

GUIDELINES FOR
Speech and Language
Programs

Volume II

**DETERMINING ELIGIBILITY FOR
SPECIAL EDUCATION SPEECH AND LANGUAGE SERVICES**

Working Draft



State of Connecticut Department of Education ¾ 1999

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Speech and Language
Programs

Volume II

Determining Eligibility for
Special Education Speech and Language Services

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Foreword

Federal and state special education laws and regulations require school districts to identify, evaluate and provide speech and language services to children from 3 through 21 years of age who exhibit speech-language impairments that adversely affect educational performance. Policy letters from the United States Department of Education (1980 and 1989) that define “educational” performance as being broader than “academic” performance offer some guidance. However, there are no mandated procedures in Connecticut to determine eligibility for these services. Consequently, local school districts have either developed their own criteria or relied on the professional judgment of individual speech and language pathologists to guide the Planning and Placement Team (PPT). According to parents and school personnel, variations in these criteria and how they are applied have contributed to confusion when children move within and across school districts. In addition, as school administrators and boards of education have examined state special education prevalence data, increasing attention has been given to discrepancies among districts in the numbers of children identified as having speech-language disabilities.

The State Department of Education (SDE) offers these guidelines to help school districts determine which children are eligible for speech and language services under the provisions of the Individuals with Disabilities Education Act. This document addresses critical issues and recent research in the areas of assessment and identification, and builds on the philosophy and procedures described in SDE’s 1993 *Guidelines for Speech and Language Programs*.

It is important to reiterate the following statement in the Department’s 1989 Policy Memorandum (*Guidelines for Speech and Language Programs*, 1993, Appendix C, page 166): “If the PPT determines, following evaluation(s), that the communication impairment does not adversely affect educational performance, due to the importance of effective communication in the lives of children, districts should consider offering services to remediate the problem outside of special education.” This policy is also stated in the department’s February 1998 *Report on Special Education and Related Services*. Careful attention to students’ speech and language skills and communicative competence is an important part of our efforts to improve children’s educational performance.

Theodore S. Sergi
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Special recognition is given to the committees of speech and language pathologists and other professionals who contributed their expertise and many hours of their time beyond their regular working schedules to collaborate in the development of this document.

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Overview

The *Guidelines for Speech and Language Programs, Volume II* is designed to facilitate the implementation of consistent practices in Connecticut for determining children's eligibility for speech and language services as special education or as a related service. These practices focus on four major areas: the early intervention process, special education evaluation procedures, documentation, and Planning and Placement Team (PPT) decisions about eligibility for special education speech and language services. This publication complements the *Guidelines for Speech and Language Programs* published by the State Department of Education (SDE) in 1993.

It is intended to be used as a working draft through the 1999-2000 school year. Feedback forms are provided at the back of this document. Please return your comments with the assurance that they will be given serious consideration in the preparation of the final version.

The core document is organized as follows:

- The introduction describes the process for developing the guidelines and the issues that were of concern to committee members as a result of their experiences in their school districts.
- The philosophical framework presents the organizing concepts of impairment, and disability and includes the basic premises that are critical to achieving uniformity in implementing the criteria for eligibility determination.
- The section on implementing the guidelines covers procedures and includes associated forms. It includes discussion of critical issues related to early intervention in regular education; planning, conducting and reporting on the eligibility evaluation; and applying the eligibility criteria.
- Other materials include a bibliography and additional references.

In addition, a packet of supplemental resources has been developed. This includes a wealth of material from a variety of publications that can be copied for use in either or both the early intervention and eligibility evaluation stages, as needed.

In an effort to develop uniformity in reporting practices, templates have been developed for all related forms, with space available for narrative comments, where appropriate. A computer disk containing these forms, using Word for Windows 6.0, will be included with each district's copy of this publication. This disk may be copied for each Speech and Language Pathologist (SLP) in the district. The material on the disk can be transferred to other word processing programs, with some resulting format changes. The forms will also be placed on the State Department of Education's Website at <http://www.state.ct.us/sde/> in the near future.

These *Guidelines* do not provide a list of recommended commercial tests. The selection of appropriate assessment instruments and procedures is left to the professional judgment of the SLP and other members of the Planning and Placement Team (PPT). Due to the requirements of the fluency criteria, however, specific procedures and instruments are recommended.



These *Guidelines* also do not provide any formula for rating the severity of communication impairments, determining the length or frequency of intervention sessions for children with particular communication assessment profiles, or selecting the type(s) of service delivery model(s). A variety of factors, such as the child's age, type of communication impairment, attention span, as well as the intervention goals, presence of other impairments and the availability of other support systems influence those decisions.



Rationale for Developing Statewide Eligibility Criteria

A number of influences converged to provide the impetus for developing these guidelines. Parents and SLPs reported confusion about eligibility for special education speech and language services due to inter- and intra-district variability in identification practices and decisions. When moving into a new district, parents of children who had been declared eligible for these services were suddenly confronted with their children's ineligibility or vice versa. When children moved to a different school within the same district, SLPs often expressed surprise that the PPT in the former school had determined special education speech and language services to be necessary, or conversely, that children now being brought to the PPT because of communication problems had not been "picked up" previously. These reports were confirmed during discussions held by the SDE with Special Education Directors. They were further substantiated by SDE consultants reviewing school districts' special education files and prevalence data during special education program reviews and technical assistance activities.

Process for Developing Guidelines

In preparation for compiling statewide eligibility criteria, 75 professionals, representing speech and language pathology, school psychology, special and regular education administration, early childhood education and bilingual education were invited to participate in the project. Of those, 40 were available for the initial meeting to plan the organizational structure for accomplishing the task. Subsequently a smaller group of committees was established to address the areas of language, phonology, voice and fluency. The language committee subdivided further to deal with the areas of early childhood, elementary and secondary education and issues related to urban districts and children acquiring English as a second language.

Concerns

During committee and subcommittee meetings, the following concerns, which were perceived as related to the variability in eligibility determination, were expressed. These issues were described as problematic both within and among school districts.

Concerns Regarding the Early Intervention Process:

Involvement of SLPs. SLPs are not always available when the school prereferral team meets because of the itinerant nature of many of their jobs. Some schools view SLPs as special educators, ignoring their pupil services (i.e. regular education) role and excluding them from prereferral teams that are viewed as the responsibility of regular education. As a result, children may be referred for special education evaluation without recognition of the need for, or adequate, involvement of the SLP at the prereferral level. When the evaluation reveals a communication impairment, these children may be determined eligible for special education speech and language services without benefit of



appropriate or sufficient early intervention (prereferral) strategies, developed and implemented in collaboration with the SLP, that may have prevented the need for special education identification.

Early Intervention Practices. Some schools and districts have a formalized, institutionalized early intervention (prereferral) process, carried out under the auspices of a team of regular and/or special educators (e.g., Child Study Team, Student Assistance Team). In other districts, the principal, or some other coordinator, is the early intervention (prereferral) agent, directing requests for regular education consultation to the professional deemed most appropriate to address the needs of the child for whom the consultation is requested. In these situations, communication problems may get overlooked, or early intervention strategies may not be developed with adequate information about the child and the educational environment.

Early Intervention Timelines. Some children may not be given adequate time to benefit from early intervention (prereferral) strategies, including sufficient support for, and modifications to, the strategies that were developed to address the request for regular education consultation.

Early Intervention Options. Children are often determined eligible for special education speech and language services because there are inadequate regular education options for addressing their communication development. This is of particular concern for preschoolers, for children from culturally and linguistically diverse backgrounds or children who have had limited exposure to communication building experiences.

Concerns Regarding the Special Education Evaluation Process:

Presence of SLPs at the Referral PPT. The itinerant nature of many SLPs' jobs may preclude their presence at the PPT that discusses the referral, acknowledges or rejects the need for evaluation, and plans the evaluation. SLPs frequently report their disagreement with PPT decisions made in their absence, that essentially "tie their hands".

The Use of Case History and Other School-Related Information. Sufficient background and current medical, health, developmental and other critical information is not routinely documented or related to the selection of appropriate assessment procedures and instruments and the interpretation of results.

The Number and Types of Assessment Procedures and Instruments Used in the Evaluation. The amount of time available in SLPs' schedules for evaluation often drives the type and depth of assessments. Reviews of children's files often reveal eligibility determinations made on the basis of a "canned" battery of tests, or what seem to be too few or too many tests, that do not always appear related to the referral concerns. This practice is inconsistent with legal requirements for individually designed evaluations.

Documentation of Adverse Effect on Educational Performance. File reviews reveal that eligibility decisions are often made solely on the basis of standardized tests, with little documentation of the educational impact of test results. Functional assessment of communication in the classroom or



other natural environments, and academic and social performance are not routinely used to substantiate assessment findings.

Use of a Language-Cognition Discrepancy Formula. Some districts automatically exclude children from special education speech and language services when “language age is commensurate with mental age”. This adaptation of the requirements for a severe discrepancy between achievement and intellectual measures used in the definition of a learning disability is of questionable validity and legality in determining eligibility for speech and language services. *(See pages 29-32 for further discussion of this important issue.)*

Concerns Regarding Report Writing:

Content and Length of Reports. File reviews indicate that many speech-language evaluation reports that form the basis for the PPT’s eligibility decision include little background information about: the child and family, focus primarily on reporting the scores on standardized tests and make little connection to the educational impact of communication problems exhibited by the child. Many other reports are lengthy narratives from which it is difficult to extract the information essential to eligibility decision making.

Report Format. Some districts have a standardized format for these reports, that may or may not be computer generated. In other districts, each SLP uses a unique format for his or her school(s), or for different children. Many SLPs have indicated that a consistent, simplified format would make it easier to deal with intra- and inter-district transfers.

Concerns Regarding Eligibility Decisions:

Program Options. Many districts lack non-special education options for providing speech and language services for a variety of reasons, including: lack of understanding of the role of SLPs as pupil services specialists in addition to their role as special educators or related service providers; lack of appreciation of the importance of communication in all aspects of students’ lives or for the role of schools in building students’ communicative competence; insufficient financial and personnel resources, or inability to reallocate them. As a result, special education in these school systems has essentially become “the only game in town” to address communication difficulties.

Misperceptions About Costs and Reimbursements Related to Labeling Children with a Speech-language Disability. Identification policies are sometimes based on the misconception that special education classification provides extra revenues. Eligibility decisions must be made independent of funding considerations. Since the costs of special education evaluation and placement typically exceed federal and state reimbursements and changes have been made to funding formulas, there is, in fact, no financial incentive to identify children for special education.





Philosophical Framework

Organizing Concepts

The Individuals with Disabilities Education Act (IDEA) includes speech and language impairments which adversely affect educational performance as one of the types of disabilities requiring special education and related services [20 USC., Sec. 1401(a)(1); 34 CFR, 300.7(a)(1) and 34 CFR, 300.7(b)(11)]. In determining eligibility for special education speech and language services, it is critical to distinguish between impairment and disability. The World Health Organization's (WHO) definitions of these two terms are useful in this regard. According to WHO, **impairment means “any loss or abnormality of psychological, physiological, or anatomical structure or function”** (Wood, 1980 in Nelson, 1993, p.8). The important words in this definition are loss or abnormality of structure or function. The WHO's definition of **disability refers to “reduced ability to meet daily living needs”** (Wood, 1980, in Nelson, 1993, p.10). When applied to communication, an impairment refers to loss or abnormality in the comprehension and/or production of speech and/or language. For purposes of IDEA eligibility, such an impairment is considered a disability when:

1. that impairment has an adverse effect on educational performance [34 CFR § 300.7(c)(11)],

and

2. a child's communication skills are so impaired that he or she requires specially designed instruction to address his or her educationally related communication needs. [20 U.S.C. § 1402(3)(A) and 1402(25)].

Basic Premises and Rationale

Implementation of the eligibility criteria is based on the following premises. These were developed from current professional writings and experience, to address the concerns described in the introduction.

1. When communication concerns have been raised about a child, it is vital for the SLP to be directly involved in the regular education early intervention (prereferral) process, the initial Planning and Placement Team (PPT) meeting and the eligibility PPT meeting. This is recommended in order to prevent inappropriate referrals for special education speech-language evaluations, inappropriate recommendations about the content of these evaluations and inappropriate eligibility decisions.



2. In-depth case history information is crucial to the development of appropriate early intervention (prereferral) strategies, an individualized assessment battery, and the valid interpretation of assessment results. If existing information does not address all areas or is not sufficiently recent, supplemental, information that is current must be assembled. Useful information may come from a variety of sources or records available from the school, family or community service providers.
3. **Communication is a complex process and communicative competence may vary across time, settings and communication partners. Therefore, eligibility for speech and language services should be determined based on information gathered about a student's communication strengths and weaknesses over time and from a variety of sources and/or settings. Avoiding inappropriate special education classification requires administrative support for time in SLPs' schedules to complete comprehensive evaluations in a timely manner.**
4. IDEA requires that children be evaluated in all areas related to a suspected disability. As a result of a speech and language evaluation, the SLP should be able to make statements about the child's comprehension and production in all areas of communication. However, this does not mean that every area has to be tested. On the other hand, the evaluation should be sufficiently focused to fully address the concerns that prompted the referral for evaluation. A focused evaluation is important in the cost-effective use of personnel.
5. **No child should be considered eligible for speech and language services solely on the basis of standardized test results.** Standardized tests tend to examine discrete skills in a decontextualized manner (i.e., away from natural communicative environments). Furthermore, not all children are suitable candidates for standardized tests. Appropriate standardized tests may not be available to tap all areas of concern about communication. Test norms may not be suitable for particular populations, such as children acquiring English as a second language. A comprehensive assessment should include an appropriate balance of formal and descriptive assessment instruments and procedures to identify areas of strength and weakness and to examine how the child functions communicatively in the environments in which he or she participates.
6. A number of factors, such as environmental support, attitudes and motivation, may mitigate the impact of a communication impairment. Therefore, **if a child scores poorly on standardized tests, but meets communicative expectations on functional measures** (e.g., descriptive instruments such as a speech and/or language sample, discourse and/or narrative analysis, curriculum-based assessments, observations in natural settings, grade level, district wide or state performance standards), **the child's difficulties cannot be said to be adversely affecting educational performance. A child with such a profile is not eligible for speech and language services as special education or a related service.** This child's communication development and educational performance should be monitored or non-special education intervention provided. Conversely, **if a child performs poorly on functional measures, but scores well on standardized tests, the child may be eligible for speech and language services as special education or a related service.** Such a child may not be able to apply the specific communication skills demonstrated on the



standardized measures outside the test environment. However, before an eligibility determination is made, the reasons for the poorer functional performance must be carefully probed.

7. The relationship between cognitive and communication development is complex. Some children exhibit communication skills that either exceed or are below what would be expected based on cognitive measures. **Eligibility for special education and related services may not be determined on the basis of a predetermined discrepancy between language and intellectual scores. However, appropriate cognitive measures may be used to support the findings of the speech-language evaluation.**

(See pages 29-32 for further discussion of this subject.)

8. **The speech-language evaluation report** should be concise, yet sufficiently comprehensive to facilitate eligibility decision making and to plan an appropriate intervention program if the child needs services. It **must address the presence or absence of any adverse impact of the child's communication impairment(s) on his or her educational performance**. If an adverse effect is determined, it must be described in sufficient detail to enable the PPT to justify a decision about eligibility for special education services.
9. **Determining that a child is eligible for general or special education speech and language services does not automatically mean that the SLP must be the sole, or even the primary, provider of direct services to that child.** The school SLP may use support personnel and/or provide consultative/indirect speech and language services. However, under the Connecticut SLP licensure statute and regulations and national and state professional associations' codes of ethics, the SLP has legal authority and ethical responsibility for overseeing the design, implementation and supervision of such speech and language services.





Implementing the Guidelines

SECTION I The Early Intervention Process Alternatives in Regular Education Assistance

Connecticut regulations require that alternative procedures and programs in regular education be explored and implemented, where appropriate, before a child is referred to special education [RCSA § 10-76d-7]. Activities undertaken to address this regulation have been referred to as “the preferral process”. Misunderstandings about the purpose and value of this phase have often resulted in it being no more than a short stop on the way to a special education referral. The term “early intervention process” is meant to help change this perception. Since the early intervention process is critical in distinguishing children who may benefit from regular education interventions from children who may need speech and language services as special education or a related service, it should be carried out with careful planning.

Rationale and Anticipated Outcomes

Many communication problems can be resolved or sufficiently mitigated without a referral to special education when appropriate educational accommodations, modifications in curriculum and instruction, socio-communicative behavioral plans, or regular education remedial programs are implemented. When effectively executed, the early intervention process has three important outcomes. First, and most important, children who need additional support promptly get it. Second, unnecessary referrals to special education, which result in inefficient use of personnel time and paperwork burdens that translate into dollars, are avoided. Third, when a child truly needs to be evaluated for special education eligibility, information gathered by the early intervention team assists the PPT in planning and conducting a more focused evaluation. This makes it easier to complete the evaluation within or before mandated deadlines, reducing pressure on personnel and facilitating the prompt implementation of necessary programs and services.

Recommended Practices

Implementing a successful regular education early intervention process requires attention to the following recommended practices.

1. Develop Public Awareness

Teachers, parents, physicians or community agencies initiating a referral to special education are often unaware of the role the early intervention process can play in resolving or diminishing speech-language problems exhibited by children. Their motivation in making the referral may have more to do with seeking support services for a child that they believe are only available through special education than in having the child classified with a particular disability. The State Department of Education (SDE)



publications that address the need for local school districts to provide regular education support programs and services for students include: *Connecticut's Common Core of Learning* (1998); *Nurturing the Genius of Connecticut's Students* (1997); *Report on Special Education and Related Services* (1998); and the *Connecticut Agenda for Improving Education Services to All Students, Particularly Students Eligible for Special Education and Related Services*. It is important to educate referral sources about the range of regular education options available for addressing children's communication needs.

2. **Direct/Redirect Evaluation Requests**

When a referral to special education is made, it is important to determine whether:

- (a) the referring party is seeking some attention to a child's communication development that should be addressed by the early intervention team (e.g., mild articulation difficulties, occasionally hesitant speech); or
- (b) the child in question has an already identified condition (e.g., Down Syndrome, autism, traumatic brain injury) that has a strong likelihood of resulting in determination of the presence of a disability requiring speech and language services as special education or as a related service.

School personnel should be aware that not all children with conditions such as cerebral palsy, hearing impairment or central auditory processing problems need special education and related services to address their educational needs. Section 504 of the Rehabilitation Act or other regular education services may be appropriate.

3. **Ensure Involvement of the SLP and Others with Knowledge about Children's Communication Development**

In order for early intervention communication strategies to be effectively implemented, the SLP needs to be involved in their development and monitoring. As more districts look to transferring early intervention team (e.g., Child Study Team, Student Study Team, Student Assistance Team) activities to regular education personnel, they need to be aware that SLPs, in addition to their special education roles, also have pupil service roles that address the needs of all students. (See the 1998 SDE *Report on Special Education and Related Services*, pp. 135-138, for further discussion of the role of pupil services personnel in prevention and regular education remediation activities.) School personnel need to develop an understanding of these dual roles that SLPs play and routinely consider their involvement in the early intervention process. At the same time, SLPs need to be conscientious about assisting the early intervention team in clarifying teachers' concerns and identifying and monitoring the effectiveness of early intervention strategies. For children from culturally and linguistically diverse backgrounds, English as a Second Language (ESL) and Bilingual Education teachers should be part of the early intervention team. Early childhood educators can also be helpful in addressing concerns about preschool and early elementary grade students.



4. **Collaborate with Others to Gather Information**

Developing appropriate early intervention strategies requires access to considerable data about a child from parents, teachers, school records and other sources. This information is important in clarifying the expectations for the child, defining the areas in which the child is experiencing difficulty and establishing a baseline of the child's communication functioning. School district procedures and forms for parental consent to release information should be used. The confidentiality of all information gathered must be respected.

Areas to investigate include:

- prenatal, birth, developmental, medical, educational and social-emotional history;
- factors related to the composition and backgrounds of families and interactions of family members and other caregivers with the child;
- exposure to communication building experiences;
- influence of factors related to acquiring English as a second language or use of nonstandard American English;
- settings and circumstances in which the child's communication behavior is more and less problematic;
- curriculum standards for the child's grade;
- performance on district, state and national assessments;
- results of recent hearing and vision screenings; and
- reports about any remedial services the child may have already received in school;
- assessments or interventions that were conducted by other agencies; and
- parents' and teachers' expectations

The packet of supplemental resources contains numerous examples of forms that may be used to collect information, including:

- a sample general case history form;
- supplemental case history questions and procedures related to communication building opportunities, acquisition of English as a second language, fluency and voice;
- classroom observation forms
- interview forms; and
- textbook/curriculum analysis forms.

5. **Secure Administrative Support**

The building principal plays a significant role in ensuring that sufficient time is available for the SLP, teachers and families to collaborate effectively. Regularly scheduled early intervention team meetings or grade/cluster meetings facilitate this process. The SLP will also need time in his/her schedule to observe or converse with the child in order to help monitor the effectiveness of particular strategies.



Recommended Procedures

The following procedures are recommended for implementing the regular education early intervention process when there are concerns about a child's communication development. Addressing communication issues is not just the province of teachers and SLPs. Other school professionals, such as teachers in regular education classrooms, early childhood, Title 1, bilingual and ESL and remedial instruction programs, as well as school counselors, nurses, psychologists and social workers, will often have important roles to play in addressing communication concerns about a child (e.g., observing learning styles, recommending learning strategies, gathering case history information, coordinating class schedule changes, coordinating referrals to other professionals or agencies).

SLPs and school personnel are often under the impression that the implementation of the regular education early intervention process is vastly different for children from culturally and linguistically diverse backgrounds. In fact, the basic procedures used for these children require only some modifications of those used in addressing the needs of children who are native English speakers. Those modifications are highlighted in italics.

1. Help the teacher clarify the nature of his/her concerns about the child's communication abilities and the impact of perceived communication deficits in the classroom and other relevant settings.

Collect preliminary information about language dominance and proficiency by reviewing the results of the Home Language Survey and related language proficiency testing in listening, speaking, reading and writing in the child's native language (L1) and English. The status of L1 should be clarified in collaboration with trained personnel in the field of English as a Second Language (ESL) or Bilingual Education.

2. Review with the teacher his/her efforts to adapt curriculum, instruction or activities for the child and the effects of those efforts (e.g., using portfolios, progress reports, performance on district or statewide tests and anecdotal information).
3. Seek information from the parents to determine what, if any, concerns they have about their child, whether they share the teacher's concerns. Gather relevant background information about the child's family and developmental, communication, social, educational and health-related experiences.
4. Seek comparisons from the teacher and parents about the child's communication abilities relative to peers of the same age who have had similar experiences.

Seek comparisons from the teacher and parents about the child's communication abilities relative to peers of the same age and language/dialect group who have had similar experiences.

5. Gather information about the child's receptive and expressive language proficiency in a variety of settings with a variety of communication partners. Determine in which communication domain (listening, speaking, reading, writing) the child exhibits communication difficulties.



Gather information about the child's receptive and expressive language/dialect dominance and proficiency in both the native language/dialect and English in a variety of settings with a variety of communication partners. Determine in which communication domain (listening, speaking, reading, writing) and in which language(s)/dialect(s) the child exhibits communication difficulties. Determine the influence of normal second language/dialect acquisition processes on the child's native and English receptive and expressive language/dialect proficiency.

6. Review attendance and health records for information related to hearing and vision screening and any medical conditions that could affect communication development.
7. Review other educational records, (e.g., preschool, cumulative) to document any previous educational concerns related to communication development.
8. Generate possible early interventions, including any referrals to other professionals or agencies (e.g., ENT for hoarseness of two weeks duration).
9. Prioritize suggested early interventions.
10. Select early intervention(s).
11. Monitor the effectiveness of the selected early intervention(s).
12. Revise early intervention(s) or select additional or alternative early intervention(s).
13. Monitor the effectiveness of revised/new early interventions.
14. Compare the child's progress to that of other children of the same age, *language/dialect group* and background.
15. If, after systematically applied interventions in regular education, the child's communication problem(s) resolve, discontinue the early intervention process.
16. If, after systematically applied interventions in regular education, the child continues to exhibit communication problems that are unrelated to normal characteristics of language acquisition, initiate a referral to special education.

If, after systematically applied interventions in regular education, the child continues to exhibit communication problems in both the native language/dialect and English that are unrelated to normal characteristics of second language/dialect acquisition, initiate a referral to special education.



Information provided by the SLP on the Summary of Findings: Regular Education Early Intervention for Communication Concerns worksheets (pages 17-18) will assist the PPT in addressing the referral. Districts may use the forms on these pages, or may integrate the prompts into their own district forms, if those forms do not already contain this material.



[Insert School District Name]
**Summary of Findings:
Regular Education Early Intervention
for Communication Concerns**

Date _____ SLP _____

NOTE: *When completed, this worksheet becomes part of the child's education record. It should be completed prior to the initial PPT.*

Child _____ DOB _____

School _____ Grade _____

Teacher _____

• Reason for request included concerns related to communication. Yes___ No___
Area(s) of Concern:

• SLP was an active participant in early intervention process. Yes___ No___
(If not, explain.)

• A review of existing records indicated areas of concern related to communication. Yes___ No___

Check which records were reviewed:

- ___ preschool (e.g., nursery, day care, early intervention)
- ___ cumulative
- ___ school health
- ___ other medical
- ___ active/inactive special education
- ___ other service providers (e.g. psychology, social work, O.T., P.T., private providers)
specify _____
- ___ other (describe) _____

Comments:



- Home Language Survey was reviewed. Yes___ No___
(See sample in Cultural and Linguistic Diversity section of the Supplemental Resources Packet.)

Home language is _____.

- Native and English language dominance and language proficiency have been determined? Yes___ No___

Check L1 or L2 below.

		Listening	Speaking	Reading	Writing
L1	Child is dominant in				
L2	Child is proficient in				

Comments:

- Date of last hearing screening: _____
 Date of last vision screening: _____

Comments:

- Observation of child was conducted. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments:

- Conversation was held with child. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments:

- Early intervention strategies were explored, implemented where appropriate and monitored for effectiveness. Yes___ No___

Comments:

If successful, the early intervention process is stopped. This does not preclude later referral for regular education assistance or later referral to PPT. If the child is referred to special education, attach this report to the referral form.



SECTION 2

The Eligibility Evaluation

The outcome of the initial PPT meeting does not always have to be a special education evaluation speech and language evaluation. Prior to determining whether such an evaluation is warranted, the team needs to:

- ensure the presence of the SLP at the meeting;
- discuss the concerns that prompted the referral;
- review what early intervention communication strategies were implemented, for what duration and with what effect; and
- determine that the SLP was involved in developing, implementing and monitoring these strategies

If the SLP was not involved in the regular education early intervention process, the PPT should determine whether further attempts to resolve the problem might be more successful with such involvement.

Purpose of the Evaluation

The purpose of the evaluation is to describe the student's communication behavior, including the nature and scope of any speech- language impairment and any adverse effect on educational performance, in order to determine his/her eligibility for special education and related services.

IDEA '97 specifies the following circumstances that require an evaluation of a child:

1. prior to the initial provision of special education and related services [20 U.S.C. § (a)(1)(A)];
2. at least every three years, or if conditions warrant a reevaluation, or if the teacher or parents request a reevaluation [20 U.S.C. § (a)(2)(A)]; and
3. before determining that a child no longer has a disability [20 U.S.C. § (c)(5)], except when termination of eligibility is due to graduation with a regular high school diploma or the student exceeding age eligibility for a free appropriate public education. [34 CFR § 300.534 (c)(2)]



Planning the Evaluation

In most cases, by the time a child is referred for a special education evaluation, there should already be considerable information on hand that was gathered as part of the regular education early intervention process. This information should enable the PPT to formulate specific questions to be answered by the evaluation and to select assessment procedures and instruments to target the areas of concern. A standard battery for all referred children violates IDEA's focus on the individual child.

Legal Considerations

The following legal requirements need to be addressed by the PPT as it plans the evaluation.

- The IEP Team and other qualified professionals, as appropriate, shall review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related service providers observations; and on the basis of that review, and input from the child's parents, identify what additional data, if any, are needed [20 U.S.C. §1414(c)(1)(A) and 1414(c)(1)(B)].
- In conducting the evaluation, the local education agency shall:
 - use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a disability, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities [20 U.S.C. § 1414(b)(2)(A)];
 - not use any single procedure as the sole criterion for determining whether a child is a child with a disability [20 U.S.C. § 1414(b)(2)(B)]; and
 - use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors [20 U.S.C. § 1414(b)(2)(C)].
- School districts must ensure that:
 - tests and other evaluation materials used to assess a child are selected and administered so as to be nondiscriminatory on a racial or cultural basis [20 U.S.C. §1414(b)(3)(A)(I)]; and are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so....[20 U.S.C. § 1414(b)(3)(A)(ii)].
 - materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills [34 CFR §300.532(a)(2)].



- any standardized tests that are given to the child:
 - have been validated for the specific purpose for which they are used; and
 - are administered in accordance with any instructions provided by the producer of such tests [20 U.S.C. § 1414(a)(3)(B)].
- if an assessment is not conducted under standard conditions a description of the extent to which it varied from standard conditions (e.g., the qualifications of the persons administering the test, or the method of test administration) must be included in the evaluation report [34 CFR § 300.532(c)(2)].
- the child is assessed in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, and motor abilities [34 CFR § 300.532(g)].
- the evaluation is sufficiently comprehensive to identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified [34 CFR § 300.532(h)].

Districts are reminded that if they fund an independent evaluation, the criteria under which the evaluation is obtained, including the location of the evaluation and the examiner’s qualifications, must be the same as those used when the District initiates an evaluation [34 CFR §300.502(e)]. The eligibility criteria that follow should assist Districts when they review the findings of independent evaluators.

Assessment Procedures and Instruments

Human communication is a dynamic interactive process. In the course of a school day, children need to be able to comprehend, integrate and use a number of modalities in order to process information and communicate effectively. They must be able to communicate in different forms for a variety of purposes, in several settings with different physical arrangements and learning materials, and with many partners who have different communication skills, styles and backgrounds. The competent communicator adapts to all these circumstances which are not easily controlled.

“The comprehensive nature of children’s language defies representative sampling in a single test...” (Sommers, 1989, p. 453). While the speech-language evaluation may focus on a particular area of communication, the SLP should be able to comment on the child’s abilities in all areas of communication — language, phonology, fluency and voice (Basic Premise #4, page 9). In order to accomplish this, and to adequately evaluate the educational impact of any communication weaknesses the child exhibits during the assessment, the PPT needs to decide which formal and descriptive measures to select (Basic Premise #5 and #6).

Standardized speech-language tests measure decontextualized communication skills using formalized procedures. They are designed to compare a particular child’s performance against the average performance of a group of children with the same age and other characteristics identified by the test author(s) in selecting the sample or norming population. Meaningful comparisons between the child’s



performance and that of the test population are possible only when the test has clear administration, scoring criteria and validity, and when it is reliable and standardized on a sufficiently large and representative sample population (Paul, 1995, pages 37-38).

Standardized tests, administered outside the normal contexts in which the child communicates, capture neither the complexities nor the subtle nuances of the communication process. They examine performance under controlled circumstances, whereas many of those controls are not available to children communicating in classrooms and other educational or developmental settings. In contrast, descriptive measures of functional or adaptive communication, such as speech-language sampling, observations, interviews, curriculum-based assessments and criterion-referenced tests provide a more realistic picture of how a child naturally uses his or her communication knowledge and abilities in everyday situations and the impact of speech-language deficits in those settings. For certain populations, such as children with severe disabilities or children whose English proficiency is limited, unbiased assessments can only be conducted with descriptive measures. There is a lack of tests standardized on these populations and valid comparisons with the population used to develop the norms for most available standardized tests cannot be made. **Ecological assessment is the basis for distinguishing between impairment and disability.**

Collaborative Teaming

Collaboration among professionals to evaluate a student's communicative behavior should be a natural outcome of the legal requirements for evaluation and the basic premises described in the foregoing sections. Classroom teachers, other pupil support specialists and community service providers are logical partners in the communication evaluation. If the collaboration is planned when the evaluation is being discussed, it should produce more comprehensive, holistic information while using the time of school personnel and the student more effectively. Professional partnering can also facilitate the eligibility decision and lead to the development of a more integrated IEP for the student when a disability is identified. Eligibility decisions for students with cognitive or developmental problems and for culturally and linguistically diverse populations are just two examples of the complexities that can be better addressed when there is collaboration between the SLP and professional colleagues, such as school psychologists and ESL/bilingual teachers.



Evaluation Procedures

This section delineates only general procedures necessary to allow for application of the eligibility criteria on pages 37 to 58. The specific methodology and sequence for implementing these procedures is left to the professional judgment of the SLP and other members of the PPT. Materials that may not be readily available in school districts have been included in the Supplemental Resources packet. Implementation of these procedures assumes that written parental consent for the evaluation has been given.

In conducting the evaluation, the SLP should:

1. Fill in gaps in background and current performance information that was reviewed at the initial PPT (e.g., existing data, reports, records). Collect this information from the teacher and parents, community service providers and others, as appropriate.
2. Interview the student, when appropriate, to determine his/her self-perception of communication abilities/difficulties, awareness of communication routines and demands in the classroom and other settings. Also probe the student's awareness of strategies he/she has attempted to mitigate communication difficulties and self-evaluation of their effectiveness.
3. Update (or secure updated) audiometric and/or tympanometric screening if necessary. If medical and/or audiological referral is required for hearing testing, this must be done through the PPT.
4. Conduct observation(s) of the student.
5. Collect samples of communication behavior under structured and unstructured conditions, using curriculum-based assessments, audiotapes or videotapes. Videotaping is useful for identifying, clarifying and recording various aspects of verbal and nonverbal communication behavior, such as communicative intent, struggle behaviors during disfluent episodes, tension during vocalization, or reactions of the student and communication partners to the student's communication efforts.
6. Administer selected norm-referenced and/or criterion-referenced tests, if appropriate.
7. Examine oral-motor structure and function.

Considerations in Evaluating Culturally and Linguistically Diverse Children

With our growing knowledge base, the focus of speech-language evaluations has expanded beyond assessment of isolated linguistic skills on standardized tests to examination of communicative competence in various contexts using descriptive approaches. An important result of this change in professional practice is the recognition that components of an assessment of children who are native English speakers and those who are acquiring English as a second language/dialect are *not* substantively different (which is why a list of procedures separate from the one above was not generated). The challenge is having enough information to determine the language(s)/dialect(s) in which the assessment should be conducted and the personnel resources to conduct the assessment in both the child's native language and English when that is required to distinguish a communication difference from a communication impairment.



Cultural Knowledge

Taylor and Payne (1983) suggest the following topics about which the SLP should seek information for particular cultures:

- cultural values;
- preferred modes of communication;
- nonverbal communication rules;
- rules of communication interaction (who communicates with whom? when? under what conditions? for what purposes?);
- child-rearing practices, rituals and traditions, perceptions of punishment and reward;
- what is play? fun? humorous?
- social stratification and homogeneity of the culture;
- rules of interaction with nonmembers of the culture (preferred form of address, preferred teaching and learning styles);
- definitions of disabled and communicatively disabled; and
- taboo topics and activities, insults, and offensive behavior

The Center for Applied Linguistics in Washington, D.C.(202-362-0700 or www.cal.org) is a useful resource about other languages and cultures, as is the National Clearing House for Bilingual Education (202-467-0867 or <http://www.ncbe.gwu.edu>). Local and state cultural organizations may also be able to provide information.

Determining the Language(s) to be Assessed

“Both Title VI and Part B [of IDEA ‘97] require that a public agency ensure that children with limited English proficiency are not evaluated on the basis of criteria that essentially measure English language skills.” [34 CFR, Attachment 1, p.12633] The procedures for gathering information about culturally and linguistically diverse children in the Supplemental Resources packet will provide substantial information to the PPT about the student’s relative language proficiency in various linguistic domains and interpersonal settings.

Pat Chamberlain and Patricia Medinos Landurand (in Hamayan and Damico, 1991), note that the purpose of the evaluation and the skills of the student (e.g., social vs. academic language skills) are important considerations in selecting the language(s) to be used. They point out that, when more than one language is to be used, the evaluator needs to consider whether they will be used separately or simultaneously. Chamberlain and Landurand suggest using each language separately in assessment “for students who are young and come from primarily monolingual homes, have been enrolled in a quality bilingual program where academic instruction has been consistently delivered in the first language and who are recent arrivals in the United States.” (p.134) They cite the work of M.D. Pollack, who found that when the languages are used separately, the stronger language should be used first, in order to obtain optimum performance. Chamberlain and Landurand also report the use of both languages simultaneously as being most effective with students whose control of both languages is limited, whose native language combines the two languages and who are young and having difficulty separating the languages (p.135).



Evaluation Personnel

When no one on staff in the school district is able to administer a test or other evaluation in the student's native language, 34 CFR Attachment 1 (p.12634) offers the following suggestions.

- identify an individual in the surrounding area who is able to administer a test or other evaluation in the child's native language; and/or
- contact neighboring school districts, local universities, and professional organizations.

Additional options that may be considered include using a trained interpreter or translator. Other school district personnel (such as teachers of foreign languages, mainstream regular education, bilingual education or English as a Second Language; paraprofessionals/aides; or pupil services personnel) may either serve as resources or may have contacts outside the district that they may access. Various cultural or religious groups or teachers at commercial language schools may also be able to help.

The Connecticut Speech-Language-Hearing Association (CSHA) maintains a list of SLPs and audiologists who speak other languages in its annual membership directory. CSHA can be reached at (860) 666-6900 or cscha.assoc@snet.net. The American Speech-Language-Hearing Association (ASHA) publishes a special directory of bilingual members by language and by state. The ASHA Action Center may be reached at (800) 498-2071 or at www.asha.org.

ASHA (1996) has published information regarding the use of Speech-Language Pathologist Assistants. Matties and Omark (1984, chapter 3) discuss the advantages and pitfalls of using bilingual paraprofessionals to help with assessment. They stress the importance of substantial training of these individuals in order to avoid compromising the assessment. In 1997, the Connecticut SLP licensure law was amended to permit the use of support personnel by an SLP. Section 6(g) of Public Act 97-213 specifies what activities support personnel may conduct under the direction of the qualified SLP. These include helping the licensed SLP with evaluations. The law also specifies the amount of supervision required.

Modifications of Testing Procedures

Test modifications allow the evaluator to observe how the child performs under various conditions. While changing the standards of test administration may be necessary for children from culturally and linguistically diverse backgrounds they may also be helpful with native English speakers and for youngsters with severe disabilities. Common test modifications include: restating or repeating directions, allowing additional response time, allowing native language responses or code-switching, providing extra practice items before the test, substituting culturally relevant stimulus items. (For additional information on this subject, see Errikson & Iglesias, 1986, Kayser, 1989 and Paul, 1995). When tests are modified, modifications must be reported and test norms cannot be applied.





Interpreting and Reporting Assessment Results

Evaluation involves interpretation of various sources of assessment information about children's communication abilities, including the results of their performance on standardized instruments. Three areas require particular attention: (1) the reporting of standardized test results, (2) the relationship between language and cognition and (3) considerations about culturally and linguistically diverse children.

Reporting Standardized Test Results

The *Standards for Educational and Psychological Testing* (AERA, APA, NCME, 1985), include the following guideline about interpreting test results:

Standard 15.10 Those responsible for testing programs should provide appropriate interpretations when test score information is released to students, parents, legal representatives, teachers, or the media. The interpretations should describe in simple language what the test covers, what scores mean, common misinterpretations of test scores, and how scores will be used.

The following recommendations address both this standard and the need to provide important technical information to other professionals:

1. In order to compare a child's test performance with that of the general population, scores must be presented in an appropriate format. Standard scores (usually based on a mean of 100 and standard deviation of 15) are recommended for this purpose.

The distribution of standard scores is described by specifying the mean and standard deviation for the normative sample. If the norms are based on something other than a nationally representative normative sample, the test user should consider whether it is appropriate to report quantitative test results and, if so, to qualify findings as needed. Raw scores do not provide information about a particular child's performance relative to the normative sample.

2. **In determining eligibility for speech-languages services under special education, it is recommended that 1.5 standard deviations (SD) below the population mean (approximately 7th percentile) be used as the threshold level for establishing a deficit. This cutoff should be applied to composite scores of comprehension or production, or to overall test scores, rather than individual subtests. Eligibility should not be determined, however, solely by comparing a composite or overall score to this cutoff level. First, evidence that a deficit is functionally significant must be gathered and considered along with other background information before a determination of eligibility can be made. Second, measurement error should be taken into account (See following point).**



3. Test scores should be presented in a manner that conveys that some degree of error is inherent in the score, thereby discouraging the inappropriate interpretation that test score scores are fixed and perfectly accurate representations of a child’s functioning.

The degree of error associated with a score can be calculated with precision using psychometric models. The standard error of measurement (SEM), which is derived from the reliability of the measure, can be used to calculate a confidence interval that includes a hypothetical “true score” with a given degree of certainty. For example, a 90 percent confidence interval can be said to be 90 percent certain to include a student’s true score. **A 90 percent confidence interval is the level recommended in these guidelines.** Instructions for calculating this interval are provided in the Supplemental Resources.

4. The type of psychometric information that is useful to professionals (i.e., standard score and confidence interval, test mean and standard deviation) should be supplemented by presenting scores in ways that are readily understandable to parents and teachers.

Verbal descriptions of functioning level (e.g., low average to average range) may be helpful in characterizing performance levels. Percentiles can also be useful to the layperson, although they have certain psychometric limitations. For example, it may be necessary to explain to parents that the average range covers the 25th to the 75th percentile. **Percentile scores should be reported in a manner that conveys that results are estimates of functioning (e.g., “approximately 30th percentile”, “10th – 20th percentile range”). They should not be used as the basis for eligibility decisions.**

5. Modifications or adaptations of standardized test procedures invalidate the use of test norms, but may provide qualitative information about a child’s language abilities.

If a test administration appears to be invalid for any reason, test scores should not be subjected to usual interpretations and the reasons for invalidation should be clearly stated in oral and written presentations of test results. This is explicitly addressed in IDEA ‘97 regulations, as follows:

“If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.” [34 CFR § 300.532(b)(2)]

6. **Age or Grade Equivalent Scores should not be used in making eligibility decisions.**

Equivalent scores reflect the median score of children in the normative sample at a given age or grade. They do not account for normal variation around the test mean, as do standard scores. The normal range of variability of children of the same age or grade as the child being evaluated might include scores as low or high as the median scores of other ages or grades. Grade level equivalents may be mistakenly understood to have a relationship to curriculum content at that level. Furthermore, since the age or grade equivalent scale is not an equal interval scale, the significance of a delay at different



ages is not the same. While seemingly easy to understand, equivalent scores are highly subject to misinterpretation and should not be used to determine whether a child has a significant deficit.

7. **Interpretations based on scores from two or more different tests should be approached with great caution.**

One complication in using profile analysis concerns the error inherent in each obtained score. As each score contains some degree of error, the difference between pairs of scores may be affected to an even greater degree. “One can jump to the wrong conclusion about an individual’s relative strengths and weaknesses by assuming that all apparent differences in test scores represent real differences in behavior” (McCauley and Swisher, 1984, 342-343). Another complication is that different tests will have different normative samples. If the characteristics of these normative samples are dissimilar, scores will be less comparable than scores from within the same test. This source of error can be reduced by limiting cross-test comparisons to tests with large, well-selected national normative samples.

8. Two other items from the *Standards for Educational and Psychological Testing* merit particular attention:

Standard 6.10 Test administrators and users should not attempt to evaluate test takers whose special characteristics—ages, handicapping conditions, or linguistic, generational, or cultural backgrounds—are outside the range of their academic training or supervised experience. **A test user faced with a request to evaluate a test taker whose special characteristics are not within his or her range of professional experience should seek consultation regarding test selection, necessary modifications of testing procedures, and score interpretation from a professional who has had relevant experience.**

Standard 6.11 **A test taker’s score should not be accepted as a reflection of lack of ability with respect to the characteristic being tested for, without consideration of alternate explanations for the test taker’s inability to perform on that test at that time.**

Language and Cognition

20 U.S.C. § 1414(b)(2)(C) requires local education agencies to “use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors” in conducting the eligibility evaluation. 34 CFR § 300.532(g) requires that a child be assessed “in all areas related to a suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, *general intelligence* (italics added for emphasis), academic performance, communicative status, and motor abilities.”



The practice of excluding students from eligibility for speech and language services when language and cognitive scores are commensurate has come under intensive scrutiny in recent years for a number of reasons, including the following:

1. “Language problems co-occur with weaknesses in other symbolic skills too frequently to be coincidental but with insufficient predictability for cognitive factors to be considered central to the disorder” (Nelson, 1993, p. 97).
2. The stability of the language-cognitive relationship varies over time. Cole et al’s study (1992) of 125 preschool children over four years found “substantial changes” in the relationship, as well as great fluctuations on children’s eligibility for service when it was based on a discrepancy model (p. 131).
3. While the constructs measured on language and intelligence tests share variance in the verbal domain, the extent of that relationship varies greatly from test to test (Secord, 1992). The closer the match between the tasks on the tests being compared, the higher will be their correlation. (Secord, 1992) reports the correlation between the between the Test of Language Competence (TLC) and the WISC-R to be $+0.72$ because the TLC assesses metalinguistics, which requires metacognition that is measured by the WISC-R.
4. The confounding role of language is presumed by some to be controlled for by using performance or nonverbal measures of intelligence. However, Sattler (1988) notes that “the Verbal Scale subtests involve visualization or other nonverbal processes” (p. 172) and “the Performance Scale subtests involve language activity in the form of overt verbal responses or mediating symbolic activity” (p. 173). He concludes that “there are no *pure* tests of either verbal or nonverbal ability on the WISC-R and other Wechsler scales” (p. 173). Studies have shown that children with language impairment exhibit difficulty with tasks on nonverbal intelligence related to spatial rotation that require anticipatory imagery, nonverbal analogies, and manual-motor skills which could affect their nonverbal IQ scores. (See Swisher et al, 1994 for a review.)
5. Intelligence measures are not a meaningful gauge of whether or not a child may benefit from language services. Cole et al (1990) found that children whose cognitive levels were commensurate with their language levels, as well as children whose cognitive levels exceeded their language levels, benefited from language intervention.

Decisions to make direct comparisons between language and cognitive performance when interpreting assessment results stem from: (1) a misunderstanding of the requirements of IDEA for identifying a child with a speech-language disability, and (2) the misapplication of IDEA requirements for the identification of a specific learning disability to children with communication impairments. **IDEA does not require determination of a significant discrepancy between intellectual ability and achievement in order for a child to be identified with a speech-language disability.** In fact, the following statements were included in a response by the Office of Special Education Programs to an inquiry:

“...any guideline or other policy which, as written or implemented, acts as a categorical denial of related services to all students whose language or motoric skills are as delayed as their general developmental level, would be inconsistent with the requirements of the EHA-B. Such



a categorical limitation on services would conflict with the EHA-B requirement that the services to be included in each student's IEP be determined on an individual basis.”

[Rainforth, 17 EHLR 222]

It is the position of these guidelines that **determining eligibility for special education speech and language services should not be made on the basis of a discrepancy between language and cognitive measures. However, appropriate cognitive assessment may be used to supplement or support the findings of the speech-language evaluation** (Basic Premise #7, p. 9). Collaboration between the school psychologist and the SLP in planning and implementing appropriate communication and cognitive assessments and interpreting their results will facilitate decisions about eligibility for speech and language services as special education or related services.

Considerations for the PPT When Discussing Language and Cognition

Deciding whether children with cognitive impairments are eligible for speech and language services under IDEA is complicated by the lack of clarity about how much cognitive ability children need in order to develop normal communication. The previous section delineated numerous reasons for not linking a child's language and cognitive scores, but also pointed out that general intelligence testing may be included in an eligibility evaluation. The following questions may facilitate the PPT discussion about the relative contribution of cognition to the documented language impairment, as well as the possible impact of the language impairment on cognitive scores.

1. How, and to what extent, did language play a role in the difficulties the student experienced on measures of cognition?
2. What cognitive skills could have played a role in the difficulties the student experienced on measures of communication?
3. Did the cognitive testing provide information about a variety of aspects of the student's intelligence (e.g. linguistic, social, etc.)? Does the student demonstrate communication deficiencies that severely affect his/her performance in these other intellectual domains? What are these communication deficits and what is their effect?
4. Were there any significant differences between the student's standardized test performance and functional communication assessment?
5. What is the relationship between the child's intelligence and educational achievement? What role might language play in any differences?
6. Does the student demonstrate impairments in adaptive behavior? Do the student's communication skills interfere with adaptive behavior? What aspects of the student's communication impairments affect the student's adaptive behavior? Does the student perform better on adaptive measures than on intellectual measures? What is the relationship between the student's language comprehension and expression?



7. What communication skills does the student lack that are necessary for him/her to function in his/her current environment(s)?
8. What aspect(s) of improved communication skills would allow the student to do what he/she is not doing successfully in his current program/environment?
9. Does the student need specially designed instruction, or are there other educational supports available to address the concerns that prompted the special education referral?
10. If the student has another disability (e.g., mental retardation), how are the communication concerns addressed in the student's special education program? Does the student need speech and language services as a related service in order to benefit from his/her special education program?

Considerations Regarding Culturally and Linguistically Diverse Children

Interpreting the communicative behavior of culturally and linguistically diverse children during assessment is not substantially different from those for native English speakers. However, it does require consideration of both the structure of their language/dialect and the cultural values that affect communication. The professional literature contains much information in this area. Some of that information is highlighted below (Anderson, 1994; Battle, 1996; Cheng, 1996, Goldstein and Iglesias, 1996; Leith, 1988; Roseberry-McKibbin, 1994; Stockman, 1996; Watson and Kayser, 1994)

Background Information Considerations:

- Child rearing practices that may affect communication development (e.g., amount of parent-child vs. peer-peer talk);
- Cultural attitudes to impairment that may produce “learned helplessness” in child by our standards;
- Genetic conditions that may affect communication development (e.g., prevalence of sickle cell anemia among African Americans in relation to sensorineural hearing loss);
- Influence of difficulties or inconsistency in accessing health care system for identification or treatment of medical conditions that impact communication development (e.g., related to cultural values, parents' lack of English proficiency, poverty);
- Stage of native language development when English was introduced;
- Disruptions in learning native language or English;
- Quality of English speech-language models;
- Stability of family composition, living circumstances related to opportunities to engage in normal communication building experiences; and
- Attitudes of family and child to English language culture.



Language Considerations

- Stage of English acquisition (See Supplemental Resources Packet);
- Interference from native language that may cause English errors (e.g., Spanish “la casa grande” literally means “the house big”);
- Fossilization (i.e. persistence) of errors in English even when English proficiency is generally good;
- Inconsistent errors that vary as the child experiments with English (inter-language);
- Switching back and forth between native language/dialect and English (code switching) words or language forms to fill in gaps in English language knowledge or competence (child may have concept, but not word; indicates awareness of the need to “fill a slot” to keep the communication going);
- Language loss in native language as English proficiency improves (may account for poor performance in native language);
- Legitimacy of vocabulary and language forms of African American English related to historical linguistic influences;
- Absence of precise native language vocabulary equivalents for English words;
- Influence of normal limitations in English vocabulary development on difficulties with multiple meaning words;
- Influence of normal difficulties in English language expression on ability to demonstrate comprehension (e.g., respond to questions);
- Absence in English of native language forms (e.g., Spanish “tu” and “usted(es)” vs English “you”);
- Restrictions or absence of certain uses of language due to cultural values (e.g., prediction in Native American cultures);
- Influence of culture on nonverbal language (e.g., gesturing, eye contact);
- Influence of culture on discourse rules (e.g. acceptability of more interruptions among Hispanics);
- Influence of culture on proxemics (e.g., acceptability of greater proximity between listener and speaker among Hispanics); and
- Influence of absence of written language forms in native language on English writing (e.g. capitalization, punctuation, paragraph structure in Chinese).

Phonology Considerations

- Dialect variations within language groups (e.g., Mexican, Puerto Rican, Cuban dialects of Spanish);
- Absence of sounds of native language in English or in the same position in English and vice versa (e.g., deletion of final consonants in English related to only five consonants appearing in word final position in Spanish; deletion of final consonant clusters in English as a function of their absence in Japanese);
- Effect on sound discrimination of meaningful sound differences in one language not being meaningful in another;
- Influence of articulation features of native language sounds on production of English sounds;
- Influence of dialectal variations on physical parameters of sounds (e.g., lengthening or nasalizing of vowel preceding a final consonant in African American English when that consonant is deleted);
- Historical linguistic influences on development of African American phonology; and
- The child’s possible embarrassment about how he/she sounds in English.

Fluency Considerations



- Apparent universality of sound repetitions, sound prolongations and associated behaviors such as eyeblinks and facial, limb and other body movements in stuttering across cultures;
- Influence of normal development of English language proficiency on occurrence of disfluencies (e.g., revisions, hesitations, pauses);
- Cultural behaviors that may be misinterpreted as avoidance behaviors (e.g., eye contact);
- Cultural variations on fluency enhancers or disrupters;
- Misinterpretation of mannerisms used to cover up limited English proficiency as secondary characteristics of disfluency;
- The relationship of locus of stuttering to phonemic, semantic, syntactic and pragmatic features of the native language and English; and
- Possible influence of foreign accent on accuracy of measurement of speech rate and judgments of speech naturalness.

Some Voice Considerations

- Influence of vocal characteristics of native language on voice resonance in English (e.g., tone languages);
- Cultural variations in acceptable voice quality (e.g., pitch, loudness);
- Possible role of insecurity about speaking English on volume of voice in English; and
- Possible role of stress from adapting to a new culture on vocal tension affecting voice quality.



[Insert School District Name]
Special Education Speech-Language Evaluation Report

Report Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Reason for the Referral: (Include information documented during the regular education early intervention process, as well as any additional information that emerged at the referral PPT.)

Background Information: (Summarize pertinent case history information gathered during the regular education early intervention process, as well as any additional information that emerged at the referral PPT.)

- A comprehensive case history indicates areas of concern related to communication. Yes___ No___
Comments:

- All areas related to birth and development are within normal limits. Yes___ No___
Comments:

- There are medical issues that require consideration in interpreting assessment results. Yes___ No___
Comments:

- There are family/cultural issues that require consideration in interpreting assessment results. Yes___ No___
Comments:

- There are educational issues that require consideration in interpreting assessment results. Yes___ No___
Comments:



Assessment Information:

NOTE: *No child can be considered eligible solely on the basis of standardized test results. Observations in the classroom and/or other relevant settings are required. Areas of difficulty delineated by standardized tests must be confirmed by descriptive measures of functional communicative ability in order to determine adverse educational impact.*

- Hearing Screening/Evaluation Results

Comments:

- Observations in the classroom and/or other relevant settings yielded the following pertinent functional information.

Comments:

Check which descriptive measures were used.

speech sample

oral language sample

written language sample

teacher reports, checklists, interviews

curriculum based assessments (e.g., portfolios, text analysis, class tests)

parent reports, checklists, interviews

child reports, checklists, interviews

other (describe) _____

(Report results here.)

- Standardized tests were used. Yes___ No___

(Report test name, purpose, standard score, standard error of measurement at the 90% confidence level test mean and standard deviation. May use narrative format and/or forms on pages 39-41, 45-47, 49-51, 56-58).

- When the results of standardized tests and descriptive measures were discrepant, a weight of evidence from multiple descriptive measures supported the existence of a communication impairment. Yes___ No___ N/A___

Comments:

- Assessment results provide evidence of adverse effects of communication on educational performance. Yes___ No___

Comments:

Summary:

Recommendations for the PPT's Consideration:



SECTION 4

Applying the Eligibility Criteria

Definitions

When a child has a communication impairment, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects his or her educational performance [34 CFR § 300.7(c)(11)] and, as a result, needs special education and related services [20 U.S.C. § 1402(3)(A)], that child is considered to have a disability under IDEA.

The following terminology clarifies the terms used in the above definition.

“A **language impairment** is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.” (ASHA, 1993, p.40)

An **articulation impairment** is the “atypical production of speech sounds....that may interfere with intelligibility” (ASHA, 1993, p.40). Errors in sound production are generally classified as motorically based or cognitively/linguistically based (Bernthal and Bankson, 1988). Motorically based errors are generally called articulation impairments; cognitively/linguistically-based errors are referred to as impairments of phonological processes. While some practitioners classify phonological process errors as language impairments, for purposes of these guidelines they are included, along with articulation impairments under the category of phonology.

A **fluency impairment** is “an interruption in the flow of speaking, characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggles behavior, and secondary mannerisms” (ASHA, 1993, p.40).

A **voice impairment** is defined as “the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration which is inappropriate for an individual’s age and/or sex” (ASHA, 1993, p.40).



Instructions

The worksheets on the following pages are designed to assist SLPs in summarizing their evaluation findings in a way that facilitates providing information to the PPT for the eligibility determination. There are forms for language, phonology, fluency and voice. Since the forms are available on computer disk and will be placed on the SDE's website, each section of the forms can be expanded to suit the writer's purpose. These forms are not mandatory. However, it is hoped that they will become useful in organizing information to clarify the eligibility decision. Districts are encouraged to experiment with these forms and provide feedback to the SDE on how they are using them and/or how they have adapted them.

The committee recommends the following procedures:

1. Upon completion of the assessment, fill out the relevant worksheets in this section. They may be completed using the codes provided, or some alternate system that is convenient. However, if a different method is used for recording information, it should be consistent across the district. A written description of the alternate system should be prepared so that all SLPs in the district follow the same system for entering information and so that school personnel in a district to which a child transfers can interpret the information.
2. Attach the worksheets to the Special Education Speech-Language Evaluation Report Form (pages 35-36).
3. Present the information on the evaluation summary worksheet(s) and the Special Education Speech-Language Evaluation Report to the PPT. The PPT is responsible for making the eligibility determination.



[Insert School District Name]
Summary of Evaluation Findings: Language Worksheet

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked NA. Remember that eligibility may not be determined solely on the basis of standardized tests.

Evidence Codes: 1 = language sample; 2 = contextual probe; 3 = structured observation;
 4 = classroom work samples; 5 = other curriculum/academic results;
 6 = standardized test(s)*; 7 = teacher report/interview;
 8 = child report/interview; 9 = parent report/interview.

Note: #s 7, 8 and 9 are not sufficient evidence, by themselves, of a weakness or impairment. They must be supported by objective data.

* When standardized tests are used the threshold of impairment is 1.5 SD below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Language Area	Evidence of Strength/Competency	Evidence of Weakness/Impairment
CONTENT		
Vocabulary		
Concepts		
Classification and Categorization		
Semantic Relationships		
Comprehension of Questions		



[Insert School District Name]

Child _____ Date _____

Language Area	Evidence of Strength/Competency	Evidence of Weakness/Impairment
Following Directions		
Understanding Stories and Text		
Word Finding		
Accurate and Semantically Appropriate Production		
FORM		
Grammar		
Morphology		
Variety of Constructions		
Word Order		
Length		
Complexity		
Variety of Genres (e.g., narrative, expository, persuasive)		
Cohesion		
USE		
Variety of Verbal and Nonverbal Functions (e.g., greeting, protesting, requesting, commenting)		
Discourse Rules (e.g., joint attention/referencing, initiating, turn taking, topic relevance, topic maintenance, closing, proxemics)		



[Insert School District Name]

Child _____ Date _____

Language Area	Evidence of Strength/Competency	Evidence of Weakness/Impairment
USE (<i>cont'd</i>)		
Prosodic Features		
METALINGUISTICS		
Phonological Awareness		
Phonemic Awareness		
Error awareness/ correction		
Figurative Language (e.g., idioms, metaphors, similies, absurdities)		
Language of Thinking (e.g., predicting, drawing conclusions, analogies, problem solving)		
METAPRAGMATICS		
Role of Context		
Perspective Taking		



Criteria for Language Disability

Evidence Codes: 1 = language sample; 2 = contextual probe; 3 = structured observation;
4 = classroom work samples; 5 = other curriculum/academic results;
6 = standardized test(s);* 7 = teacher report/interview;
8 = child report/interview; 9 = parent report/interview.

Note: #s 7, 8 and 9 are not sufficient evidence by themselves. They must be supported by objective data.

* When standardized tests are used the threshold of impairment is 1.5 SD below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Extent of Adverse Educational Effect:

<u>Code</u>	<u>Level of Functioning</u>
-------------	-----------------------------

A	Independent Performance:
----------	---------------------------------

The student performs effectively all or most of the time with little, if any, assistance. He/she knows what to do and how.

B	Minimal Support:
----------	-------------------------

The student needs more cues, models, explanations, checks on progress or assistance than the typical student in his/her class. He/she may need some general education curriculum/program adjustment and/or remedial instruction.

C	Maximum Support:
----------	-------------------------

The student does not perform effectively most of the time, despite the provision of general education modifications and supports, e.g., prompts, cues, modeling, curriculum/program adjustments, remedial instruction.

Eligibility: The child must be at level C in two areas of educational concern on page 43, with evidence that the problems are language based, according to the information from the language evaluation. (The worksheets on pages 39-41 will help document this.)

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage, or lack of instruction in reading or mathematics.



[Insert School District Name]
Educational Effect Worksheet: Language

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Child _____ Date _____

Area of Educational Concern	Evidence of a Language-Based Problem	Extent of Adverse Educational Effect	Comments
Attending Behaviors			
Following Classroom Routines			
Listening Comprehension			
Oral Participation			
Reading			
Written Language			
Content Subjects			
Social-Emotional Adjustment/Behavior			
Effectiveness of Communication			
Additional Areas for Pre-K students			
Play			
Peer Interactions			



Criteria for Phonology Disability

Impairment Code: + = Yes; - = No; N/A = Not Applicable

Evidence Code: 1 = speech sample; 2 = contextual probe; 3 = structured observation;
4 = classroom work samples; 5 = other curriculum/academic results;
6 = standardized test(s)*; 7 = teacher report/interview;
8 = child report/interview; 9 = parent report/interview.

Note: #s 7, 8 and 9 are not sufficient evidence, by themselves, of a weakness or impairment. They must be supported by objective data.

* When standardized tests are used the threshold of impairment is 1.5 SD below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Adverse Effect on Educational Performance Code:

1 = oral participation; 2 = classroom listening; 3 = oral reading;
4 = spelling; 5 = content subjects; 6 = social-emotional adjustment/behavior;
7 = reaction of self, peers, teachers, parents.

Note: #s 6 and 7 are not sufficient evidence, by themselves, of an adverse educational impact.

Eligibility: The child exhibits impairments in connected speech** in both of the following areas, with accompanying adverse effects on educational performance in each area.

- (1) **SOUND PRODUCTION** (Articulation or Phonological Processes)
- (2) **OVERALL INTELLIGIBILITY**

** If the child does not use connected speech, judge intelligibility at the typical length of utterance.

The impairment(s) must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, or dialect usage.



[Insert School District Name]
Summary of Evaluation Findings
Phonology

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked NA. Remember that eligibility may not be determined solely on the basis of standardized tests.

Phonology Area	Impairment	Evidence	Adverse Effect on Educational Performance
SOUND PRODUCTION			
Articulation			
Isolation			
Syllables*			
Words*			
Spontaneous speech* (including babbling, jargon, as appropriate)			
Oral Reading in initial, medial, final positions, blends, vowels			

* *in initial, medial, final positions, blends, vowels*



[Insert School District Name]

Child _____ Date _____

Phonology Area	Impairment	Evidence	Adverse Effect on Educational Performance
Phonological Processes			
Final Consonant Deletion			
Cluster Reduction			
Weak Syllable Deletion			
Glottal Replacement			
Labial Assimilation			
Alveolar Assimilation			
Velar Assimilation			
Prevocalic Voicing			
Final Consonant Devoicing			
Affrication			
Fronting			
Gliding of Fricatives			
Gliding of Liquids			
Vocalization			
Stopping			
Other			
STIMULABILITY			
Sounds			
Syllables			
Words			
Spontaneous Speech			



[Insert School District Name]

Child _____ Date _____

Phonology Area	Impairment	Evidence	Adverse Effect on Educational Performance
OVERALL INTELLIGIBILITY			
Messages Understood by Familiar Partners			
Messages Understood By Unfamiliar Partners			
Messages Understood In Context			
Messages Understood Out of Context			
Manner of Production Distracts from Content			
AUDITORY DISCRIMINATION			
ORAL MECHANISM			
Structure			
Function			



Criteria for Fluency Disability

Impairment Code: + = Yes; - = No; N/A = Not Applicable

Evidence Code: **1** = fluency measurement(s); **2** = attitude/self-perception measures;
3 = speech sample(s); **4** = structured observation; **5** = oral classroom participation;
6 = other curriculum/academic results; **7** = teacher report/interview;
8 = child report/interview; **9** = parent report/ interview.

Note: #s 7, 8 and 9 are not sufficient evidence, by themselves, of an impairment. They must be supported by objective data.

Adverse Effect on Educational Performance Code:

1 = oral participation; **2** = oral reading;
3 = social-emotional adjustment/behavior;
4 = reaction of self, peers, teachers, parents.

Note: #4, reaction of self, peers, teachers, parents is not sufficient evidence, by itself, of an adverse educational impact.

Eligibility: The child exhibits disfluencies during connected speech in at least one of the following areas, with accompanying adverse effect on educational performance.

1. Frequency and/or Durational Measurements of Disfluencies (based on a speech sample of 200 syllables, 200 words or 10 minutes) in 1 or more settings.
 - (a) more than 2% atypical disfluencies, with or without the presence of struggle behaviors, covert stuttering behaviors, or coping mechanisms; OR
 - (b) more than 5% typical disfluencies, with or without the presence of struggle behaviors, covert stuttering behaviors, or coping mechanisms, or with the presence of one or more risk factors.
2. Rate of speech at least ± 1.5 standard deviations from the mean.
3. Speech naturalness outside the normal range of 3.0 for children and 2.12-2.39 for adolescents/adults on a 9-point naturalness rating scale.

The impairments(s) must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, or dialect usage.



[Insert School District Name]
Summary of Evaluation Findings
Fluency

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Fluency Area	Impairment	Evidence	Adverse Effect on Educational Performance
FREQUENCY			
Type of Disfluencies			
Hesitations			
Interjections			
Revisions			
Unfinished Words			
Sound Repetitions			
Syllable Repetitions			
Word Repetitions			
Phrase Repetitions			
Prolongations			
Blocks			



[Insert School District Name]

Child _____ Date _____

Fluency Area	Impairment	Evidence	Adverse Effect on Educational Performance
FREQUENCY (<i>cont'd</i>)			
Struggle Behaviors			
<i>Visible Tension</i>			
Head			
Neck			
Shoulders			
Eyes			
Lips			
Tongue			
Jaw			
Larynx			
Inhalation			
Other			
<i>Audible Tension</i>			
Uneven Stress			
Pitch Changes			
Neutralized Vowels			
Increased Rate			
Inhalation			
Exhalation			
Other			
DURATION OF DISFLUENT EPISODES			



[Insert School District Name]

Child _____ Date _____

Fluency Area	Impairment	Evidence	Adverse Effect on Educational Performance
RATE OF SPEECH			
SPEECH NATURALNESS			
COPING MECHANISMS			
Awkward Phrases			
Distorted Grammatical Forms			
Circumlocutions			
Starter Devices			
Postponement Tactics			
Avoidance (to disguise stuttering)			
COVERT STUTTERING BEHAVIORS			
Emotional Reaction			
Avoidance (of feared sounds, words, situations or people)			
Expectation of Stuttering			
Expectation of Fluency			
LANGUAGE			
Receptive			
Vocabulary			
Expressive			
Word Retrieval			
Sentence Formulation			
ARTICULATION			



Fluency Measurement Options

Choose Option #1 Or Option #2

Option #1: Choose one fluency measurement from group A, one from group B, and one from group C.

Group A:

1. To analyze frequency of stuttering, use the following procedures to measure the types of disfluencies:

Collect and transcribe a 200-syllable spontaneous communication sample in each of a variety of settings, using audio or videotape. Videotape is preferable for analyzing secondary characteristics and struggle behaviors. The 200 syllables should only represent the intended message. Do not count repetitions as syllables. Revisions are counted as part of the 200 syllable sample. The transcription should also include the instances of stuttering.

Count the number of occurrences of disfluencies, such as hesitations, interjections, revisions, prolongations, visible/audible tensions, etc. See the Fluency section of the Supplemental Resources packet. Count the number of instances of each type of stuttering and struggle behavior (audible/visible tension). Divide this number by the total number of syllables (200), and multiply by 100 to obtain the percentage of types of disfluencies (Campbell and Hill, 1992). Subtract this number from 100 to obtain the percentage of fluent speech.

Note: A frequency analysis may also be accomplished by collecting and analyzing the number of stuttered words in a speech sample of 150 words (Riley, 1980). However, this method may penalize a speaker who uses multisyllabic words (Peters and Guitar, 1991).

OR

2. To analyze duration of stuttering, use the following durational measurements:

Collect a 10- to 15-minute speech sample of the student's conversational speech using video or audiotape. Videotape is preferable for analyzing secondary characteristics and struggle behaviors.

Use a stopwatch to time 5 minutes (300 seconds) of the student's talking time.

Review the sample and use a stopwatch to obtain the total number of seconds of disfluencies. Divide the total number of seconds of disfluencies by the total number of seconds in the speech sample and multiply by 100 to obtain the percentage of duration of disfluent speech (Bacolini, P., Shames, G., and Powell, L., 1993).

If using a video sample, watch the video once again, noting the types of disfluencies and secondary characteristics listed on the Summary of Evaluation Findings: Fluency.



Note: Curlee and Perkins (1984) suggest the following other methods of analyzing duration within a speech sample:*

1. Use a stopwatch to time the length of 10 different stuttering moments at random within the sample. These moments of stuttering should be representative of the sample. To obtain the average duration of stuttering, divide the sum of the 10 stuttering moments by 10.
2. Choose the three longest stuttering occurrences and time each with a stopwatch. Record the results.

* Peters and Guitar (1991) prefer a 5-minute sample, rather than a 150-word sample suggested by Riley, to ensure a more complete sample for durational measures.

Group B:

1. To analyze rate of speech, Curlee and Perkins (1994) use the following procedure:

Collect a 5-minute speech sample using speaking or oral reading. (You probably need 10 minutes of taping to get the 5 minutes of the student's talking/oral reading time.) Count the number of syllables (or words) in the intended message. Then, divide the number of syllables (or words) by the total number of minutes of the student's speaking/oral reading time in the sample to obtain a syllable per minute rating-SPM (or a word per minute rating -WPM). See the Fluency Section of the Supplemental Resources packet for mean rates of speech.

OR

2. To analyze speech naturalness, use the following procedure:

Collect a 5-minute speech sample. Use a 9-point naturalness scale to determine whether speech has a natural sounding quality. To analyze speech quality, judgments of naturalness may be made by SLPs or naive listeners (lay persons, graduate students). Review the sample (watch/listen) and at 15 second intervals make subjective judgments about the speech to determine whether it sounds highly natural or highly unnatural, despite the percentage of fluency. A total of at least 10 such judgments should be made. To calculate naturalness, add the number assigned at each rating and then divide that number by 10. The Mean naturalness rating for adolescents/adults is 2.12 to 2.39 on the 9-point naturalness scale (Martin et al, 1984; Ingham et al, 1985). The Mean naturalness rating for children is 3.0 (J. Ingham, 1998). See the Fluency Section of the Supplemental Resources packet.



Group C:

For children, choose one of the following procedures, if appropriate.

For adolescents, you must choose one.

- 1. To assess coping mechanisms, Culatta and Goldberg (1995) recommend using the following methods:**

Observations, checklists, rating scales and self-rating protocols. (See the Fluency section of the Supplemental Resources packet.)

Reports by the student of how he/she manipulates speech in order to cope with stuttering.

Reports by the student of experiences of tension.

Reports by the student of vigilance necessary to achieve and maintain fluent speech.

OR

- 2. To assess covert stuttering behaviors, Culatta and Goldberg (1995) recommend using a variety of interview and questionnaire protocols. (See the Fluency section of the Supplemental Resources Packet.)**

OPTION #2: Use Fluency Severity Rating Scale Procedures.

(See samples in the Fluency section of the Supplemental Resources packet.)



Criteria for Voice Disability

Impairment Code: + = Yes; - = No; N/A = Not Applicable

Evidence Code: 1 = voice measurement(s); 2 = attitude/self-perception measures;
3 = speech sample(s); 4 = structured observation;
5 = oral classroom participation; 6 = other curriculum/academic results;
7 = teacher report/interview; 8 = child report/interview;
9 = parent report/interview.

Note: # 7, 8 and 9 are not sufficient evidence, by themselves, of an impairment. They must be supported by objective data.

Adverse Effect on Educational Performance Code:

1 = oral participation; 2 = oral reading;
3 = social-emotional adjustment/behavior;
4 = reaction of self, peers, teachers, parents.

Note: #4, reaction of self, peers, teachers, parents is not sufficient evidence, by itself, of an adverse educational impact.

Eligibility: The child exhibits chronic/persistent (2 weeks duration) impairment(s) in connected speech **in at least one of the following areas**, with accompanying adverse effect on educational performance in each area.

1. **Phonation**
2. **Resonance**
3. **Prosody**

The impairment(s) must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage and must not be related to unresolved upper respiratory infection or allergies that are not being actively treated by a physician.

Note: No child should be enrolled for voice therapy without prior OTL examination. However, the presence of a medical condition (e.g., vocal nodules) does not apriori necessitate the provision of voice therapy as special education or a related service. Nor does a prescription for voice therapy from a physician.



[Insert School District Name]
Summary of Evaluation Findings
Voice

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
PHONATION			
Isolation			
Total Pitch Range			
Optimum Pitch			
Pitch Appropriateness for Age			
Pitch Appropriateness for Sex			
Loudness Range			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			



[Insert School District Name]

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
PHONATION (<i>cont'd</i>)			
Connected Speech			
Voice Onset			
Voiceless To Voiced			
Appropriateness of Loudness			
Pitch Breaks			
Pitch Range			
Habitual Pitch			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			
RESONANCE IN CONNECTED SPEECH			
Hypernasality			
Hyponasality			
Throatiness/Cul De Sac			
Nasal Emission			
Assimilation Nasality			



[Insert School District Name]

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
PROSODY IN CONNECTED SPEECH			
Stress			
Intonation			
RESPIRATION			
Type of Breathing Pattern			
At Rest			
In Connected Speech			
Breath Support for Speech			
Posture			
Tension			
ASSOCIATED FACTORS			
Vocal Abuse Behaviors			
Personality Factors			
ORAL MECHANISM			
Structure			
Function/Tension			
OTL EXAMINATION RESULTS			



Determination of Eligibility for Speech-Language Services as Special Education or as a Related Service

Determining appropriate eligibility for speech-language services requires attention to the following legal requirements and good practice suggestions.

1. The decision must be made by a team of qualified professionals and the parent and, when appropriate, the child [20 U.S.C. § 1414(b)(4)].
2. The SLP should be present at the eligibility PPT as the individual who can interpret the instructional implications of (the communication) evaluation results. [20 U.S.C. § 1414 (d)(B)]. This will require consideration of an itinerant SLP's site schedule.
3. Information from a variety of sources must be used in interpreting evaluation data. [34 CFR § 300.535] For children with voice impairments, an updated report by a physician (OTL and, when appropriate, allergist) is necessary, but not sufficient by itself, for determining special education eligibility. Medical information is necessary to determine the contribution of vocal pathology, upper respiratory infection or allergies to the voice symptoms.
4. The child cannot be determined to be a child with a disability if the determinant factor in the determination is lack of instruction in reading or math or limited English proficiency [20 U.S.C. § 1414(b)(5)]. (See Appendix C in the *Guidelines for Identifying Children with Learning Disabilities*, Connecticut State Department of Education, 1999) for worksheets regarding lack of appropriate instruction in reading and math.)
5. A copy of the evaluation report and the documentation of determination of eligibility must be given to the parent [20 U.S.C. §1414(b)(4)].
6. When the speech-language disability is the child's sole or primary disability, the child is eligible for speech and language services as special education instruction. When it accompanies some other disability and the child needs speech and language services to benefit from the special education designed to address that disability, the child is eligible for those services as a related service [*Guidelines for Speech and Language Programs*, State Department of Education, 1989, Appendix C, p.166].
7. A dissenting opinion may be filed when there is disagreement with the decision of the team [Commentary following RCSA 10-76a-1(p)].

The eligibility decision should be documented on the **PPT Report of Eligibility for Speech-Language Services** on pages 60-61.



[Insert School District Name]
PPT Report of Eligibility for Speech-Language Services

PPT Meeting Date _____

Child's Name _____ Date of Birth _____

School _____ Grade _____

This report is to be completed by the PPT based on the evaluation findings.

In order to be eligible for speech and language services as special education, the child must: (1) exhibit an impairment in one or more communication areas listed on the chart in Section A below *and* (2) exhibit an adverse impact on education in the identified area(s) of impairment. In addition, items 1-5 in Section B must be answered. For children with a voice impairment, items 6 and 7 in Section B must also be answered.

A. Results of the Speech-Language Evaluation.

Indicate "Yes", "No" or "N/A" for each communication area. For each area that is checked "Yes", indicate "Yes" or "No" in the column "Adverse Impact on Education".

Communication Area	Impairment			Adverse Impact on Education		
	YES	NO	N/A	YES	NO	N/A
Oral Language Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Language Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Language Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Language Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. Ruling Out Other Factors

In order for the child to qualify under IDEA, **all** of the following factors must be ruled out:

1. Is the communication impairment related primarily to limited exposure to normal communication building experiences? Yes___ No___
2. Is the communication impairment related primarily to the normal process of acquiring English as a second language? Yes___ No___
3. Is the communication impairment related primarily to dialectical differences? Yes___ No___
4. Is the communication impairment due to lack of instruction in reading? (See 1999 SDE *Guidelines for Identifying Children with Learning Disabilities*, Appendix C) Yes___ No___
5. Is the communication impairment due to lack of instruction in mathematics? (See 1999 SDE *Guidelines for Identifying Children with Learning Disabilities*, Appendix C) Yes___ No___

For children with voice impairments:

6. Is the voice impairment of short duration (less than 2 weeks)? Yes___ No___
7. Is it related to unresolved upper respiratory infection or allergies (that are not being actively treated by a physician)? Yes___ No___

Determination of a Speech-Language Disability

The PPT has reviewed the information presented and has made the determination that:
(circle yes or no for each)

The child meets the eligibility criteria for a speech-language disability.	Yes	No
The child needs speech-language services as special education.	Yes	No
The child needs speech-language services as a related service.	Yes	No
The team needs more information to make an eligibility determination.	Yes	No





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