RESOURCE PACKET

For Speech/Language Impairments
General Assessment
Speech and Language Evaluation Report

Name:  
Examiner:  
Sex:  
Present School:  
Present Grade Placement:  
Teacher:  
Date of Birth:  
C. A.:  
Date of Evaluation:  

I. Purpose of Evaluation
- This speech and language evaluation was requested to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired.
- This is a reevaluation in order to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired. (See reevaluation summary in student’s special education file.)
- A speech and language evaluation was requested to gather more information to be used in planning the IEP.

II. History And Behavioral Observations

Relevant Developmental and Medical History:

Teacher Input and Teacher Observation forms are attached.  Parent Information is attached.

Behavior Observations:
During the assessment the student was  
- Cooperative
- Attentive
- Distracted
- Other _______________________

Test results are considered valid.
Test results should be viewed with caution, as they may not indicate an accurate current level of communicative abilities.
Comments:
____________________________________________________________________________________
____________________________________________________________________________________

III. Environmental Considerations and Dialectal Patterns

Is the student ELL or ESL?  
- Yes
- No

If yes — Is the child English Language Proficient?  
- Yes
- No

Home Language (L1) ___________________________  Child’s Dominant Language ___________________________

IV. Hearing

- Pass
- Fail

Comments: ________________________________________________________

V. Speech Assessment

A. Articulation Test:

Speech Sample: ________________________________________________________

Intelligibility of conversational speech:

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>In known contexts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In unknown contexts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulability for correct sound production</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Articulation Errors

Error sounds/patterns which were produced and which are considered below normal limits for a child this age included the following:

<table>
<thead>
<tr>
<th></th>
<th>Substitution</th>
<th>Deletion</th>
<th>Distortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phonological Error Patterns

(Patterns checked should not be used by a child this age)

- Initial consonant deletion (up for cup)
- Final consonant deletion (do for dog)
- Weak syllable deletion (telephone for telephone)
- Intervocalic deletion (telephone for telephone)
- Cluster reduction (sove for stove, cown for clown)
- Voicing/Devoicing (bear for pear, koat for goat)
- Stopping (tun for sun, pour for four)
- Backing (kable for table)
- Fronting (tun for cup, thun for sun)
- Stridency deviation (soe for shoe, fumb for thumb)
- Liquid simplification (wamp for lamp, wed for red)
- Deaffrication (tair for chair, dump for jump)
- Other: ___________________________________

Exhibited developmental speech sound errors affecting:

- No Apparent Articulation Problem
- Articulation Problem Indicated

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ED – 4074 / Rev 07.09  
Department of Education  
S-L General Assessment Resource Packet
B. Oral Peripheral Exam:
- Oral structure and movement appear adequate for speech production
- Deviations: ________________________________________________________________

C. Voice:
- Test: __________________________ Other: __________________________
  - Appropriate for sex and age
  - Not Appropriate for sex and age
- Comments/Characteristics: (see attached): __________________________________________

D. Fluency:
- Test: __________________________ Other: __________________________
  - Appropriate
  - Inappropriate
- Student’s attitude about stuttering: __________________________
  - See attached documentation
  - Refer to Parent Information
- Comments/Characteristics (see attached): __________________________________________

VI. Language Assessment:
- Test: __________________________ Results: Receptive Score: __________
  - Expressive Score: __________
  - TOTAL SCORE: __________
- Test: __________________________ Results: __________________________
- Test: __________________________ Results: __________________________
- Total language score is:
  - Within 1.5 SD of the mean
  - Greater than 1.5 SD from the mean
- There is __________ is not a significant difference between receptive and expressive language scores.

<table>
<thead>
<tr>
<th>Areas of Strength:</th>
<th>Areas of Weakness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>__________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Informal Language Sample reveals appropriate:

<table>
<thead>
<tr>
<th>Complexity (MLU)</th>
<th>Word Order (syntax)</th>
<th>Vocabulary (semantics)</th>
<th>Word Form (morphology)</th>
<th>Use of Language (pragmatics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Comments:

Functional Communication Assessment
Comments/Characteristics (see attached): __________________________________________

VII. Effect on Educational Performance (Based on Data Collected)
- Does not adversely affect educational performance.
- Does adversely affect educational performance.
- Evidence (grades, work samples, anecdotal information, etc.) are attached.

VIII. Diagnostic Impressions
This student DOES MEET the eligibility standards for the following impairment(s):
- Language
- Articulation
- Fluency
- Voice

This student DOES NOT MEET the eligibility standards for the following impairment(s):
- Language
- Articulation
- Fluency
- Voice

IX. Recommendations

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This report is submitted to the IEP team for consideration when making decisions regarding placement and programming. Attach additional information to report.

Speech-Language Therapist
Early Interventions Worksheet for Speech/Language

NOTE: When completed, this worksheet becomes part of the child’s educational records. It should be completed prior to the child’s initial referral.

Child’s Name ______________________ DOB ___________ Grade ______
School __________________________ Date ________ Teacher __________________________

- The reason for request included concerns related to speech and/or language.
  Yes ☐ No ☐
  Area(s) of Concern: ________________________________________________
  ___________________________________________________________________
  ___________________________________________________________________

- The SLT and classroom teacher were active participants in early intervention process.
  Yes ☐ No ☐
  If NO, 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., psychologist, social workers, Occupational Therapists, Physical Therapists, private providers)

Other (describe) _______________________________________________________
  ___________________________________________________________________

Comments ____________________________________________________________
  ___________________________________________________________________
  ___________________________________________________________________
  ___________________________________________________________________
(For ELL Students Only)

ELL Teacher was an active participant in early intervention process.
Yes ☐ No ☐
If NO, explain:

Home Language Survey was reviewed.
Yes ☐ No ☐

Home language is ________________________.

Native and English language dominance and language proficiency have been determined.
Yes ☐ No ☐

<table>
<thead>
<tr>
<th></th>
<th>Listening</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>Child is dominant in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L2</td>
<td>Child is dominant in</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Date of last hearing screening ________ / Results: __________________________

Date of last vision screening ________ / Results: __________________________

Observation of child was conducted. Yes ☐ No ☐

Conversation was held with child. Yes ☐ No ☐

Describe early intervention strategies and effectiveness of each.
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

If successful, the early intervention process is stopped. This does not preclude later referral for general education assistance or later referral to the IEP team. If the child is referred to Special Education, attach this report to the referral form.
Parent Input form – General
CONFIDENTIAL

Student Information
Name __________________ Form completed by __________________ Date __________
Date of birth __________ Age __________

PARENTS/LEGAL GUARDIANS (Check all that apply.)
1. With whom does this child live?
  □ Both parents  □ Mother  □ Father  □ Stepmother  □ Stepfather
  □ Other ____________________________________________________________

2. Parents/Legal Guardians’ Name _______________________________________
Address _______________________________________________________________
Home phone __________ Work phone __________ Cell phone __________
List names and relationships of people at home __________________________________

3. Are there any languages other than English spoken at home? □ Yes □ No
If yes, what languages? __________ By whom __________ How often? __________

4. Areas of Concern (Check all that apply.)
  □ Behavioral/emotional  □ Slow development  □ Listening
  □ Immature language usage  □ Difficulty understanding language  □ Health/medical
  □ Slow motor development  □ Vision problems  □ Uneven development
  □ Speech difficult to understand  □ Stuttering  □ Other: _______________________

5. Why are you requesting this evaluation? __________________________________
________________________________________________________________________
________________________________________________________________________

6. Did anyone suggest that you refer your child? □ Yes □ No
If yes, name and title _______________________________________________________

7. Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child?
□ Yes □ No

8. Was a diagnosis determined? □ Yes □ No
Please explain: ___________________________________________________________
________________________________________________________________________
________________________________________________________________________

Preschool History (Check all that apply)
1. Preschool/daycare programs attended
Name __________________ Address __________________ Dates __________
Name __________________ Address __________________ Dates __________

2. List any special services that your child has received (e.g., Head Start, therapy, etc.):
Type of service __________ Age __________ Dates __________ School/agency __________
Type of service __________ Age __________ Dates __________ School/agency __________

3. If your child has attended a preschool or daycare and problems were discussed with you about his/her
behavior, explain what was tried and if you think it worked_____________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Developmental History

1. Pregnancy and Birth
Which pregnancy was this? ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Other________ Was it normal? ☐ Yes ☐ No
Explain any complications
Was your child – ☐ Full term ☐ Premature What was the length of labor? __________________________
Was the delivery – Induced? ☐ Yes ☐ No Caesarian? ☐ Yes ☐ No
Birth weight ________ Baby’s condition at birth (jaundice, breathing problems, etc.)______________________________

2. Motor Development *(List approximate ages)*
Sat alone
Crawled
Walked independently
Fed self with a spoon
Toilet trained: Bladder
Bowel

3. Medical History
List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).
List any medications taken on a regular basis __________________________________________
List medical treatments (e.g., PE tubes, inhalers, medications, ear wax removal) ________________

4. Speech and Language *(List approximate ages.)*
__________ Spoke first words that you could understand (other than *mama* or *dada*)
__________ Used two-word sentences
__________ Spoke in complete sentences
__________ Does your child communicate primarily using speech?
__________ Does your child communicate primarily using gestures?
__________ Is your child’s speech difficult for others to understand?
__________ Does your child have difficulty following directions?
__________ Does your child answer questions appropriately?

5. Social Development
What opportunities does your child have to play with children of his/her age? ______________________
What play activities does your child enjoy? ______________________________________________________
Does s/he play primarily alone? ☐ Yes ☐ No With other children? ☐ Yes ☐ No
Does s/he enjoy “pretend play?” ☐ Yes ☐ No
Do you have concerns about your child’s behavior? ☐ Yes ☐ No If yes, please explain: _________________

How do you discipline your child? _____________________________________________________________

*Thank you for providing the above developmental information about your child. Please return to the Speech - Language Therapist at your child’s school. If you have any questions, please feel free to contact __________________ at ______________________________.*
General Education Teacher’s Input  
(Indirect Observation)

Student’s Name _____________________  Grade _____  Teacher _____________________

Please carefully consider the following questions and provide as much information as possible regarding this student’s typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student’s reading skills (e.g., decoding, comprehension, and automaticity):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Describe this student’s math skills (e.g., calculation, numerical concepts, and word problems):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Describe other academic concerns/performance levels (e.g., science, social studies, and problem-solving skills):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Describe this student’s behavior in the classroom (e.g., following rules, attention to task, organizational skills, relationships to peers, problems or concerns):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

This student does not perform academically in the classroom in a manner that is commensurate with current academic standards (check one).  ☐ Yes ☐ No

_____________________________________
Printed Name

_____________________________________
Signature

___________________
Date
Hearing Screening Guidelines

Purposes and Rationale
The goal of hearing screening is to identify peripheral Hearing Impairments that may interfere with the development of speech and/or language in students with suspected Speech or Language Impairments who have been referred for eligibility determination for special education services. The screening for a Hearing Impairment is a pass-refer procedure to identify those students who require further audiological evaluation or other assessment. School-age children with even minimal Hearing Impairments are at risk for academic and communicative difficulties (Tharpe & Bess, 1991). Due to the critical importance of identifying any hearing difficulties that may affect the student’s speech and language, the minimal screening level of 20 dB HL has been recommended by the American Speech Language and Hearing Association Panel on Audiologic Assessment (1997). General education hearing screening is part of the early intervention process and should be completed prior to initiation of the speech and language referral. If hearing screening has not been completed through the general education screening process, screening by the Speech-Language Therapist does not require individual parental permission.¹

Considerations
Screening procedures for the purpose of assessment for Speech or Language Impairments may be conducted by the SLT. As a part of the case history obtained for all referred students, indicators of possible Hearing Impairment should be investigated by obtaining information regarding:

1. family history of hereditary childhood hearing loss;
2. in utero infection such as cytomegalovirus, rubella, syphilis, herpes and toxoplasmosis;
3. craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal;
4. ototoxic medications;
5. bacterial meningitis and other infections associated with sensorineural hearing loss;
6. stigmata or other findings associated with a syndrome known to include sensorineural and/or conductive hearing loss;
7. head trauma associated with loss of consciousness or skull fracture;
8. neurofibromatosis type II or neurodegenerative disorders;
9. recurrent or persistent otitis media with effusion for at least three months;
10. exposure to high levels of environmental noise associated with noise-induced Hearing Impairments;
11. functional listening skills as observed by parents in the home setting and by teachers in the classroom.

¹
Screening Procedures

Setting/Equipment Specifications

1. Conduct screening in a quiet environment with minimal visual and auditory distractions. Ambient noise levels must be sufficiently low to allow for accurate screening (American National Standards Institute, 1991). Ambient noise levels should not exceed 49.5 dB SPL at 1000 Hz, 54.5 dB SPL at 2000 Hz, and 62 dB SPL at 4000 Hz when measured using a sound level meter with octave-band filters centered on the screening frequencies.

2. Meet ANSI and manufacturer’s specification for calibration (American National Standards Institute, 1996) and regulatory agency specification for electrical safety of all electroacoustical equipment.

3. Calibrate audiometers to ANSI – S3.6-1996 specifications regularly, at least once every year, following the initial determination that the audiometer meets specifications.

4. Perform daily listening check to rule out distortion, cross talk, and intermittence and determine that no defects exist in major components.

Screening Protocol

1. Visually inspect the ears to identify risk factors for outer or middle ear disease such as drainage and abnormalities of the pinna or ear canal.

2. Conduct screening in a manner congruent with appropriate infection control and universal precautions (Occupational Safety and Health Administration, 1991).

3. Condition the student to the desired motor response prior to initiation of screening. Administer a minimum of two conditioning trials at a presumed suprathreshold level to assure that the student understands the task.

4. Some preschool children ages 3-5 years may be able to reliably participate in conditioned play audiometry, a form of instrumental/operant conditioning in which the child is taught to wait and listen for a stimulus, then perform a motor task such as dropping a block in a box in response to the stimulus. The motor task is a play activity, which serves as a reinforcement. Other preschool students may be able to participate in conventional audiometry without the reinforcement of the play activity.

5. Screen the student’s peripheral hearing under earphones using 1000, 2000, and 4000 Hz tones at 20 dB HL in each ear.

6. At least two presentations of each test stimulus may be required to assure reliability in preschool children.
**Pass/Refer Criteria**

1. “Pass” if a student’s responses are judged to be clinically reliable at the criterion decibel level of 20 dB HL at each frequency in each ear. Note that for preschool children at least two presentations of each test stimulus may be required to assure reliability. If a school age child does not respond at the 20 dB criterion level at any frequency in either ear, repeat instructions, reposition the earphones and rescreen within the same screening session in which the student fails. Pass the student who passes the rescreening.

   In order to rule out temporary hearing deficits of school-age children who fail the first screen-rescreen session due to allergies, colds, etc. conduct a follow-up screening in two weeks.

2. Refer for further assessment by the school district’s Audiologist if:
   a) the preschool student does not respond at least 2 out of 3 times at the criterion level of 20 dB HL at any frequency in either ear;
   b) the school-age student has failed both first and second screening sessions; or
   c) the student cannot be conditioned to the screening task.

4. Document specific results from hearing screening on the *Hearing Screening* form.

5. Document results from the hearing screening on the *Eligibility Report*. 
Examination of Oral Peripheral Mechanism

Name: ______________________ Date: _________ Examiner: ____________________

1. Facial Appearance

2. Lips
   - Appearance
   - Habitual posture:  □ Closed  □ Parted
   - Mobility:  □ Press  □ Purse  □ Retracts

3. Jaw Mobility
   Sufficient ______ Insufficient ______ Excessive ______

4. Tongue
   - Appearance at rest:
     - Size: □ Appropriate  □ Too large  □ Too small
     - Protrusion: □  □ Deviation
     - Mobility: □ Elevation  □ Lateralization  □ Licks lip with tongue  □ Lingual Frenum
     - Moves independently with jaw  □ Sweeps palate from alveolar ridge

5. Palate
   - Appearance of hard palate__________  Length of soft palate__________
   - Mobility:  Gag Reflex__________
   - Closure evidently complete__________
   - Uvula _________ Length ____________ Mobility ________ Bifid ________

6. Diadochokineses
   - Papapa – (avg. =3-5 ½) _____________ kakaka – (avg. = 3 ½ - 5 ½) _____________
   - Tatata – (avg. =3-5 ½) _____________ putuku – (avg. = 1-1 ¾) _____________
     (Below=less than 1 per sec.) _____________
     (Above=more than 1 per sec.) _____________
     (See instructions for assessment of diadochokinetic rate.)

7. Tongue Thrust
   - Does s/he swallow with teeth apart?  Yes□ No□
   - Can you see the tongue when s/he swallows? Yes□ No□
   - If s/he swallows with the lips closed, can you see tensing of the chin? Yes□ No□

8. Dental observations
   - Spacing__________  Missing teeth__________
   - Alignment: normal___ misaligned___ spaced___
   - Condition: good____ slight decay____ moderate decay____ excessive decay____
   - Occlusion: normal____ overjet____ edge to edge____ crossbite____

9. Breathing
   - Mouth breather?  Yes□ No□
   - Other deviations noted: __________________________________________________________

10. Comments ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________
Instructions for Assessing Diadochokinetic Syllable Rates

Instructions to Student
1. “I want you to say some sounds for me. They aren’t words, just sounds. I’ll show you how to make the sound then you can say it with me. Then you’ll try it yourself as fast as you can. The first one is…”.
2. “Now try it with me.” (First practice trial of approximately three seconds in unison.)
3. “Now do it by yourself, as fast as you can…” (Second practice trial of approximately three seconds.) “Good… fine.”
4. “Now I want you to do it once more. This time it has to be a long one. I’ll tell you when to start. Don’t stop until I tell you. ‘Ready? Start.’ (Count repetitions beginning with this trial.)
5. “The next sound is…” (Continue with syllable presentations in order of table of norms.)
6. Repeat directions for each newly introduced syllable(s).

Scoring
Time the number of seconds it takes the student to complete each task the prescribed number of times. The average number of seconds for children from 6 to 13 years of age is reported below.

The Fletcher Time-by-Count Test of Diadochokinetic Syllable Rate


<table>
<thead>
<tr>
<th>SYLLABLE</th>
<th>REPETITIONS</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>pʌ</td>
<td>20</td>
<td>4.8</td>
<td>4.8</td>
<td>4.2</td>
<td>4.0</td>
<td>3.7</td>
<td>3.6</td>
<td>3.4</td>
<td>3.3</td>
</tr>
<tr>
<td>tʌ</td>
<td>20</td>
<td>4.9</td>
<td>4.9</td>
<td>4.4</td>
<td>4.1</td>
<td>3.8</td>
<td>3.6</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>kʌ</td>
<td>20</td>
<td>5.5</td>
<td>5.3</td>
<td>4.8</td>
<td>4.6</td>
<td>4.3</td>
<td>4.0</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>fʌ</td>
<td>20</td>
<td>5.5</td>
<td>5.4</td>
<td>4.9</td>
<td>4.6</td>
<td>4.2</td>
<td>4.0</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>lʌ</td>
<td>20</td>
<td>5.2</td>
<td>5.3</td>
<td>4.6</td>
<td>4.5</td>
<td>4.2</td>
<td>3.8</td>
<td>3.7</td>
<td>3.5</td>
</tr>
<tr>
<td>pʌtə</td>
<td>15</td>
<td>7.3</td>
<td>7.6</td>
<td>6.2</td>
<td>5.9</td>
<td>5.5</td>
<td>4.8</td>
<td>4.7</td>
<td>4.2</td>
</tr>
<tr>
<td>pʌkə</td>
<td>15</td>
<td>7.9</td>
<td>8.0</td>
<td>7.1</td>
<td>6.6</td>
<td>6.4</td>
<td>5.8</td>
<td>5.7</td>
<td>5.1</td>
</tr>
<tr>
<td>tʌkə</td>
<td>15</td>
<td>7.8</td>
<td>8.0</td>
<td>7.2</td>
<td>6.6</td>
<td>6.4</td>
<td>5.8</td>
<td>5.5</td>
<td>5.1</td>
</tr>
<tr>
<td>pʌtəkə</td>
<td>10</td>
<td>10.3</td>
<td>10.0</td>
<td>8.3</td>
<td>7.7</td>
<td>7.1</td>
<td>6.5</td>
<td>6.4</td>
<td>5.7</td>
</tr>
<tr>
<td>pʌtəkə</td>
<td>10</td>
<td>10.3</td>
<td>10.0</td>
<td>8.3</td>
<td>7.7</td>
<td>7.1</td>
<td>6.5</td>
<td>6.4</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Normative data were collected from utterances of 384 children (24 boys and 24 girls at each age level).
Reevaluation and Dismissal (Exit) Guidelines

IDEA specifies that reevaluation “shall occur at least every three years or if conditions warrant a reevaluation, or if the teacher or parents request a reevaluation”. The Office of Special Education Programs (OSEP) has interpreted the provision for the Reevaluation Review in IDEA’97 as a reaction to the over-emphasis on testing and test results when determining a student's continuing need for special education services. Before the 1997 reauthorization of IDEA the reevaluation placed very little emphasis on the child's special education services and the appropriateness of the child's IEP.

**Purpose of Reevaluation Review**
1. to focus on the student's progress in and/or access to the general education curriculum,
2. to focus on the student's progress in the Special Education program,
3. to address the student's IEP in meeting the unique needs of the student,
4. to investigate the need for further evaluation when the student is not progressing commensurate with his or her IEP goals and objectives, and
5. to determine continued eligibility.

**A Formal, Comprehensive Reevaluation Should Be Considered**
1. when the validity and/or reliability of the initial or previous evaluation are in question,
2. when the student's age at the time of assessment (usually before age 8) has skewed the validity or reliability of evaluation results (assessment results increase in validity and reliability after the age of eight),
3. when previous evaluation results indicate external variables affecting the reliability of the previous assessment data, for example -- the child was easily distracted, situational crises in the home or school environment, or frequent change of schools,
4. when significant discrepant results were obtained by the student on two previous evaluations with no other explanation of this discrepancy,
5. when the results of the “Reevaluation Summary Report” indicate discrepancies or pose questions regarding the student's progress in his/her Special Education program and the IEP team determines there is a need to obtain more information through formal assessment,
6. when a comprehensive reevaluation is requested by the student's parent or other members of the student's IEP team, and/or
7. when the student has made progress and consequently, may no longer meet the eligibility standards for a speech and/or language impairment.

**Components of a Reevaluation Review Summary**
1. Background Information
   a. Review of medical and sensory information
   b. Educational Review
      • Disability information
      • Special Education services provided currently and in the past three years
      • Review of other aspects of the student's progress that may be impacting the success of the educational program, including attendance, number of schools attended, school retention, behavior and discipline review
2. Review of Previous Assessment Information
   a. Previous evaluation information
   b. IEP team determination of the validity and reliability of previous evaluations
3. Current Classroom-Based Assessment
   a. Input from the Parent, General Education, Special Education and/or Related Services Teacher
   b. Review of statewide and/or district-wide assessments
4. The IEP *Reevaluation Summary Report* considers whether:
   a. there is no further data needed in order to determine eligibility for services.
   b. the parent has been informed of the reasons for no further assessment.
   c. the parent understands that further assessment can be made if the parent wishes to request additional assessment.
   d. the parent has received a written copy of the Reevaluation Summary Report.
   e. the parent has been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*.
   f. the date of the IEP team meeting and signatures of the parent and other IEP team members have been documented.

**Guidelines for Exit from Speech/Language Services**
The following guidelines should be followed whenever considering exiting a student from special education services for a speech and/or language impairment.

**Guideline 1**
The criteria for exit from services for speech and language impairments should be discussed with IEP team members at the beginning of intervention.

**Guideline 2**
The decision to dismiss is an hypothesis and should be assessed periodically.

**Guideline 3**
The decision to dismiss is based upon IEP team input (i.e., parent, teacher, etc.) initiated by the SLT or any other team member.

**Guideline 4**
If progress is not observed over time, changes must be made in the interventions/accommodations. If continued lack of progress is shown, specific goals and intervention approaches must be re-examined. If additional progress is not observed, exit from special education may be warranted.

**Guideline 5**
If gains are general and are not related to intervention.

**Guideline 6**
If it can be determined that new skills would not greatly improve education-based speech and language skills of students with severely impaired communication or cognitive systems, and no specific special education goals remain.

**Guideline 7**
The student’s current academic level, behavioral characteristics and impact on educational performance should be considered.
### Exiting Factors

<table>
<thead>
<tr>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Level</strong></td>
</tr>
<tr>
<td>___ Goals and objectives have been met.</td>
</tr>
<tr>
<td>___ Maximum improvement and/or compensatory skills have been achieved.</td>
</tr>
<tr>
<td>___ Communication skills are commensurate with developmental expectations.</td>
</tr>
<tr>
<td>___ Successful use of augmentative or assistive communication device.</td>
</tr>
<tr>
<td><strong>Behavioral Characteristics</strong></td>
</tr>
<tr>
<td>___ Limited carryover due to lack of physical, mental or emotional ability to self-monitor or generalize to other environments.</td>
</tr>
<tr>
<td>___ Poor attendance.</td>
</tr>
<tr>
<td>___ Lack of motivation.</td>
</tr>
<tr>
<td>___ Other disabilities or interfering behaviors inhibit progress.</td>
</tr>
<tr>
<td>___ Conflict arises in goals set by public and private SLTs/teams.</td>
</tr>
<tr>
<td>___ Limited potential for change.</td>
</tr>
<tr>
<td><strong>Educational Impact</strong></td>
</tr>
<tr>
<td>___ Communication skills no longer adversely affect the student’s education performance as seen by:</td>
</tr>
<tr>
<td>- Student</td>
</tr>
<tr>
<td>- Teacher</td>
</tr>
<tr>
<td>- Parent</td>
</tr>
<tr>
<td>- SLT</td>
</tr>
<tr>
<td>___ Communication skills no longer cause frustration or other social, personal, emotional difficulties.</td>
</tr>
</tbody>
</table>

**NOTE:** When considering exiting a student from special education, a reevaluation is necessary if the student will no longer be receiving special education services in speech or language. The reevaluation review process should be followed prior to consideration of a comprehensive assessment. The IEP team may determine sufficient information is documented and a comprehensive reevaluation is not required. Parents must be part of the decision process and must give consent when a formal, Comprehensive Assessment is requested.
The list of assessments that follow are not comprehensive and do not necessarily reflect the most recently standardized instruments or tools for assessment of Speech and Language Impairments. A more comprehensive list of assessment instruments can be found on the Special Education Assessment web page under the title of Assessments in Easy IEP on the Initial Eligibility tab at the following site:

http://state.tn.us/education/speced/seassessment.shtml#INITIAL
## AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency**)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Language-Related Functional Activities (ALFA), 1999</td>
<td>16:0 Years to Adult</td>
<td>30-90 min.</td>
<td>Assesses functional language related activities in modalities of auditory comprehension, verbal expression, reading and writing.</td>
<td>Pro-Ed, Psych Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Boehm Test of Basic Concepts-Preschool Version (Boehm- Preschool), 1986</td>
<td>3:0 to 5:11 Years</td>
<td>10-15 min.</td>
<td>Measures understanding of 26 basic relational concepts.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Boehm Test of Basic Concepts-Revised (Boehm-R), 1986</td>
<td>K to 2nd grade</td>
<td>30 min.</td>
<td>Measures a child's mastery of 50 basic concepts.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Bracken Basic Concept Scale-Revised (BBCS-R), 1998</td>
<td>2:6 to 8:0 Years</td>
<td>30 min.</td>
<td>Assesses basic concept acquisition and receptive language skills.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency**)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Communication Skills Inventory: A Listening and Speaking Checklist, 1993</td>
<td>Kindergarten to 12th grade</td>
<td>10-15 min.</td>
<td>Evaluates receptive and expressive communication in the classroom. Assesses functional communication skills and behaviors that affect academic performance.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Clinical Evaluation of Language Fundamentals- Preschool (CELF-Preschool), 1992</strong></td>
<td>3:0 to 6:11 Years</td>
<td>15 to 20 min.</td>
<td>Downward extension of CELF-R; measures receptive and expressive language skills.</td>
<td>The Psychological Corporation</td>
<td>Comprehensive</td>
</tr>
<tr>
<td><strong>Clinical Evaluation of Language Fundamentals-Third Edition (CELF-3), 1995</strong></td>
<td>6:0 to 21:0 Years</td>
<td>30 -45 min.</td>
<td>Measures receptive and expressive skills in morphology, syntax, semantics, and memory.</td>
<td>The Psychological Corporation</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Communication Abilities Diagnostic Test (CADeT), 1990</td>
<td>3:0 to 9:0 Years</td>
<td>40-50 min.</td>
<td>Rates language responses in areas of semantics, syntax, and pragmatics.</td>
<td>Riverside Publishing Co., The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Comprehensive Assessment of Spoken Language (CASL). Elizabeth Carrow-Woolfolk. (1999)</td>
<td>3:0 to 21:11</td>
<td>For Core Batteries: 3 to 5 years approximately 30 min. 5 years to 21 years approximately 45 min.</td>
<td>Measures the processes of comprehension, expression, and retrieval in four language categories: Lexical/Semantic, Syntactic, Supralinguistic and Pragmatic.</td>
<td>American Guidance Services, Inc.</td>
<td>Comprehensive or Supplemental (depending on the child’s age)</td>
</tr>
</tbody>
</table>
**AREA: LANGUAGE (** Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Test of Phonological Processing (CTOPP), 1999</td>
<td>5:0 to 24:11 Years</td>
<td>45 min.</td>
<td>Profiles functional communication proficiency.</td>
<td>Communi-Cog Publications</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Evaluating Communicative Competence, 1994</td>
<td>10:0 Years-Adult</td>
<td>15 to 20 min.</td>
<td>Downward extension of CELF-R; measures receptive and expressive language skills.</td>
<td>The Psychological Corporation</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>The Expressive Language Test, 1998</td>
<td>5:0 to 11:11 Years</td>
<td>40-45 min.</td>
<td>Assesses expressive language functioning.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Expressive Vocabulary Test, 1997</td>
<td>2:6 Years to Adult</td>
<td>15 min.</td>
<td>Measures expressive vocabulary and word retrieval.</td>
<td>American Guidance Service</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test &amp; Publishing Date</td>
<td>Age Range</td>
<td>Administration Time</td>
<td>Description</td>
<td>Publishers</td>
<td>Purpose</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Functional Communication Profile, 1995</td>
<td>3:0 Years to Adult</td>
<td>Time varies</td>
<td>Evaluates sensory/motor, receptive language, pragmatic/social, voice, fluency, attentiveness, expressive language, speech, oral and non-oral communication skills in individuals with Developmental Delays, including Autism, Down Syndrome, progressive neurological disorders, cerebral palsy, Traumatic Brain Injury, and childhood aphasia.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>The HELP Test, 1996</td>
<td>6:0 to 11:11 Years</td>
<td>25-35 min.</td>
<td>Assesses general expressive language functioning for tasks related to classroom performance.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joliet 3 Minute Speech and Language Screen- Preschool</td>
<td>2:5 to 4:5 Years</td>
<td>3 min.</td>
<td>Identifies children needing further testing in phonology, grammar, and semantics.</td>
<td>The Psychological Corp. The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Kaufman Survey of Early Academic and Language Skills (K-SEALS), 1993</td>
<td>3:0 to 6:11 Years</td>
<td>15 to 25 min.</td>
<td>Measures expressive and receptive language, articulation, and pre-academic skills.</td>
<td>AGS, PAR, The Speech Bin</td>
<td>Screener</td>
</tr>
<tr>
<td>Language Processing Test-Revised (LPT-R), 1995</td>
<td>5:0 to 11:11 Years</td>
<td>35 min.</td>
<td>Assesses ability to attach meaning to language and effectively formulate a response.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Language Proficiency Test, 1981</td>
<td>15:0 Years to Adult</td>
<td>60-90 min.</td>
<td>Assesses a wide range of English language ability.</td>
<td>Academic Therapy Publications</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
## AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Listening Test, 1992</td>
<td>6:0 to 11:11 Years</td>
<td>35 min.</td>
<td>Assesses listening behaviors that reflect classroom listening situations. Includes a Classroom Listening Scale for Classroom Teacher to rate listening performance.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Oral and Written Language Scales (OWLS): Listening Comprehension and Oral Expression Scales, 1995</strong></td>
<td>3:0-21:0 Years</td>
<td>40 min.</td>
<td>Samples semantic, syntactic, pragmatic, and higher order thinking language tasks.</td>
<td>AGS</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Peabody Picture Vocabulary Test, 3rd Edition (PPVT-3), 1997</td>
<td>2:6 Years to Adult</td>
<td>12 min.</td>
<td>Measures receptive single-word vocabulary.</td>
<td>AGS</td>
<td>Supplemental</td>
</tr>
<tr>
<td>The Phonological Awareness Profile, 1995</td>
<td>5:0-8:0 Years</td>
<td>10-20 min.</td>
<td>Evaluates phonological processing and knowledge of phoneme-grapheme correspondence by looking at tasks of rhyming, segmentation, isolation, deletion, substitution, blending, and decoding.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>The Phonological Awareness Test, 1997</td>
<td>5:0 to 9:11 Years</td>
<td>40 min.</td>
<td>Assesses phonological processing skills and phoneme-grapheme correspondence.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool Language Assessment Instrument (PLAI), 1978</td>
<td>3:0-6:0 &amp; older children with language difficulties</td>
<td>20 min.</td>
<td>Assesses a variety of language skills related to academic success.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Program for Acquisition of Language in the Severely Impaired (PALS), 1982</td>
<td>3:0 Years - Adult</td>
<td>Varies</td>
<td>Develops a functional communication system.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
**AREA: LANGUAGE (Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice/Wexler Test of Early Grammatical Impairment, 2001</td>
<td>3:0 to 8:0 Years</td>
<td>45 to 60 min</td>
<td>Assesses morphemes and syntactic structures.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)</td>
<td>Adolescent-Adult</td>
<td>30 min. to 2 hours</td>
<td>Assesses cognitive and linguistic abilities of patients with head injuries.</td>
<td>Super Duper</td>
<td>Supplemental</td>
</tr>
<tr>
<td>SCAN: A Screening Test for Auditory Processing Disorders, 1986</td>
<td>3:0-11:0 Years</td>
<td>20 min.</td>
<td>Screens auditory processing disorders in children with poor listening skills.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>SCAN-A: A Screening Test for Auditory Processing Disorders in Adolescents and Adults, 1993</td>
<td>12:0 Years to Adult</td>
<td>20 min.</td>
<td>Determines the presence of auditory processing disorders.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>The Strong Narrative Assessment Procedure, 1998</td>
<td>Target population—elementary and middle school field test data for 7:0 to 10:0 10-0 Year</td>
<td>Varies</td>
<td>4 story books and tapes and instructions for administering and interpreting story retellings.</td>
<td>Thinking Publications, 424 Galloway St., Eau Claire, WI 54703 materials</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Structured Photographic Expressive Language Test-II (SPELT-II), 1995</td>
<td>4:0 to 9:5 Years</td>
<td>15 to 20 min.</td>
<td>Measures generation of specific morphological and syntactic structures in appropriate contexts.</td>
<td>Janelle Publications</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency**)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test for Examining Expressive Morphology (TEEM), 1983</td>
<td>3:0-8:0 Years</td>
<td>7 min.</td>
<td>Evaluates development of expressive morphology.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Testing and Remediating Auditory Processing (TRAP), 1997</td>
<td>4:0-7:0 Years</td>
<td>5-10 min.</td>
<td>Assesses and recommends intervention for auditory processing disorders.</td>
<td>The Speech Bin</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
**AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Children’s Language (TOCL), 1996</td>
<td>5:0 to 8:11 Years</td>
<td>30 to 40 min.</td>
<td>Uses storybook format to assess semantics and syntax, phonological awareness, word recognition, listening, comprehension, letter and print knowledge, reading comprehension, and writing.</td>
<td>Pro-Ed, The Speech Bin, The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Language Competence-Expanded Edition (TLC-Expanded), 1989</td>
<td>5:0 to 18:11 Years</td>
<td>45-60 min.</td>
<td>Assesses emerging metalinguistic strategy acquisition in semantics, syntax, and pragmatics.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Test of Language Development-Primary, 3rd Edition (TOLD-P: 3), 1997</strong></td>
<td>4:0 to 8:11 Years</td>
<td>60 min.</td>
<td>Nine subtests used to measure different areas of language.</td>
<td>Pro-Ed, Super Duper Publ., The Speech Bin, AGS, Imaginart, Slosson Ed. Publi., The Psychological Corp</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Test of Memory and Learning (TOMAL)</td>
<td>5:0-19:0 Years</td>
<td>45 min.</td>
<td>Assesses general and specific aspects of memory. Most helpful in evaluating children or adolescents referred for LD, TBI, neurological diseases, Emotional Disturbance, and ADHD.</td>
<td>Publishers</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
## AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency**)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Phonological Awareness, 1994</td>
<td>Kindergarten-2nd Grade</td>
<td>20 min.</td>
<td>Measures children’s awareness of individual sounds within words.</td>
<td>Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Pragmatic Language (TOPL), 1992</td>
<td>5:0 to 13:0 Years</td>
<td>30 to 45 min.</td>
<td>Evaluates social language skills.</td>
<td>The Psychological Corp.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Phonological Awareness, 1994</td>
<td>Kindergarten-2nd Grade</td>
<td>20 min.</td>
<td>Measures children’s awareness of individual sounds within words.</td>
<td>Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Problem Solving-Adolescent Test (TOPS-A), 1991</td>
<td>12:0 to 17:11 Years</td>
<td>40 min.</td>
<td>Assesses how adolescents use language to think, reason, and solve problems.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Problem Solving-Elementary Test, Revised (TOPS-R), 1994</td>
<td>6:0 to 11:11</td>
<td>35 min.</td>
<td>Assesses a student’s language-based thinking abilities and strategies using logic and experience.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Phonological Awareness, 1994</td>
<td>Kindergarten-2nd Grade</td>
<td>20 min.</td>
<td>Measures children’s awareness of individual sounds within words.</td>
<td>Pro-Ed, Academic Communication Assoc., The Speech Bin, Psychological and Educational Publications</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Pragmatic Language (TOPL), 1992</td>
<td>Kindergarten through Middle School</td>
<td>45 min.</td>
<td>Assesses the ability to effectively use pragmatic language in six areas.</td>
<td>Pro-Ed, Academic Communication Assoc., Imaginart, The Speech Bin, Super Duper Publications</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: LANGUAGE (**Recommended for Determination of Significant Deficiency**)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Word Knowledge (TOWK), 1992</td>
<td>5:0 to 17:11 Years</td>
<td>Varies</td>
<td>Measures deficits in semantic development and lexical knowledge in school-age children and adolescents.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Token Test for Children (TTFC), 1978</td>
<td>3:0 to 12:6 Years</td>
<td>10 min.</td>
<td>Identifies subtle receptive language deficits and indicates child’s ability to follow spoken directions of increasing length and complexity.</td>
<td>Pro-Ed, Riverside Publishing Co., The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Wepman’s Auditory Discrimination Test-2nd Edition, 1986</td>
<td>4:0 to 8:0 Years</td>
<td>5 min.</td>
<td>Assesses a child’s ability to recognize subtle differences between phonemes used in English speech.</td>
<td>Western Psychological Services</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Wiig Criterion-Referenced Inventory of Language (Wiig CRIL), 1990</td>
<td>4:0 to 13:0 Years</td>
<td>Varies</td>
<td>Determines placement and goals for intervention programs (IEP’s) for children with language disorders.</td>
<td>The Psychological Corporation</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
**AREA: LANGUAGE (** Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Wilson Syntax Screening Test, 2000</td>
<td>PreK to Kindergarten</td>
<td>2 to 4 min.</td>
<td>Screener uses 20 grammatical markers to detect morphological deficits.</td>
<td>The Psychological Corp.</td>
<td>Screener</td>
</tr>
<tr>
<td>Woodcock Language Proficiency Battery- Revised (WLPB-R), 1991</td>
<td>2:0 Years to Adult</td>
<td>20-60 min.</td>
<td>Measures proficiency in areas of oral language, reading, and writing.</td>
<td>Riverside Publishing Co.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Word Finding Referral Checklist (WFRC), 1992</td>
<td>All grades</td>
<td>Varies</td>
<td>Focuses on three areas of language processing to identify students with word finding difficulties.</td>
<td>Pro-Ed, Riverside Publishing Co., The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>The Word Test- Elementary, 1990</td>
<td>7.0 to 11:11 Years</td>
<td>20-30 min.</td>
<td>Tests expressive vocabulary and semantics through assessment of the ability to recognize and express semantic attributes of the student's lexicon.</td>
<td>LinguiSystems</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) ASSESSMENT TOOLS

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>EvaluWare (1999-2000)</td>
<td>Non-specific</td>
<td>Varies</td>
<td>CD for Macintosh and PC computers to assess computer access methods and AAC setups; explores looking, listening, motor and related skills.</td>
<td>Assistive Technology, Inc., 7 Wells Ave., Newton, MA 02459</td>
<td>Programmatic</td>
</tr>
<tr>
<td>Interaction Checklist for Augmentative Communication (INCH)</td>
<td>All Ages</td>
<td>Varies</td>
<td>Initial and follow-up measure of communicative effectiveness with either an electronic or manual device. Manual includes interventions for all levels of severity and goals and objectives.</td>
<td>Imaginart, 307 Arizona St., Bisbee, AZ, 85603</td>
<td>Programmatic</td>
</tr>
<tr>
<td>Preschool AAC Checklist. Judy Henderson</td>
<td>3:0 to kindergarten or first grade when formal academics begin</td>
<td>Varies</td>
<td>Tracking system to monitor a student's development in AAC skills and technology.</td>
<td>Mayer-Johnson, P.O. Box 1579, Solana Beach, CA 92075 ISBN: 1-884135-00-5</td>
<td>Programmatic</td>
</tr>
</tbody>
</table>
### AREA: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) ASSESSMENT TOOLS

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages Book (1999)</td>
<td>Non-specific</td>
<td>Varies</td>
<td>Identifies and describes 7 skill levels from cause/effect to functional learning and written expression. Stages 1-7 Benchmark Activities are computer-based activities for assessment, reports, developmental levels and recommended software.</td>
<td>Assistive Technology, Inc., 7 Wells Ave., Newton, MA 02459</td>
<td>Programmatic</td>
</tr>
</tbody>
</table>
## Speech Assessment Instruments

### Area: Sound Production (**Recommended for Determination of Significant Deficiency)**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Apraxia Profile, 1997</td>
<td>2-12 Years</td>
<td>Varies</td>
<td>Helps identify the presence of oral apraxia, diagnose developmental verbal apraxia, and determine oral-motor movement and sequence disorders.</td>
<td>The Speech Bin</td>
<td>Screener</td>
</tr>
<tr>
<td><strong>Arizona Articulation Proficiency Scale-2</strong>nd Edition (AAPS-2), 1986</td>
<td>1:6 to 13:11 Years</td>
<td>10 min.</td>
<td>Identifies misarticulations and total articulatory proficiency.</td>
<td>Western Psychological Services</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Assessment Link Between Phonology and Articulation Phonology Test-Revised (ALPHA-R), 1995</td>
<td>3+ Years</td>
<td>Varies</td>
<td>Delayed sentence imitation test that assesses children’s use of 15 phonological processes in 50 target words.</td>
<td>ALPHA Speech &amp; Language Resources, The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Children’s Articulation Test, 1989</td>
<td>3:0 to 11:0 Years</td>
<td>Varies</td>
<td>Profiles specific articulation errors.</td>
<td>The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Computerized Articulation and Phonological Evaluation (CAPES) 2001</td>
<td>2:0 Years to Adult</td>
<td>5-10 min. for Phonemic Profile, Varied time for Individual Phonological Profile &amp; Connected Speech Sample</td>
<td>Analyzes articulation and phonology on a personal computer.</td>
<td>The Psychological Corporation</td>
<td>Diagnostic</td>
</tr>
<tr>
<td><strong>Fisher-Logemann Test of Articulation Competence, 1971</strong></td>
<td>3:0 to 80+ Years</td>
<td>20-45 min.</td>
<td>Uses distinctive feature analysis of articulatory errors.</td>
<td>Pro-Ed, Riverside Publishing Co., Speech Bin</td>
<td>Diagnostic</td>
</tr>
</tbody>
</table>
## Area: Sound Production

**Recommended for Determination of Significant Deficiency**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaufman Speech Praxis Test for Children, 1995</strong></td>
<td>2:0 to 5:11 Years</td>
<td>5-15 min.</td>
<td>Assists in the diagnosis and intervention of developmental apraxia of speech in preschool children.</td>
<td>Wayne State University Press, The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Quick Screen of Phonology (QSP), 1990</td>
<td>3:0-7:0 Years</td>
<td>5 min.</td>
<td>Screening test of articulation. Systematically samples individual consonants and phonological processes.</td>
<td>Riverside Pub. Co., The Speech Bin</td>
<td>Screener</td>
</tr>
<tr>
<td>Rules Phonological Evaluation (RPE), 1990</td>
<td>Birth to 8:11 Years</td>
<td>Varies</td>
<td>Evaluates children with unintelligible or difficult to understand speech.</td>
<td>The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Secord Contextual Articulation Test (S-CAT), 1997</strong></td>
<td>Pre-Kindergarten To Adult</td>
<td>Time varies</td>
<td>Assesses articulation, competence in storytelling and contextual probes.</td>
<td>Super Duper</td>
<td>Diagnostic</td>
</tr>
</tbody>
</table>
## AREA: SOUND PRODUCTION

(*Recommended for Determination of Significant Deficiency*)

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Templin-Darley Test of Articulation-2nd Edition, 1969</strong></td>
<td>3:0-8:0 Years</td>
<td>15 min.</td>
<td>Diagnoses articulation errors in nine areas, as well as general articulation proficiency.</td>
<td>University of Iowa Press The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Test of Articulation in Context (TAC), 1998</td>
<td>Preschool—Elementary</td>
<td>20-30 min.</td>
<td>Based on the premise that articulation skills are most accurately represented in spontaneous speech; uses pictures to elicit all common consonants, consonant clusters, and vowels.</td>
<td>Imaginart</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
### AREA: FLUENCY

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Fluency in School-Age Children (AFSC), 1983</td>
<td>5:0-18:0 Years</td>
<td>Varies</td>
<td>Includes parent/teacher/child interview forms and sequenced tasks to determine speech, language and physiological functioning.</td>
<td>Pro-Ed, The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Assessment of Stuttering Behaviors, 1990</td>
<td>4:0-10:0 Years</td>
<td>Varies</td>
<td>Determines if a child is an appropriate candidate for intervention. Documents changes in stuttering behaviors.</td>
<td>Academic Communication Associates</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Cooper Assessment for Stuttering Syndromes- Adolescent and Adult (CASS-A), 1996</td>
<td>Adolescents and Adults</td>
<td>60 min.</td>
<td>Identifies and quantifies affective, behavioral, and cognitive components of stuttering syndromes in adolescents and adults.</td>
<td>The Psychological Corporation</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Cooper Assessment for Stuttering Syndromes- Children (CASS-C), 1996</td>
<td>3:0-13:0 Years</td>
<td>60 min.</td>
<td>Identifies and quantifies affective, behavioral, and cognitive components of stuttering syndromes in children.</td>
<td>The Psychological Corporation</td>
<td>Diagnostic</td>
</tr>
</tbody>
</table>
**AREA: FLUENCY**

<table>
<thead>
<tr>
<th>Test &amp; Publishing Date</th>
<th>Age Range</th>
<th>Administration Time</th>
<th>Description</th>
<th>Publishers</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocker Probe for Fluency and Language-3rd Edition, 1995</td>
<td>Fluency: Preschool Children, Language: Adults</td>
<td>15-30 min.</td>
<td>Both forms use probes that ask questions about interesting objects, eliciting responses at 5 levels of increasing linguistic demand. Fluency differentiates children’s confirmed stuttering from normal dysfluency and yields a rating of stuttering severity.</td>
<td>The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Stuttering Prediction Instrument for Young Children (SPI), 1981</td>
<td>3:0 to 8:11 Years</td>
<td>Varies</td>
<td>Assesses a child’s history, reactions, part-word repetitions, prolongations and frequency of stuttered words to assist in measuring severity and predicting chronicity.</td>
<td>Pro-Ed, The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Test &amp; Publishing Date</td>
<td>Age Range</td>
<td>Administration Time</td>
<td>Description</td>
<td>Publishers</td>
<td>Purpose</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Oral Motor Assessment and Treatment, *publishing date not available</td>
<td>4:0-11:0 Years</td>
<td>Varies</td>
<td>Assesses the severity of verbal oral motor problems.</td>
<td>The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Test of Oral Structures and Functions (TOSF), 1986</td>
<td>7:0 Years to Adult</td>
<td>20 min.</td>
<td>Assesses oral structures and nonverbal and verbal oral functioning.</td>
<td>Slosson Educational Publishing, The Speech Bin</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Area: Voice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td><strong>Test &amp; Publishing Date</strong></td>
<td><strong>Age Range</strong></td>
<td><strong>Administration Time</strong></td>
<td><strong>Description</strong></td>
<td><strong>Publishers</strong></td>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>Voice Assessment Protocol for Children and Adults (VAP), 1987</td>
<td>Children and Adult</td>
<td>Varies</td>
<td>Systematic evaluation of vocal pitch, loudness, quality, breath features, and speech rate/rhythm.</td>
<td>Pro-Ed The Speech Bin</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>The Voice Index, 1996</td>
<td>5:0 Years - Adult</td>
<td>20 min.</td>
<td>Evaluates competence of 10 vocal behaviors. Normative data used to obtain a voice profile of these behaviors can be used to evaluate student progress in intervention.</td>
<td>LinguiSystems</td>
<td>Diagnostic</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED QUESTIONS
(Questions and Answers from June 2002 Statewide Speech and Language Evaluation Revisions Training)

Eligibility Standards Questions
1. How are speech and language disabilities to be listed on the Eligibility Report?
   - Language Impairment
   - Speech Impairment: Articulation
   - Speech Impairment: Fluency
   - Speech Impairment: Voice

2. How much of a delay will occur if a speech-language evaluation is completed without a hearing or vision screening? Will the classroom teacher conduct the hearing screening?
   - Can we now screen for hearing without parent permission?
   The vision and hearing screening should be conducted before the speech-language evaluation is begun in order to rule-out either visual or hearing acuity deficits as being the primary reason for the student’s classroom difficulties. It is also important to assure deficient scores obtained during the assessment and the evaluation results are both valid and reliable. School systems are required to screen vision and hearing skills for general education students. If current screenings are not available, they should be obtained while interventions prior to the referral are implemented. This does not require an individual permission since all students are screened for vision and hearing acuity. This does not exclude the SLT from conducting the hearing screening as necessary.

3. Which speech sound production developmental chart should I use?
   - The charts provided in the Resource Packet for the Assessment of Speech Sound Production reflect current normative data for speech sound production development. The charts do have some variability. Therefore, school systems should determine the most appropriate chart for the system’s student population and be consistent in its use.

4. Can the IEP team determine that a language deficit exists even when there are no scores to support that diagnosis?
   - It is the SLT’s responsibility to determine if the student meets the eligibility standards for a Language Impairment. The eligibility standards require a formal assessment (comprehensive, standardized tests) and an informal assessment (functional language description). These two areas are given equal weight. Therefore, it is possible for a student to have a Language Impairment based on the informal assessment results – even when the standard scores are not significantly deficient. It is the IEP team’s responsibility to determine if the student is eligible for special education services in order to benefit from his/her educational program. The IEP team considers the student’s strengths and weaknesses, writes a present level of performance for each deficit area and drafts goals and objectives based on this information. Type and quantity of service and service providers are determined after the IEP team has agreed on the goals and objectives.

5. If the term “criteria” is used for addressing standards for speech/language and “eligibility” is used for services (met criteria and needs cannot be met in general education) a lot of confusion would be avoided.
   - The change of language for the eligibility standards reflects IDEA’97, IDEA’04 and Tennessee’s Rules, Regulations and Minimum Standards for Special Education. The two-pronged eligibility determination process for eligibility in Special Education is required through IDEA. The eligibility standards must be met to determine whether the child can be identified as a child with a disability. The IEP team then determines whether the child is eligible for Special Education based on information gathered and documentation that the child’s needs cannot be met in the general education classroom without Special Education services.
6. If a child has a deficit in phonological awareness can s/he be identified as language-impaired?
   Yes, as long as s/he meets standards in an area of language such as auditory perception; however, if that is the only problem identified in a language assessment, it would be best practice to refer the child for a psychological evaluation to investigate the possibility of a Specific Learning Disability in phonological processing manifested in the area of reading.

7. I am still confused about not using IQ to compare with the Total Language Score to determine eligibility.
   The revised eligibility standards for Language Impairment are based on current research models of language impairment and careful examination of eligibility in other states. These standards require eligibility for a language impairment NOT be determined on the basis of a predetermined discrepancy between language and cognitive measures. Appropriate cognitive assessment may be used to support findings of the speech-language evaluation. It is imperative that the School Psychologist and the SLP collaborate to determine the most appropriate area of eligibility for a student. You are to consider the child’s functioning level and determine if the communication difficulties can best be described as a part of the primary disability (e.g., Mental Retardation, Autism, Developmental Delay, etc.) or if there is a separate language disability. The SLP can no longer justify eligibility based on a comparison of the IQ score with the total language score.

8. Are we able to use the IQ score as a basis for the standard deviation in order to meet the standard for a language impairment? If the language score is 70 and the student’s IQ is 80, is the student language impaired?
   NO, the Speech-Language Eligibility Standards DO NOT compare the total language score with the student’s intelligence score to determine a language impairment. YES, the student in the example may be Language Impaired since the language score is <78. The language score is to be compared with the mean for the test used. However, no student can be language impaired based solely on a standardized score. The eligibility standards require an informal assessment for determination of need in the classroom as well as a formal assessment.

9. It is now required that there be 2 observations for a language evaluation – one by the classroom teacher and one by another professional. Would the other professional be me?
   The other professional may be the SLP but could also be the School Psychologist, the School Guidance Counselor, another classroom teacher (e.g., art, music, librarian or physical education, if appropriate) or the Special Education Teacher, depending on what is documented on the Assessment Team Plan.

10. Do we finally get to consider attendance issues (or truancy) for a language referral?
    Attendance or truancy issues should be considered in order to rule out the IDEA requirement of insufficient instruction in reading and/or math, and to document that the identified language impairment is the primary reason for the student’s inability to progress in the general education program.

11. Why does the comprehensive measure for language evaluation need a receptive, expressive and total language score although this is not a requirement for auditory processing/perception assessment and is not listed as any area of assessment under the Language Eligibility Standards?
    Auditory perceptual tests are not comprehensive tests – they are supplemental. You still need to administer a comprehensive language test. This comprehensive test may provide needed information in the area of receptive language, listening, etc. that can be used to document the area of concern.
12. The SLP is asked to state if the student does or does not meet the eligibility standards on the Speech and Language Evaluation Report and the Rating Scales. I thought the IEP team made the decision, not just one person.
The SLP documents on the report that the student does or does not meet the standards to be identified as a student with a Speech and/or Language Impairment. The IEP team makes the final determination of eligibility based on whether or not Special Education services are needed for the student to progress in the general education program. The Eligibility Report form documents this information.

13. Prior State Guidelines for Speech and Language have allowed waiving the SST meeting. Is this an alternative with the new Eligibility Standards?
The SST is not a requirement. It is a vehicle for providing prereferal and early interventions. The intervention process should not be an avenue for postponing a viable referral.

14. If a student is eligible for services and there is documentation of chronic absences from school, should that student be considered eligible for Special Education services?
The school should provide documentation of a student’s absences from school. Poor attendance should be addressed before a formal evaluation is even recommended. There is a distinction between being identified with a disability and being eligible for Special Education services. The student may have a disability and not receive services if that is the decision of the IEP team.

15. Can a Special Education Teacher do interventions for a child with CAPD if s/he is identified as a child with a disability? The school requests special education help for interventions/ modifications. What do we do?
The first course of action is for the General Education Teacher to implement modifications/accommodations for any student in his/her classroom, including a child who has auditory processing problems. This is an essential part of the early intervention process. Special Education services cannot be provided to a student unless that student meets the eligibility standards for a disability and the IEP team has determined that Special Education services are required for the student to benefit from the educational program. That is not to say that special education personnel cannot offer advice to the General Education Teacher.

16. Why is CAPD even listed as an area for us to consider if we cannot certify? Why not just give a language battery to determine eligibility if that’s the main idea to address this area? Why not just look at CAPD as a receptive language disorder?
Central auditory processing disorder (CAPD) was addressed at the June 2002 Speech and Language Training Workshops and is an issue SLPs must consider in the field. In keeping with IDEA, CAPD is not a disability. Some professionals have delineated specific behaviors for CAPD, which are separate and distinct from a language disorder. The responsibility of SLPs in the public schools is to consider auditory perception as part of a comprehensive language evaluation.

17. What do we do for vision/hearing screening for children who are unable to be conditioned to screen (too young or too low functioning to understand)?
Attempt the recommended procedures for hearing and vision screening and document the results. In cases where the child is unable to condition for screening, it is recommended to include notations of visual or auditory acuity when observing the child. If the observational vision/hearing screening is necessary, pay special attention to the manner in which the student reacts to either auditory or visual stimuli. Document your impressions of the acuity of the child’s vision and hearing based on this observation (e.g., does the child turn to a sudden sound behind him/her or does the child hold picture books close to his/her face?).
18. **How do we obtain vision screening for home-based preschool children?** Parents may lack financial resources and be unable to obtain screening.

Preschool children can receive vision screening through the local Health Department in most cases. In some cases it may be necessary for the school systems (through social workers, nurses, etc.) to help provide transportation. The rationale behind conducting a vision screening for all referred students is to ensure that students are able to clearly see the visual prompts on standardized tests, adding to the reliability and validity of such tests. Minimally, visual acuity (near point and far point) is recommended and may be done at minimal expense.

19. **Is vision screening required for a speech evaluation even though we don’t conduct the screening?**

Vision screening is required and is an area that should be addressed in the prereferral process. It should already be documented prior to a formal referral for assessment.

20. **Does vision screening need to be within the same school year or within the past three years?**

Best practices (based on developmental changes) indicate that vision screening should be conducted at least every 12 months for students at elementary and middle school levels and 18 months at the high school level. Vision screening is conducted through general education and results should be available in a child’s cumulative record.

21. **Do we determine eligibility for a child in articulation based on simple errors such as a frontal lisp or w/r and f/θ substitutes if that is the only area of deficit?**

Remember that the Speech and Language standards do not rely solely on standardized test scores. There must also be documentation supporting the adverse effects of speech sound production deficits on a child’s educational performance. This includes social and emotional effects noted by the classroom teacher as well as academic factors related to the errors (such as spelling or reading). You must also look at the errors and compare them with normal sound development. The errors may be developmental and due to lack of maturity in which case a child would not meet eligibility standards.

22. **Explain “adversely effects classroom behavior”. Is there a checklist or guidelines to help understand this? Can this include social ramifications in addition to academic?**

In ASHA’s publication entitled, *IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3-21*, adverse effects are discussed in detail as one major component of the assessment process. It is discussed that when determining adverse effects, there must be a clear understanding of the child’s ability to function in the educational setting. Diagnostic information from parents and teachers, observations in classrooms or social settings, and analysis of student work may be more revealing and more important than the standardized test score. ASHA further delineates that a child with a standardized score that reveals a mild impairment may nonetheless have a significant educational disability to the extent that particular skill areas in the curriculum may be affected. Conversely, a child with a moderate to severe delay may not necessarily be disabled by the condition if modifications and accommodations in the classroom can be successfully implemented. The social effects of the speech and/or language impairment should definitely be considered.

There are several checklists for different areas of Speech and Language in each of the Resource Packets to facilitate the consideration of emotional and social affects of the impairment.
23. What would be the effective period of time between prereferral and the actual referral? This consideration is made on a case by case basis. When specific modification strategies are provided for general education, usually a six to eight week time period is set. However, if in the prereferral intervention process, the school determines that the suspected disability is readily apparent, the process should be expedited and a referral should be made.

24. The Articulation (Speech-Sound Production) Rating Scale allows you to identify a child as “mild” although earlier statements in the training suggest “moderate, severe, or profound”. This is confusing…I thought you could not serve “mild” cases. The earlier reference made is under Speech Sound Production and the areas of articulation and phonological processes are differentiated. The standards for these two areas of speech sound production are different. Articulation errors may only occur with one particular sound but phonological errors must affect more than one sound from a given sound class. When considering Articulation, you can serve “mild” cases if it is documented that the articulation errors are affecting a child’s educational performance, whether academic, social, or emotional. The Eligibility Standards require severity in Phonological Processing to be moderate, severe or profound.

25. What period of time is allowed before services begin when an evaluation is completed through a non-school therapist (no prereferral completed)? There should be no delay – if the appropriate information is available in the evaluation report, and all of the components are present, which includes demonstration of need for special education services.

26. Do I understand this correctly? Auditory processing is not considered to be a separate disability. However, the Eligibility Standards indicate the impairment may be in one or more areas: Receptive or Expressive Language and/or Auditory Processing. The Speech-Language Eligibility Standards include auditory processing (auditory perception) as a recognized area under Language Impairment. Auditory perceptual areas such as memory, discrimination, following and interpreting directions, etc. should not be confused with Central Auditory Processing Disorders (CAPD) which involve disorders of the central auditory system. CAPD is not a recognized disability.

27. How significant is a total CELF score of 86 if all other indicators suggest a language disorder? The standardized score on a comprehensive test is only one component of a language evaluation. The information gathered by measures such as checklists, observations, interviews, review of records, etc. provide needed documentation for the presence or absence of a language disorder.

28. Can a School Psychologist determine if a child meets eligibility standards for language? NO – The School Psychologist cannot make that determination. The SLP should be a member of the evaluation team and have assessed the student's language skills. The School Psychologist may be designated to complete a component of the assessment or collaborate with the SLT to determine the most appropriate area of eligibility. The IEP team determines the eligibility of a student.
Specific Assessment questions

1. **What language assessment should be used if the student’s chronological age is significantly higher than his/her measured cognitive ability?**
   A functional communication measure may be the only viable way to evaluate the student. Descriptive measures are more appropriate than standard scores. The *Functional Communication Rating Scale* and the *Teacher Input - Functional Communication* forms in the Language Assessment Resources Packet are specifically designed for this purpose. The SLT may choose to administer standardized measures that are normed on a younger population and report descriptive findings rather than standard scores.

2. **For low-functioning students, should some kind of formal testing be used such as the SICD or SICD-A in addition to informal observations?** I have received many reports in the past stating that they could not test and only included a small observational portion.
   A standardized, comprehensive assessment tool, such as the Functional Communication Profile or the REEL-2, should be used in these cases. In this case, however, the informal assessment/descriptive measures would constitute the majority of the assessment and the evaluation report.

3. **Could you review the reason why I was taught in school not to use age-equivalents in our report writing?**
   Age equivalents do not represent the student’s relative performance to other students nationally. The picture may be skewed with age equivalents. Standard scores level the performance of students on the assessment based on a normal distribution of scores and expected development in each area measured.

4. **How do we document interventions for a child not enrolled in school such as “drive-in” Speech/ language therapy?**
   I assume that when you refer to "drive-in" speech therapy, you are referring to children (preschoolers, private school children, home-schooled children) who receive therapy and have an IEP but are not enrolled in the school. Although we are unable to implement interventions for these children since they are not enrolled in our schools, we must still obtain teacher information in order to document the adverse effects of the child’s disability within the student’s natural environment.

5. **In considering Language Impairment as a part of Mental Retardation or Autism using the new standards, a full or complete language assessment would not be necessary. Is it correct to assume that SLPs can complete only observations, scales and tests that are deemed necessary to determine the student’s functional level of communication?**
   A comprehensive language assessment is not required in this case provided observations, checklists, etc. are sufficient to provide needed data for writing pertinent IEP goals and objectives.

6. **What comprehensive measure would you suggest for assessing auditory processing/perception? All listed in the Assessment Instruments are listed as supplemental.**
   There is no comprehensive test that addresses only auditory processing/perception. If you suspect a child does have an auditory disorder, you would still need to administer a comprehensive test such as the CELF-4, TOLDP: 3, etc. Most of the comprehensive tests do address auditory skills in the subtests. You should still administer a supplemental test that targets specific auditory perceptual/processing skills such as the TAPS-R to provide additional information. Descriptive/informal measures for classroom performance would also be needed.
Reevaluation/Dismissal (Exit from Special Education) Questions

1. Is it appropriate to exit a child from speech services after age-appropriate sounds have been remediated and the remaining errors are developmental?
   This is a decision that is best left to clinical judgment. If a student is stimulable for correct production of the remaining error sounds and is making progress, the SLP may choose to retain the student in therapy. If, however, the student is unable to produce the error sounds over time, conduct a reevaluation review for consideration of exiting the student from special education. Factors to be considered are the number of sounds in error, stimulability for correct sound production, speech intelligibility and educational impact.

2. What do we do about students who are now receiving speech and language services and are eligible with another disability when the standard scores for language are at or above the I.Q.?
   You may no longer use cognitive referencing when determining eligibility for language services. You must look at the individual needs of the student. When a student’s reevaluation review is conducted, the IEP team may choose to have a language evaluation to determine current levels of functioning for that child and to document if continued services are warranted. The IEP team must be cognizant that if it requests a formal, comprehensive evaluation, the new eligibility standards are required.

3. If a student is evaluated and meets the eligibility standards for a Language Impairment but the IEP team determines that needs can be met in the general education program, does the child need to be reevaluated in 3 years to determine whether or not his needs continue to be met?
   If the IEP team determines the student does not meet eligibility standards, s/he does not need to be reevaluated. However, at a later time the student can be referred again if appropriate. At that time the process for initial evaluation begins.

4. Does the entire Reevaluation Summary Report need to be filled out when exiting a student from Language and/or Speech services?
   The State’s Reevaluation Summary Report has recently been updated and is available in both Word Document and Electronic formats on the Special Education website at http://www.tennessee.gov/education/speced/seassessment/. Sections I, II, and IV are completed in full for all students. There are fourteen review pages available in Section III that may be used for review of previous speech and language evaluations. The choice of Section III pages depends on the specific assessments being reviewed (i.e., Language, Articulation, Fluency, Voice, Autism, Developmental Delay and Preschool). The IEP team completes section V after all data has been gathered and documented in Sections I, II, III, and IV. The SLP should complete the appropriate assessment pages from Section III of this packet. The SLP or other Special Education personnel, as appropriate, should complete Sections I, II, and IV of the packet. Section V is completed when the IEP team meets and determination is made as to if any more information is needed before continuing eligibility can be made. If no additional information is needed, the IEP team must sign where appropriate. The reevaluation process is followed whenever a change is made in services. The exception to this requirement is when the student graduates from high school with a regular diploma.

5. What forms do we use to exit a student from special education services? Please clarify when a child has corrected all speech sounds but still needs service for language. When a child is receiving services through both resource and speech, how do you exit the child from speech services but continue services in resource?
   When a child is considered for discontinuation of special education services, a reevaluation is needed if speech and/or language services are no longer to be provided. When a student receives services for language and speech and speech is no longer an issue, follow the procedures for a Reevaluation Review and determine eligibility for the child under the language area only. A new Eligibility Report is completed by the IEP team to reflect this change.
Evaluation Timeline Questions

1. I was at a SLD standards workshop in May 2002, when the presenter talked about going beyond the 40 school day timeline when the psychoeducational assessment results suggest a possible Language Impairment. It was suggested that if the information gathered was sufficient for eligibility as a student with Specific Learning Disabilities that the IEP team meet, develop an IEP, then request an evaluation by the SLP. In this case the initial eligibility could be changed, if needed. Wouldn’t this situation apply to SLPs who have documentation of a Language Impairment and suspect a Specific Learning Disability?

   YES – this would be a similar situation. In cases where the student is not eligible with a Language Impairment and your assessment information indicates a possible Specific Learning Disability, document the reasons for the extension of time, obtain the parent’s informed permission on the Evaluation, Eligibility, Placement Timeline Extension Request form and have the request for extended time submitted before the initial 40 school day period has elapsed. This procedure applies to all assessment personnel under extenuating circumstances. The Evaluation, Eligibility, Placement Timeline Extension Request form and Instructions for the Evaluation, Eligibility, Placement Timeline Extension Request form can be found on the web at http://state.tn.us/education/speced/seassessment.shtml#FormsEval.

2. Please help with this scenario: The IEP team meeting is held and a need for language assessment was determined. In the process of the speech-language assessment, a separate disability is suspected. At the 2nd IEP meeting eligibility in Speech and/or Language is determined and the suggestion is made to evaluate the other area of disability. At this point the initial referral has been closed. If the IEP team agrees for assessment in the second suspected area of disability, is an Evaluation, Eligibility, Placement Timeline Extension Request needed?

   NO – The IEP team can indicate on the IEP that assessment will be made in the second area of suspected disability, the person(s) responsible, and the time needed for this evaluation. The IEP team should reconvene to discuss the evaluation results, amend the Eligibility Report (if needed) and revise the IEP when appropriate within the timeframe specified on the IEP. Best practices would be that the time needed for this assessment should not exceed 40 school days.

3. If I have documentation supporting why I’m over 40 school days (e.g., the child does not pass hearing screening and is being treated by a doctor or Audiologist) do I need an Evaluation, Eligibility, Placement Timeline Extension Request?

   YES – The Evaluation Timeline Evaluation, Eligibility, Placement Timeline Extension Request and detailed instructions are on the Special Education Website and may be used with approval from the Division of Special Education.

4. Can the Evaluation, Eligibility, Placement Timeline Extension Request form be used with chronic middle ear problems that are difficult to resolve?

   YES – The Evaluation, Eligibility, Placement Timeline Extension Request is first sent to the parent for permission to extend the required 40 school day evaluation timeline with an explanation for the purpose of evaluation delay. After permission is returned from the parent, the Evaluation, Eligibility, Placement Timeline Extension Request is faxed to the State Department of Education by the Special Education Supervisor for approval. This should all be done before the 40 school day time limit allotted for evaluation has ended. The Evaluation, Eligibility, Placement Timeline Extension Request is either approved or not approved and faxed back to the Special Education Supervisor in order to avoid delays in the student’s evaluation.
Other Disability Considerations

1. **Is it appropriate for a child suspected of selective mutism to be referred for a speech and language evaluation?**
   
   According to the National Association of School Psychologists (Shipon-Blum, 2002), selective mutism (SM) is a complex childhood anxiety disorder characterized by a student’s inability to speak in select social settings, such as school. It is not a symptom of a communication disorder, developmental disorder such as Autism or Asperger’s Syndrome, or psychiatric disorder such as schizophrenia. A speech and language evaluation may be warranted in some cases. The best course of action is to confer with the School Psychologist, as an assessment would only be valid once the child had begun to talk at school. An excellent source of information in this area is the article by Elisa Shipon-Blum entitled “When the words just won’t come out” – understanding selective mutism”, National Association of School Psychologists, February 2002.

2. **How do we approach situations where parents refuse to have IQ testing done and say, “Oh it’s very obvious that s/he is MR”?**
   
   If you suspect a student is a student with Mental Retardation and parents agree, you may need to explain in more detail the regulations and requirements for making that eligibility determination that includes a test of intellectual ability. This is not only useful for eligibility determination but for program planning. If the student appears to be severely or profoundly MR (i.e., ‘untestable’), s/he still needs to have an evaluation attempted and followed up with an extensive functional observation.

3. **(This question was submitted by a School Psychologist.) It was brought to my attention last year that I should avoid determination of eligibility in SLD in the areas of Listening Comprehension and Oral Expression and evaluate for Language Impairment instead – meaning to involve the SLP and the comprehensive assessment of language. How should I proceed in these cases?**
   
   The SLP and SP should collaborate whenever consideration is being made for the identification of SLD in the areas of listening comprehension or oral expression.

4. **Please explain the difference between a (1) learning disability in the area of listening comprehension and oral expression and (2) a receptive or expressive language disorder.**
   
   The hallmark of a learning disability is a documented academic deficit as assessed by achievement tests and lack of progress in the general education curriculum in the identified academic deficit area after the student has been provided with scientifically researched interventions over time with little or no progress. Language Impairment does not specifically address academic deficits requiring discrepancy between cognition and achievement, although the language impairment must adversely affect the student’s ability to progress in the general education curriculum. This adverse effect may be documented through classroom observations, checklists, student work samples, etc. It does not have to be documented through standardized test scores, as is the case with a learning disability.

5. **Do the new eligibility standards require that an SLP provide the language assessment for Developmental Delay?**
   
   The SLP should be involved in the assessment of Developmental Delay whenever the Communication Domain is suspected to be an area of significant weakness based on pre-assessment screening for that child. The Communication Domain score required for Developmental Delay must be a combined or aggregate expressive/receptive standardized measure.

6. **Are you saying that we should no longer determine a 2nd disability even if the student's assessment results numerically meet the eligibility standards?**
   
   NO – However, if the student’s assessment results are part of the broader disability, it is not necessary to document a second disability. Examples of this would be Autism where language deficiency is a component of Autism and Mental Retardation, which by definition
describes all cognitive abilities, including language, as being significantly deficient. On the other hand, a student may be identified with Language Impairment and a Specific Learning Disability as SLDs include significant deficit academic achievement levels and Language Impairment does not.

7. Why don’t we list Language Impairment along with Autism on the Eligibility Report?
The diagnosis of Autism requires that the student have significant deficits in communication and social interaction. It is redundant to list Language Impairment as a secondary disability.

8. If we evaluate language and eligibility is not due to a true language delay, (e.g., could be SLD, Autism, MR, etc.), do we still determine eligibility for a Language Impairment as a secondary disability and provide services to the student?
You would not add a secondary eligibility in this situation although you may serve that student if the IEP team determines that there is a need for language services. The IEP team determines the provision and kind of service (i.e., direct, consultation, collaboration, etc.). On the census form for each student the type of services provided, the level or option of service, and the service provider are documented.

9. Are you saying that you can use a secondary eligibility of language?
You can designate Language Impairment as a secondary disability if it is a distinct impairment separate from another disability. In many cases the language problem can be considered to be part of another disability (e.g., Mental Retardation, Autism, and Developmental Delay). In that case, it would be inappropriate to list Language Impairment as a secondary disability. Collaboration between the School Psychologist and the SLP will be required to make this determination.

10. If you suspect another disability but the School Psychologist says that the child is too young to be evaluated with an intelligence test or to assess academic performance, should you accept this or push for additional testing?
Whenever the SLP or School Psychologist suspects a disability other than the original disability considered, a consultation should be made among all appropriate assessment specialists. The School Psychologist or other professionals (e.g., Occupational Therapist) might provide the child’s Direct Observation in the classroom and obtain a more realistic picture of the child’s functioning, in addition to the standardized assessment already gathered.

11. What happens when parents refuse an eligibility determination of Autism or Mental Retardation?
It is the professional responsibility of the IEP team to decide the most definitive eligibility category for a child. If the IEP team has followed proper procedures for assessment, has documentation to support the impairment, and all but the parent support the diagnosis, Due Process procedures may be indicated.

12. How do we report a child on our census if eligibility is not determined as Language Impaired (e.g., when the student has Autism or Mental Retardation)?
The census form reflects the type and hours of service and the person responsible for providing that service. The area of eligibility does not dictate the service a child is to receive.

13. Please further explain evaluation and assessment requirements for students with other disabilities such as MR, Autism, ED, DD, etc. with regard to: 1) evaluate in all areas of suspected disabilities and 2) determine appropriate service and programming.
Evaluation in all suspected areas of a disability begins with concerns from the referral process. The IEP team decides (based on information from the referral) what areas should be assessed. During the course of the assessment there may be other issues and questions
that need to be addressed and more time may be required to diagnose the child. In that case, the Evaluation, Eligibility, Placement Timeline Extension Request form could be used to provide additional time to obtain relevant information when necessary. It is better to request additional information and extend the evaluation when eligibility is in question than to incorrectly identify a student and recommend a change in eligibility. When determining appropriate services and programming for these students, the IEP team should identify goals and objectives based on educational needs and then determine the levels of service and the service providers for implementation of the IEP. The SLT may need only to provide consultative or collaborative services for the student, depending on the nature of the delays.

IEP – LRE – Procedural Safeguards
1. Can a student receive speech and language services without a Speech and Language Impairment eligibility?
   YES – The IEP team determines services when a student is eligible for Special Education. Therefore, it is possible that a student with a disability other than a Speech or Language Impairment could receive speech and language services. For example, a student who is identified with Mental Retardation or Autism may be enrolled in a speech and language class if it is determined by the IEP team that that service is required in order for the student to meet the goals and objectives on the IEP. Conversely, it is possible for a student with a Language Impairment to receive resource or inclusion services if the IEP team determines that resource is required in order for the student to meet the goals and objectives on the IEP. The SLP determines if a student meets the standards for eligibility with Speech and Language Impairment, but it is the IEP team that determines eligibility for Special Education services, writes the goals and objectives and determines the type and amount of service required for the student to meet those goals and objectives.

2. Can an IEP team determine that a child will receive language services without a speech and language evaluation completed by a SLP?
   Best practices would require a speech and language evaluation in order to determine if a student does or does not have a Speech and Language Impairment according to the eligibility standards. Such an evaluation would also provide areas of strength and weakness, which would guide the IEP team in determining what IEP goals and objectives, would be appropriate. The IEP must state a present level of performance for each area addressed, therefore requiring assessment data. The present level of performance serves as the rationale for the annual goal and the subsequent objectives. Descriptive information, rather than test scores may be helpful in developing those IEP goals and objectives. It is also appropriate for the SLP to advise the IEP team when writing communication goals and objectives, if necessary, even if the student will not be enrolled in speech/language therapy.

3. Can a general education classroom teacher be the person responsible for implementation of IEP goals?
   The General Education teacher may be the person that implements the goals (i.e., modifications and accommodations in the classroom) when the student is being served through a consultation service delivery model. However, special education personnel are responsible for writing the IEP and assuring the appropriate implementation of the goals.

4. How does identifying a child as a student with Mental Retardation versus Language Impairment affect following LRE guidelines and requirements?
   Least restrictive environment (LRE) refers to service delivery or the student’s individual program. It is not related to the disability eligibility standards.
5. If my evaluation report states that the student does not meet eligibility standards for a Speech and Language Impairment, how can I recommend speech and language services in the case of students with MR, DD, etc.?

Disability category should be separated from service delivery. Once the IEP team determines a student is eligible for any disability category, that student should receive Special Education services based on the goals and objectives in the IEP. There is a continuum of Special Education services available for students, including Resource, speech/language therapy, etc. Those services are offered based on the IEP team’s judgment of what services are required for that student to meet his/her specific goals and objectives. Although it is less common, it is possible for a student to be identified with a disability and not be eligible for Special Education because s/he can succeed in the general curriculum without those services. That decision is documented on the Eligibility Report. When communication goals and objectives are included, it is not necessarily the SLP who will be providing those services. You may want to change the wording in your evaluation report to be more positive. Instead of stating “s/he does not meet the eligibility standards for Speech and Language Impairments,” you could state that the student’s performance in your assessment “supports the identification of MR, DD, Autism, etc.”

6. Historically, children who are identified with Speech Impairments did not or could not receive resource/ academic services in Special Education. If there is a significant educational impact but no other disability, could a student identified with a Speech Impairment only (i.e., Articulation) be served by resource or other personnel on the IEP?

Articulation deficits can affect the student’s progress in the attainment of academic skills such as reading, even though the student has not been identified with a Specific Learning Disability. The determination of eligibility is necessary to receive Special Education services. When the IEP team develops an individual program for each student, consideration should be made for any appropriate services that would facilitate the student’s access to the general education curriculum. When academic deficits in the classroom result from the identified Speech Impairment, document those academic deficiencies and develop an appropriate IEP. Services in the area of remedial sound production training would be the responsibility of the SLP and services for remediation of related deficits could be provided through a Special Education teacher.

7. On the State Census for funding, can SLTs be included as consultation/collaboration service providers for these students?

SLTs providing consultation services to students who are not receiving direct services in speech and/or language can be counted on the State Census for funding. The time spent in consultation must be documented on the IEP and in the student’s file.

8. Regarding the parent as part of the evaluation team – what do we do when the parent cannot be contacted, information is not returned from the parent, and the parent can not or will not come to a meeting regarding evaluation completion?

Procedures in these cases would be identical to procedures described in Tennessee’s Rules, Regulations and Minimum Standards for Special Education Services located on the Special Education web at http://state.tn.us/education/speced/selegalservices.shtml. The LEA should make every effort to obtain permission and get the parent into the school for both parental input and discussion of assessment results at the IEP team meeting. Document all attempts to obtain input from the parent and to include the parent in the IEP team meeting (i.e., notices sent by the child, by U.S. Mail, telephone contacts, or attempted home visits). If there is no response, send a registered notice through the U.S. Mail confirming the parent’s receipt of the notice for all incomplete aspects of the assessment process up to and including the IEP team meeting.
9. **Must all speech/language referrals go through the School Psychologist, including speech sound production referrals?**  
   NO – Referrals made for assessment in any area should be made to the appropriate assessment specialist.

10. **Please explain, “Disability does not determine service”. What would the SLP provide if a student were not eligible under Speech/Language Impairment?**  
    A good example of this concept can be found with a student with Autism. Even though a Speech or Language Impairment is not listed as secondary, there may be several areas to address such as social language issues, pragmatics, visual schedules, etc. The levels of service (i.e., direct, consultation, collaboration) would be determined by the IEP team to best meet that student’s educational needs.

11. **Can students receive Special Education services (reading, language arts, math, etc.) under the “Language Impairment” disability category?**  
    Students can be served in a variety of Special Education programs based on specific needs determined by the IEP team. It would be preferable to consult with the School Psychologist to determine if another disability (i.e., Specific Learning Disabilities in Oral Expression or Listening Comprehension) may more appropriately describe the reason for the student's academic deficits.
Speech and Language Impairment – References


Colorado Guidelines for Speech-Language Assessment and Eligibility and the Communication Rating Scales. Colorado Department of Education, Special Education Services Unit. 201 East Colfax Ave., #300 Denver, CO 80203-1704, 970-866-6694.


Nebraska State Department of Education (September 1990). Iowa-Nebraska Articulation Norms.


