected language (sentences and phrases) in brief conversation.
  - Material is presented in the form of pictures (The elementary version) or brief passages (adolescent version), which are both read and heard.

Guidelines for Speech Language Pathologists   **Section V**

- Normed results and descriptive data can be used to assess <u>affect recognition, theory of mind, reading the social context, inference and social function of language</u>, among other skills. Skills are assessed at a relatively high degree of complexity, and the test is most effective when used with children who clearly demonstrate the ability to listen for information and then use complex sentences to respond.

- <u>Social Language Development Test (SLDT-E:NU and SLDT:-A:NU for Adolescents)</u>
  - SLDT tests are most effective with children who can answer abstract questions and speak in full sentences.
  - This is a test of advanced social language comprehension and expression. Photos are used to elicit verbal responses reflecting <u>affect recognition, theory of mind, use of context clues, eye gaze recognition</u>. Orally presented scenarios give the opportunity to explain interpersonal negotiation, or role-play supportive statements, both demonstrating the <u>social function of language</u>. Use of <u>inference</u> is required throughout the test, including interpretation of irony or sarcasm, in the adolescent level.

- <u>Test of Pragmatic Language (TOPL-2)</u>
  - TOPL-2 is a test to be used with children who speak at least in simple sentences.
  - All items are scenarios which are described and pictured. Responses demonstrate <u>inference</u>, various communicative functions, such as requesting and rejecting, with an emphasis upon the <u>social function</u> of communication.

This is not an exhaustive list; however, these materials are good examples of tools which help to analyze and describe <u>aspects of communication</u> which are pivotal in the identification of autism. Each tool is further described in the assessments chapter of these Guidelines.

Observation and Indirect Assessment: Competence and Proficiency

Observation provides data regarding aspects of social-cognitive competence and features of pragmatic proficiency. By observing, the SLP can develop evidence of "significantly affected verbal or non-verbal communication."

<u>Observable Aspects of Social-Cognitive Competence</u>
Some early-developing aspects of communicative competence and social-cognitive functioning are listed below: These elements are often

assumed to be present in communicators who can hold a conversation, but are *important to describe* in children who engage in very limited interaction with others. The aspects listed below are difficult to isolate, using standardized testing, but can be discerned by structured observation, using tools which categorize observed behaviors, according to their function and developmental level.

- <u>Understanding eye gaze</u> - Communicative partners typically give and read information from the direction of eye gaze. During the first year of life, infants learn to detect whether a caregiver is looking directly at them, and whether they are both looking at the same object. Later, Infants learn to gain attention by looking directly at a communicative partner to signal a desire to communicate. Typical communicators use *culturally determined* conventions regarding frequency, timing and duration for looking at a communicative partner. This development can be affected by impaired ability to derive information from faces (related to affect recognition). By observing, it is possible to determine whether early communicators understand the role of eye gaze in communication.

- <u>Intent to Communicate</u> – It is generally recognized that infants are not born with the realization that they must communicate with others to achieve a desired outcome (comfort, food, toy), but this realization emerges, usually in the first year of life. At that point, specialized behavior, *with the purpose of conveying a message*, appears and develops in complexity. This behavior later develops into symbolic language. In typical children and adult communicators, the method of communicating is closely related to the *communicative function* being carried out.

  In children with autism, <u>communicative intent</u> may be missing or not developed according to age expectancies:
  - In extreme cases, the child does not direct eye gaze, share joint attention, nor communicate, by oral or other means.
  - Very impaired communicators may express emotional reactions to situations, without *directing their actions or sounds to a person*, thereby demonstrating <u>pre-intentional</u> communicative behavior.
  - Use of <u>echolalia</u> or vocalizing that is not used to accomplish a communicative function can be language without communicative intent (though there are times when echoing helps complete a verbal message for a non-proficient communicator). Echoing that serves a *self-regulatory function* (sensory play) rather than a *communicative* function is absent of communicative intent.

Guidelines for Speech Language Pathologists   Section V

- Students who display a pattern of obtaining objects directly (by reaching), but do not try to gain attention to ask for wants and needs may be demonstrating lack of communicative intent.

Using data from observations, presence or absence of "communicative intent" can be described by checking for behaviors that signal to others the desire to communicate.

- <u>Joint Attention</u> –Communicative partners often maintain a common point of reference by looking at the same object or scene while communicating. Infants develop the ability to direct another person's attention to an object, by gesture and gaze. This intentional mutual gaze is social, and reflects the infant's recognition that the caregiver can see and follow the infant's eye gaze. Throughout life, communicative partners use eye gaze to direct and share attention to objects of mutual interest.

<u>Observable Features of Pragmatic Proficiency</u>
- <u>Pragmatics </u>- The term "pragmatics" refers to features of language and behavior, as they are used to carry out a purpose, in a way that is appropriate to the context, including surroundings, and communicative partners. Use of proximity, body language, eye gaze, tone or volume of voice, and appropriate formality, according to context and communicative partner, are examples of pragmatic behaviors. Students with autism frequently demonstrate deficits in pragmatics:

  - In more extreme cases, students may fail to turn body, face or eyes to engage with the communicative partner.

  - Children may not demonstrate the ability to share and maintain a topic with another person (<u>reciprocal communication</u>). More advanced communicators may initiate a topic, but fail to maintain a topic initiated by someone else, making continued off-topic responses.

  - Many students with significantly affected communication may use language, but may not be able to carry out basic <u>*communicative functions*</u> (examples below from the Communication Matrix)
    1. *requesting or obtaining,*
    2. *protesting or refusing*
    3. *socializing*
    4. *exchanging information*

Guidelines for Speech Language Pathologists   Section V

Observation may reveal that examples of a certain function are few to none. Use of a stereotyped response, or delayed echoing may be used for a certain function (requesting, for example), and listeners may struggle to understand what is meant by the echoic utterance.

- In addition, students with severe communicative disorders often lack the very early pragmatic behaviors, or use very early behaviors for certain functions and later behaviors for other functions (for example, it may be observed that a student can speak in short sentences to inform and answer questions, but accomplishes protest to stop a non-preferred activity by prolonged laughing, or by throwing, rather than by speaking). *In this way, gaps in communicative development are demonstrated.*

- Pragmatic features
  Assessment of pragmatics can help define the specific features by which a person with autism may differ from the population at large. The following list, while not exhaustive, can be used to comment on pragmatic features:
  - Primary means of communication (face, type of gesture, symbolic use of speech or alternative, use of connected language)
  - Use of joint attention
  - Social routines
  - Forms of polite reference and address
  - Proper use of forms to address audience or situation
  - Prompt response to nonverbal, and normal use of nonverbals (eye gaze, proximity, body movements and gestures)
  - Intonation
  - Information – understanding how much the listener needs, and minimizing redundancy
  - Communicative breakdown and repair

Tools for Survey and Observation

The tools below include the techniques of <u>survey</u> and <u>observation</u> to find evidence of underlying competence and to describe pragmatic proficiency. These techniques can be adapted to assess communicators across the entire range of proficiency, and all degrees of pragmatic disorder. These tools are described in the Assessment section of these Guidelines.

- The "Pragmatics Profile" from the Clinical Evaluation of Language Function (CELF-5)

The CELF Pragmatics Profile is one commonly used survey which allows teachers, parents or others who are familiar with the child to rate the degree to which various skills are demonstrated. It is best suited to evaluate pragmatics for students who readily use language with others. Skills are rated within the areas of "social routines," "exchanging information" and "use of nonverbal communication."

The profile yields a standardized score, but there is much information to be derived from analysis of the responses to this survey. The information can be used to develop therapy goals:
- Total or average scores for the three basic areas can be separated for analysis. The test also lists nine groups of skills which can be compared this way.

- A comparison of responses from school and home may be made, as agreement between the two is a stronger confirmation of strengths and weaknesses.   It may also indicate differences in pragmatic function in different settings.

- Reporting specific skills from areas of strength and weakness is helpful in creating a picture to help the whole IEP team understand how the child communicates.

- The Communication Matrix
  https://legacy.communicationmatrix.org/sevenlevels.aspx
  The Matrix can be accessed online (search "The Communication Matrix"). It describes levels of communicative development, from spontaneous acts at birth, to the emergence of gesture, then words, ending at the earliest level of syntax, with the combining of two-word utterances (two-year-old level). Developmental communicative functions are also described. Specific communicative behaviors (facial expression, gesture, words), as well as functions (obtaining, rejecting, social, informing) pertain to each level. Behaviors are considered as they relate to the basic communicative functions, forming a matrix (Behavior X Function). The use of a structured observation protocol, conforming to levels in the Communication Matrix allows observed behaviors to be recorded, using the following parameters:
  - Pre-intentional versus intentional communicative acts
  - Acts typed according to communicative level
    1. "early" (face and vocalization)
    2. "gestural" (whether "conventional" such as waving and pointing, or "unconventional" idiosyncratic gestures, like tapping the head)

3. "linguistic" (words, signs, alternative communication, and sentences).

(An observation protocol adapted by the author for Matrix functions and behaviors is included at the end of this chapter (See Appendix 1).

Data from the Matrix can be used to report the number or percentage of responses in each communicative level, to form a picture of the predominant level at which the student seems to function. Behaviors from earlier levels, and infrequent, emerging behaviors from higher levels can also be noted. When data is submitted online (keeping the client anonymous), a complex picture of mastery levels emerges as a three-dimensional graph https://www.communicationmatrix.org/Matrix/Pages/UsingTheMatrix A tool such as the Communication Matrix (described in the Assessment section of these Guidelines), can help identify the presence or absence of behaviors and functions, showing the developmental level of communication, gaps in development, and splinter skills.

- Behavioral Language Assessment Form
  Language learning, especially through behavioral methods, can be most successful when the learner has learning skills that support the process. The use of a scale, such as the Behavioral Language Assessment Form (Sundberg and Partington), can help to describe simple factors that support structured language learning (ability to imitate, tolerance for work, degree of language currently used, amount of numbers, letters mastered, etc.). This is useful in establishing readiness for the language learning process in school.
  - Twelve skills are rated on a scale of 1 to 5
  - The examiner can use report, direct observation, criterion-referenced testing
    To establish the rating
  - Tasks can be devised using materials often used in speech therapy.
  Ratings can be used to identify needed learning skills, and develop goals for those specific skills, to support classroom or language learning.

- Interview
  Various scales and protocols can be used to gain a picture of the child's communication as seen by his caregivers. Information obtained from direct testing, observation and survey or rating can also be used to generate specific questions. The family's perspective of what the child *can do* and *expectations for the future* are valuable information for the IEP team.

D. <u>Summary</u>

When autism is the suspected area of disability, a thorough speech and language assessment should be done to determine whether there is evidence of "significantly affected verbal and nonverbal communication" leading to an IEP decision that the educational definition of autism has been met. The assessment may also lead to a second eligibility due to "speech or language disorder," both described in California Code of Regulations Title 5, Section 3030.

<u>The effective use of direct assessment and indirect and observational data will help objectify either diagnosis. Evidence gained through careful observation can help develop the correct diagnosis, and rule out other possible causes for communicative differences.</u>

E. <u>Appendix</u>
   1. Protocol Matrix

Matrix Observation

No.			**Code behavior for Summary (ex.R1)** R=reject, O=obtain S=social, I= Inform		

	I Pre-intentional Behavior	IV Conventional Communication
	A Body movement	G Conventional gestures
	B Early sounds	S 16 Greets people
	C Facial expressions	S 17 Offers things or shares
		S 18 Directs someone's attention to
	R 1 Expresses Discomfort	
	O 2 Expresses Comfort	S 19 Uses polite social forms
	S 3 Expresses interest in people	I 20 Answers yes/no questions
	II Intentional Behavior	I 21 Asks questions
	D ABC plus Visual	V Concrete Symbolic
	R 4 Protests	H Concrete single word
	O 5 Continues an action	O 22 Requests objects that are absent
	O 6 Obtains more of something	I 23 Names things or people
	S 7 Attracts attention	I 24 Makes comments
	III Unconventional Communication	Level VI
	E Visual	J Abstract word
	F Simple Gestures	Level VII
	R 8 Refuses or rejects something	K Connected language
	O 9 Requests more of an action	
	O 10 Requests a new action	**Summary**
	O 11 Requests more of an object	**Behavior** **Messages present** (circle
	O 12 Makes choices	
	O 13 Requests a new objects	
	S 14 Requests attention	
	S 15 Shows affection	

Summary

	Behavior	Messages present (circle	R	O	S	I
I	ABC		1	2	3	
II	D		4	5.6	7	
III	EF		8	9-13	14-15	
IV	G				16-19	20-21
V	H			22	23-24	
VI	J					
VII	K					
TOT						

Section VI – Eligibility - Speech or Language Impairment (SLI)

Eligibility criteria have been established by state and federal guidelines defining a disability in speech and language. Once a student has been identified as having a disability, the IEP team must then determine whether the student's needs warrant special education services due to the disability.

A student may meet the eligibility criteria for a speech or language impairment, but may not *need* special education services. To warrant special education services, the disability must adversely affect the student's educational performance, and the IEP team must determine that those needs cannot be met through the general education program.

It is important to remember that regardless of the category of eligibility, special education services are determined only after an IEP Team has convened, considered needs, and developed goals and objectives when appropriate.
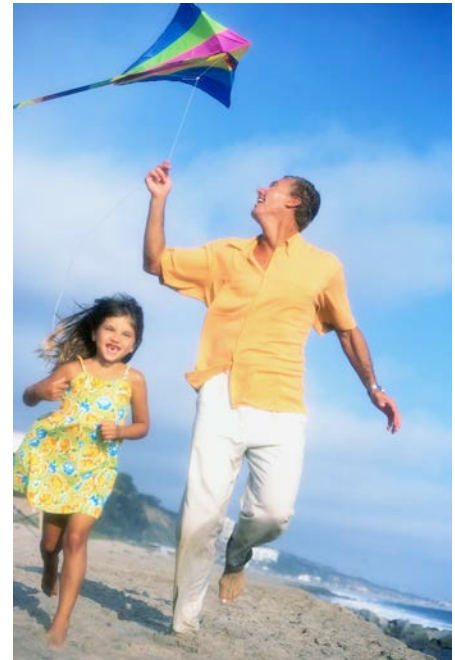
A. <u>Legal Definitions of Speech or Language Impairment – These also apply to preschoolers.</u>

1. *Federal*

   Individuals with Disabilities Education Act (IDEA) P.L. 108-446, Code of Federal Regulations (CFR) 300.8 (c)(11):

   "*Speech or Language Impairment* means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a student's educational performance."

2. *State*

   California Education Code 56333:

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

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

b. Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.

c. Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.

d. Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.

e. Hearing loss which results in a language or speech disorder and significantly affects educational performance."

California Code of Regulations Title 5, Section 3030:

"A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupil's impairment as described in Section 3030 (a through j) requires special education in one or more of the program options authorized by Section 56361 of the Education Code. The decision as to whether or not the assessment results demonstrate that the degree of the pupil's impairment requires special education shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d) of the Calif. Ed. Code. The individualized education program shall take into account all the relevant material which is available on the pupil. No single score or product of scores shall be used as the sole criterion for the decision of the individualized education program team as to the pupil's eligibility for special education.

(j) A pupil has a language or speech disorder as defined in Section 56333 of the Education Code, and it is determined that the pupil's disorder meets one or more of the following criteria:

(1)   Articulation disorder.

(A)   The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that

expected for his or her chronological age or developmental level, and which adversely affects educational performance.

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

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

(3)   Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

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

(A)   The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics.

(B)   The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan." *See also Ventura County SELPA "Special Education Eligibility Guidelines" (VC SELPA 2012).*

Note: In the above laws and regulations, there are no "eligibility criteria" to determine services. IDEA states that services for an eligible student with a disability must be based on the *student's unique needs* and not on the category of disability. This means that a student who is eligible with a Speech or Language Impairment may not necessarily receive speech and language services. For example, an upper grade student with a language delay may have their written and oral language goals addressed by the SAI

Specialist. Or, a preschool student with language development needs may have their goals addressed in a language-rich special education preschool environment.

B. <u>Guidelines for Determining Eligibility of Speech Language Impairment (SLI)</u>:

The following questions should have been addressed during the referral for assessment, and must now be answered as part of the eligibility determination:

1. Does the student's communication need interfere with peer and adult interactions in school, home, and community?

2. Does the student's speech and language need interfere with his/her ability to function as a learner in the present educational program or setting?

(For indicators of these issues, refer to Section II-D)

(Also, see Appendix 1 "Checklist for Determining Impact on Educational Performance")

A third question must now be answered:

3. Does the student's communication need require special education and related services? The IEP team should consider the following questions:

    - Does the student correct any of the communication errors spontaneously?

    - Does the student correct errors in response to a cue or an appropriate model to imitate?

    - Are there other variables or impairments (i.e., sensory or physical) which interfere with the attainment of oral communication skills?

    - Does the student's present education placement already provide necessary instruction and support to address the communication need?

    - Are there further interventions that need to be attempted in the student's present education program or setting?

    - Is there evidence to suggest that the student will develop speech and language skills at his/her own predicted rate without intervention?

    - Is there the likelihood that this student will not improve if he/she does not receive special education services?

    - Is there evidence to suggest that the student will improve as a result of receiving special education services and that such services will contribute to achievement of the student's overall educational goals?

(Adapted from CESA #8, 1985)

C. <u>Guidelines for Consideration of Non-English Background Students as SLI</u>

According to the Calif. Dept. of Education, the following considerations should be made when assessing a non-English background student for eligibility with SLI:

1. A language disorder exists in the student's native language (corroborated by a combination of specialist's assessment, interpreter or translator and parent).

2. The student is slow to acquire English despite English Language Development (ELD) and school interventions (verified by ELD personnel, regular classroom teacher, CELDT scores, etc.). According to research, language acquisition may take up to 7 years.

   CALP refers to formal academic learning. This includes listening, speaking, reading, and writing about subject area content material. This level of language learning is essential for students to succeed in school. Students need time and support to become proficient in academic areas.

   This usually takes from five to seven years. Recent research (Thomas & Collier, 1995) has shown that if a child has no prior schooling or has no support in native language development, it may take seven to ten years for ELs to catch up to their peers.

3. Cultural or experiential difference and economic disadvantages are not the primary cause of the student's learning problems (verified by interview).

4. The student is noticeably slower than siblings in rate of learning at home (verified by interview).

5. Poor academic progress was noted in the student's native country (if applicable, verified by interview).

6. The student's academic achievement is significantly below his or her English language proficiency (certified by ELD and special education alternative assessment).

(California Dept. of Education, 1989)

For more considerations for English Learners (ELs), see Section XI of this book.

D. <u>Appendix:</u>

1. Checklist for Determining Impact on Educational Performance

Checklist for Determining Impact on Educational Performance

Under the IDEA, Speech and Language services (and all special education services) may be provided to students in school only if both of the following conditions are satisfied: A disability exists **and** it adversely affects the student's educational performance. Areas in which educational performance may be affected may include academic, social or vocational. **Consideration of the adverse effect on educational performance is a distinct departure from similar services in health care and private practice.**

The student's speech or language impairment may adversely affect the student's performance in one or more of the following areas:
(1) Academic – defined as the ability to benefit from the curriculum;
(2) Social – defined as the ability to interact with peers and adults; and
(3) Vocational – ability to participate in vocational activities.

Below are areas in which a communicative disorder may affect academics. The SLP needs to identify the nexus between the disorder and the academic area(s):

___ Below average grades

___ Weaker performance on language-based activities compared to non language-based activities

___ Difficulty understanding oral directions

___ Grades below the student's ability level

___ Other: _____

Below are areas in which a communicative disorder may affect the social areas:

___ Peers tease student about communication difference

___ Student demonstrates embarrassment and/or frustration regarding communication

___ Student demonstrates difficulty interpreting communicative intent of others

___ Other: _____

Below are areas in which a communicative disorder may affect vocational competencies:

	Difficulty understanding/following oral directions
	Inappropriate response to co-worker/supervisor/comments
	Unable to answer/ask questions in a coherent/concise manner
	Other:_____

(Excerpted from <u>Making a Difference for America's Children</u> by Moore-Brown and Montgomery, 2001)

Section VII – Goals

During the IEP process, goals are developed based on the student's present levels of academic achievement and functional performance. At least one goal should be established for every identified area of need.

Goals are written only in the identified area(s) of need, and not for curricular or developmental areas that will be addressed in the scope of the classroom instruction at the student's grade level or above. After goals are developed, the IEP team then determines program and needed special education services, taking into consideration the type and level of expertise needed to implement each goal and the optimal learning environment for the student.

A. Individual with Disabilities Education Act (IDEA)

The IDEA requires each IEP to include: "a statement of measurable annual goals that

- Meet the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum and/or …

- Meet each of the student's other educational needs that result from the student's disability." (CFR 300.347 [a] [2])

IEP goals should always describe in measurable terms what the team expects the student to achieve one year from the date of the IEP meeting. Goals never identify what adults (i.e., teachers, instructional assistants, or parents) do; the "who" should refer to the student.

For students who will take an alternative to standard statewide achievement testing (such as CAPA) the goal shall also include benchmarks or short-term objectives toward that goal.

B. Correlating with California Core Curricular Standards

Goals that are written to enable progress in the general education curriculum must be correlated to California Core Curricular Standards. Within the *English- Language Arts Content Standards* for the State of California are specific speech-language development standards in the "Reading," "Listening and Speaking" and "Written & Oral Language Conventions" sections. (Calif. State Board of Education, 1997) The SLP should become familiar with these standards and use them when participating in decision making about services.

The SLP must be aware of the AGE APPROPRIATE grade level standards that the student should be working on if there were no disability. Goals should be appropriate to the performance level of the student, while assisting the student in

reaching grade level standards. If an IEP team selects a standard BELOW student grade level, this is known as "backward mapping." If the IEP team selects a grade level standard, but focuses on only one portion of the standard, this is known as "unpacking the standard". IEP teams must inform families as to the grade level of the standard that is being addressed. The family must also be informed if only a portion of the standard will be targeted.

As a word of caution, some tests that SLPs use may evaluate skills that have not yet been introduced within the general education curriculum. For example, the Word Test could identify a kindergarten, first-or second-grade student as having a perceived vocabulary deficiency in the area of antonyms, whereas in the state curricular framework, lessons involving the concept development of opposites are not begun until Grade 3. The SLP should make certain after assessing and before writing the reports that perceived areas of disability with the appropriate grade-level expectations are cross-checked.

For preschoolers, these are specific goals which correlate with California Preschool Learning Foundations (California Preschool Learning Foundations, 2008).

C. <u>Essential Standard Components of a Well-Written Goal</u>

Baseline performance should start with the word "currently" and will describe what the student can do at the time of the IEP meeting. Baseline must include:
- Observable skill or behavior (may be from goals bank).
- Current Accuracy – Established by assessment prior to the IEP.
- Consistency – Number of times skill/behavior observed. For some skills, only one assessment may be necessary for establishing baseline.
- Measurement Instrument – Tool used to establish baseline. In some cases the measurement instrument used for the goal will be different than the one used to establish baseline.

The baseline data must be a starting point (current level of performance) for the annual goal and when possible be expressed in the same accuracy and consistency to be used in the annual goal.

Goals must include the following:

- *By when (Usually one year)*

- *The setting or conditions*- The student should be able to generalize the target behavior to a natural environment, such as the classroom or playground. The IEP goals should reflect the functional use or generalization of speech and language skills into the school environment. (I.e., "When on the playground…" or "When asking questions in class…"

- *Who will perform the target behavior (the student)*

- *The target behavior-* Must be observable and measurable- concepts such as "will learn" or "will understand" are not measurable.

- *Accuracy-How well the student will perform the skill to be considered "met" -* Aim for a target behavior which can be met by the next annual IEP. The accuracy should be a "stepping off" from the baseline specified in the "need" area of the IEP. Since many speech and language goals do not lend themselves to the use of percentages. SLPs are encouraged to write goals that are measurable in such terms as "with less than _____prompts," fewer than _____errors, "understandable to _____," or "_____points on a _____point rubric."

- *Consistency-* How long will the level of mastery be attained? This is usually over trials (e.g., "in 5 trials") or time (e.g., "over 3 in-class observations.")

- *Measurement-* Must be a written record which can be brought to the IEP meeting. (i.e., "SLP made rubric." "Teacher observation checklist.")

- *Responsible discipline-* Indicate the professional(s) who will be responsible for working with the student on that goal. Students have the best likelihood of achieving and maintaining goals when instructed by a variety of staff. SLPs should work with classroom teachers and parents to carry out and reinforce speech and language goals. The first person named will be responsible for evaluating progress and reporting it to the Case Manager for informing parents at the time of progress reports.

(Excerpted from Moore-Brown and Montgomery, 2001)

Some examples follow:

> Example 1

Present Level of Performance: This second grade student can understand and follow one and two-step oral directions. *(State standards for a second grade student include "giving and following three and four-step oral directions.")*

Progress toward last year's goal in this area/current area of need and/or reason for goal: Joey made progress on his goal of following one step teacher directions, but needs to work on more complex directions.

Baseline: Currently, Joey can correctly follow a four step oral direction with 3 prompts, over 2 - 30 minute observations, as measured by SLP observation report.

Annual Goal: By Dec. 12, 2012, in the classroom, Joey will correctly follow a four-step oral direction by teacher with no prompts, in 3 - 30 minute observation periods, as measured by teacher observation checklist.

Example 2

Present Level of Performance: This third grade student has an interdental lisp for sibilant phonemes which affects oral communication in the classroom. *(Third grade standards include "retell, paraphrase, and explain what has been said by a speaker.")*

Progress toward last year's goal in this area/current area of need and/or reason for goal: Johnny met his goal of producing /s/ and /z/ phonemes in the Speech Room, but needs to be able to be understood when answering in class.

Baseline: Currently, Johnny can produce /s/ and /z/ phonemes in the classroom with more than 20 errors in one 60 minute observation as measured by observation checklist.

Annual Goal: By Dec. 12, 2012, when answering questions in the classroom, Johnny will produce the /s/ and /z/ phonemes, with less than 3 errors, in 3 - 60 minute observation periods, as measured by observation checklist.

Example 3

Present Level of Performance: This fourth grade student is working on verbally recalling details from an oral story. *(Fourth grade standards include "narrative and informational presentations and oral summaries.")*

Progress toward last year's goal in this area/current area of need and/or reason for goal: Allen needs to be able to retell details from fourth grade core materials.

Baseline: Currently, Allen can retell details from 4th grade text with an average of 2 details in 2 trials as measured by teacher record.

Annual Goal: By Dec. 12, 2012, in small group in the classroom, Allen will retell details from a 5-paragraph orally presented biography with 5 concrete details understandable to the teacher, in 5 trials, as measured by teacher record.

Example 4

Present Level of Performance: This sixth grade student has very low volume which affects oral participation in the classroom. *(Sixth grade standards include "use effective rate, volume, pitch, and tone and align non-verbal elements to sustain audience interest and attention.")*

Progress toward last year's goal in this area/current area of need and/or reason for goal: Susie has made progress in answering individual teacher questions loud enough to be heard, but continues to struggle with using enough volume to be able to be heard by other students.

Baseline: Currently, Susie can use enough volume to be heard by other students with at least 8 prompts, in 1 trial, as measured by observation checklist.

Annual Goal: By Dec. 12, 2012, when presenting an oral report in class, Susie will use a volume that makes her understandable to the other students, with fewer than three prompts in two trials, as measured by checklist.

D. <u>Purpose of Goals</u>

The IDEA requires that the IEP state whether each goal will assist a student in making progress in general core curriculum, or whether the goal addresses other needs related to the disability. If it will assist with progress toward standards, the box "Assists student in making progress in core curriculum…." will be checked, and a listening and speaking or English Language Development standard indicated.

Occasionally, there will be a goal developed which improves the overall functioning of the student (i.e., oral motor; cause and effect) which is not correlated with any one curricular area. In this case, the second box would be checked, "Other educational needs that result from the student's disability" and a domain selected from the following:

❑ Self-care/independent living   ❑ Communication

❑ Vocational   ❑ Recreation/Leisure

❑ Functional academics   ❑ Mobility

❑ Social/Emotional

E. <u>English Learners</u>

All special education students who are identified as EL must have goals which are "linguistically appropriate." Linguistically appropriate means that the skill is appropriate for the student's level of English language development. The IEP should indicate the language of instruction for each goal. In addition ELs must have at least one goal related to English Language Development (ELD).

The ELD goal may be the same as another goal written for improvement in reading, writing, listening or speaking. In the goals bank, there is an entire section of ELD goals. There are also ELD Goals related to Preschool Learning Foundations. *See Section XVIII of this manual.*

The IEP must also address "Language needs of English learners." This may include the development of specific English Language Development Goals, as well as strategies to assist the student in accessing core instruction presented in English. *(See sections XIV-XV for more on English Learners.)*

F. <u>Progress Reporting</u>

The IDEA requires that progress toward IEP goals be reported to the parents in alignment with the reporting periods for general education. Progress should be reported in the same <u>terms</u> as specified in the goal. (Same accuracy and consistency.)

The progress reports should be entered into the SESP/IEP software. If the SLP is the Case Manager, he/she is responsible to compile progress reports on <u>all</u> goals and report to parents. If he/she is NOT the Case Manager, progress report information should be entered in a timely fashion for the Case Manager to forward to parents. Annual progress toward goals must be reported during IEP review before developing new goals.

Section VIII – Determining Need for Speech and Language Services

A. Communication Needs

The IDEA requires the IEP team to consider the communication needs of every eligible student with a disability. The IEP team determines whether the student's communication needs can be met in the general education curriculum, through a special education service provider, or through the services of an SLP. A student who has been found eligible for special education services under any category may receive speech and language services if a determination of need for those services has been made by the IEP team.

It is not necessary to meet eligibility under the category of Speech or Language Impairment (SLI) to receive speech and language services.

B. Role of the SLP in Determining Need

An SLP should be a part of any team considering speech and language services for an already eligible student. The SLP's job is to aid the IEP team in making a determination of need for services. Evaluation results provide essential information in determining the exact nature of the student's communicative need. In many cases, the SLP will decide to conduct a speech and language assessment, which requires an Assessment Plan. This assessment does not need to meet formal requirements of eligibility for SLI for students who are already special education eligible. For example, during the triennial reevaluation of a student whose eligibility is other than SLI, the SLP may be included on the Assessment Plan for the purpose of gathering data on the student's communication needs. Data should be gathered to aid in understanding the effect of communicative needs upon learning, vocation or participation in the community. This information is essential to the determination of *need for service.*

Not every student who has a Speech or Language Impairment or who has a communicative need *requires* speech and language services.

An SLP has unique skills to provide services to improve voice, fluency and speech intelligibility or to establish a functional and effective communication system that no other staff member generally has. However, for some areas of communication disorder or need *(i.e., language and articulation carryover)*, it is possible that the student's needs may be met in the general education classroom, a special education class or by another service provider. The SLP may collaborate with the other provider in developing goals related to the speech or language need, as well as strategies for monitoring progress.

Conversely, an IEP team which includes an SLP may consider assessment data and make a determination that a student whose eligibility is other than SLI has a need for speech and language services. Importantly, speech and language services are offered when they have been determined to be underlined educationally necessary (necessary for the student to benefit from his/her education).

C. Necessity of Services

The following questions can help guide the IEP Team in determining if speech and language services are necessary for the student to benefit from his/her education:

1. What is the specific oral language deficit that is preventing the student's access to or ability to make meaningful progress in their education program? (This question would have been answered in the eligibility stage for students qualifying under SLI, but should also be addressed for students qualifying for Special Education as other than SLI.)

2. Is there an overlap or duplication of services? For example, students who require services to improve their vocabulary may be receiving this service from a general education teacher or another special education provider who teaches vocabulary development. As another example, an occupational therapist or assistive technology specialist may have sufficient training and experience to meet the needs of a student who requires services for augmentative communication needs, such as picture communication boards or electronic communication devices. An IEP team could, therefore, determine that a particular student's needs could be met through a service provider other than an SLP.

(Adapted from Wisconsin Department of Public Instruction, February, 2003)

3. Does the student require services that can only be provided by an SLP?

D. Other Factors to Consider

Other factors that may influence intervention time or may contraindicate intervention are:

1. Identified speech deviation does not interfere with the student's educational or social or emotional progress. (This will have been determined during the pre-referral or eligibility stages for SLI - qualified students, but must now be examined for all other special education students.)

2. Physiological factors interfere with speech and language intervention.

3. Other areas of service need to precede speech and language services if speech and language intervention is to be beneficial.

4. Immaturity may prohibit progress in speech and language intervention.

5. When viewing the student's needs as a whole, other educational needs have priority.

(Adapted from Illinois State Board of Education, Black Hawk Area Special Education District, 1993)

The student's willingness to participate and cooperate with speech and language services may influence the team's decision to recommend direct services. If a student consistently demonstrates behaviors that are not conducive to therapy such as a lack of cooperation, motivation, or chronic absenteeism, the IEP team may explore alternative services or strategies to remedy interfering behaviors or conditions. (i.e., behavior contracts, large group activities which do not single the student out, etc.)

See "Admission/Discharge Criteria in Speech-Language Pathology" (ASHA 2004a) for more information.

Section IX – Augmentative and Alternative Communication

A. **ATAC: Assistive Technology Assessment Center**
    The Assistive Technology Assessment enter (ATAC) is a state of the art service provided by the Ventura County SELPA at no charge to our local school districts. The ATAC team provides assistive technology assessments, focusing on access to curriculum and augmentative/alternative communication; training on specific equipment and techniques; and workshops on a wide variety of assistive technology topics to the students, families and educators of Ventura County SELPA.

    Per California Code of Regulations (CCR 3051.19), "Assistive technology service" means any service that directly assists an individual with exceptional needs in the selection or use of an assistive technology device that is educationally necessary. The term includes the evaluation of the needs of an individual with exceptional needs including a functional evaluation of the individual in the individual's customary environment; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education programs and rehabilitation plans and programs; training or technical assistance for an individual with exceptional needs or, where appropriate, the family of an individual with exceptional needs or, if appropriate, that individual's family; and training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with exceptional needs.

    As a speech therapist, you may be called upon to collaborate with ATAC staff in implementing devices and supports for students requiring assistive technology.

B. **How to Request an ATAC Assessment:**
    Requests for an assessment by ATAC must be generated by the school district. ATAC referrals require a signed Assessment Plan. Please contact members of the ATAC Team before generating an Assessment Plan to discuss the student's needs and to reserve a date and time.

    Contacts:

Kelly Cox	Katie Connelly
(805) 437-1575	(805) 437-1575
(805) 437-1599 FAX	(805) 437-1599 FAX
Access to Curriculum	Augmentative/Alternative Communication

C. **Appendix:**
    1. ATAC Assessment Process

ATAC Assessment Process

1. Referral from Educational Personnel

    a. Phone call from district representative to assign assessment date

    b. District sends out Assessment Plan at date agreed upon, based upon scheduled date of the assessment

        i. Parent signs and returns

        ii. Copy of Assessment Plan and relevant reports sent to ATAC

    c. Intake Information

        i. Review of ATAC file on student, if student has been previously assessed

        ii. ATAC contacts school site personnel

        iii. Eligibility and Diagnosis

            1. *Low incidence disability*

        iv. Current level of functioning

            1. *Fine/gross motor abilities*

            2. *Academic performance*

            3. *Cognitive level*

            4. *Communication skills*

            5. *Attitude/motivation of student*

        v. Accommodations currently in place

            1. *Low/high tech AT/AAC*

            2. *Time/workload accommodations*

            3. *Staff support*

        vi. Academic tasks needed to be accomplished in school

            1. *Writing tasks including taking notes and homework*

            2. *Reading tasks including reading at home, AR*

            3. *Other subjects: math, history, science*

vii. Schedule date/time/place for assessment

2. Student assessment

    a. Evaluate ability and interest in methods/materials

    b. Document responses

    c. Discussion of possible recommendations

    d. Explanation of follow-up procedures

    e. Report is generated and uploaded into SIRAS

3. District response to ATAC report

    a. Disseminate report to parents and appropriate staff

    b. Hold IEP meeting to review assessment report and discuss recommendations

    c. Implement trials with recommended technology

        i. ATAC loans devices with recommended software/apps to district for student to trial

        ii. District documents student's performance to determine effectiveness of the trialed devices/software

4. ATAC provides the following services, when indicated or requested

        i. Staff/student/parent training

        ii. Guidance for data collection and analyzing data

        iii. Additional research to support recommendations

        iv. Recommendations for alternatives if trial was not successful

        v. Vendor information for purchasing or other training

        vi. On-going support and consultation for implementation of technology

Section X – Special Education Service Delivery Options

A. <u>Overview</u>

The *21st Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act* stressed the importance of providing a full continuum of services for students with disabilities. The report specifies that there is no single special education setting that benefits all students. A range of options with different levels of support and opportunities for independence tailored to meet the individual needs of all students must be made available. (U.S. Department of Education, 1999)

Service delivery is a dynamic concept and changes as the needs of the students change, and no one service delivery model is to be used exclusively during intervention. The Department of Education's recommendation is consistent with ASHA's position statement on inclusive practices which states that "an *array* of speech, language, and hearing services should be available in educational settings to support students and youth with communication disorders." The *inclusive practices* philosophy emphasizes serving students "in the least restrictive environment that meets their needs optimally" (ASHA 1996). During the course of intervention, a student might participate in several service delivery models before dismissal. For all service delivery models, it is essential that time be made available in the weekly schedule for collaboration and consultation with parents, general educators, special educators, and other service providers.

B. <u>Evolution of SLP Service Delivery Models</u>

In order to fully understand the SLP's role in service delivery, it may be helpful to examine how service models have changed over the years. According to Blosser and Kratcoski (1997) the SLP's role is continually evolving according to the needs of consumers of speech and language services. In recent years, the SLP has become the facilitator of the service delivery, and functional outcomes have driven the focus for treatment. "In schools, partnerships are formed with parents and community agencies, technology has made the improbable likely, and documentation of student outcomes drives education and rehabilitation." (Moore-Brown and Montgomery, 2001)

In addition, in recent years new areas of professional practice have evolved as part of the SLPs workload that were not formerly a typical part of their work. (ASHA 2010) These areas include work with students who are medically fragile; work with those with dysphagia; work with reading, writing, and curriculum; Evidence Based Practice; RtI and telepractice. These five areas will be addressed as professional practices that have gained traction after 2000 and are continuing to evolve.

We should also note that several areas have grown in emphasis since the publication of the 2000 guidelines. These areas include augmentative/alternative communication, autism, cochlear implants, and traumatic brain injury. In addition, there has been a growth in responsibilities of SLPs in schools.

C. Evidence-Based Practices (EBP)

Evidence-Based Practice is a term used to indicate the use of research-based, effective, and measurable techniques to provide intervention for students with communication disorders. EBPs can be defended successfully in legal proceedings and mediations.

However, what is best for one student's circumstances may not be best for another. Professionals in speech and language are ethically bound to apply good practice principles to all their responsibilities. (Moore-Brown and Montgomery, 2001) *(The following section (IX) addresses the unique needs of students with severe disabilities.)*

Recommendations regarding the nature (direct or indirect), type (individual or group), and location (speech-language resource room, classroom, home, or community) of service delivery are based on what the IEP team decides will best address the student's needs and goals. Considerations include:

- strengths, needs, and emerging abilities
- need for peer modeling
- communication needs as they relate to the general education curriculum
- need for intensive intervention
- effort, attitude, motivation, and social skills
- severity and nature of the disorder
- age and developmental level

The IDEA requires that speech-language services be directed by qualified professionals (e.g., SLPs), but they do not have to be administered by these professionals. In some cases, intervention is much more effective if it is not directly administered. The essential component is that services are planned, supervised, measured, and evaluated for their effectiveness by SLPs. (Moore-Brown and Montgomery, 2001)

According to Blosser and Kratcoski (1997), every service model should address four ideas: overall effectiveness, coordination with other programs and services, commitment of all parties, and resources available. A student should receive services that are matched to his or her needs at that point in time and are flexible to changing conditions. According to the IDEA, progress in speech and language goals must be linked to academic achievement at a student's appropriate level or other needs resulting from the disability.

D. <u>Service Delivery Options</u>

1. **Pullout**: Services are provided directly to students individually or in small groups, typically within the speech and language room setting. The intent in this setting is to modify a student's specific deficient communication skill(s). Some groups are homogenous with students having similar remedial needs, and other groups are composed of students having differing goals.

2. **Classroom-Based**: Direct services are provided by the SLP to students within the general education or special education classroom setting and other natural environments, sometimes using a team approach with the classroom or special education teacher. This model is also known as integrated services, curriculum-based, inclusive programming, or "push in". The intent is to provide remediation to identified students within a natural environment to facilitate carry-over of speech and language skills in spontaneous communication.

3. **Collaboration**: Services are provided indirectly to students using a team approach in which the SLP, teacher, parents, and families work together to facilitate a student's communication and learning. When this approach is used within the classroom setting, the SLP uses tasks from the curriculum and modifies the presentation, scaffolds the students' responses, or combines techniques to ensure success. The intent is to increase the amount of interaction a student has with the curriculum and thereby address deficient speech and language skills while impacting grade-level work. Examples of collaborative lessons include class plays, question and answer sessions, and story-telling. New skills are taught using the student's areas of strength. Although advancement of the whole class is the focus, an individual student's progress on predetermined communication goals is also monitored and recorded. (Moore-Brown & Montgomery, 2001)

4. **Consultation**: Services are provided for a specified amount of time as determined by IEP team to check on the student's speech and language skills within a natural conversational setting. Often this model immediately precedes dismissal. This service can be noted on either the SIS page or LRE page of IEP.

5. **Community-Based**: Communication services are provided to students within the community or home setting. Goals focus primarily on functional communication skills such as ordering food in a restaurant, requesting help in a department store, or purchasing a ticket at a bus station.

6. **Combination**: The SLP provides two or more service delivery options to one student, such as small group oral-motor exercises and articulation therapy once weekly in the speech room for 20 minutes, combined with classroom based therapy once weekly for 20 minutes to facilitate carry-over of newly learned articulation skills within a natural conversational setting.

As a further option for students with IEPs, the IEP may offer SLP consultation on an "as-needed" basis to the teacher. In this case, it will be noted on the IEP as "support to classroom teacher" on the Least Restrictive Environment page. The frequency, location or duration of the consultation would not be specified in the "services"

section on the first page of the IEP and there may or may not be specific communication goals.

E. <u>Case Managers</u>

SLPs typically serve as Case Managers for students whose primary need is communication or whose program includes mostly speech and language goals. They may also serve as Case Managers for students who are included in a general education program and monitored by one or more special educators. As a Case Manager, an SLP may serve as the point of contact for a student's special education services, schedule and coordinate assessments, assume a leadership role in implementing the IEP and reporting progress toward goals, and schedule reviews. (Moore-Brown and Montgomery, 2001)

F. <u>Documenting Services on the IEP</u>

CASEMIS (California Special Education Management Information System) requires that special education services be documented using specific approved codes. These are:
- SAI – Specialized Academic Instruction
- Language and Speech
- Individual and Small Groups

In addition, the IEP must note location, frequency and duration of services. If a service will be provided for less than one year, the IEP must specify.

Frequency can be weekly, monthly or yearly minutes. If the IEP team feels monthly or yearly minutes are appropriate, it needs to be specified in the FAPE box as to how those minutes will be delivered (e.g., student will receive weekly speech session of 30 minutes). Please be aware the service log maintained by the provider needs to match the service minutes noted on the IEP. There is a service log in SIRAS that can be used by providers.

The "Communication Severity Scales" (North Inland SELPA) is a tool which can be used for assisting the IEP team in determining need for a level of services. SELPA provided training on the Communication Severity Scales in the 2017-18 school year. Consult with your colleagues who have been trained regarding using the too.

G. <u>Students Enrolled in Private Schools</u>

For students enrolled by their parents in private schools, the district of residence will assess for Special Education eligibility upon request. If eligible, the district will develop an IEP with Offer of FAPE. If the parent agrees to the IEP but indicates that they will continue to enroll their child in the private school, their rights become very limited.

If the private school is located within the district of residence, the district will offer the parent an Individual Services Plan (ISP) indicating any services the student will receive. There is no individual entitlement to services, and each district, in consultation with all the private schools in the district, develops a

limited list of services which may be made available. Contact your district for guidelines about what may be made available to Special Education eligible private school students in your district.

If the student is enrolled in a private school outside of the district, the district in which the private school is located will offer the ISP and limited services according to the guidelines of that district.

Many districts offer very limited services to private school children, and offer consultation, training, and other very brief services as appropriate. If you have a private school student with Speech and Language services per an ISP on your caseload, you need to provide the amount of services specified on the ISP. When complete, nothing further is required.

The ISP is reviewed annually. Input from the private school will be requested, but is not required. Additional evaluation would be conducted only if requested, and triennial reevaluation is required for students who have an ISP.

Refer to Private School procedures on the SELPA website for more information. http://www.vcselpa.org/Publications

Section XI - Service Delivery Models for Students with Severe Disabilities

A. <u>Communication Needs of Students with Severe Disabilities</u>

Students with severe disabilities often have significant delays in communication skills. Since communication contributes to the independence of the student and is among the most essential of basic skills necessary for participation in activities at school, home, and within the community, it often is addressed in the IEP. IEP team decisions regarding whether instruction in this area should be provided in the context of a direct therapy program, a special education classroom and/or the general education environment should be based on the individual needs of the student. (San Luis Obispo County SELPA, 1999).

B. <u>Determining Service Delivery Model</u>

Before determining the appropriate service delivery model for the student with severe disabilities, the following factors must be taken into account:

1. Discrepancy between language, age, cognition and other developmental levels

2. Chronological age

3. Motivation to communicate

4. Potential for change or growth

5. Frustration and concern due to communicative difficulties

6. Assistive/augmentative communication

7. Present levels of functional communication skills and abilities at school, at home, in the community and/or in the vocational setting

8. Caregiver involvement

C. <u>Service Delivery Models</u>

Communication skills may be developed under one of four models, chosen according to each student's needs and levels of development. Regardless of the service delivery model used, cooperative assessment, planning and programming efforts involving families and professionals are instrumental in developing educational programs that

enhance the communicative competence of students with severe disabilities. (San Luis Obispo County SELPA, 1999).

1. **Special Education Classroom Language Programming Model I:**
   This model is usually followed for students who demonstrate very limited communicative intent with equivalent deficits in language, social and cognitive skills. Under this model, speech/language programming is a part of the daily curriculum provided by the special education classroom teacher, with parents reinforcing the program at home. Consultation by the SLP is available as requested by the teacher and parent. Skills taught should be functional and related to the natural settings where language occurs. The focus is on receptive language and compliance.

2. **Special Education Classroom Language Programming Model II:**
   This model is most appropriate for students who demonstrate emerging communicative intent, are beginning to develop goal oriented behavior and have acquired the concept of object permanence. Students at this level often show indications of social awareness. As with Model I, speech/language programming is most successfully accomplished within the special education classroom by the classroom teacher during daily activities, and may include visual supports and augmentative/alternative communication systems. Consultation by the SLP is available as requested by the teacher and parent. Parents should closely replicate these instructional activities and skills in the home environment. The focus is on representational awareness and communicative intent.

3. **Prescriptive/Integrative/Collaborative Language Model III:**
   This model is indicated for use with students who demonstrate cognition at intentional levels, where goal oriented behavior is clearly established. Students are beginning to initiate communication for social and functional interactions. Under this model, the student's communicative skills, along with other skills, are developed through daily instruction by the classroom teacher, other specialists, paraeducators, and the parents. During the period of time a student is served under this model, the teacher, SLP, psychologist, school nurse, parents and other professionals should use a collaborative approach to outline a program for the student. Goals and objectives in the area of communication will be infused with other goals and objectives in the IEP. (i.e., independent living activities, recreation, etc.) The focus is on functional communication.

4. **Prescriptive/Direct Service Language Model IV:**
   Students who demonstrate cognition at representational thought or above may be served under this model. These students display receptive or expressive language skills that are below their cognitive development and have social behaviors that are conducive to direct speech and language services. Under the prescriptive/direct service model, an IEP is developed which provides direct speech and language service as a means of meeting goals and objectives for communication development. The focus is on increasing communication skills.
   (See Appendix 1 for a matrix of the models)

For some students, a comprehensive instructional approach, using the daily environment and communicative experiences which occur as the student interacts in a meaningful way with the environment, may be determined as the best means of delivering speech and language services. For others, an additional "pull-out" session with other students, or an individualized approach, may be determined to be more appropriate.

See also "Roles of Speech-Language Pathologists in the Identification, Diagnosing and Treatment of Individuals with Cognitive-Communication Disorders" (ASHA 2005d).

D. Appendix:

1. Service Delivery Models I-IV for Students with Severe Disabilities

Service Delivery Models I-IV for Students with Severe Disabilities

Level I	Level II	Level III	Level IV
1. Very limited communicative intent 2. Language skills are equal to cognition 3. Social interaction at least equal to language skills	1. Emergent communication; 2. Beginning of goal oriented behavior 3. Developing object permanence 4. Emergent signs of social awareness	1. Cognition at intentional levels; 2. Uses means to achieve an end 3. Initiates communication for social and functional interactions	1. Cognition at representational thought or above; begins symbolic thinking 2. Either receptive or expressive language less than cognition 3. Social interaction appropriate for direct service setting
Special Education Classroom Language Programming Model I 1. Provided by the classroom teacher as documented in the IEP 2. Teacher reports progress toward goals 3. Caretakers integrate program at home 4. SLP consultation with teacher and parent is available; no direct service with SLP 5. Focus is receptive language and compliance	**Special Education Classroom Language Programming Model II** 1. Remedial program accomplished within the classroom by the classroom teacher 2. Teacher reports on progress toward goals 3. Caretakers integrate program at home 4. SLP consultation with teacher and parent is available; no direct service with SLP 5. Focus is representational awareness and communication	**Prescriptive/Integrative/Collaborative Language Model III** 1. Remedial program accomplished within the classroom by the classroom teacher with assistance from the SLP on a regularly scheduled basis 2. Teacher and SLP collaboratively report progress toward goals 3. Caretakers integrate program at home 4. Direct services provided by SLP in classroom setting 5. Focus is on functional communication	**Prescriptive/Direct Service Language Model IV** 1. Remedial program accomplished within the classroom and may be supplemented by sessions scheduled by the speech and language specialist 2. Teacher and SLP collaboratively report progress toward goals 3. Teacher assumes responsibility for the on going implementation of student's speech and language program within the classroom 4. Direct SLP services provided in classroom and/or pull out settings 5. Focus on increased communication skills 6. Caretakers integrate program at home

Source: Eligibility and Exit Guidelines for Speech-Language Hearing Specialists, San Luis Obispo County, 1999

Section XII – Functional Outcomes

A. <u>Definition</u>

Functional outcomes are defined as the "results of care" in health-care circles (Rao as cited in Crawford, 1998) and the "results of intervention" in educational settings. (Amiot, 1998 & Montgomery, 1999) Functional outcomes are not student scores on standardized tests, and they are not a list of the goals and objectives a student has mastered. Rather, they are an accounting of the time and resulting newly acquired performance of the student as the result of a particular treatment tool. (Rao as cited in Crawford, 1998; Wolf, 1997)

B. <u>School-Based Functional Outcomes</u>

SLPs in the schools need to align their intervention with students' academic or developmental progress, and results must demonstrate increased functional performance levels of students who receive speech and language services. For example, SLPs may write goals for increasing a student's auditory processing skills to build a foundation for other skills, or they may write goals to show the level of listening and literacy skills that comprise the educational standards the student needs to reach.

If the early parts of intervention are focused on changing underlying skills only, a speech and language goal may not appear to be connected with the student's *use* of these new skills. SLPs need to link skills with daily functional activities from the beginning. (Moore-Brown et. al., 1998) An example of an articulation goal that targets a functional outcome is that the student will produce a target phoneme correctly in all positions of words when practicing the passages selected for his second grade oral reading exercises. An example of a language goal that targets a functional outcome is that a student will sequentially rephrase a previously read two-paragraph grade level passage.

C. <u>Measures</u>

See Appendix 1 ASHA Functional Status Measures. (Moore-Brown and Montgomery, 2001) The table describes in detail the specific sequential steps through which a student may progress in order to successfully master desired functional outcomes within the educational environment. It may take 6 months for a student to progress

from level to level, and a typical yearly goal may reflect a two-level change. As a student moves from level to level, the SLP may wish to change the type of service delivery on the IEP.

Outcomes may be either direct or indirect. *Direct* outcomes are behavioral changes that are planned in the goal pages of the IEP. For example, a student may achieve his goal to describe a critical similarity and difference in appearance and function when presented with two objects. An *indirect* outcome may occur if the student describes to a friend on the playground the new outfit she will wear to the school play. This represents a new and appropriate behavior that was not anticipated, and it is an indirect outcome of the goal that has been written. Appropriate indirect outcomes should be documented as functional outcomes even if they were not specifically planned on the IEP. These are manifestations of clinically significant change, and they signal notable progress. (Moore-Brown and Montgomery, 2001)

The SLP may consult with general education teachers for support strategies and for ideas about which indirect outcomes would be beneficial to enhance the child's communication skills in the general education setting.

D. Appendices:

    1. ASHA Functional Status Measures

ASHA Functional Status Measures

For each statement, indicate on a scale of 0-7 how much assistance is needed for a student to function in each area within the educational environment. (See key on next page for rating scale.)

___ a. The student's speech is understood.

b. The student responds to questions regarding everyday and classroom activities.

___ c. The student produces appropriate phrases and sentences in response to classroom

___ activities.

d. The student communicates wants, needs, ideas, and concepts to others either verbally

___ or by use of an augmentative communication system.

___ e. The student uses appropriate vocabulary to function within the classroom.

___ f. The student describes familiar objects and events.

g. The student knows and uses age-appropriate interactions with peers and staff.

___ h. The student initiates, maintains, and concludes conversations with peers and staff within classroom settings.

i. The student initiates, maintains, and concludes conversations with peers and staff in

___ non-classroom settings.

___ j. The student indicates when messages are not understood.

___ k. The student completes oral presentations.

___ l. The student demonstrates the ability to give directions.

___ m. The student demonstrates the ability to follow directions.

n. The student demonstrates the ability to recall written information presented in the

___ educational environment.

o. The student demonstrates the ability to recall auditory information presented in the

___ educational environment.

p. The student demonstrates the ability to use verbal language to solve problems.

___ q. The student demonstrates appropriate listening skills within the educational

___ environment.

r. The student recognizes and demonstrates comprehension of nonverbal

___ communication.

Key for Rating Scale

0	No basis for rating	Includes circumstances in which a behavior is not observed, directly tested, and/or the information is not available from other sources.
1	Does not do	Child does not perform the communication behavior, even with maximal assistance or prompting.
2	Does with maximal assistance	Child performs the communication behavior but frequently needs assistance and prompting.
3	Does with moderate to maximal assistance	Child performs the communication behavior but frequently needs assistance and prompting.
4	Does with moderate assistance	Child performs the communication behavior, often needing assistance and prompting.
5	Does with minimal to moderate assistance	Child performs the communication behavior, occasionally needing assistance and/or prompting.
6	Does with minimal assistance	Child performs the communication behavior, rarely needing assistance and/or prompting.
7	Does independently	Child performs the communication behavior, needing no assistance and/or prompting.

(Excerpted from User's Guide Phase I Group II, National Treatment Outcome Data Collection Project, (pp. 41-44), by the American Speech-Language-Hearing Association (ASHA), 1995, Rockville, MD: Author: 1995 by ASHA, Adapted with permission.)

Guidelines for Speech Language Pathologists   **Section XII**

Section XIII – Exit from Special Education Eligibility Under Speech or Language Impairment (SLI) or Dismissal from Speech and Language Services

This chapter outlines the requirements and procedures for:

- Exit from special education when the disability is SLI.

- Dismissal from speech and language services, whether or not SLI is the disability.

- Graduating or "Aging Out"

- Dismissal from preschool Speech-Language services due to non-participation

A. Exit from Special Education

To exit a student from special education under the disability of SLI, the IEP team must determine that the student is no longer eligible for services. For initial eligibility the team previously determined that all of the following were present:

- A disability existed.

- The disability affected educational performance.

- The needs required special education services. (Calif. Code of Regulations (CCR), Title 5, Section 3030)

If a team is considering exiting a student from special education eligibility under SLI, an Assessment Plan must be developed, signed by the parents and assessment conducted in all areas of originally suspected disability related to the speech and language impairment. An SLP must be one of the assessors. There will be an assessment report developed and shared by an SLP at the IEP team meeting.

In addition, an SLP may be part of a multidisciplinary team to determine whether or not a student continues to be eligible under other disability areas as well. If speech, language or communication was an area of disability identified in previous assessment reports, the SLP would be included even is he/she is no longer providing speech or language services.

The assessment shall address the following:

- *Does the disability still exist?* Some speech and language disorders respond to treatment well and can be substantially diminished over time. Others may continue to be present, but seem less problematic as the student matures and develops strategies. If the assessor believes the student does not meet the requirements of CCR Title 5, Section 3030 (j), the report will so indicate.

- *Does the disability affect educational performance?* For some students, intervention, strategies and supports may reduce the effects of the speech or language disability. If a student is able to participate orally in the classroom and communicate adequately with peers and adults, the disability may no longer impact educational performance.

- *Are special education services required to address the needs?* The IEP team needs to decide if a <u>special education professional</u> is required to address the need. For some students, language issues can be adequately addressed in a language-rich school classroom. For others, general education teachers can adequately model and support maintenance of skills.

The SLP should conduct comprehensive assessments to determine whether or not the previously identified disability still exists. The SLP summarizes progress toward previous goals, as well as performance in the classroom and other school environments. S/he may include interviews with teacher, family and student to determine impact on educational performance and consider whether services continue to be needed.

If the student is no longer special education eligible, he/she will no longer have an IEP, and will not receive any special education services.

B.   <u>Dismissal from Speech and Language Services</u>

An SLP should always be part of a team that decides to dismiss from speech and language services.

Ventura County SELPA recommends that an assessment be completed for all of the following scenarios:

1. A student no longer needs speech and language services when the IEP team determines that any one or more of the following general conditions exist:

    a. The student is no longer eligible for special education services with an SLI or any other disability.

    b. The student's communicative impairment no longer negatively affects his/her educational performance in the general education or special education program. (See factors below)

    c. The student no longer requires speech and language services in order to benefit from his/her special education program.

    d. The student's needs will be better served by an alternative program and/or service.

2. When sufficient improvement has been made in any of the following general categories, the impairment may be judged to no longer negatively affect educational performance. The following factors may be considered by the IEP team in determining whether the student continues to need speech-language services.

    a. Dismissal from articulation therapy:

        i.   Correct production of the target phoneme is reached with the speech sample reflecting criteria and accuracy as specified on the IEP.

        ii. Articulation skills are determined to be commensurate with chronological and/or developmental age.

b. Dismissal from voice therapy:

The SLP's professional judgment indicates that the student's voice is within normal limits as related to age, gender, and culture.

c. Dismissal from fluency therapy:He/she achieves the fluency goal as specified on the IEP, and/or the student perceives him/herself to be a normal speaker.

d. Dismissal from language therapy:

i. The student demonstrates receptive and expressive language skills within the range expected for his/her developmental level.

ii. The student is performing at an age appropriate level as specified on the IEP.

iii. The student uses augmentative communication aids appropriately, effectively, and independently.

iv. The student uses compensatory communication skills appropriately, effectively, and independently.

v. The student's social pragmatic skills are adequate for him/her to benefit from and participate in his/her educational program.

3. The IEP team may need to consider the appropriateness of speech and language services with input from the SLP when:

a. After one year of articulation or voice therapy (two years of fluency or language therapy), there is a lack of significant progress in communication skills as evidenced by probes, therapy data, and teacher/parent observation.

b. The student consistently demonstrates behaviors that are not conducive to therapy such as a lack of cooperation, motivation, or chronic absenteeism. In these circumstances, the IEP Team may consider the initial eligibility decision since these behaviors may reflect social maladjustment or environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy interfering behaviors or conditions.

c. Other associated and/or disabling conditions prevent the student from benefiting from further therapy. Examples are dental abnormalities, velopharyngeal insufficiency, or inadequate physiological support for speech.

(Excerpted Moore-Brown and Montgomery, 2001)

If a student consistently demonstrates behaviors that are not conducive to therapy, the SLP should consult with the IEP team. The team may explore alternative services or strategies to remedy interfering behaviors or conditions. For example, if a high school student with dysfluency is not cooperative in speech therapy the SLP could consult with teachers and parents on appropriate support strategies, including Positive Behavior Intervention Plans or interfacing with the existing classroom management system. Another example would be a middle school student with language difficulties who consistently avoids speech therapy. The IEP team may decide that his/her language goals will best be

addressed within the context of the special education setting. Older students should be encouraged to attend the IEP meeting and participate in discussions about how their needs will be addressed.

Alternative strategies of delivery must ensure that the student is not deprived of services to meet his communicative needs solely because of behavioral issues.

If a parent or adult student requests that a student be dismissed from special speech-language services, the IEP team must reconvene. The team will consider progress toward goals and whether or not services continue to be needed. If the IEP team does not reach consensus about services, the district or parent/ adult student may initiate Due Process.

If a parent/adult student wishes to have the student exited from all special education services, the notice must be put in writing. The district will respond to the notice, indicating the date on which services will cease. The district may not initiate Due Process in this situation. *(See Appendix1 for "Notice to Parent of Student (or Adult Student) Being Withdrawn from Special Education Services")* **If the parent or adult student requests special education services to be reinstated at a subsequent date, the district may consider it a new referral.**

C. Exit Due to Graduation or "Aging Out"

If a student graduates from high school with a regular diploma, s/he is no longer eligible to receive special education services from the public schools. Similarly, if a student reaches the end of the semester in which s/he turns 22, s/he is no longer eligible for special education services.

If a student will be graduating or "aging out," it is not necessary to have an IEP meeting to exit the student. Instead, the Special Education Case Manager must develop an Exit Summary which includes a summary of academic achievement and functional performance as well as recommendations to assist the student in achieving his/her goals for adult life. There is a SELPA form for this which is generated by the IEP software. The Exit Summary must be given to the student before s/he exits public school. The student signs that they have received the report, and a copy is kept in the student file. *(See Appendix 2)*

If a student is over 18 and has not graduated, but tells you he will be withdrawing from public school, give him a "Notice to Adult Student Withdrawn from Public School" informing him of his rights. Place a copy of the notice in the cumulative file. *(See Appendix 3)*

D. Dismissal from Preschool Speech-Language Services Due to Non-Attendance

As preschool is not required, it occasionally happens that parents fail to follow through in accessing speech-language services for their preschool aged child. The SLP should attempt to contact the parents a reasonable number of times, but if they fail to respond and/or continue to miss therapy sessions, a notice can be sent. The notice should state that the offer of FAPE via the IEP is still in effect, but that the student is being dismissed. *(See Appendix 4 for sample notice)*

E. <u>Appendices</u>

1. Notice to Parent/Adult Student Being Withdrawn from Special Education Services (Ventura County SELPA-not dated)
2. Exit Summary (Ventura County SELPA-not dated)
3. Notice to Adult Student Withdrawn from Public School (Ventura County SELPA-not dated)
4. Sample letter to Preschool Parent for Non-Attendance (Ventura County SELPA-not dated)

Ventura County Special Education Local Plan Area (SELPA)

Notice to Parent of Student (or Adult Student) Being Withdrawn from Special Education Services

---

Student Name: _____   D.O.B.: _____

Dear __(parent name)_____:

On _____, the _____ School District received your written statement revoking consent for you/your child to receive special education and related services. This decision was made by you outside the IEP process and the IEP team has not participated in this decision in any way.

The District is directed by the federal law, the Individuals with Disabilities Education Act (IDEA), and its regulations to respond to your written revocation in a timely manner. The District is not provided other options to consider in this situation. Therefore, the District acknowledges your revocation and proposes to cease providing special education and related services to you/your child on _____. Per the last agreed upon IEP, these services include: _____.
After this date, you/your child will receive no special education or related services and will not be considered a student with a disability. Please understand that you/your child's education record will continue to reflect that you/your child was at one time eligible for and received special education services.

State and federal law and regulations provide protections and procedural safeguards for parents of students with disabilities. A statement of those protections and procedural safeguards is enclosed with this notice. By your revocation of consent for you/your child to receive special education and related services, these protections and procedural safeguards will no longer be applicable to you or your child. You/Your child will not have any of the procedural safeguards available to students with disabilities in the event of any disciplinary action.

If you wish to have yourself/your child considered for special education and related services in the future, you may contact the staff at your/your child's school with your request for evaluation. The district will respond to your request within 15 days. If the district will be initiating a new assessment, you will receive a proposed Assessment Plan, and an IEP meeting will be held to discuss your/your child's eligibility and special education services no later than 60 days from the receipt of the signed Assessment Plan.

If you need further information, you may also contact the District Office at _____, or Rainbow Connection Family Resource Center at (805) 485-9892 or go to the SELPA website www.vcselpa.org.

Sincerely,

Title: _____

Guidelines for Speech Language Pathologists   Section XIII

Ventura County SELPA

Student Name _____   D.O.B. _____   Date of Exit _____

Primary Disability _____

| **Reason for Exit (check one)** | ❏ Student earned a regular high school diploma per district policy
❏ Student earned a diploma with an exemption (EC60852.3) - without CAHSEE
❏ Student earned a diploma with a waiver (EC60851 (c)) - CAHSEE with modifications per Board approval
❏ Student earned a Certificate of Educational Achievement/Completion and is withdrawing from public school (over 18).
❏ Student is age 18 or older and is withdrawing from public school.
❏ Student reached the maximum age of 22.
❏ Other: _____ |

CAUTION. . .
Adult Life Ahead
www.vcselpa.org
(805) 437-1560

This summary may be given to a future employer or adult service agency provider.

Summary of Academic Achievement	**Summary of Functional Skills**
Reading:	Vocational:
Written Language:	Self Care/Independent Living:
Math:	Motor/Recreation/Leisure:

Signature of person who generated this report: _____   Title: _____

Student signature: _____   Date: _____   E-mail: _____

Address of a person (other than parents) who will know how to contact student within the next year:

Name/Address: _____

Copy to: ❏ District Office ❏ General Education/Cumulative File ❏ Case Manager ❏ Parent (required if under 18)
(if over 18) My initials give approval to forward a copy to my parents _____ . Please give me _____ extra copies to give to employers/service providers.

For more information about transition to adult life, please contact your district Special Education Office or visit the SELPA website at
http://www.vcselpa.org/Resources-for-Teachers-and-Staff/Transition-to-Adult-Life

EXIT SUMMARY

Ventura County SELPA

Student Name _____   D.O.B. _____

Recommendations that may help the student meet his/her goals for adult life

This document does not guarantee these supports and/or accommodations will be provided. Consult with provider/agencies regarding your needs specific to each setting.

Student's preferences and interests for:

Training/Education: Student hopes to	Employment: Student hopes to	Independent Living: Student hopes to be employed in

Supports and/or accommodations that might help student:

•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Agencies student may want to contact for supports or services:

•	•	•
•	•	•
•	•	•
•	•	•
	For more information about college, go to our website for our handbook "Going to College…or Thinking About it?"	

See page 3 for agency contact information

VENTURA COUNTY SELPA – ADULT AGENCY CONTACT LIST

Agencies serving adults with disabilities student may want to contact for supports or services:

CALIFORNIA CHILDREN SERVICES – UP TO AGE 21

- ☐ Ventura Area- (805) 981-5281
  www.portal.countyofventura.org/portal/page/portal/HCA/PUBLICHEALTH/FAMILYHEALTH/CMS/CCS
- ☐ Los Angeles Area- (800) 288-4584
  www.lapublichealth.org/cms

☐ CAREER EDUCATION CENTER

- ☐ Camarillo Office- (805) 437-1420   http://www.vcoe.org/cec
- ☐ Moorpark Office- (805) 437-1580   http://www.vcoe.org/cec
- ☐ Los Angeles County- (562) 922-6850   www.lacorop.org

DEPARTMENT OF MENTAL HEALTH/ BEHAVIORAL HEALTH

- ☐ Los Angeles County- Hotline Services- (800) 854-7771
  www.dmh.lacounty.gov
- ☐ Ventura County STAR Process- (866) 998-2243
  www.vchca.org/behavioral-health/

DEPARTMENT OF VOCATIONAL REHABILITATION
www.dor.ca.gov

- ☐ Oxnard/ Ventura Area- (805) 385-2400
- ☐ Canoga Park Area- (818) 596-4302
- ☐ Thousand Oaks Area- (805) 371-6279

EMPLOYMENT DEVELOPMENT DEPARTMENT- JOB AND CAREER CENTERS   www.edd.ca.gov/

- ☐ Chatsworth Area- (818) 701-9800
- ☐ Oxnard College- (805) 986-7300
- ☐ Santa Paula Area- (805) 933-8300
- ☐ Simi Valley Area- (800) 955-2221
- ☐ Thousand Oaks Area- (805) 374-9006
- ☐ West Oxnard Area- (805) 382-6574
- ☐ Ventura Area- (805) 654-3435

INDEPENDENT LIVING RESOURCE CENTERS
www.virtualcil.net/cils/query-iandr.php?state=ca

- ☐ Ventura Area- (805) 650-5993
- ☐ Van Nuys Area- (818) 988-9925

HOUSING AUTHORITY

- ☐ Ventura County- (805) 480-9991
  www.ahacv.org/index.shtml
- ☐ Port Hueneme/Oxnard Area- (805) 986-6527
- ☐ Oxnard Area- (805) 385-8096
- ☐ Santa Paula Area- (805) 525-3339
- ☐ Ventura Area- (805) 648-5008
- ☐ Los Angeles County- (323) 890-7001
  www.3.lacdc.org/CDCWebsite/Contact.aspx

IN-HOME SUPPORT SERVICES

- ☐ Ventura County- (805) 654-3246
  www.portal.countyofventura.org/portal/page/portal/VCHSA/HealthCareIHSS
- ☐ Los Angeles County- 1(888) 944-4477 or (213) 744-4477
  www.dpss.lacounty.gov/dpss/ihss/ihss_info4.cfm

MEDI CAL   www.dhcs.ca.gov

- ☐ Ventura County- Gold Coast Health Plan- (888)301-1228
  www.goldcoasthealthplan.org

TRANSPORTATION TRAINING

- ☐ R&D Transportation   (800) 966-7114
  www.rdtsi.com
- ☐ Mobility Management Partners   (888)667-7001
  www.mobilitymp.net

REGIONAL CENTERS FOR DEVELOPMENTAL DISABILITIES

Ventura and Santa Barbara Counties- www.tri-counties.org

- ☐ East Ventura County- (800) 517-2524, (805) 522-8030
- ☐ West Ventura County- (800) 664-3177, (805) 485-3177
- ☐ Oxnard Office- (805) 351-3140

REGIONAL CENTERS FOR DEVELOPMENTAL DISABILITIES
CONT'D

- ☐ Santa Barbara- (877) 414-6227, (805) 347-2775
- ☐ North Los Angeles County- (818) 778-1900
  www.nlacrc.org/

SOCIAL SECURITY   www.ssa.gov/pgm/services.htm

General information and services
(800) 772-1213, (800) 325-0778 TTY

SUPPORT FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

- ☐ State Council on Developmental Disabilities-Central Coast (805) 648-0220, (805) 648-0224
  www.SCDD.ca.gov
- ☐ Rainbow Connection Family Resource Center- (805) 485-9643, (805) 485-9892 (Spanish)
  www.rainbowconnectionfrc.weebly.com

PUBLIC TRANSPORTATION   www.goventura.org
(-> Travel Ventura -> Senior & Disabled)

- ☐ Ventura County Transportation Commission- (805) 642-1591

PUBLIC HEALTH CLINICS

- ☐ Ventura County-(888)285-5012
  www.vcha.org/public_health/clinics
- ☐ LA County- www.publichealth.lacounty.gov/locator

UNIVERSITY/COMMUNITY COLLEGES- DISABLED STUDENTS PROGRAMS AND SERVICES

- ☐ California State University, Northridge- Student Disabilities Resources- (818) 677-2684
- ☐ California State University, Channel Islands- Educational Access Center, (805) 437-3331
- ☐ Moorpark College- ACCESS, (805) 378-1461
- ☐ Oxnard College- (805) 986-5830
- ☐ Pierce College- (818) 719-6430
- ☐ Santa Barbara City College- Disabled Students Program- (805) 730-4164, (805) 962-4084 TTY
- ☐ Santa Monica College- (310) 434-4265
- ☐ Valley College- (818) 947-2681
- ☐ Ventura College- (805) 654-6300

For a complete booklet on agencies and organizations serving adults with disabilities, see our "Adult Services Directory" located on our website at www.vcselpa.org, click on For Families/Transition to Adult Life/Resources for Families.

REV. 2/23/17

NOTICE TO ADULT STUDENT WITHDRAWN FROM PUBLIC SCHOOL
VENTURA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

Ongoing Offer of Free, Appropriate, Public Education

Date _____

Student Name _____   D.O.B. _____

Dear Adult Student:

On (date) _____ you indicated that you will be withdrawing yourself from school as of (date) _____ .

As you have not yet received a high school diploma, this is to inform you that you continue to be eligible for special education services from the public school, including transition planning, until your 22nd birthday.

Per your last annual IEP dated, _____, you were receiving the following services:

1. (Service)_____ (frequency)_____ (duration)
2. (Service)_____ (frequency)_____ (duration)
3. (Service)_____ (frequency)_____ (duration)

If at any time before turning 22, you decide to re-enroll in public school to access your IEP services, please contact the school district in which you reside. Keep a copy of your IEP to document your special education eligibility.

If you have questions, please contact me at the number below.

Name: _____

Title: _____

Phone: (____)_____

Copy to: ☐ Adult Student   ☐ Cumulative File   ☐ District of Residence

---

Date:

Dear Parents of X,

This is a friendly reminder from X's speech-language pathologist that his speech therapy time is Mondays and Wednesdays from 8:15-8:45 in Room 30 at San Cayetano. The last day my records show X in attendance is August 25th. If X does not attend his speech therapy sessions, his services may be terminated. Please call me if you have any questions at 524-6049.

Estimados Padres de X,

Esta es una nota cordial de la patologista de habla/language de X que su tiempo de terapia es los lunes y miercoles de 8:15-8:45 en el salon 30 en San Cayetano. El ultimo dia que asistio fue el 5 de Octubre. Si X no asiste la terapia de habla sus servicios seran terminados. Por favor llame si tiene algunas preguntas al 524-6049.

Sincerely/Sinceremente,

Speech-Language Pathologist

Guidelines for Speech Language Pathologists   **Section XIII**

Section XIV – Assessment of English Learners (ELs)

A. Overview

According to ASHA, by the 2030's English language learners will account for approximately 40% of the entire school aged population in the U.S. In California, 60% to 70% of students in California schools speak a language other than English.

The state and federal government are now compiling data about the proportional representation of students from specific racial groups in special education. If issues of second language affect identification for special education, resulting in any one group being over-identified in special education, the district could face financial and compliance sanctions.

Therefore, it is important that SLPs understand the normal process of second language (L2) acquisition to avoid making "false positive" identifications. According to Roseberry-McKibbon & Brice (1997), SLPs will make fewer errors in labeling ELs if they are aware of the normal phenomena and processes that accompany learning a second language. Ideally, they should support student's first languages and cultures, and encourage them to become fully proficient bilingual speakers. Not only will bilingual students perform better in school, but they will have a much greater chance of growing up to become successful citizens who are assets to our society and our economy.

The Ventura County SELPA has a handbook entitled "Guidelines for Assessment for Special Education for English Learners" (VC SELPA 2011b).

B. Evaluation

Follow the suggested guidelines of **Review**, **Interview**, **Observe**, **Test**, **(RIOT)**, as described in greater detail in Langdon & Cheng, 2002, pp. 83-86):

1. Review

Review various pieces of information such as school and medical records while learning about the individual's cultural, social and family background. Look at the languages used for academic instruction since starting school (including preschool) up to the present. Look at language

proficiency and academic testing (i.e. PRE-LAS, LAS, CELDT, SABE, CST, ADEPT, IPT, VCCALPS, etc.)

All students who have a language other than English on the Home Language Survey must be assessed for English Language proficiency upon entry into school. This testing is not for the purpose of determining <u>disability</u>, although language <u>difference</u> may be noticed in the results.

For Special Education preschoolers, there is not a state standardized test available, but students should be assessed using the Ventura County SELPA Preschool English Language Survey (PELS) by the preschool assessment team. If the child is being assessed for speech and language concerns only, the SLP will be responsible for conducting the survey. If a Special Education preschooler is determined to be an EL, an EL level will be assigned, for planning for English Language Development services, including goals.

Students kindergarten and older with a language other than English on the Home Language Survey must also be assessed upon entry into school, regardless of whether or not they were determined to be an IFEP or EL in preschool. They will take the California English Language Test (CELDT). For students with moderate/severe disabilities who participate in the Cal Alt, there is an alternate assessment which can assess for the English Language development level in listening, speaking, reading and writing, called the Ventura County Comprehensive Alternate Language Proficiency Survey (VCCALPS) (Ventura County SELPA, 2016 (j)). It also will reveal a level of English Level development for instructional planning.

2. Interview

Interview family members/significant others, peers and teachers regarding their perceptions and the individual's experiences and exposure to language(s), school and literacy events. Review developmental milestones with the parent. Discuss languages used in the family. If bilingual, when were languages introduced? How does the student's language compare to his siblings' language? Do parents think there is a language problem? What is the parents' language quality? What are the migration patterns of the family? What is the highest educational level of the mother or primary caregiver? Determine whether the student is:

- Simultaneous bilingual: acquired two languages from birth, or exposed to second language within first year.

- Sequential bilingual: only acquired one language for first 3 years, and acquired second language after first was established. *These are typically English language learners in the schools.*

See Appendix 1 for Parent Interview Questions for ELs.

3. Observation

Observe the individual in as many contexts as possible including the classroom environment, and determine if adequate teaching techniques are being implemented to maximize learning in English and acquire academic skills. This is to determine which language is used in each setting, and its quality.

4. Test

Test while taking into account that multiple sources of information should be considered such as authentic and dynamic assessment. Analyze portfolios and gather data on how the student has progressed over time.

Primary language testing

Determine whether to test or not test in the primary/dominant language. Under IDEA, the SLP must test in the child's primary language. ASHA's guidelines indicate:

> "[For clients who] are proficient in their native language but not in English, assessment and intervention of speech and language disorders of limited English proficient speakers should be conducted in the client's primary language…"

> "[For clients who are] possessing limited communicative competence in both languages… speech and language should be assessed in both languages to determine language dominance."
> If the examiner is not proficient in the student's primary language, a trained interpreter will be essential for a valid assessment and accurate diagnosis.

See Appendices 2-3 for typical phonological development in Spanish.

Tips for assessment:
- Assess each language during separate segments to assess performance in each language.
- Select appropriate assessment instruments and procedures. Both informal and formal procedures should be utilized.

- Informal assessment should include examining previous assessment data, family (student, parent/caregiver) interview, review of educational and health history, language sampling and dynamic assessment.
- Formal procedures may include the use of standardized tests normed on the target population. Do not use standardized tests unless normed on the same linguistic background as the individual being tested. A variety of standardized tests are available in Spanish with a few instruments available in other languages. (See "Commonly Used Standardized Assessments" at the end of this section, or "Resource Guide to Multicultural Tests and Materials", ASHA, for a list of such tests; or Langdon & Cheng, 2002).
- Modifications of tests may be necessary to gain maximum information. All instruments must be examined for relevancy to the referred individual. For example, a vocabulary test normed in Cuba would not be an appropriate test for a recent arrival from Oaxaca, Mexico.
- It must be recognized that translations of English tests have many limitations. They do not provide normative or developmental information and, if used at all, should be used cautiously, to gain general information about the individual's language and academic skills.
- In the event there are no language tests available in the individual's primary language, the examiner is encouraged to team with a speaker of the target language to help conduct a structured assessment and/or obtain a language sample.

C. Second Language Acquisition

Children go through the language acquisition process at different rates, due to a number of variables. These variables need to be taken into consideration when determining whether a student has a language disability versus language difference.

(The following is adapted from Judie Haynes, taken off the Internet, May 2011.)

1. Academic vs Social Language (BICS and CALP) - Experts such as Jim Cummins (1984) differentiate between social and academic language acquisition. He uses two continua to describe the differences. One is related to the context; the other to the degree of cognitive demand involved in a task.

a. Basic Interpersonal Communication Skills (BICS)

BICS are language skills needed day-to-day to interact socially in such settings as the playground, lunch room, the school bus, parties, playing sports and talking on the telephone. Social interactions are usually context embedded, which means they occur in a meaningful social context. They are not very demanding cognitively, and the language required is not specialized.

BICS involves language used in everyday contexts. This includes syntactic (word order), morphological (root words and endings), phonological (word sounds) and vocabulary skills used in daily conversations. Under ideal situations, an L2 learner takes 2 years to acquire BICS.

Problems may arise when teachers and administrators think that a child is proficient in a language when they demonstrate good social English. Information gained from tests for English fluency (such as LAS and CELDT) may also be misleading, as they reflect BICS vs CALP.

b. Cognitive Academic Language Proficiency (CALP)

Academic language acquisition isn't just the understanding of content area vocabulary. It includes skills such as comparing, classifying, synthesizing, evaluating, and inferring. Academic language tasks are context reduced. Information is read from a textbook or presented by the teacher. As a student gets older the context of academic tasks becomes more and more reduced.

The language also becomes more cognitively demanding. New ideas, concepts and language are presented to the students at the same time.

(CALP) involves manipulation of language in decontextualized academic situations. This includes language skills that are necessary for success in school, including preacademic concepts, narratives, literacy and writing abilities.

c. BICS is different from CALP in many respects, as indicated in the following list:

BICS
- Conversational language
- Basic vocabulary
- Conversational pragmatics, simple speech acts, conversational turn taking, requesting clarification
- Syntax, morphology
- Measured by most language samples
- 2 years to acquire

CALP
- Academic language
- Advanced semantics, abstract concepts, conjunctions
- Academic pragmatics, classroom interaction routines, narratives or speeches
- Syntax, morphology
- Measured by most formal tests
- Literacy
- Writing skills
- 5 to 7 years to acquire

2. Typical Stages of Second Language Acquisition

a. Pre-production (also called Preoperational) (0- 6 months in US school)

Student does not have BICS and is at the Beginning level in CELDT.

The student focuses on comprehending the communicative message, and will try to associate new words with vocabulary in their first language. They pay particular attention to nonverbal communication such as facial expressions and gestures. They may respond with simple words or non verbally by pointing, touching, or nodding. This sometimes is called the *Silent Stage* and can last longer (up to a year) in younger children.

b. Early Production (also called Simple Production)(6 months- 1 year in US school)

Student has early BICS and is at the Early Intermediate level on CELDT.

Student communication is characterized by one and two word phrases and many grammatical errors. Common nouns, verbs, and adjectives emerge first. In this stage, the student masters common or frequent patterns. He/she understands phrases such as "How are you, I'm fine." and may use formulaic utterances similar to parroting. The student is mastering common phrases and terminology in his/her environment. The student has approximately 1000 receptive words.

c. Speech Emergence (also called Early Production)(1-3 years in US school)

Student has intermediate level of BICS, and performs at the Intermediate level in CELDT.

The student has acquired limited vocabulary and can respond to literal questions. The student begins to generate his/her own sentences. He/she begins to use combinations of words to which he/she has not previously been exposed. Many of the student's utterances are "chunks" which have been learned as a whole without understanding the exact meaning of each word. Errors of omission are common.

The student has approximately 7000 receptive words and can use 10% of the receptive vocabulary expressively. The student can get his/her message across, and begins to participate in class.

d. Intermediate Fluency Stage (3-5 years in US school)

Advanced BICS/Emerging CALP, performs at Early Advanced level on CELDT.

The crossover between stages 3 and 4 is not clearly delineated. The student begins stage 4 using vocabulary with which he/she is most familiar then later uses newly acquired vocabulary. He/she needs to be frequently checked for comprehension. The student responds using original words and thoughts. However, he/she continues to lack the sufficient academic language to compete with native English speakers. The student actively engages in communication and fluency and is beginning to use more complex sentences when speaking and writing. He/she may continue to have errors as he/she masters the complexity of English grammar and sentence structure. Literacy skills and academic language are continuing to develop.

e. Proficient (or Advanced Fluency)(5-7 years in US school)

Student has CALP, and performs on the Advanced Level of CELDT.

Students at this stage will be near-native in their ability to perform in content area learning. Most ELs at this stage have been exited from English Language Development and other support programs. At the beginning of this stage, however, they will need continued support from classroom teachers, especially in content areas such as history and social studies, and writing.

D. Bilingual Learners, Characteristics and Variables

To avoid a false positive identification of ELs, it is necessary to understand these factors in typical language development. To determine if a child has a disorder, error patterns must be present in the child native language (L1) and English (L2). However, the following behaviors can be misinterpreted as a language disorder, when they are part of a normal process of learning a second language.

1. Interference/Transfer from Primary Language (L1) to (L2)

   Interference will typically impact the grammar or syntax of the second language. For example, "un caballo blanco" literally translated, means "a horse white." A Spanish-speaking child who says "a horse white" to describe "a white horse" would be demonstrating interference. It is important to understand how the characteristics of the child's first language may interfere with their use of the second language. These are **communication differences**. Some degree of interference may continue as the child becomes more proficient in both languages.

2. Minor Disfluency

   Bilingual students are at risk for increased disfluencies. As they talk, they use vocabulary, grammar, and syntax from two languages. The difficulty of this task increases the chance of disfluencies.

3. Language Loss

   Skills and fluency may be lost in the first language if it is not reinforced and maintained. This is also known as *subtractive bilingualism*. This may result in language *proficiency that is low in both Spanish and English.* Factors which may be contributing to the interruption of development in L1 must be identified. Research shows that this idea of 'the more English the better' is fallacious and can actually slow down children's learning considerably. Ideally, child should experience *additive bilingualism*, where they learn English while their first language and culture are maintained and reinforced.

4. Codeswitching/Code Mixing

   Code-switching is the changing of language over phrases and sentences (e.g., Carlos is absent. Es verdad?). Code-mixing is when the languages are changed within the same sentence (e.g., Da me la ball.). Bilingual children commonly use these strategies and *they should NOT be considered a language disorder.* According to research by Brice and Anderson (1999), elements are most frequently code-mixed at the word

level (74%). Nouns are code-mixed 50% of the time, followed by verbs (12%).

Fully biliterate adults may intentionally codeswitch when speaking with like peers, as a way of expressing feelings and emotions. Codeswitching and code mixing are rule governed and rarely are a disability.

5. Silent Period

Some students, when learning a second language, go through a silent period in which there is much listening / comprehension and little output. *This should NOT be confused with an expressive language delay.*

6. Interlanguage

An intermediate-state language system created by a child in the process of learning a foreign language. The interlanguage contains properties of L1 transfer, overgeneralization of L2 rules and semantic features, as well as strategies of second language learning. This *may result in a child appearing to have a language disorder* because his/her language skills appear to be in transition and constantly changing.

7. Fossilization

Occurs when specific language "errors" remain entrenched despite good proficiency in the 2nd language.

8. BICS-CALP Gap

This "BICS-CALP gap" may lead professionals to falsely assume the child has a language-learning disability. Although an EL student may be labeled 'Fully English Proficient" s/he may still be striving to develop CALP, therefore the use of standardized tests in English is biased against them. ELs often score very low on these tests and then may be inappropriately labeled as having a language disability.

9. Threshold Theory

According to Cummins, (1979) the "threshold hypothesis" proposes that there is a threshold level of bilingualism that a student must achieve in order to receive potential benefits from bilingualism, and a lower level that the student must reach in order to avoid potential negative consequences from bilingualism. The theory contends that:

- Balanced bilinguals who have a high proficiency in both languages may experience advanced cognitive development.

- Limited bilinguals, who do not achieve a high level of language proficiency in any language, will experience negative effects on cognitive development.
- Monolinguals and partial bilinguals, who reach a high level of proficiency in only one language, will experience neither a positive nor a negative consequence to cognitive development.

The SLP needs to consider the level of bilingualism the student has acquired in order to determine if there is a language disorder. If the student has not had the opportunity to acquire language in L1, his acquisition of L2 will be impacted.

E. <u>Determining Language Disability vs Difference</u>

Look for the following red flags…

- The student has made slow progress in learning English and academics despite accommodations and special classroom interventions.
- The student has a significant medical history that may have impaired speech and language development.
- Family reports impairment in the primary/native language.
- Teachers and parents report student is learning very differently from other siblings and/or students who have had similar linguistic background and learning opportunities.
- The student has signs of language loss that seem to transcend normal limits.

Once the critical data has been gathered, analyze to determine:
- The student's strengths and weaknesses;
- Whether a disorder/disability exists or the perceived deficit is due to other factors;
- What supports the student needs to succeed in school.

It is wise to assume the "null hypothesis" that an EL student's language functioning is normal unless the data clearly demonstrate otherwise.

See Appendix 4 for Normal Speech-Language Development of English/Spanish Speaking Children for factors to consider for "ruling out" language disability. Also see Ventura County SELPA "Guidelines for Assessment for Special Education of English Learners" (VC SELPA 2011 (f)

F. <u>Commonly Used Standardized Assessments for Speech and Language</u>

The following assessments have been selected because they are commonly used and have been determined to be valid for use with primary Spanish

students. They provide normative data and are not translated. Reliability and validity of bilingual students is questionable, clinical judgment is essential.

1. Standardized

    a. Language

        - *Prueba Para el Diagnostico del Lenguaje Pre-escolar* (PLS 4)- Copyright 2002. The Psychological Corporation.

        - *Dos Amigos*- Donald E. Critchlow. Copyright 1973.

        - *Spanish Test for Assessing Morphologic Productions* (STAMP)- T. Nugent, K. Shipley, D. Provencio. Copyright 1991. Academic Communication Associates.

        - *Spanish Structured Photographic Expressive Language Test-Preschool* (SPELT-P). Copyright 1983.   Janelle Publications.

        - *Spanish Structured Photographic Expressive Language Test* (SPELT)- Copyright 1983.   Janelle Publications.

        - *Pruebas de Expresion Oral y Percepción de la Lengua Española*- (PEOPLE). Sharon Mares. 1980. Los Angeles County Office of Education.

        - *Expressive One Word Picture Vocabulary Test* – Bilingual Edition (EOWPVT-BE) Ric Brownell. 2001 Academic Therapy Publications.

        - *Receptive One Word Picture Vocabulary Test* – Bilingual Edition (ROWPVT-BE) Rick Brownell. 2001 Academic Therapy Publications.

        - *Clinical Evaluation of Language Fundamentals*, Third Edition, Spanish (CELF-3 Spanish)- Eleanor Semel, Elisabeth Wiig, Wayne Second. Copyright 1997. The Psychological Corporation.

        - *Boehm Test of Basic Concept Preschool*, Third Edition (BOEHM-3) Ann E. Boehm.   Copyright 2001. The Psychological Corporation.

        - Language Sampling

    b. Articulation/Phonology

        - *Contextual Probes of Articulation Competence*^{TM} *– Spanish (CPAC*^{TM}*–S).* Super Duper Publications.

- *Spanish Articulation Measures* (SAM) 2nd Edition- Larry J. Mattes. Copyright 1995. Academic Communications Associates.

- *Assessment of Phonological Processes-Spanish* (APP-S) - Barbara Williams Hodson. Copyright 1985. Los Amigos Research Associates.

- *Medida Española de Articulación* (MEDA)- Mary Martinez-Hinshaw, Marilyn Aldrich-Mason Blanche Figueroa-Smith. 1976 San Ysidro School District.

c. Phonemic Awareness

- *Spanish Phonological Awareness Screening Test -* Adapted from *Phonemic Awareness in Young Children.* Marilyn Jaeger Adams, Barbara R. Foorman. Ingvar Lundberg and Terri Beeler 2002. Paul E. Brooks Publishing.

2. Profiles/Criterion Referenced Assessments

- *Bilingual Classroom Communication Profile-* Celeste Roseberry-McKibbin. Copyright 1993. Academic Communication Associates.

- *MacArthur Inventario de Desarrollo de Habilidades Comunicativas. IDHC (I and II)-* D. Maldonado, E. Bates, D. Thal. Copyright 2003. Paul H. Brooks.
- *Spanish Language Assessment Procedures* (SLAP)

G. <u>Appendices</u>

1. Parent Interview Questions for ELs
2. Spanish Phoneme-Development Chart
3. Communication Severity Scales - Spanish Articulation
4. Normal Speech and Language Development of English/Spanish – Speaking Children

Parent Interview Questions for ELs

1. Highest educational level of mother or primary caregiver.

2. Is there a family history of speech, language, and or/academic problems?

3. How does the child's speech and language development compare to his/her siblings at the same age or to peers in the child's speech community?

4. Was the child's performance/affect during the evaluation typical of any child of the same age?

5. Have there been any significant changes in the family structure recently?

6. What exposure has your child had to different languages or dialects?

7. What does your child do that makes you know he/she is smart? Describe your child's strengths and weaknesses.

8. What progress or regression has happened over the past 6 months?

9. Please bring in ten examples of student's best communications and where it breaks during between now and the evaluation.

From presentation by Nina Reeves 2011

Spanish Phoneme – Development Chart

Age of Acquisition	Phoneme
3	n, m, w
4	t, k, p, x [h], ll [j]
4 ½	b
5	d, g
5 ½	ch [+], l
6	s, ñ
6 ½	r, f
7+	rr, blends

All vowels develop by age 4 except [e] which develops by age 6.

Stops develop before fricative and affricates.

Affricates develop before fricatives.

PHONEME DEVELOPMENT

Age 2 – Uses CVCV and CVC syllables and recognizable words

Age 3 - /m/, /n/, /p/, /k/, /č(ʧ)/, /w/   Age 6 - /s/

Age 4 - /b/, /g/, /l/, /d/, /t/, /f/, y(j)/, /n̪(ñ)/, /h/   Age 7 – trill/r/

Age 5 – tap/r/, /x(j,h)/

- th, sh, vowel ɚ, and final consonant clusters do not exist in Spanish language
- Initial /s/ - blends do not occur, must have *vowel + /s/ + consonant*: escoba, isla
- Most vowels are glided in English (/ou/, /ai/), but short and unglided in Spanish: /a,e,i,o,u/

PHONOLOGICAL PROCESSES

Definition: Systematic changes that affect entire phoneme classes or phoneme sequences. These changes are age appropriate up to the ages listed below.

AGES 2 – 3	
• Consonant sequence reduction/cluster reduction	• e_to/*esto*(this), g_acias/*gracias*(thank you)
• Weak unstressed syllable deletion	• _cuela/*escuela(school),* _efante/*elefante*(elephant)
• Stopping	• atul/*azul*(blue), cata/*casa* (house), ti/*si*(yes)
• Fronting	• tasa/*casa*(house), etoba/*escoba*(broom)
• Tap /r/ - trill /r/ deficiency	• ca_a/*cara*(face), _atón/*ratón*(mouse)
• Strident omission/substitution	• _opa/*sopa*(soup), mú_ica/*música*(music), do_/*dos*(two)
AGE 4	
• /r/ deviations	• cuchala/*cuchara*(spoon), escaleda/*escalera*(stairs)
• Consonant sequence reduction/cluster reduction	• a_bol/*árbol*(tree), e_t_ella/*estrella*(star), p_emio/*premio*(gift)
• /l/ deviations	• _ibro/*libro*(book), escueja/*escuela*(school), fa_da/*falda*(skirt)
• Weak syllable deletion	• bi_clete/*bicicleta*(bicycle), _éfono/*teléfono*(telephone)
• Assimilation	• naniz/*nariz*(nose), amanillo/*Amarillo*(yellow)
• Final consonant deletion	• jabo_/*jabón*(soap), árbo_/ *árbol*(tree)
AGE 5	
• Most phonological processes are suppressed	
• There may be some errors in substitution and distortions	
AGE 6 -8	
• Cluster reduction of later developing consonant blends	• gl, kl, gr, kr, str, br, pr, tr, and fr
• /r/ deviations	• pero/*perro*(dog), lojo/*rojo*(red), estlella/*estrella*(star)

Bennett (11/85:9/87); Adapted from Hodson, B.W.(1980). *The assessment of phonological processes.* Danville, IL: Interstate; Ingram, D. (1981). *Procedures for phonological analysis of children's language.* Baltimore, MD: University Park Press; Shriberg, L.D., & Kwiatkowski, J. (1982). Phonological disorder III: A procedure for assessing severity of involvement. *Journal of Speech and Hearing Disorders, 47, 256-270;* Khan, L.M.L. (1982). A review of 16 major phonological processes. *Language, Speech, and Hearing in Schools, 13, 77-85;* Hodson & Edwards (1997). Adapted from *Assessment and Intervention Resources for Hispanic CHildre,* by Hortencia Kayser, p. 81 Singular Publishing Group, Inc., 1998. Goldstein, B. (1995), Hodson, B. (1986), Kayser, H. (1995)

Appendix 3

Guidelines for Speech Language Pathologists   **Section XIV**

**Normal Speech and Language Development
of English/Spanish – Speaking Children**

SPANISH SEMANTICS

General Practices in Spanish Semantic Assessment

1) Language samples and <u>The MacArthur Communicative Developmental Inventory (CDI)/Inventario del Desarollo de Habilidades Communicativas (IDHC)</u> both allow for what the child knows versus semantics subtests that penalize the child for not knowing (Pearson, Fernandez, & Oller, 1993).

2) When considering a young bilingual child's vocabulary, it is important to determine the <u>Total Conceptual Vocabulary</u> (Pearson, Fernandez, & Oller, 1993). This measure can be determined by obtaining a list of words produced in both languages and then determining the singlets (i.e., the individual words used in only one of the languages). Finally, tally all the words of one language with all the singles of the other and create a Total Conceptual Vocabulary.

   Example: dog and perro are counted once, but if the child only knows mouth but doesn't know boca, it is also counted as once.

3) The relationship between vocabulary size and age is comparable in Spanish and English. Both groups showed that language comprehension was ahead of vocabulary production and both areas improved in a linear fashion across age groups (Jackson-Maldonado, Thal, Marchman, Bates, & Gutierrez-Clellen, 1993).

4) Children learning two languages may be expected to use word definitions more frequently than monolingual children. Rather than focusing on children's lexical knowledge (vocabulary), which may be sensitive to differences in cultural and educational experience, clinicians should consider the communicative aspects of the task (word definitions) (Gutierrez-Clellen & DeCurtis, 1999).

Developmental Sequence

<u>TODDLERS:</u> Generally the Spanish-speaking toddlers' pattern of lexical development, lexical categories, and items on the IDHC showed similar item-frequencies in English-speaking toddlers' CDIs. English-speaking toddlers' production vocabularies were mainly comprised of common nouns, which leveled off after 200 words, followed by predicates and closed class items which

Guidelines for Speech Language Pathologists   Section XIV

increased after vocabularies expanded to about 400 words. (Jackson-Maldonado et al., 1993)

SCHOOL –AGE: Normal bilingual (Spanish-English) children (NL) in the 3rd 4th, and 5th grades used formal definitions (i.e., X is a Y that Z) significantly more often than children with language impairment (LI): The NL children used more formal definitions with relevance and specificity. Both NL and LI children used functions to define words; however, the NL children used them as part of expanded definitions, while the LI children used them without elaboration (Gutierrez-Clellen & DeCurtis, 1999).

Language Difference vs. Disorders: Common Errors

Regionalisms: The lexicon of Spanish-speakers varies based on the dialect spoken e.g., pig = *puerco, cerdo, marron, cochino*) and the influence of English (e.g., lunch = *lonche*)

References
Gutierrez-Clellen, V.F., & DeCurtis, L. (1998).   Word definition skills in Spanish-speaking children with language impairment. Communication Disorders Quarterly, 21 (1), 23-31.

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Pearson, B., Fernandez, S.C. & Oller, D. K. (1993). Lexical development in bilingual infants and toddlers: Comparison to monolingual norms 43, 93-120.

SPANISH MORPHOLOGY

General Practices in Spanish Morphology Assessment

1)   Rules for establishing mean length of Utterance (MLU) in Spanish differ from English (Linares-Orama, 1975).
      Example: la counts as two morphemes (foot "I" and gender "a") in Spanish while "the" is one morpheme in English (Linares-Orama, 1975).

2)   Take the child's dialect into account (Anderson, 1995)
      Example: Puerto Rican dialect often calls for omission of the /s/ phoneme in postvocalic position, e.g. cuatro perro (four dogs) (Anderson, 1995).

3)   Subject pronouns are often deleted because Spanish is a "pro-drop" language (Anderson, 1995).
      Example: Fue afuera (went outside).

4)   Some dialects use *vosotros* form, some use *usted* form, some only informal *tu* (DeSilva, 1987).

5)   If children are learning English as a second language, they may experience language loss of the first language. Morphological forms in the process of being

Guidelines for Speech Language Pathologists   Section XIV

acquired but that have not been fully established in the child's fist language may not fully develop (Martinez, 1993, as cited in Anderson, 1999)

Developmental Sequence of Morphological Acquisition

(Brisk, 1972, 1976; Cohen, 1980; Dale, 1980; Garcia, 1998; Gonzalez, 1978, 1980; Gudeman, 1981; Keman & Blount, 1966; Merino, 1976, 1982; Olarte, 1985; Romero, 1985; as cited in Homak, Trujillo, Kayser, 1995; see also Gonzalez, 1978, 1983; Kvaal, Shipstead-Cox, Nevitt, Hodson, & Launer, 1988; Maez, 1983; Merino, 1992; Morales, 1986a, 1986b; Perex-Pereira, 1989; Peronard, 1985; Romero, 1985; as cited in Anderson, 1985)

The following morphological markers were reached at these ages:

<u>Age</u>	<u>Morphological Marker</u>	<u>Example</u>
2:0-3:0	Articles	*un, el* (a, the)
	Pronouns	*ella* (she)
	Copulas	*ser/estar* (to be)
2:0-4:0	Prepositions	*de, en* (from, in)
	Negatives	*no lo escribió* (he didn't' write it)
	Interrogatives	*que, donde* (what, where)
2:0-4:5	Present Indicative	*Yo canto.* (I sing.)
	Imperatives	*Cante.* (Sing.)
2:5-4:5	Present progressive	*El esta contando.* (He is singing.)
2:5-5:0	Future	*Yo cantare.* (I will sing.)
	Simple preterit*	*El camino.* (He walked.)
3:0-4:0	Past progressive	*Yo estaba comiendo.* (I was eating)
	Plurals*	*los dos gatos grandes* (the two big cats)
3:0-4:5	Imperfect indicative	*Yo cantaba.* (I did sing.)
	Present subjunctive*	*Quiero que Jose lo cante.* (I want Jose to sing it.)
3:5-6:0	Conditional	*Yo caminaria.* (I would walk.)
4:0-5:0	Past Subjunctive	
	Present perfect indicative*	*You he caminado.* (I have walked.)

*Some studies found later mastery **Language Differences vs. Disorders: Common Errors** (Langdon, 1992, p. 154-155)

Guidelines for Speech Language Pathologists   Section XIV

A Spanish speaker who is learning English may make the following morphological errors, exhibiting errors due to learning a second language, rather than a morphological disorder:

Error	Examples
omitting of a copula "is"	"he doing" for "he's doing"
transferring of possessive	"the coat of the boy' for "the boy's coat"
incorrect negative form	"she not doing it" for "she isn't doing it"
incorrect interrogative form	"how the boy helps?" for "how does the boy help"
incorrect pronoun use	"she is brushing his hair" for 'her hair"
preposition substitutions	"on" for "in"
word order of adjectives	"the care white" for "the white car"
lack of subject-verb agreement	"the cat are eating" for "the cats are eating"
omitting "to" in second verb	"I go play" for "I go to play"
omitting the article	"I go to library" for "then he flew back"
omitting the pronoun	"then flew back" for "then he flew back"
adding the pronoun	"the bird he came, too" for "the bird came, too"

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Guidelines for Speech Language Pathologists   Section XIV

SPANISH NARRATIVES

General Practices in Spanish Narrative Assessment

1) Training narrative skills in the native language may have positive effects for the development of narratives in the second language (Gutierrez-Clellen, 1995).

2) During assessment of narrative interactions, it may be beneficial to use a variety of prompts, activities, and additional participants (Gutierrez-Clellen, 1995).

3) There may be a need for an increased focus on providing the child with narrative learning experiences (Paul & Smith, 1993).

4) The examiner may need to use various question cues to obtain an extended narrative, especially when using elicited topics rather than child-initiated topics (Iglesias & Gutierrez-Clellen, 1986).

5) The ability for children to tell a fictional story may depend on their exposure to literature books and traditional story retellings in family interactions (Gutierrez-Clellen, 1995).

6) For those with limited experiences with stories from books, the clinician's prompts may be initially directed to elicit traditional family stories (Gutierrez-Clellen, 1995).

Developmental Sequence of Narrative Acquisition
(Gutierrez-Clellen, 1990; Gutierrez-Clellen & Heinrichs-Ramos, 1993; Jackson-Maldonado, Thal, Marchman, Bates, & Gutierrez-Clellen, 1993: Paul & Smith, 1993)

<u>Age</u>	<u>Narrative Skills</u>
11-28 month old Pre-linguistic stage	Increase in the number of verbal initiations of symbolic play and responses to parent-initiated event reenactments in their narrative interactions with their mothers.
Multi-word stage	Capable of initiating verbalizations during symbolic play; no instances of script or story; event reenactments appears to be emerging
18-29 months	Normal and language-delayed children were able to initiate and respond to parent-initiated event reenactments, but language-delayed children were less likely to respond to parent-initiated event reenactments 5 out of 13 without assistance, while 8 out of 13 required 1-4 question cues to complete their stories.
First graders	Use subordination to develop a central theme

Guidelines for Speech Language Pathologists   Section XIV

8-year-olds	Used adverbial phrases to:

1) mark when events took place (e.g., "and <u>when the man was going to kill the frog,</u> the child came in")
2) mark the relationships to overall plot (e.g., "the story was about a pet frog <u>that escaped from a child's pocket in a restaurant")</u>

Used references accurately and appropriately with fewer ambiguities

Used syntactic devices to reduce confusion between characters.

Language Differences vs. Disorders:
Narrative learning may be enhanced by teaching the function of narratives to the child in a given context as well as teaching the rules that govern narrative behavior in a given interaction (Gutierrez-Clellen, 1995)

Variation may be seen in the kinds of language forms and organizational devices used in narratives, which may or may not match the expectation for the types of storytelling commonly taught in school.

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Spanish Phonology

*Spanish does **not** have the following sounds and features* (listed by category), therefore they may pose a challenge in speaking, reading and writing tasks.
- Vowel diagraphs: *ou, ow, eigh, au, aw, oo*
- Consonant diagraphs: *sh, th, wh, ph*
- Consonant blends: *sl, sm, sts, scr, spr, str*
- Initial sounds: *kn, qu, wr, sk*
- Final sounds: *ck, ng, gh*
- Endings: *-ed* (pronounced /d/ or /t/ or /ded/ or /ted/)
- Endings: *-s* (pronounced /s/ or /z/ or /ez/ or /es/)
- Endings without a vowel: *-ps, -ts*
- Suffixes/prefixes: *un-, over-, under-, -ly, -ness, -ful, -est*
- Contractions: *don't, isn't, weren't, etc.*

Producing English consonant sounds is not so problematic for many Spanish learners, but difficult enough! They may have problems in the following aspects:
- Failure to pronounce the end consonant accurately or strongly enough; e.g. *cart* for the English word *card* or *brish* for *bridge* or *thing* for *think*
- Problems with the /v/ in words such as *vowel* or *revive*

Developmental sequences of phonological processes: The following phonological processes were found in less than 10% of children in Spanish

AGE	PHONOLOGICAL PROCESS	COMMON EXAMPLES
2:11	Initial weak* consonant deletion *(Note: many may continue to do this to age 3:4)*	/eche/ for "leche" /a me/ for "da me"
3:5	Weak Syllable deletion	/chija/ for "mochilla" /pato/ for "zapato"
3:11	Stopping	/topa/ for "sopa"
	Fronting	/tasa/ for "casa" or /dato for "gato"
4:5	Detrilling	/pejo/ for "perro" (usually j, flap 'r' or l for rr)
	Cluster Reduction	/ekuela/ for "escuela" or /bako/ for "blanco"

* "Weak" means the sound or syllable is not stressed. Rule of thumb: In Spanish, the *second to last syllable is stressed* (e.g., <u>pe</u>rro, man<u>za</u>na, ele<u>fan</u>te), *unless* an accent marks otherwise (e.g., <u>pá</u>jaro, es<u>tá</u>).

"Exposure to English and Spanish may result in a higher English error rate in *typically* developing bilinguals, including the application of Spanish phonological properties to English. Slightly higher error rates are likely typical for bilingual preschool-aged children. Change over time…(suggests) that all will reach an adult-like system in English with exposure and practice" (Gildersleeve-Neumann, 2008).

Guidelines for Speech Language Pathologists   Section XIV

1) Spanish phonemes are different from English phonemes (Goldstein, 1995).
   Example: The Spanish 'd' is not equivalent to either the English 'd' OR the English 'th', but somewhere in between.

2) Spanish syllable structure is different from English syllable structure.
   Example: The majority of syllables in Spanish are CV (consonant-vowel), as opposed to English, which are CVC. It may be observed that some bilingual children have a tendency to produce the phonological process of final consonant deletion, when speaking English due to the influence of normal Spanish syllable structure.

3) Take the child's dialect into account.
   Example: In Puerto Rican Spanish, there is a tendency to delete unstressed syllables (e.g., 'cansao' for "cansado"). Depending on dialect in Mexico and other Spanish speaking countries, 'y' may be pronounced like 'j' in "*j*udge". The post vocalic 's' is also omitted in some dialects.

When in doubt about the student's dialect, interview the parents! For example, if the student does not use the postvocalic /s/ and the parents also no not use it, the child is NOT exhibiting a phonological error. Note, however, that parents in an interview setting may use a more formal type of speech.

Grammar – Verb/Tense: Although Spanish is a much more heavily inflected language than English, there are many aspects of verb grammar that are similar. The major problem for the Spanish learner is that there is no one-to-one correspondence in the use of the tenses. So, for example, a Spanish learner might incorrectly use a simple tense instead of a progressive or a future one: *She has a shower* instead of *She's having a shower; I help you after school* instead of *I'll help you after school.* The formation of interrogatives or negatives in English is problematic for beginners. The absence of an auxiliary in such structures in Spanish may cause learners to say: *Why you say that? / Why he saw? / Do you saw him? / I no see him. / I not saw him.*

Grammar – Other: Spanish word order is generally **S**ubject-**V**erb-**O**bject, like English. However, Spanish allows more flexibility than English, and generally places at the end of the sentence words that are to be emphasized. This may result in non-standard syntax when Spanish learners speak or write English. There are numerous other minor differences in the two languages that may result in negative transfer. Here are a few examples. The way that things are done in Spanish can be inferred from the mistake in English:

Question markers   Do you want to go to the movies tonight?
                          ¿Quieres ir al cine esta noche? (Spanish speakers will likely leave out *do*)

Adjective-Nouns   white horse – caballo blanco (horse white)
                          (Spanish speakers will often use the adjective after the noun)

Guidelines for Speech Language Pathologists   Section XIV

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From: Marianne Szijj and Vida Martinez, May 2011

Guidelines for Speech Language Pathologists   Section XIV

Section XV –Interventions for English Learners (ELs)

A. <u>The IEP</u>

The IEP team for a student who is considered to be an EL should include special educators and others with expertise in second language acquisition. IEP goals for ELs should be individual-centered, functional, attainable, and "consistent with the family's cultural values and beliefs and capable of being utilized within the context of the family and the community" (Harris, 2002). Goals that are written must be "Linguistically Appropriate," which means they are at the appropriate level according to the student's EL level (see previous section for more information on EL levels).

The IEP must also specify in which language the goals will be instructed. This may mean that simple directions are given in the primary language. It also may mean that some students are being taught to continue to develop their skills in their primary language. Students at a very basic stage of communication may be taught to respond or make requests in their primary language. For example, "Dame la pelota," or, "Quiero agua."

CSHA's Prop. 227 Position Statement (2000) states the following: "Intervention may be provided in the student's primary language. The IEP team determines which language or languages will be used to facilitate the student's communication skills for access to the core curriculum and meeting standards" (CSHA 2003a).

In addition, the IDEA requires that all special education students who are identified as EL must have at least one English Language Development (ELD) goal included in his/her IEP. The responsible discipline for addressing the goal will be determined by the IEP team and may be the SLP, EL development teacher, special education teacher or general education teacher.

The student must also receive English Language Development (ELD) instruction, according to their EL level. EL levels are obtained from results of assessment using the CELDT, or alternative assessments developed by the SELPA (Preschool English Language Survey (VC SELPA 2011f) or Comprehensive Alternate Language Proficiency Survey) (VC SELPA, 2011j). The IEP must specify where the ELD will be provided, and the frequency and duration. Most students who are ELs will receive ELD in the course of the school day, provided by either a general education or special education teacher. However, for preschoolers who receive only speech-language services, the SLP will be responsible for English language development. This will include targeted instruction in English including vocabulary, morphology, syntax and pragmatics unique to the English language.

Furthermore, the IEP must specify the strategies that will be used to assist the student in accessing the core curriculum. These may include sheltering or other supports to help the student understand the academic information. For school aged students, it can be expected that these strategies will be implemented by the classroom teacher.

"Meeting the Needs of English Learners with Disabilities Resource Book," (CA. SELPA Association, 2010).

B. Decisions About Intervention

When a student who speaks more than one language is found to have a speech or language disorder, intervention becomes more complex. Because professionals in the school environment often do not speak the same language as that used in the home environment of the student, normal best practice in education and service delivery is difficult to follow.

Furthermore, many students receive a limited amount of instruction in the primary language before switching to English as the sole language of instruction. Students do not always acquire sufficient fluency in English before English-only instruction begins. Professionals are challenged to find creative ways to deliver effective therapy, without allowing language barriers to cause learning time to be wasted. Much research is still needed in this area, however, current research does offer empirical evidence for suggested practice.

When making decisions about therapy, a student should be considered bilingual if he has a need to communicate in more than one language in his daily life (focus on the pragmatic definition of bilingualism).

Whether the languages have been learned simultaneously or sequentially, many bilingual students speak different languages in various environments such as home, community and school. As the field of speech pathology becomes increasingly concerned with the *functional outcomes* of therapy, *(see Section X)* newer research supports the position that bilingual students have a real need to be competent communicators in each environment.

Clinical assessment of the relative competence, or even lack of competence, in either or both languages need not be the basis for deciding which language to support with therapy. Rather, a student's needs can be determined from the Home Language Survey and interview with family. Intervention can then be aimed at helping him develop and maintain competency in all his communicative environments.

C. Development/Maintenance of the Primary Language

1. **For young bilingual children, preservation of the home language is important for later development.**

    ASHA policy on providing culturally and linguistically appropriate services (2004) states that intervention and assessment must focus on a child's abilities in both languages and be aligned with a family's expectations, values, and goals as well as those of the larger cultural and linguistic community. Additional guiding principles illuminate that "these practices are predicated on the belief that families provide a lifelong context for a child's development and growth" (ASHA, 2008, p. 2).

"The development of social, emotional, cognitive, and communication skills is interdependent in young children. These interdependent skills develop within a cultural context, and the primary cultural environment for young children is the immediate and extended family. (Moore & Perez-Mendez, 2003; NAEYC, 1995; Robinson-Zañartu, 1996; van Kleeck, 1994) Language is the major vehicle for communicating the family's values and expectations, expressing care and concern, providing structure and discipline, and interpreting world experiences.

Therefore, it seems absolutely necessary that children with language impairment and their primary care providers share a common language—a language that is developed to the greatest degree possible so that it can be used to express all of the complexities inherent in parent-child relationships across the lifespan." (Kohnert, Yim, Nett, Kan Duran, 2005a)

2. **Students are at risk for failure when the primary language is not developed and maintained.**

"For typically-developing learners, failure to develop and maintain the language used in the home and by extended family members may result in, among other things, loss of cultural identity and reduced contact with family members, including primary care providers. (Anderson, 2004; McCardle et al., 1995; Wong-Fillmore, 1991) Furthermore, young children who have not had sufficient opportunities to develop cognitive skills in their first language before learning a second language are at greater risk for academic delays than their peers who have had opportunities to develop and use their first language. (Cummins, 1984)

Social scientists in the United States have found that typically developing second-generation children of immigrant parents have significant social-emotional and educational advantages when they have learned the language spoken by their parents in addition to English." (Feliciano, 2001; Hurtado & Vega, 2004; Portes & Hao, 2002) (Kohnert, Yim, Nett, Kan Duran, 2005a)

3. **Active support of the home language is necessary for all bilingual students.**

    a. There is evidence that home language must be supported in the early years or it can be lost. "Results from studies with young typically developing learners indicate that the ability to maintain and develop skills in a minority home language corresponds to the level of systematic support and enrichment provided in this language. When enrichment activities designed to support the home language are not available, typically developing language-minority children are much less likely to develop or maintain the language spoken by their parents and other close family members, thereby placing additional burdens on the social, emotional, and academic development of these children." (Kohnert, Yim, Nett, Kan Duran, 2005a)

    b. There is further evidence that supporting the home language strengthens later academic learning in the English language, with research conducted in various parts of the United States, including nearby Carpinteria. (Campos, 1995)

D. Promoting Primary Language Development with SLI Students

1. **In the case of SLI students the functional outcome of therapy in the early years should be the development and maintenance of the language (or languages) spoken in the home.**

    "In summary, when two languages are needed for a child's long-term social, emotional, cognitive, academic, and vocational success, bilingual intervention is needed. Because the first or home language is particularly vulnerable to loss or incomplete acquisition in minority-language children, yet the family is the primary context for social, emotional, and cognitive development for 2- to 5-year-olds, the language spoken in the home must be a priority in early intervention programs.

    This relative emphasis on first or home language skills for young children with language impairments does not seem to jeopardize ultimate attainment in the majority language of the community and educational system. Rather, this first-language focus may provide a necessary foundation for the subsequent learning of the majority language." (Goldstein and Kohnert, 2005)

2. **It is important to encourage parents to use the language of the home, especially in the early education years.**

    "A common belief among professionals as well as parents is that bilingual children with language impairments are at a distinct long-term disadvantage as compared to monolingual children with language impairments. That is, the prominent belief is that input in two languages places unwarranted demands on the deficient language-learning systems of children with language impairments. This belief has led well-intended professionals to ignore the functional need for both languages of linguistically diverse children and suggest that input be restricted to a single language so as not to exceed the language-learning capacities of the child with language impairments." (See *Kohnert & Derr, 2004 for additional discussion*)
    (Kohnert, Yim, Nett, Kan, Duran, 2005a)

    Parents should therefore be encouraged in using their language of greatest competence, especially with young children. Good parental modeling in the primary language provides the best chance for later success in school. This is also true when more than one language, including English, is spoken in the home.

    "Many SLPs erroneously believe that being bilingual places children at risk for language confusion and delayed linguistic development." Kohnert et al. summarize evidence that even bilingual children with language impairments do not seem to be at greater risk for language difficulty than bilinguals. It is unclear at this time exactly which skills may transfer and what process should be used to effect that transfer. Thus, facilitating skills in both languages seems to be current best practice.

Facilitating language skills in both languages also means understanding and accepting code switching. Although listening to bilingual families code switch may be novel for many clinicians, it seems to be a natural part of the bilingual's linguistic experience. Importantly, code switching does not seem to have a deleterious effect on bilingual language development; it is a typical pattern of bilingual discourse. (Zentella, 1997) That is, code switching seems to be a fundamental aspect of bilingual language."
(Goldstein and Kohnert, 2005)

3. **Therapy should directly support both languages, rather than depend upon transfer from one language to another.**

"It is not reasonable to believe that, independent of clinical planning and appropriate scaffolding, children with language impairments will independently be able to transfer skills trained in English only to the Spanish needed to communicate with family members."
(Kohnert and Derr, 2004)

"The implication here is that if we want young children to develop the skills necessary to be successful communicators in each of their language environments, we should provide direct support for each language. In the absence of direct intervention, we should not expect young children with language impairments to be able to independently make the leap from one language to the other."
(Kohnert, Yim, Nett, Kan, Duran, 2005a)

E. Therapy Strategies to Support Two Languages

As stated by researcher Kathryn Kohnert, it is important for bilingual children to maintain both languages and reduce language loss in the
primary language. With this goal in mind, "monolingual therapy" (that is, therapy in which one language is chosen to be developed and one language to be disregarded) is the least effective option for overall language development.

1. **Bilingual and Cross Linguistic Approaches**

Kohnert states that there are two approaches which aid in maintaining and supporting bilingual development and utilize two (or more) languages. The first "directs attention to those skills common to both languages." (**Bilingual approach**) The second "is directed at those linguistic features or communicative functions that are unique to each language." (**Cross-linguistic approach**)
(Kohnert, 2005b)

a. Bilingual Approach:

- The activities "focus on perceptual, motor or cognitive underpinnings common to all languages." Examples are efficiency of language processing, categorization tasks, or listening for slight changes in the form of a message which correspond to a change in meaning.

- Activities may emphasize the interaction between language and cognition, as shown above, or may include activities such as translation, comparison of words or syntax (contrastive analysis), or introduction of *cognates* (words which have developed in each language from the same basic root, e.g., "sugar," and "azucar"). These help the student understand the correspondences that exist in form, content or use of language.

- May directly train aspects of form, content or use that are shared by both languages, such as phonemes, morphological inflections, or referencing skills in pre-linguistic children (non-verbal requesting).

b. Cross-Linguistic Approach:

- Attention is focused on non-overlapping features of L1 and L2 in separate sessions near each other in time, or at different stages of the intervention process. The sessions may be with different partners, such as parents, or other caregivers, peers and other helpers who speak the primary language, or may involve activities on the computer or with informational resources.

- Non-overlapping features can be at the sound, meaning, structural, discourse or pragmatic levels.
(Kohnert, 2005b)

2. **There are a variety of ways to deliver services which can help even when the professional does not speak the language of the home.**

- Therapy for the bilingual child with SLI may be delivered first in the primary language by someone else under the direction of the SLP, then in English as fluency develops. It can also be delivered simultaneously with similar help.

- *Issues in Ethics Statement on Cultural Competence* notes, "When a clinician is not proficient in the language used by the client and family, a suitable interpreter [should] be used" (ASHA, 2005b, p.2). It also states, "Bilingual skill (understanding and speaking the language) does <u>not</u> equate to bicultural skill (understanding and respecting the culture)," and that both of these skills are required for service to be culturally competent.

- For SLPs who do not speak the child's primary language, parent training (with the use of a translator, if necessary), may be employed to enable the parent to deliver focused language support at home:

"Parent or care provider training does not simply consist of providing written handouts, homework assignments, or brief descriptions of techniques designed to facilitate communication. It takes time, preparation, and an additional set of professional abilities."
(Buteau & Kohnert, 2000)

- Another indirect method of service delivery would be to use non-SLI peers who speak the child's language, instructing them to undertake guided shared experiences in the primary language. (Kohnert, 2005b)
- Others who can deliver services include paraeducators, speech assistants, caregivers, or helpers in an after-school program. Reading materials or computer software may also be used.

F. Therapy Strategies Which Promote Transition to English

When a therapist attempts to treat language impairment using English with a child in the early stages of second-language acquisition, the child's English knowledge and skills determine the effectiveness of therapy. Celeste Roseberry-McKibbin outlines a methodology which combines therapy and English as a second language (ESL) teaching, selecting those therapy techniques which are most successful for working with bilingual children, and those strategies from the teaching of ESL which allow participation from children with language impairment.

Basic strategies for designing speech therapy:

- Students who are learning a second language need, in the early stages, to focus on comprehension. These students may be silent for some period as they attempt to understand the second language. Do not force students to produce verbally in English before they are ready.

- Reading aloud builds language and literacy competence. Reading aloud to students stimulates an interest in reading as well as aiding in the acquisition of the vocabulary and grammar of printed English (Krashen, 1996; Trelease, 1995).

- Focus on meaning of the message. Do not overtly correct students' grammatical errors in English, but rather model correct grammatical patterns.

- Encourage students, when they are ready, to interact frequently with one another. (Goldstein, 2000) This will give them additional practice with the vocabulary they are learning.

- Phonological awareness is foundational to reading, writing, and spelling in English. Development of basic phonological awareness skills will promote mastery of English literacy skills. (Goldsworthy, 1998; Goldsworthy, 2001; Robertson & Salter, 1997)

- Imitation of the clinician and repetition of new structures and concepts is one of the very best ways to help students who are ELs with SLI to truly learn and retain this new information.

- Students learn best when a multi-modal approach incorporating seeing, listening, speaking and kinesthetic activities is used. Music also helps because it utilizes the right hemisphere of the brain.

- Students will learn new words faster when the words are accompanied by sensory-motor activities, such as acting out words or drawing pictures of words they are learning. (Ventriglia, 1982)

- It is best to have multiple exemplars of each vocabulary item. For example, when learning about a "dress," the child could be shown many pictures of different kinds of dresses.

(Adapted from The Source for Bilingual Students with Language Disorders (Roseberry-McKibbin, 2001)

Appendix 1, "Best Practices for English Language Learners with Language-Learning Disabilities" is a list of best practices compiled by Roseberry-McKibbin which includes strategies to make communication more efficient for the EL student. This list may be utilized by the therapist or shared with the classroom teacher or school problem-solving team attempting to help an EL student who is struggling.

In her book, The Source for Bilingual Students with Language Disorders (2001), Roseberry-McKibbin outlines therapy organized into units of interest (self-care, animals, etc.). Some general characteristics of her methodology are:

- SLPs should consider the same hierarchy of second language acquisition as stated in Section XIV of these guidelines and select therapy activities to coincide with the production capabilities at each stage.

- Vocabulary and phonology are the most beneficial areas for direct intervention to increase the functional outcome of therapy in the classroom.

- Use of imitation and repetition, because this method promotes the learning of new words and concepts in a new language, as opposed to therapy in a familiar language.

In *Appendix 2 "25 Treatment Strategies,"* Roseberry-McKibbin summarizes the means of practice used in her therapy design.

G. Appendices

1. Best Practices for English Language Learners with Language-Learning Disabilities

2. 25 Treatment Strategies

Best Practices for English Language Learners
with Language-Learning Disabilities

SLPs, teachers, and other professionals need to modify their style of teaching and their overall interaction with English language learners (ELLs) who also have language-learning disabilities (LLD). These students have a dual challenge. They are trying to learn a second language with an underlying language-learning system that is inadequate for even learning one language.

The following suggestions can be used in small pullout therapy groups, regular education classrooms, and any other settings in which there are students who are English learners with LLD. (Roseberry-McKibbin, 1995) SLPs can reproduce these suggestions for other professionals and team members who serve ELL LLD students.

➤ Remember that students of all ages who are in the early stages of English language learning may speak little if they speak at all. Many learners, when they are first exposed to a second language, go through a "silent period" where they are focusing on comprehension of the second language. The silent period may last from several weeks to 1-2 years. The younger the ELL student, the longer the silent period tends to last. It is not uncommon for preschoolers, for example, to have a silent period that lasts for 1-2 years. (Tabors, 1997)

➤ Because of this silent period, it is crucial to initially focus on comprehension activities with little emphasis on production. ELL students with LLD should never be forced to speak if they are not comfortable or ready. This is a major difference between intervention with monolingual and bilingual LLD students. With monolingual LLD students, production is emphasized immediately. With ELL students with LLD, clinicians and teachers can gently encourage production while respecting the fact that it might be several months or more before the student is ready to actually speak in English.

➤ When speaking to ELL students with LLD, it is critical to slow down the rate of speech. When teachers and clinicians speak more slowly, these students can process information more effectively. It is important to remember that there is an underlying language-learning disability which makes it difficult to process incoming auditory information at a normal rate. Further, the student is attempting to accomplish this challenging task in an unfamiliar language.

➤ Pause often. Pauses give the student time to process the information. Pauses can occur initially between words, and then between phrases, and eventually between longer linguistic units such as sentences.

➤ Use shorter sentences. Pause in between these sentences. Lengthy sentences are very difficult for ELL LLD students to process.

➤ In the early stages, use fewer polysyllabic words. Monosyllabic, simple words are easier for beginning ELL LLD learners to process.

➤ Many clinicians and teachers tend to state information quickly and only once. It is important to repeat, rephrase, and restate information. For example, the clinician can say, "Grapes are a fruit. They can be green or purple. They taste good. Green and purple grapes are fruit. Grapes taste good!

➤ Use a multimodal approach to learning. ELL students with LLD benefit tremendously from seeing, hearing, and touching. A multisensory approach, where students learn in a hands-on manner, will promote the fastest, most effective learning for ELL LLD students. Many learn well kinesthetically and benefit from the incorporation of bodily movement into activities whenever possible. For example, if students draw or write about new words they have learned, they will

Guidelines for Speech Language Pathologists   **Section XV**

remember these words better later. Auditory information can be supplemented with visuals such as charts, pictures, objects, and overheads.

➤ Before beginning a class, therapy session, or activity, use preparatory sets to inform students what is about to happen. For example, the clinician can say, "Today we are going to start learning about safety words. We will look at pictures, read the words, and then color the pictures. So, today, we will talk about safety words and look at pictures, read words, and then color." When the students hear redundant preparatory sets or lead statements such as the ones above, they will learn new information more readily.

➤ Allow extra processing time after asking questions. It is recommended that after asking a question of an ELL student with LLD, the clinician allow at least 3 seconds for the student to answer.

➤ Try to teach new information in as quiet an atmosphere as possible. Because many of these students have underlying auditory processing difficulties and are also processing new information in an unfamiliar language, they learn best in a quiet atmosphere.

➤ When presenting information, use additional gestures and facial expressions to supplement information by making it more redundant for students.

➤ Use students' names to obtain their attention. For example, the clinician can say, "Phong, what does the word *calendar* mean?"

➤ With students who are in the early stages of learning English, be careful to avoid using idioms or slang. For example, these students will not understand an expression like "Look outside! It's raining cats and dogs! No recess today."

➤ Emphasize key words through slightly exaggerated intonation and increased volume. This will help students focus on the most auditorially salient information. For example, the clinician can say:

> "We are studying **clothes** today. There are **many kinds** of clothes. **Some** are for **women**, and **some** are for **men.** There are **some kinds** of **clothes** that **both men** and **women wear**."

➤ Seat ELL LLD students near the front of the classroom where they can see and hear the teacher easily.

➤ There is some anecdotal evidence that ELL LLD students in classroom settings learn information better if the teacher's voice is 20-30 dB louder than normal. Thus, in classrooms, instructors can use amplifiers to increase the salience of the auditory information and to help students focus on this information more effectively.

➤ Consider assigning a "peer buddy" to ELL LLD students. This can be a classmate or an older student who can give these students extra assistance with tasks in the therapy setting and in the classroom.

(Adapted from The Source for Bilingual Students with Language Disorders, Roseberry-McKibbin, 2001.)

25 Treatment Strategies

1. **Terrific Techniques**
   - **Focused Stimulation –** For students who are reluctant so speak in the early stages of learning English. The clinician repeatedly models a target structure or vocabulary word during activities designed to focus on the target.
   - **Expansion –** The clinician expands student's utterances by adding correct grammatical information.
   - **Extension –** the clinician comments on the student's utterances and adds new semantic information.

2. **Thematic Expansion –** Using themes as a way to provide multiple exposure to new vocabulary.

3. **Total Physical Response (TPR) -** For the "silent period," the clinician gives directions requiring whole body movements without pressure to produce language.

4. **KWL charts –** Students chart what they already know, decide what they would like to learn, and then list what they learned.

5. **Semantic Clusters –** The clinician uses clusters of words to help students link new concepts to those already familiar to them.

6. **Memorable Maps –** Semantic mapping

7. **Creative Collages -** Hands-on activity that provides multiple exemplars of new concepts.

8. **Using questions to assess comprehension in instructional activities.**

9. **Lively Listening –** Students silently reauditorize what they hear.

10. **Copycat Circle –** Students imitate each other and the clinician.

11. **Direction Detective –** Students follow directions using picture cards.

12. **Pattern Production –** Clinicians use patterns in group activities, to teach vocabulary while they teach simple interactive language patterns.

13. **Rhyming Reels –** Game with repetition of vocabulary words in a rhyme.

14. **Silly Songs –** Help remember new words with rhythm and music.

15. **Descriptive Drawings –** Students describe learned vocabulary so that others can draw them.

16. **Wordless Books-** Students create books with picture cards and re-tell the story to someone at home.

17. **Choral Reading –** Students each read one paragraph from a text, provides a non-threatening way to read aloud.

18. **Increasing sight word vocabulary –** Post basic high frequency works on the wall. Practice them in choral reading, or phrases from a unit of study.

19. **Wall Words –** Students names are listed under each alphabet letter on the wall, and new words are listed underneath.

20. **I Spy –** Play the "I Spy" guessing game, using wall words.

21. **Supersleuth Co-op –** Students work cooperatively to look up words in the dictionary.

22. **Dictionary Dig –** Students write about the words they look up.

23. **Cloze Activities –** The elimination of key words in a context.

24. **Mystery Word –** Students guess target words, using the letters.

25. **Interactive Dialogue Journals –** Clinician responds to journal writing.

(Adapted from the Source for Bilingual Students with Language Disorders, Celeste Roseberry-McKibbin, Linguisystems, 2001)

Section XVI – Referral for Central Auditory Processing (CAP)

A. Auditory Processing

The Ventura County SELPA Task Force on CAP adopted the definition of **auditory processing**, based upon that developed in 1996 by the American Speech Language and Hearing Association (ASHA) and updated in 2005. In the updated definition, central auditory processing (CAP) is broadly defined as the efficiency and effectiveness by which the central nervous system (CNS) utilizes auditory information. Central Auditory Process identifies strengths and deficits in the neural processing of auditory stimuli that is not the result of higher order language, cognition, or related factors (ASHA, 2005a).

CAP includes the auditory mechanisms that underlie the abilities and skills listed in the following areas:

- Auditory discrimination – ability to differentiate similar acoustic stimuli
- Auditory temporal processing and patterning – ability to analyze acoustic events over time (temporal ordering/sequencing and temporal resolution)
- Dichotic listening – ability to separate and integrate disparate auditory stimuli
- Low-redundancy Speech perception – ability to perceive degraded speech and speech-in- noise

B. CAP

According to the ASHA 2004 Technical Report Work Group (ASHA 2004b), the symptoms of CAP may overlap other diagnoses (autism and ADD, among others). Differential diagnosis is needed for a formal diagnosis. *(See Appendix 1 – Central Auditory Processing Symptoms.)* A handbook of guidelines on (C)APD is available on the SELPA website www.vcselpa.org- (C)*AP (C)entral Auditory Processing Disorders: A Team Approach to Assessment and Intervention* (VC SELPA, 2011a).

See Appendix 1 for CAP Symptoms Checklist

C. The Audiologist's Role

Ventura County SELPA has adopted a philosophy that the diagnosis CAP testing falls under the scope of practice of the audiologist. Speech/language, psychological, and educational tests that include the term "auditory processing" are not to be considered diagnostic tests for CAP disorders. (ASHA 2005a)(ASHA 2005f)

D. Special Education Eligibility

Students referred to the audiologist for CAP assessment must already be eligible for special education. If the initial assessment for special education indicates certain "red flags" for CAP dysfunction, or if a student fails to show progress after receiving other

special education services, a referral to the audiologist may be made. The referral should indicate the specific areas revealed in assessment which are of concern.

E. <u>Assessment for CAP Before Referral to the Audiologist</u>

1. Multidisciplinary Team

The importance of the multidisciplinary team in the assessment of auditory processing problems cannot be overstated. In an educational setting, the multidisciplinary team may include the school psychologist, SLP, teacher(s), school nurse, and other specialists who as a team generate the referral for the audiological assessment of CAP.   Parents as well as physicians and other specialists who work with the child outside of the school setting are also important collaborators in this team effort.

The student must meet the following criteria before a referral is generated to Ventura County Office of Education (VCOE) Hearing Conservation/Audiology Services for assessment of CAP.

- RtI[2] process has not been successful. Multidisciplinary assessment has been completed revealing the potential for CAP dysfunction or student has received special education services and failed to make expected progress.

- Normal peripheral hearing acuity, as well as normal ear health.

- A minimum age of 7 years, (due to neuro-maturation as well as task difficulty and performance variability below this age on tests of central auditory function).

- Cognitive ability in the average range.

- Auditory processing problems are observable in all languages spoken by the student. Command of the testing language for CAP testing is necessary. While some tests in the auditory processing battery are less dependent on language, care must be taken in diagnosing CAP in second language learners.

Other consideration for making a referral for CAP assessment:

- Students with speech sound disorders should not be referred if severity precludes understanding. The auditory processing test battery requires verbal responses from the student that are able to be clearly understood by the audiologist.

- Clinicians should consult with the Hearing Conservation regarding CAP assessment for students with autism spectrum disorder to determine if the child is a good candidate for testing.

- Students who take medication for attention, anxiety or other disorders that may confound test results should be tested while they are on their routine schedule of medication.

Guidelines for Speech Language Pathologists   Section XVI

2. The following are critical components to be included in assessment prior to making a referral to the audiologist for CAP assessment.

- Referral Background:
    - Source of referral
    - Reason for referral
    - Previous evaluations and treatments
    - Functional performance deficits
    - Observations

- Medical History:
    - Prenatal and birth history
    - Family/genetic history
    - Developmental milestones
    - Health status
    - Ear health and hearing
    - Current medications and treatments

- Developmental History:
    - Auditory
    - Visual
    - Motor
    - Sensory
    - Social
    - Behavioral
    - Speech and Language
    - Linguistic and cultural background
    - Evaluation and treatment results

- Educational History:
    - Academic strengths and weaknesses, especially with reading and spelling
    - Behavioral characteristics including attending, response time, type and quality of response, following directions and listening with noisy background

3. Speech and Language Assessment

   A complete assessment should be conducted with consideration of other presenting issues which may impact test scores. Areas to consider testing and test examples for use as a guideline include:

   - Auditory Perception and Discrimination

     - The Goldman-Fristoe-Woodcock Test of Auditory Discrimination: *Quiet Subtest*

     - The Lindamood Auditory Conceptualization Test-3 (LAC-3)

     - Test of Auditory Processing Skills Third Edition (TAPS-3): *Word Discrimination Subtest*

     - Test of Language Development-4 (TOLD-P:4) *Supplemental Subtest 1*

     - Wepman's Auditory Memory Battery

   - Auditory Association/Receptive Vocabulary

     - The Comprehensive Receptive and Expressive Vocabulary Test-3 (CREVT-3)

     - Peabody Picture Vocabulary Test-4 (PPVT-4)

     - Receptive One Word Picture Vocabulary Test-4 (ROWPVT-4)

     - Clinical Evaluation of Language Fundamentals-5 (CELF-5)

   - Auditory Memory

     - Auditory Processing Abilities Test (APAT) *Subtests 2, 6, and 9*

     - Test of Auditory Processing Skills-3 (TAPS-3): *Memory for Words and Numbers Forward Subtest*

     - The Token Test for Children-Second Edition (TTFC-2)

     - Wepman's Auditory Memory Battery

   - Phonemic Awareness

     - The Comprehensive Test of Phonological Processing-2 (CTOPP-2) *Subtests 1, 2, 8, 10, 11 and 12*

     - The Lindamood Auditory Conceptualization Test-3 (LAC-3)

     - The Phonological Awareness Test-2 (PAT-2)

     - The Phonemic Synthesis Test

     - The Test of Phonological Awareness-2 (TOPA-2)

   - Auditory Closure

     - Comprehensive Assessment of Spoken Language-2 (CASL-2) *Meaning from Context Subtest*

     - Test of Language Competence Expanded: *Subtest 3*

- Auditory Cohesion/Comprehension of Sentence and Paragraph-Length Material

  - The Auditory Processing Abilities Test (APAT): *Passage Comprehension, Sentence Absurdities, Complex Sentences Subtests*

  - Clinical Evaluation of Language Fundamentals-5 (CELF-5): *Linguistic Concepts, Sentence Structure, Concepts and Directions, Understanding Spoken Paragraphs Subtests*

  - The Comprehensive Assessment of Spoken Language-2 (CASL-2): *Sentence Comprehension, Paragraph Comprehension, Nonliteral Language, Ambiguous Sentences, Inference, Subtests*

  - The Listening Comprehension Test-2

- Expressive Vocabulary

  - The Comprehensive Receptive and Expressive Vocabulary Test-3 (CREVT-3)

  - The Expressive One Word Picture Vocabulary Test-4 (EOWPVT-4)

  - The Test of Language Development-Primary-4 (TOLD-4): *Oral Vocabulary Subtest*

  - Detroit Tests of Learning Aptitude-5 (DTLA-5): *Story Construction*

- Word Retrieval

  - Clinical Evaluation of Language Fundamentals-4 (CELF-4): *Rapid Automatic Naming Subtest (not included in the CELF-5)*

  - The Comprehensive Test of Phonological Processing-2 (CTOPP-2): *Rapid Object Naming Subtest*

  - Test of Word Finding-2

- Auditory/Speech Perception Under Degraded Listening Conditions

  - Goldman-Fristoe-Woodcock Test of Auditory Discrimination: *Noise Subtest*

  - Tests for Auditory Processing Disorders for Children (SCAN-3C) or (SCAN-3A)

  - Woodcock-Johnson Tests of Cognitive Ability: *Auditory Figure Ground Subtest*

F. <u>Assessment Results Which May Indicate the Need for Further Assessment by an Audiologist for CAP Abilities</u>

If assessment results indicate possible central auditory processing difficulties and less intensive special education services have not been effective, a referral to the Hearing Conservation may be made.

G. Referral to Audiologist

Once it is agreed that the referral for CAP assessment will be made, the following steps should be followed:

☐ First, a *District Referral/Authorization for Hearing Services* must be submitted to request this service. An authorized administrative signature is required to authorize billing. An appointment will be scheduled after this form is received.

☐ Once the signed District Referral / Authorization for Hearing Services form is received, a reservation form with the date and time offered will be emailed to the district. The district will give the form to the parent/guardian to sign agreeing to the appointment. It is suggested that the parent sign an Assessment Plan at this time.

☐ The district is required to submit a recent psychoeducational assessment report along with the signed *Appointment Reservation* form and *Assessment Plan* prior to the scheduled appointment.

☐ An *Assessment Plan* is required. The "Reason for Assessment/Areas of Concern" should include "central auditory processing skills." Responsible personnel should state, "audiologist."

☐ FAX or email the completed reservation form, *CAP Assessment Referral*, *Referral/Authorization for Hearing Services*, and recent assessment reports, to Hearing Conservation as soon as the forms are signed.

H. Requests for Repeat CAP Re-Evaluation Assessments

If school performance concerns remain and assessment indicators suggest that a student with deficits in auditory processing may benefit from repeating the CAP Assessment, the IEP team should review the Audiologist's report for a suggested timeline, e.g., repeat testing in three years. A signed Assessment Plan will also be required in this situation and the process outlined in this document should be followed with a tentative appointment made before the Assessment Plan is signed by the parent.

I. Appendices

1. Central Auditory Processing Checklist

2. Referral/Authorization for Hearing Services

Central Auditory Processing

Symptoms Associated with Central Auditory Processing Function

The symptoms outlined below do not represent a complete list of all possible signs of CAP challenges. They are intended to provide a general overview of some of the key signs that may alert parents and professionals to the possibility that central auditory processing deficits *may be a factor* in a student's learning difficulties.

PROBLEMS WITH AUDITORY **DISCRIMINATION**

☐ trouble understanding verbal directions

☐ difficulty with sound discrimination

☐ substitutes similar sounding words

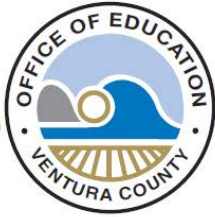☐ reading and spelling difficulties

PROBLEMS WITH **DICHOTIC LISTENING**

☐ problems localizing the source of a signal

☐ difficulty listening on the telephone

☐ confused by oral directions

☐ often asks for repetition

PROBLEMS WITH **TEMPORAL PROCESSING ORDERING/SEQUENCING**

☐ difficulty following a series of steps

☐ confused by oral directions

☐ difficulty recalling a sequence or oral directions

☐ difficulty with the prosodic features of speech

☐ difficulty with rhythm, poor musical ability

☐ says "huh" or "what" frequently

PROBLEMS WITH **LOW REDUNDANCY SPEECH**

☐ difficulty hearing/understanding in background noise

☐ difficulty understanding speech that is not clear

☐ difficulty understanding persons who speak with an accent

☐ possible receptive language difficulties

PROBLEMS WITH **TEMPORAL PROCESSING/RESOLUTION**

☐ delayed response to verbal requests

☐ difficulty discriminating subtle verbal cues

☐ difficulty following rapid speech

☐ difficulty hearing subtle pattern changes

************* *A Note of Caution Regarding Symptom Checklists* ************

The reader is cautioned to avoid the mistake of inferring that a student has difficulties with CAP functioning on the basis of a symptom list. Symptom checklists should only be used to lead the assessment team toward a more complete assessment.

Hearing Conservation and Audiology Services
5100 Adolfo Road, Camarillo, CA 93012
805-437-1380 · FAX: 805-389-4297
Email: hearing@vcoe.org
www.vcoe.org/hearing

VENTURA COUNTY OFFICE OF EDUCATION
Stanley C. Mantooth, County Superintendent of Schools

Referral/Authorization for Hearing Services 2018-2019

Client Information   *Date of Referral* _____

Last Name _____   First Name _____

Date of Birth _____ M □ F □   Grade _____   School _____

District of Attendance _____   District of Residence (if different) _____

IEP? Yes □ No □   IEP Type: DHH □   VI □   OI □   Other _____

Is this an initial IEP assessment for a child with documented hearing loss? Yes □ No □   This student has a 504 Plan □

Parent Contact (name/phone) _____

Referred by

Last Name _____   First Name _____

Title/Role _____

School/Agency _____   District/City _____

Phone _____   Email _____

Case Manager (if different) _____   Email _____

Teacher (if different)_____   Email _____

Type of Referral: (**See instructions attached**)

□ Hearing Test*   □ Educational Audiology Consult/Services^   Equipment Purchase Services

□ Aided Testing*   □ Hearing Assistive Technology (HAT)^   Central Auditory Processing Assessment
                                                                        (CAP)^

□ Other: _____

*Authorization effective for current school year

^Authorization effective throughout duration of corresponding IEP/504 plan

---

Reason for Referral   Indicate any timelines that need to be met: _____

Primary Concern:

Attach all available audiological records from outside sources.
Attach/Forward 504 Plan, as applicable.

*Authorization for Billing*   (Required at time of submission; not required for DHH-IEP students)

Administrator (District of Attendance) _____   Signature _____

Title _____   Phone _____   Email _____

If the student is attending a school outside of their DOR, and SELPA funding is not applicable, the DOR will be billed for the services and any HAT equipment. Authorization will be needed from BOTH designated district administrators.

District of Residence - Administrator: _____   Signature _____

Title _____   Phone _____   Email _____

"Commitment to Quality Education for All"
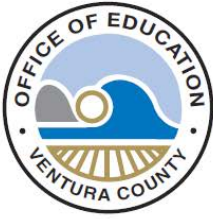
VENTURA COUNTY OFFICE OF EDUCATION

Stanley C. Mantooth, County Superintendent of Schools

Instructions for Completing the Referral/Authorization Form

 This referral/authorization form is required from Hearing Conservation.

1. Client Information
   a. Enter the name and date of birth; put any nicknames in quotes.
   b. Complete district information. If the child is not yet attending school, still put in the District of Residence (DOR). If the student is attending a school outside of their DOR, and SELPA funding is not applicable (per below), the DOR will be billed for the services and any HAT equipment. Be sure to indicate both the District of Attendance (DOA) and DOR. Authorization will be needed from designated administrators for both the DOA and the DOR.
   c. Indicate whether the student has an IEP; if so, whether the primary or secondary eligibility is Deaf/Hard of Hearing (D/HH), Visual Impairment (VI), or Orthopedic impairment (OI), or whether this is an initial IEP assessment for a student with a documented hearing loss (therefore, a student pending D/HH IEP eligibility).
2. Referred By: Enter all information for the referring person, IEP or 504 case manager and primary teacher.
3. Type of Referral: See table below for description of the service options, costs and scheduling process.
   ➢ *Services and HAT equipment for students with low incidence IEP eligibility (D/HH, VI, OI) are funded through SELPA.*
   ➢ *Funding for services/HAT for all other students are the responsibility of the school district and must be pre-authorized.*
4. Reason for Referral: Briefly explain the reason for the referral and indicate assessment timeline, IEP date, and/or any other deadlines that need to be met. Forward copies of all available (non-VCOE) audiology records.
5. Authorization for Billing: It is the responsibility of the referring professional to *first obtain authorization* for services (and, therefore, approval to bill the district/agency) from the *designated administrator* (e.g. Director) *prior* to submitting this form.
6. To submit this request: Save/Print a copy for your records; forward to Hearing Conservation.

"Commitment to Quality Education for All"
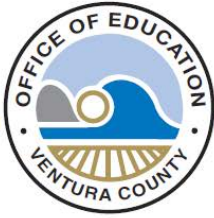
VENTURA COUNTY OFFICE OF EDUCATION

Stanley C. Mantooth, County Superintendent of Schools

Hearing Conservation Services and Cost			
Service / Referral Type	**Description**	**Cost**	**Scheduling Process**
Hearing Test	Comprehensive testing at VCOE to determine the presence and characteristics of hearing loss and to link the family to needed services in the community and school	$130	After submitting this form, instruct parent to call our office to schedule an appointment.
Aided Testing	Testing at VCOE to determine a student's auditory abilities while using their current amplification devices (hearing aids or cochlear implants)	$200	After submitting this form, instruct parent to call our office to schedule an appointment.
Educational Audiology Consult/Services	School-based services for a student with hearing loss, including assessment, consultation, teacher in-servicing, IEP attendance, etc.	$130/hour	After submitting this form, the educational audiologist will contact you to initiate services.
Hearing Assistive Technology (HAT)	Purchase of HAT and related services (estimated at 5 hrs./yr.), including set up of equipment and training of teacher(s) and students at the school site.	Equipment invoice and $130/hour for services	After submitting this form, the educational audiologist will contact you to initiate services.
Central Auditory Processing Assessment (CAP)	Assessment at VCOE for central auditory processing includes testing, report, IEP participation and consultation with school team, parents, and others involved.	$1,500	After submitting this form, refer to the *Central Auditory Processing (CAP) Scheduling Process,* and forms for scheduling CAP assessments.
Other	Briefly state the needed services	$130/hour	We will contact you to initiate services.

"Commitment to Quality Education for All"

Section XVII – Paraeducators/Instructional Aides and Speech-Language Pathology Assistants

In some cases it may be necessary and appropriate to provide speech and language services via the use of a Speech-Language Pathology Assistant (SLPA) or Paraeducator (also known as "Instructional Aide").

A. Paraeducators

According to California Code of Regulations, Title 5, Section 3051.1(c), "Services may be provided by an aide working under the direct supervision of a credentialed language, speech, and hearing specialist if specified in the individualized education program. No more than two aides may be supervised by one credentialed language, speech, and hearing specialist. The caseload of the SLP shall not be increased by the use of noncertificated personnel".

A paraeducator must always be working under the supervision of a licensed or credentialed staff member. The paraeducator is protected by the district's liability insurance, as long as the paraeducator is carrying out duties as assigned. The SLP is responsible for training the paraeducator for specific instructional strategies and in assisting the SLP in documenting progress.

Paraeducators must be well aware of the important requirements for confidentiality when dealing with special education students. According to the Family Educational Rights and Privacy Act (FERPA), they need to be careful not to share any personal information about the student with anyone other than "employees of the district with a legitimate educational interest". (Family Educational Rights &Privacy Act 20 U.S.C. §1232g)

The Case Manager and/or SLP should clearly instruct the paraeducator as to preferences regarding communication with the student's parent(s). Many Case Managers and SLPs prefer that a paraeducator communicate only daily routine information to parents and that all other communication about progress, behavior, health and other concerns be kept between Case Manager and/or SLP and parent(s) only.

SLPs giving direction to paraeducators do not require supervision training, as required for CFYs and SLPs. The Ventura County SELPA has a handbook for training paraeducators which can be used to cover basic training topics with new paraeducators. (VC SELPA, 2011c)

The SELPA also has a handbook for use in determining if extra paraprofessional support is needed in the classroom. (VC SELPA 2009)

See also CSHA Task Force Position Paper on Utilization of SLPAs and SLP Aides in the School Settings (CSHA, 2003).

B. Speech-Language Pathology Assistants (SLPAs)

SLPAs differ from paraeducators in the scope of their training, educational requirements and the duties they may perform.   The speech-language pathology assistant must wear a distinguishing name badge with the title of SLPA and license number in 18 point font. Only a registered SLPA shall utilize the title SLPA or a similar title that includes the words speech or language when combined with the term assistant.

SLPAs must be well aware of the important requirements for confidentiality when dealing with special education students. According to the Family Educational Rights and Privacy Act (FERPA), they need to be careful not to share any personal information about the student with anyone other than "employees of the district with a legitimate educational interest". (Family Educational Rights &Privacy Act 20 U.S.C. §1232g). SLPAs must also exhibit compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996)

SLPAs are regulated by the California Business and Professions Code Sections 2538-2538.7 and the Speech-Language Pathology and Audiology Board. All information presented herewith is cited from the above mentioned laws and regulations (See also CSHA 2003b).

1. Training and Preparation of SLPA's

    A SLPA shall have graduated from an Associate of Arts degree program, or equivalent course of study, approved by the Board. A person who has successfully graduated from a Board approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study. Continuing education is required to maintain certification.

2. Responsibilities, Duties and Functions Inside the Scope of SLPAs Service Delivery:

    a. Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising SLP.

    b. Providing direct treatment assistance to students under the supervision of an SLP.

    c. Following and implementing documented treatment plans or protocols developed by a supervising SLP.

    d. Documenting student progress toward meeting established goals and/or objectives, and reporting the information to a supervising SLP.

    e. Assisting an SLP during assessments, including, but not limited to, assisting with formal documentation, preparing materials and performing clerical duties for a supervising SLP without clinical interpretation.

    f. When competent to do so, as determined by the supervising SLP, acting as an interpreter for non-English-speaking students and their family members.

    g. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation.

Guidelines for Speech Language Pathologists   Section XVII

h. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

i. Program and provide instruction I the use of augmentative and alternative communication devices.

Administrative Support (re-letter these to start with a again?)

a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by SLP.

b. Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

c. Assisting with SLP research projects, in-service training, and family or community education (including RtI/MTSS- Multi Tiered Systems of Support).

d. Scheduling activities and preparing charts, records, graphs, and data.

3. Duties Requiring Direct (Immediate) Supervision

a. Any activity involving medically fragile students. In such instances, the SLPA shall act only under the direction of the supervisor.

b. Any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the SLPA.

4. Duties Requiring Indirect Supervision

a. Screening or treatment activities where the supervisor has previously given instructions as to how to perform the task, has observed the assistant in the conduct of these activities, and is satisfied that the activities can be competently performed by the SLPA, i.e., repetitive drill exercises, generalization or carryover activities;

b. Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance; and,

c. Other non-student care activities.

5. Responsibilities, Duties and Functions OUTSIDE the Scope of the SLPA

A SLPA may NOT conduct evaluations, provide service to any student, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising SLP. The SLPA may NOT perform any of the following functions:

a. Represent himself or herself as an SLP.

b. Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising SLP or another SLP being present.

c. Provide counseling or advice to a student's parent or guardian which is beyond the scope of the student's treatment.

d. Sign any documents in lieu of the supervising SLP, i.e., treatment plans, or formal reports.

e. Discharge students from services.

f. Make referrals for additional services.

g. Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising SLP.

See Section XVIII for Requirements for Supervision of SLPAs.

Section XVIII – Requirements for Supervision in Speech-Language Pathology

A. Overview

The ASHA 2008a Position Statement on Clinical Supervision in Speech-Language Pathology outlines the new regulations regarding pre-supervision training requirements in our field. It states that clinical supervision is a distinct area of practice in speech-language pathology and it is an essential component in the education of students and the professional growth of speech-language pathologists. The complex nature of supervision makes it important that supervisors obtain education in the supervisory process. Speech-Language Pathologists supervise at all levels of practice, including SLPs who are completing a Clinical Fellowship Year for ASHA and Required Professional Experience for state licensure, licensed Speech-Language Pathology Assistants and Assistant Interns, and graduate students.

B. Clinical Fellowship Year for Certificate of Clinical Competence

ASHA guidelines require that supervisors of Clinical Fellows hold a Certificate of Clinical Competence in the appropriate area of supervision. Direct supervision must include no less than 25% of client contact. The amount of supervision must be appropriate to the student's level of knowledge, experience and competence. The 2008a ASHA Position Statement outlines eleven tasks for clinical teaching or supervision and competencies needed for each.

When supervising an SLP who is completing his/her Clinical Fellowship Year, goals and outcomes are to be established jointly with the Clinical Fellow. The supervisor is to provide oral and written feedback and maintain records of supervisory contacts. In addition, the supervisor must complete a SLP-CF Report and Rating form (http://www.asha.org/uploadedFiles/SLP-CF-Report-Rating-Form) three times during the supervision period. The completed report must be signed and mailed to ASHA after the end date of the experience reported on the form.

Responsibilities of the CFY supervisee include:
- Verification that the supervisor has a current CCC;
- 80% of the work week to be spent in direct client contact;
- Full time work to be a minimum of 35 hours/week, total of 1,260 hours in 48 weeks;
- Establish goals/outcomes jointly with the supervisor; and
- Maintain current records of observations/feedback.

Responsibilities of the CFY supervisor include:
- 36 supervisory contacts, 12 during each of three segments;

- 18 hours of direct observation of client contact, plus 18 additional contacts monitoring other activities;
- Maximum of six hours of supervision in any one day;
- Provide feedback at least once each segment using Clinical Fellowship Skills Inventory (ASHA-not dated) http://www.asha.org/uploadedFiles/CFSISLP.pdf);
- Supervisee must score a three or above on core skills by final supervision conference; and
- SLP-CF Report and Rating form to be completed within 30 days of completion of CF experience.

C. Required Professional Experience for California State Licensure

When supervising an SLP who is completing his/her Required Professional Experience for state licensure, the supervisor must ensure that the supervisee completes the Application for Temporary License (http://www.slpab.ca.gov/applicants/rpefor.pdf) prior to starting the RPE. The supervisor must complete and submit a Required Professional Experience Supervisor Responsibility Statement (http://www.slpab.ca.gov/applicants/req_sup_respons.pdf). For an SLP who is working full time the RPE must be completed within 12 months.

RPE supervision requirements include:
- 36 weeks of satisfactory completed supervised professional full-time experience or 72 weeks of professional part-time experience;
- Minimum of eight hours of supervision per month for full-time employees;
- Four hours per month of direct supervision of client contact;
- Four hours per month of joint review of evaluation/assessment reports, case management reports, etc.;
- RPE performance must be evaluated monthly, with discussion in person with supervisee and written documentation (http://www.slpab.ca.gov/applicants/rpefor.pdf);
- Oral feedback must be given if competency issues arise with a written improvement plan;
- Supervisee must complete six hours of initial supervision training, with a four-hour refresher course every **four** years;
- RPE verification form must be completed and forwarded to the Speech-Language Pathology and Audiology Board (SLPAB) within 10 days of completion (http://www.slpab.ca.gov/applicants/rpevexp.pdf); and
- The supervisor may oversee a maximum of three SLPs completing their RPE.

D. Speech-Language Pathology Assistants

Speech-Language Pathologists who supervise licensed Speech-Language Pathology Assistants (SLPAs) also are required to complete a six-hour supervision course with a four-hour refresher course every **two** years. During work hours, a SLPA must wear a name badge in 18-point type disclosing his/her name and registration status. The SLPA must renew his/her license every two years and complete 12 units of continuing professional development every two years.

Guidelines for Speech Language Pathologists   Section XVIII

Within 30 days of commencement of supervision of a SLPA, the SLP must submit to the SLPAB a form entitled "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant." (http://www.slpab.ca.gov/applicants/resp-stmt.pdf). At the termination of supervision, the SLP must submit a "Termination of Supervision" statement to the SLPAB within 14 days. (http://www.slpab.ca.gov/applicants/sup-termination.pdf). The supervisor must maintain a valid California license or hold a valid Rehabilitative Services Credential in Language, Speech and Hearing. The supervisor must ensure that the work performed by the SLPA is consistent with his/her training and experience. The SLP is accountable for all tasks performed by the SLPA, and he/she must assist the SLPA in the formation of a professional development plan to complete 12 units of continuing education every two years.

In order to ensure that the SLPA works within his/her scope of practice, the supervising SLP should review the Title 16 California Code of Regulations for a Speech-Language Pathology Assistant. (http://www.slpab.ca.gov/board_activity/laws_regs/asstregs.pdf).

E.   Speech-Language Pathology Aides

A Speech-Language Pathology Aide must be directly supervised at all times. When supervising a Speech-Language Pathology Aide, the supervisor is required to be physically present and able to intervene while the aide is working with the client. Direct supervision is not required for services that do not involve direct client contact, such as filing or typing. The supervisor is responsible for all services provided by the aide. (*See information on the SLPAB website regarding speech aide supervision http://www.slpab.ca.gov/applicants/aide_sup_pamp.pdf.)*

Section XIX – School District Medi-Cal Billing

A. About Medi-Cal Billing

School districts throughout the United States have been pursuing Medicaid reimbursement for medically based services provided in the schools by psychologists, nurses, SLPs, etc. Each school district establishes guidelines for expenditure of funds from this program. Examples might include salaries (non-supplanting), purchase of equipment, etc.

Medicaid is a federal program that was established in 1965 under Title XIX of the Social Security Act and jointly funded by the Federal and State Governments. Medicaid provides health care coverage for low-income families, aged, blind, and disabled persons, and individuals whose income and resources are insufficient to meet the costs of necessary medical services. An amendment in 1988 allowed Medicaid coverage of health related services provided to children under the Individuals with Disabilities Education Act (IDEA).

Medi-Cal is California's Medicaid program and is administered by the Department of Health Services (DHS). School districts in California can become Medi-Cal providers and bill the Medi-Cal program for services provided by the medical professionals they employ. This program is known as "LEA Medi-Cal."

B. Parent Permission

Parents must give specific permission annually for the school district to bill the LEA Medi-Cal program for services to their child. There is a SELPA form "Permission for Use of LEA Medi-Cal" (see form in SIRAS) on which they must give permission. The form may be presented to the parents at the conclusion of an IEP meeting (after all signatures have been obtained) or any other time during the school year. Approval allows the district to bill for all assessments and services in the subsequent year, or until revoked. For students not yet special education eligible, parents must give permission on the Assessment Plan (See Assessment Plan in SIRAS) for the district to bill for the initial assessment.

If parents ask about what this means, the IEP team may explain: "The federal government allows school districts to bill the federal Medicaid program for certain medically-related services provided to students. This is a good source of income to be able to provide better services for our kids. It will not affect your family or child's individual benefits in any way."

C. Personnel Qualifications

1. To bill for services a district must meet personnel requirements. SLPs providing services should be either "qualified" as defined by MediCal, or supervised by a qualified SLP. Federal Medicaid regulations define a qualified speech-language pathologist as an individual who:

   a. Has a certificate of clinical competence from the American Speech (Language) Hearing Association; or

   b. Has completed the equivalent educational requirement and work experience necessary for the certificate; or

Guidelines for Speech Language Pathologists   Section XIX

c. Has completed the academic program and is acquiring supervised work experience to qualify for the certificate." (U.S. Dept. of Health & Human Services, 2004 42 CFR 440.110 (c) (ii)) (ASHA, 2004)

2. In California, a "qualified" SLP is one who holds a state license. The Federal Center for Medicaid Services (CMS) authorized California to utilize school credentialed SLPs *under supervision* of licensed SLPs in 2001. *Credentialed* SLPs must be "under the direction" of a licensed SLP. This requirement may change in the future.

D. Supervision by a Licensed SLP

The California Medi-Cal Update Outpatient Services Local Educational Agency Bulletin 329 and Manual, March 2002 for SLP supervision specifies:

"*The supervising speech pathologist is individually involved with patient care under his or her direction and accepts responsibility for the actions of the credentialed language, speech and hearing specialists that he or she supervises. The amount and type of supervision required should be consistent with the skills and experience of the credentialed LSH specialist, and with the standard of care necessary to provide appropriate patient treatment. The annual duties of the supervising speech/language pathologists include, but are not limited to:*

- *Periodically observe assessments, evaluation and therapy.*

- *Periodically observe the preparation and planning activities.*

- *Periodically review client/patient records and monitor and evaluate assessment and treatment decisions of the LSH specialists.*

A licensed speech pathologist shall be available by telephone (conventional or cellular) during the workday to consult with the credentialed speech, language hearing specialists, as needed. (Powell, 2002)"

See also Medicaid Guidance for School Bound Speech-Language Pathology Services: Addressing the "Under Direction of" Rule (ASHA, 2004c) and "Medicaid FAQs" (ASHA, 2005c).

E. Billing

School districts have their own LEA Medi-Cal billing number, as well as each district Medi-Cal practitioner. Districts rather than SLPs are responsible for billing and billing is submitted under the district's number. The speech-language pathologist's (SLP) license is not submitted as part of the billing process. However, the district has to have evidence that the school SLP's license is on file for audit purposes. The SLP must keep copies of permissions and service logs for Medi-Cal billing for at least 3 years, in case of audit.

Section XX - References

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  - Clinical Fellowship Skills Inventory.
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- CSHA website: www.csha.org

- Medicaid Information:

    (800) 498-2071 ext. 4332

    (301) 897-5700 ext. 4332

  - Speech-Language Pathology and Audiology Board (SLPAB):
    http://www.speechandhearing.ca.gov/

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