TN Department of Education

Speech or Language Impairment Evaluation Guidance

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually at the Tennessee Department of Education website (here).[1]

Every educational disability has a state definition, found in the TN Board of Education Rules and Regulations Chapter 0520-01-09,[2] and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define definitions and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.[3]

IDEA Definition

Per 34 CFR §300.8(c)(11) A speech or language impairment means *"a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance."*

Section I: Definition

Tennessee Definition of Speech or Language Impairment

A speech or language impairment (SLI) means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance, which may be congenital or acquired. Identified speech and/or language deficiencies cannot be attributed to characteristics of second language acquisition, cognitive referencing, and/or dialectic differences.

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[1] http://www.tn.gov/education/article/special-education-evaluation-eligibility

[2] http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf

[3] Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

SLI includes demonstration of impairments in the following areas of language, articulation, voice, or fluency.

(1) Language Impairment – A significant deficiency in comprehension and/or use of spoken language that may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve any or a combination of the following: the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance.

(2) Articulation (speech sound production) Impairment – A significant deficiency in the ability to produce sounds in conversational speech not consistent with chronological age. This includes a significant atypical production of speech sounds characterized by substitutions, omissions, additions, or distortions that interfere with intelligibility in conversational speech and obstructs learning and successful verbal communication in the educational setting. Speech sound errors may be a result of impaired phonology, oral motor or other issues.

(3) Voice Impairment – An excess or significant deficiency in pitch, intensity, resonance, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.

(4) Fluency Impairment – Abnormal interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment.

What does this mean?

IDEA does not separate SLIs into separate categories; however, it addresses communication in comprehensive terms. A student may have a speech impairment or a language impairment, or both, and qualify under this disability category. When analyzing the definition of speech or language impairment, the following terms typically requires further clarification:

Cognitive Referencing

Cognitive referencing refers to the practice of comparing language skills to cognitive ability and the belief that language functioning will not grow beyond cognitive levels. This is not a consistent belief system and is not a best practice associated with the American Speech-Language-Hearing Association (ASHA). Nor is it consistent with IDEA, which does not place a qualifier in regards to a specific level of cognitive ability or discrepancy in order to meet criteria for a language impairment.

Adverse Impact on Educational Performance

In order to meet the definition of an educational disability, the disability must adversely impact a student's educational performance. The federal office of special education programming

(OSEP) has provided guidance to clarify that "educational performance" is not limited to academic performance.[4] Impact is determined by the IEP team on a case-by-case basis and is decided by the specific needs of the student to ensure a free and appropriate education (FAPE).

Language Impairment

The term ***language impairment*** is defined as a deficiency in comprehension and/or spoken language that may also impair written and/or other symbol systems, and negatively impacts the child's ability to participate in the educational environment. The impairment involves at least one of the following components: the form of language (phonology, morphology, and syntax), the content of language (semantics), and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance.

A language impairment **does not** include:

- Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech impairment in their native/primary language.
- Children who have regional, dialectic, and/or cultural differences.
- Children who have auditory processing disorders not accompanied by language impairment, as Central Auditory Processing Disorder (CAPD) is not an eligibility category, nor diagnosed solely by an SLI.

When analyzing the definition of language impairment, the following areas typically require clarification:

Phonology – the speech sound system of language, and the rules for how speech sounds are combined.

Morphology – the rules that govern how morphemes (the smallest meaningful units of language) are used in a language. A morpheme can be a single word or a word part, such as an ending, that changes its meaning.

- Example: walk; walks, walking

Semantics – the meaning of words and combination of words, often broadly described as "vocabulary."

Syntax – rules in which words can be combined in language, often broadly referenced as "grammar and sentence structure."

[4] Leter to Clarke, 107 LRP 13115 (OSEP 2007)

Pragmatics – the rules that govern social communication—verbal and non-verbal—and the use of language in various settings and people.

Adverse effect on educational performance – An adverse effect is determined if the student's speech or language disorders are directly impacting verbal or other symbolic communication, social participation/relationships, academic performance, or vocational performance. The federal office of special education's identification of a communication difference or disorder does not always adversely affect a student's education to the degree that special education intervention is warranted.

Speech Impairment

The term s***peech impairment*** is defined as a disability that can result from disorders in any of the following three areas: articulation, fluency, and voice. While each disorder is evaluated and treated differently, all three are recognized as a *speech impairment*.

Articulation: A significant deficiency in the ability to produce sounds in conversational speech not consistent with chronological age. This includes a significant atypical production of speech sounds characterized by substitutions, omissions, additions, distortions, phonological processes, or motor planning and sequencing deficits that interfere with intelligibility in conversational speech and obstructs learning and successful verbal communication in the educational setting

Substitutions – replacing one sound with another sound

- *Example:* "wed"/red; "tat"/cat; "tun"/sun

Omissions – omit a sound in a word

- *Example:* – "to-"top; "uh-/up; "-nake"/snake

Additions – insert an extra sound within a word

- "balluh"/ball; "doguh"/dog

Distortions – produce a sound in an unfamiliar manner

- Imprecise sounds ("slushy" sounds, such as a lisp* - "thip"/sip)
- A *frontal lisp* is an error pattern in which the child produces the "S" and "Z" sounds (sometimes "SH," "CH," and "J" as well) with their tongue between their teeth, instead of behind their teeth, making the "S" sound more like a "TH" ("think"/sink). A frontal lisp is a common error for preschoolers, and often resolves itself without direct intervention.
- A *lateral lisp* is considered atypical and generally is not corrected without intervention. A lateral lisp occurs when the student's airflow is misdirected in the mouth, which causes distortions and "slushy" imprecise productions of "S," "Z," and

often “SH,” “CH,” and “J” sounds. For example, the airstream for the /s/ sound that is normally directed through the center of the oral cavity over the midline of the tongue is instead thrust down laterally around the sides of the tongue.

Motor planning – the ability to conceive, plan, and carry out a skilled oral motor act in the correct sequence from beginning to end.

Sequencing deficits – difficulties articulating sequenced sounds needed for clear speech.

Intelligibility – refers to speech clarity, or the proportion of a speaker’s output that a listener can readily understand.

Phonological Processes – Phonology is associated with the rules and patterns of the sound system of language, not the movement of the articulators. The phonological system of a language governs the ways in which sounds can be combined to form words. With phonological processes, errors have logical and coherent principles underlying their use. The errors can be grouped on some principle and thus form patterns (e.g., final consonant deletion: no/nose, ba/ball, pe/pen, consonant cluster reduction: poon/spoon, top/stop). The student’s patterns of “simplification” of sound usage severely affect intelligibility. The advantage of identifying phonological error patterns is that those patterns can then be targeted for remediation, thereby affecting more than one sound at a time. For example, if a student exhibits a final consonant deletion pattern, you may choose to target final consonants in general rather than focus on each and every sound that is omitted at the end of words.

The term articulation, or speech sound impairment, **does not** include:

- inconsistent or situational errors;
- communication problems primarily resulting from regional, dialectic, and/or cultural differences;
- speech sound errors at or above age level according to established research-based developmental norms **or** speech that is intelligible without documented evidence of adverse impacts on educational performance;
- errors due to physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) that are the primary cause of the speech sound impairment; or
- children who exhibit tongue thrust behavior without an associated speech sound impairment.

Speech Impairment (Fluency) – Abnormal interruption in the flow of speech, such as stuttering or cluttering, characterized by any of the following: atypical rate or rhythm; repetition of sounds, syllables, words and/or phrases; prolongations of sounds; hesitations or blocks interfering with the production of sounds/words; and secondary or covert behaviors, which interfere with the speaker’s ability to communicate within the learning environment.

Excessive tension, struggling behaviors, and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany disfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include disfluencies evident in only one setting or reported by one observer.

Speech Impairment (Voice) – A deficiency in pitch, intensity, resonance, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism, which reduces the speaker's ability to communicate within the learning environment.

A voice impairment does include disorders found to be the direct result of or symptom of a medical condition unless the impairment impacts the child's performance in the educational environment and is amenable to improvement with therapeutic intervention.

The following terms in the voice speech impairment definition are further described below:

Pitch: high, typical, or low,

Loudness: loud, typical, or soft,

Quality: may include descriptive terms such as hoarse, harsh, breathy, strained, or weak,

Resonance: hyper-nasal (too much nasality) or hypo-nasal (not enough nasality).

The term voice/resonance impairment **does not** refer to:

- Anxiety disorders (e.g., selective mutism);
- Differences that are the direct result of regional, dialectic, and/or cultural differences; or
- Differences related to medical issues not directly related to the vocal mechanism (e.g., laryngitis, allergies, asthma, laryngopharyngeal reflux, acid reflux of the throat, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse, neurological pathology).

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi- tiered interventions in component 2.2.

It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative,

supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education ("department") supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI^2), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI^2-B). Within the RTI^2 Framework and RTI^2-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see MTSS Framework, RTI^2 Manual, & RTI^2-B Manual).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for EL students must include evidence-based practices for ELs.

Speech or Language Intervention Considerations

ASHA indicates that the prevention of language impairments is one of the primary roles of the profession of speech and language pathologists. Specific language impairment is one of the most prevalent childhood disorders affecting approximately seven percent of children (ASHA, 2005). The child with a language impairment is likely to have difficulty with understanding and

speaking to other children and adults in the classroom. An effective approach to intervention is a multi-tiered educational framework aimed at early identification and support of students whose learning needs are not being met. This type of system involves high-quality instruction and interventions aligned with the student need, routine progress monitoring to inform instruction, and using data-based decision making for referral and programming needs.

Speech language pathologists (SLP) are valuable resources as schools design and implement a multi-tiered system of supports. Professional development provided by the SLP is vital in helping educational staff understand the roles and responsibilities of their position, and how they contribute to the whole child within the general education setting. Professional development can include: (This list is not exhaustive.)

- developmental norms associated with language, articulation, phonological processing, and fluency
- the role that language plays in curriculum, assessment, and instruction
- the identification of systemic patterns of student need with respect to language skills
- the interconnection between spoken and written language
- guidelines for a multi-tiered system of supports focused on students demonstrating concerns in the areas of speech-language
- resources and intervention strategies for language, articulation, fluency, and voice
- initial referral procedures, assessment, eligibility, and placement
- re-evaluation process procedures

ASHA Position Statement (ASHA, 2002)
"The role of today's school-based SLPs is complex and multifaceted. Rather than simplifying that role to a single caseload number, the ASHA workload analysis approach advocates that complex work is best planned, executed, and documented as a package of direct, indirect and compliance activities."

Collaboration:
Speech-language pathologists (SLPs) have an extensive history of working collaboratively with families, teachers, administrators, and additional service providers. SLPs play a critical role in collaboration around the speech-language MTSS process. Collaboration can include: (This list is not exhaustive.)

- Assisting general education classroom teachers with universal screeners
- Participating in the development and implementation of progress monitoring systems and the analysis of student outcomes
- Serving as members on the school-based intervention teams
- Consulting with teachers to meet the needs of students in identified tiers
- Interpreting screening and progress assessment results

It is important to understand that students with speech or language impairments can often be supported in the general education setting. In fact, attempts should be made to offer interventions in the least restrictive way prior to considering a referral for special education. As with other learning, children often make marked improvements in their speech and language skills through focused instruction implemented in the general education setting. With progress, the student's needs can be met without the need for direct support from an SLP or intensive specialized instruction provided through an Individualized Education Plan (IEP).

Speech and language impairments (SLIs) are considered educational disabilities. SLI categories are reserved for students whose communication skills cannot be supported in the general education setting, and whose speech or language skills are impeding learning, social participation, and/or vocation. While a tiered intervention model is recommended prior to a referral to special education, **if at any point there is a suspicion that an educational disability exists, the team should consider conducting a comprehensive evaluation to determine the need for special education.**

An effective approach to intervention is a multi-tiered educational framework aimed at early identification and support of students whose learning needs are not being met. This type of system involves "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educating decisions" (Batsche et al., 2005).

Characteristics or Risk Factors Associated With Speech and/or Language Impairments

Language impairment characteristics:

A child's language skills should be consistent with their overall development as these skills greatly affect a child's ability to achieve in school. Language deficits may occur as part of global development and other disabilities (e.g., hearing impairment, autism, developmental delay, etc.,) or may exist in an otherwise typical child. Sometimes the cause is known, but often there is no identifiable cause for the impairment. According to ASHA, specific language impairment is one of the most prevalent childhood disorders affecting approximately seven percent of children (ASHA, 2005). A child with a language impairment is likely to have difficulty with understanding and speaking to other children and adults in the classroom.

A child with a language impairment may exhibit the following:

- Does not babble (4–7 months)
- Makes only a few sounds or gestures, such as pointing (7–12 months)
- Difficulty understanding what others are saying
- Difficulty following directions
- Decreased vocabulary skills

- Difficulty formulating sentences or questions
- Increased difficulty thinking of the right word to say
- Problems with reading and writing
- Poor eye contact, poor turn-taking skills, and inappropriate use of language for a particular situation
- Unaware of social rules for communication

ASHA indicates the prevention of language impairments is one of the primary roles of the profession. While the identification and treatment of language disorders remains a principal focus, prevention is equally important. The U.S. Preventive Task Force identified the following as risk factors for speech/language deficits: premature birth/low birth weight, being male, a family history of speech/language problems, and lower education levels of parents.

The following are tips for parents and caregivers to prevent a language impairment:

- Have your child's hearing checked and follow up with all doctor's appointments regarding your child's ears (i.e., ear infections).
- Talk to your child from the time they are born.
- Read to your child from the time they are born.
- Sing to your child even when they are a baby.
- Respond to your child's babbling.
- Play simple games like "peek-a-boo and patty-cake" with your baby.
- Describe for your child what they are doing, feeling, and hearing throughout the day.
- Answer your child's questions (when they ask why, encourage their curiosity).
- During pregnancy, abstain from use of tobacco, alcohol and drugs.
- Make sure your child wears a helmet and seat belt regularly to prevent head injury.

See Appendix E for typical developmental milestones and Appendix I for a language checklist by grade.

Speech Impairment: Articulation

Articulation refers to the *movement* of the speech mechanisms (tongue, lips, larynx, teeth, hard palate, velum, jaw, nose, and mouth) to produce speech. Articulation errors and articulation disorders may exist when any of these mechanisms are not working properly, are weak, damaged, malformed, or out of sync with the rest. The cause of some speech sound problems is known; for example, speech difficulties can be the result of motor speech disorders (e.g., dysarthria), structural differences (e.g., cleft palate), or sensory deficiencies (e.g., hearing impairment). However, the cause of articulation and phonological speech sound disorders in most children is unknown. Often, a child has completely normal, functioning articulators, but simply has difficulty making particular sounds. In essence, an articulation disorder is a speech disorder that affects the production of individual consonant and vowel sounds.

Even so, a number of studies have identified risk and protective factors associated with speech sound disorders in children. Risk factors include:

- being male;
- pre- and perinatal problems;
- oral sucking habits (e.g., excessive sucking of pacifiers or thumb);
- ear, nose, and throat problems;
- a more reactive temperament;
- family history of speech and language problems;
- low parental education; and
- lack of support for learning in the home.

See Appendix G for a teacher questionnaire regarding articulation errors.

Speech Impairment: Fluency

According to the National Institute on Deafness and Other Communication Disorders (NIDCD), approximately 3 million Americans stutter. Developmental stuttering occurs most often in children between the ages of 2 and 6 as they are developing their language skills. Approximately 5–10 percent of all children will stutter for some period of time in their life. In her article "Developmental Stuttering: A Transition between Early Talking and Eloquent Speech," Kate Anderson describes developmental stuttering as a temporary break in the fluency of speech that occurs when the child has a large growth spurt in language development but lacks the motor coordination to keep up with increasingly complex verbal messages. Developmental stuttering is characterized by effortless repetitions (e.g., 1–2 repetitions, such as ba-baby) or prolongations of sounds. Some brief hesitancies or short interjections may also be observed. It is typical for disfluent speech characteristics to come and go in the early years of development. Boys are 2–3 times as likely to stutter as girls and as they get older this gender difference increases; the number of boys who continue to stutter is 3–4 times larger than the number of girls. Research suggests conservative estimates of 74 percent overall recovery and 26 percent persistency rates in his research of early childhood stutters (Yairi, 1999).

As children who stutter get older, they may become adept at word and situational avoidances that may result in a low frequency of overt stuttering. In addition, children with cluttering or stuttering may only experience symptoms situationally, particularly during times of high emotion, either positive or negative, or through seasons of significant change in the home or school environment. However, despite the fact that some children may show little observable disfluency, they may still be in need of treatment for a fluency disorder due to the negative effect stuttering or cluttering is having on the development of social skills, quality of social interactions, and/or ability to participate in oral classroom activities.

ASHA further explains that differentiating between typical disfluencies and stuttering is a critical piece of assessment, particularly for preschool children. For school-age children, it is important

to distinguish stuttering from other possible diagnoses (e.g., language formulation difficulties, cluttering, and reading disorders) and to distinguish cluttering from language-related difficulties (e.g., word finding and organization of discourse) and other disorders that have an impact on speech intelligibility (e.g., apraxia of speech and other speech sound disorders). Keep in mind that children may have fluency disorders as well as co-occurring conditions (ASHA).

Without proper intervention, children who exhibit signs of early stuttering are more at risk for continued stuttering. The chart below describes some characteristics of "typical disfluency" and "stuttering" (Adapted from Coleman, 2013).

The following characteristics are considered non-developmental red flags and warrant further evaluation:

- Stuttering persists beyond six months
- Struggle behaviors, or secondary characteristics, associated with stuttering are observed
- Family history of stuttering or related communication disorders is documented
- Age of onset – if a child begins stuttering before age three and a half, s/he is more likely to outgrow the stuttering
- Presence of other speech and/or language delays
- Avoidance of speaking situations or marked increase in frustration with speaking tasks

Chart: Risk Factors[5]

Risk Factor	Elevated Risk Factor
Family history of stuttering	A parent, sibling, or other family member who stutters
Age at onset	Age after three and a half
Time since onset	Stuttering 6–12 months or longer
Gender	Male
Other speech production concerns	Speech sound error or trouble being understood
Language Skills	Advanced, delated, or disordered

[5] http://www.stutteringhelp.org/risk-factors

Chart: Disfluency versus Stuttering[6]

Typical Disfluency	Stuttering
Speech Characteristics • Multisyllabic whole-word and phrase repetitions • Interjections • Revisions	Speech Characteristics • Sound or syllable repetitions • Prolongations • Blocks
Other Behaviors • No physical tension or struggle • No secondary behaviors • No negative reaction or frustration • No family history of stuttering	Other Behaviors • Associated physical tension or struggle • Secondary behaviors (e.g., eye blinks, facial grimacing, changes in pitch or loudness) • Negative reaction or frustration • Avoidance behaviors (e.g., reduced verbal output or word/situational avoidances) • Family history of stuttering

For some students, early treatment may prevent developmental stuttering from turning into a lifelong problem. A key point to consider is to try changing the speaking environment but not the child. Creating positive and calm communication experiences is very impactful to the student. It is important to assure the speaker that the listener cares more about the message being communicated than the manner in which it is delivered.

The following are some strategies that can help children learn to improve their speech fluency while developing positive attitudes toward communication:

1. Give the student your full attention; maintain consistent eye contact and positive nonverbal messages, such as smiling.
2. Change your conversation style - comment more and asked fewer questions. Lots of questions or interruptions may seem more confrontational and make the child feel under pressure to speed things up. Comments encourage elaboration and show you are listening (Anderson, 2011).
3. Use a slow rate of speech; model slow and easy speech; pause often and take an extra pause before responding to the student.
4. Create a relaxed environment; set aside a specific time for the student to speak with decreased social pressures and interruptions.

[6] Coleman, C. (2013). *How can you tell if childhood stuttering is the real deal?* Available from http://blog.asha.org/2013/09/26/how-can-you-tell-if-childhood-stuttering-is-the-real-deal/

5. Try not to become upset or annoyed with the student's speech; avoid negative nonverbal reactions, such as frowning, wincing, widening your eyes, looking away, or tensing up.
6. Model fluent speech; do not try to define it to the student. For example, telling the student to "slow down," "take a deep breath," or "think about what you are going to say," will only increase anxiety and generate negative attention to the stuttering behaviors.
7. Do not complete sentences for the student or try to "help" by filling in the blanks or talking for him/her during disfluent moments.

When working with students who begin to exhibit disfluent speech, it is important to obtain an objective analysis of their speech patterns, and then to educate parents, teachers, and others around the student on typical versus atypical speech fluency as well as provide tips to create a positive communication environment.

See Appendix H for a fluency checklist.

Speech Impairment: Voice

ASHA indicates voice disorders seen in children include functional laryngeal pathologies (chronic hoarseness), vocal fold nodules, laryngitis, polyps, laryngomalacia, and stenosis. Other disorders commonly related to the pediatric population are chronic hoarseness, papilloma, gastroesophageal reflux disease, and congenital laryngeal web (ASHA, 2002).

Classification of voice disorders:

- Structural or organic diseases affecting the larynx/vocal folds
- Disorders of misuse/abuse
- Neurogenic diseases affect the parts of the central or peripheral nervous systems involved in voice production
- Psychogenic – no observable cause of vocal problem

Socially, students with voice disorders:

- limit their participation in the classroom (decreased confidence, refusal to read aloud, decreased questions).
- have difficulty communicating in loud school environments (bus, playground, cafeteria).

The Voice Foundation details preventative care for voice disorders

"*Voice Health Through Vocal Hygiene – Not Just for Performing Artists*

Voice health as a part of good health is not just for voice professionals. Just as hygiene plays a key role in general health issues and the prevention of diseases, vocal hygiene plays a key role in voice preservation and the prevention of voice disorders.[7]

Components of vocal hygiene are:

- *Healthy diet and lifestyle*
- *Voice warm-ups before use*
- *Voice training on proper technique to meet voice demands*
- *Voice exercise to improve endurance and power*
- *Proper voice use and avoidance of voice misuse and overuse*

Remembering Steps for Vocal Hygiene

V Value your voice through healthy diet and lifestyle.
O Optimize your voice with vocal warm-ups before use.
I Invest in your voice with training in proper voice technique.
C Cherish your voice by avoiding voice misuse, overuse, and abuse.
E Exercise your voice to increase endurance and power"

For teachers:

- Children are with teachers for six hours a day during the school year. Many teachers have an interest in the child's voice difficulty but may not know how to help.
- Suggestions for teachers include:
    - Music/choir teacher: This instructor's training in use of the voice is a real bonus to the treatment program. Vocal warm-ups have some similarities to vocal function exercises as well as to resonant voice treatment. Consider requesting that the child participate in the vocal warm-up section of the class and lip sync the rest (ASHA, 2005).
    - Science teacher: Offer to show a video of vocal fold vibration. If human anatomy is the subject, request that the development of vocal fold nodules, as well as good vocal hygiene, be discussed.
    - Art teacher: Suggest an art project, such as banners to hang in classrooms to dampen noise.
    - All teachers: Discuss allowing child to bring a water bottle to class. Have a prewritten letter supporting the need for increased hydration for the child.

See Appendix L and Appendix M for voice checklists and vocal monitoring.

[7] http://voicefoundation.org/health-science/voice-disorders/overview-of-diagnosis-treatment-prevention/voice-disorder-prevention/

Background Considerations

- Developmental norms: Most young children produce sound errors as their speech and language develops. For instance, typical sound errors than many young children produce include substituting a "W" sound for an "R" sound, or an “F” sound for a “TH” sound (e.g., "wabbit" for "rabbit"; “baf” for “bath”), or leaving off parts of words, such as "nana" for "banana." These early speech behaviors are expected as children’s articulatory (mouth movements) language (learning and understanding new words) and phonology (understanding the way sounds are used within their language) systems develop.

  A speech sound disorder occurs when errors continue past a certain age. Sound errors may include one sound or multiple sounds being substituted for another, sounds being omitted from words, sounds being added to words, or sounds being distorted. Every sound has a different range of ages at which the child should make the sound correctly.

  See: Developmental sound chart:
- Medical: In many settings, once school-based personnel identify a child as having a “potential voice problem,” it is the school SLP who often becomes the primary advocate for the child’s laryngeal examination. The justification for persistence in this recommendation is clear-cut. Moreover, an understanding of the primary pathology may lead to better insight regarding the secondary laryngeal and respiratory compensations that a child may exhibit (Sapienza & Ruddy, 2004). ASHA Preferred Practice Patterns (2005) states, “All patients/clients with a voice disorder must be examined by a physician, preferably in a discipline appropriate to the presenting complaint. This examination may occur before or after the voice evaluation.”

- Cultural or Dialectal Factors: Not all sound substitutions and omissions are speech errors. Instead, they may be related to a feature of a dialect or accent. For example, speakers of African American Vernacular English (AAVE) may use a "d" sound for a "th" sound (e.g., "dis" for "this"); and a student whose native or home language is Spanish may produce the “R” sound differently than those who are native English speakers. In many other languages, the sounds produced in Standard American English do not occur; therefore in the case of a student whose primary language is any other than English, it is expected that sound substitutions or omissions would occur. These differences are not considered speech errors and do not warrant a referral.

- Language Acquisition: Before a student is referred for a formal language evaluation, the person making the referral needs to provide sufficient background information for the student and describe the types of difficulties the student is having. It is very important for the person making the referral to understand that there is a difference between a language impairment/disorder and language differences. A child who is learning English

as a second language may display some of the characteristics of a child with a language impairment. However, this is not a disability, and there should be a rule out that the student's difficulties are not due the fact that he or she does not understand or speak English efficiently. A language impairment must exist in a child's first language to be considered a disability according to Clark and Kamhi (2009).

- Educational Impact: In the educational setting, the school team and SLP may identify errors or differences in a child's speech, but a student may not be found eligible with a speech impairment unless the sound errors are not due to regional/dialectal differences. The errors must persist beyond the age of typical development, impact overall intelligibility (ability to be understood by others), and impact a student's academic, social, or vocational development.

- Vision/Hearing Issues: As with all evaluations, vision and hearing screenings are integral pieces. Ensuring typical vision and hearing assists teams in focusing intervention and determining possible causes of difficulty.

Pre-Referral Considerations and/or General Education Accommodations

As school teams consider the appropriateness of referrals, the following information may assist teams with making decisions:

- Rule out difference versus disorder. Respect cultural, regional, and native language dialectal differences.
- Conduct a hearing screening. Children with frequent ear infections or Otitis-Media (persistent fluid in the middle ear) may be at risk for potential hearing loss and subsequent speech and language delays.
- Conduct an oral mechanism exam to ensure that there are no structural issues contributing to the speech errors.
- Conduct and analyze results from a language screener. A screener can assist in determining if a child is developing within the "average" compared to peers his or her age.
- Collect developmental history of the child including family history of speech delays, persistent thumb/finger sucking, feeding development, and motor/speech/language development.
- Collect a sample of the student's speech.
- Analyze voice, pitch, intensity, and quality.
- Observe in academic and nonacademic settings.

In addition to ruling out a second language as the primary cause of a child's difficulty with language, the referral source and SLP should ensure that the areas of concern are not the result of language differences. Individuals who come from linguistically different cultural

backgrounds may have certain language patterns and dialects that are specific to that population; the differences from standard English do not indicate a disability.

The following are important considerations for the team during pre-referral:

- linguistically and culturally appropriate screening measures;
- the home language survey;
- developmental history of the child;
- previous preschool experiences (Has the child been home with relatives up until enrollment in school, or was there prior pre-school exposure?);
- family history of speech and language problems;
- a passed hearing and vision screening; and
- pertinent medical findings.

ASHA has established guidelines related to the role of the speech-language pathologist (SLP). SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons with speech sound disorders. The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and professional development. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2016).

Appropriate roles for SLPs include:

- providing prevention information to individuals and groups known to be at risk for speech sound disorders, as well as to individuals working with those at risk;
- educating other professionals on the needs of persons with speech sound disorders and the role of SLPs in diagnosing and managing speech sound disorders;
- screening individuals who present with speech sound difficulties and determining the need for further assessment and/or referral for other services;
- conducting a culturally and linguistically relevant comprehensive assessment of speech, language, and communication;
- diagnosing the presence or absence of a speech sound disorder;
- referring to and collaborating with other professionals to rule out other conditions, determine etiology, and facilitate access to comprehensive services;
- making decisions about the management of speech sound disorders;
- making decisions about eligibility for services, based on the presence of a speech sound disorder;
- developing treatment plans, providing intervention and support services, documenting progress, and determining appropriate service delivery approaches and dismissal criteria;
- serving as an integral member of an interdisciplinary team working with individuals with speech sound disorders and their families/caregivers;

- counseling persons with speech sound disorders and their families/caregivers regarding communication-related issues and providing education aimed at preventing further complications related to speech sound disorders;
- consulting and collaborating with professionals, family members, caregivers, and others to facilitate program development and to provide supervision, evaluation, and/or expert testimony;
- remaining informed of research in the area of speech sound disorders, helping advance the knowledge base related to the nature and treatment of these disorders, and using evidence-based research to guide intervention;
- advocating for individuals with speech sound disorders and their families at the local, state, and national levels.

As indicated in the Code of Ethics (ASHA, 2016), SLPs who serve this population should be specifically educated and appropriately trained to do so.

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:[8]

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan. The following data from the general education intervention phase that can be used includes:

[8] National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

1) reported areas of academic difficulty,
2) documentation of the problem,
3) evidence that the problem is chronic,
4) medical history and/or reports,
5) records or history of significant developmental delays across all learning domains,
6) record of accommodations and interventions attempted,
7) school attendance and school transfer information,
8) multi-sensory instructional alternatives, and
9) continued lack of progress

Referral

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. **The use of RTI[2] strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8.** For more information on the rights to an initial evaluation, refer to Memorandum 11-07 from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to

reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see Appendix A). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom? What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
    - Oral English language proficiency level
    - English language proficiency literacy level
    - Formal education experiences
    - Native language literacy skills
    - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the English as a Second Language Program Guide (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- Multimodal: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.

- Multisource: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.

- Multidomain: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

- Multisetting: Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Speech and/or Language Evaluations

The purpose of a speech and/or language evaluation is to determine the possible presence of a communication impairment, which is suspected to be impacting a student's education. The evaluation process results from a referral due to a suspicion of an educational disability. The speech-language assessment shall be conducted in conjunction with a multidisciplinary team due to concerns reaching beyond communication or speech and/or language skills. Articulation, fluency, voice, and language disorders are each unique communication areas, and therefore are evaluated differently by the SLP. The data collected during the evaluation are critical for the purpose of determining whether a child is eligible for special education and to assist in the development of the student's IEP, if determined to be eligible. It is the responsibility of the SLP to gather educationally relevant data in the areas of speech, voice, fluency, and language as appropriate.

Evaluation Procedures (Standards)

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

(1) Language Impairment -significant deficiency in the student's comprehension, form, content or use of language shall be determined by:
   (a) Hearing screening;
   (b) A minimum of one comprehensive standardized measure of receptive and expressive language (vocabulary, syntax, morphology, mean length of utterance,

syntax, semantics, morphology) that falls at least 1.5 standard deviations below the mean, with consideration to the assessment's standard error of measurement. This could be based on the test as a whole or the composite receptive/expressive language scores. Individual subtest scores shall not be used;

(c) An additional standardized measure to support identified areas of delay that fall at least 1.5 standard deviations below the mean with consideration to the assessment's standard error of measure;

(d) Pragmatics (if identified as an area of concern);

(e) Auditory perception: selective attention, discrimination, memory, sequencing, association, and integration;

(f) Teacher checklist;

(g) Parent Input; and

(h) Documentation, including observation and/or assessment (to include the severity rating scale), of how the Language Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

(2) Articulation (Speech Sound Production) Impairment – a significant deficiency in articulation shall be determined by all of the following:

(a) Hearing screening;

(b) Articulation error(s) persisting at least 1 year behind expectancy compared to current developmental norms (see state approved norms in guidance document);

(c) An appropriate standardized instrument to include phonetic inventory (required) and assessment of phonological processes (as appropriate). See state approved norms in guidance document;

(d) Evidence that the child's scores are at a moderate, severe, or profound rating (i.e., severity rating scale);

(e) Teacher checklist/input;

(f) Parent input;

(g) Stimulability probes;

(h) Oral peripheral examination;

(i) Analysis of phoneme production in conversational speech; and

(j) Documentation, including observation and/or assessment, of how Articulation Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

(3) Voice Impairment – evaluation of vocal characteristics shall include the following:

(a) Hearing screening;
(b) Examination by an otolaryngologist;
(c) Oral peripheral examination; and
(d) Documentation, including observation and/or assessment, of how Voice Impairment adversely affects his/her educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

(4) Fluency Impairment – evaluation of fluency shall include the following:
(a) Hearing screening;
(b) Information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;
(c) Oral peripheral examination; and
(d) Documentation, including observations across multiple settings and/or assessment, of how Fluency Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Procedure Guidance

Standard 1 (a): Hearing screening

Loss of hearing must be ruled out as a cause of academic and/or social concerns. In addition, hearing loss may influence performance on assessment measures and possibly invalidate results. In cases where hearing screenings indicate a student is having difficulty hearing, the assessment specialist and school team will need to take that into consideration in conjunction with evaluation results when determining primary reasons for underperformance on assessments and presenting concerns.

Standard 1 (b) Language Impairment: A minimum of one comprehensive standardized measure of receptive and expressive language (vocabulary, syntax, morphology, mean length of utterance, syntax, semantics, morphology) that falls at least 1.5 standard deviations below the mean, with consideration to the assessment's standard error of measurement. This could be based on the test as a whole or the composite receptive/expressive language scores. Individual subtest scores shall not be used.

Standard error of measure (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her "true" score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The SEM should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and/or other supporting evidence that the other options may be an under- or overestimate of the student's ability.
- Assessment specialists that are trained in evaluation provide professional judgement and documented reasons regarding why this may be used as the best estimate of ability

Standardized tests evaluate discrete skills in a decontextualized setting (i.e., away from natural communicative environments). Norm-referenced tests do not document functional performance in educational settings. In addition, not all children are suitable candidates for standardized tests. A comprehensive language assessment should incorporate formal and informal measures that adequately describe how a child is able to understand and use language with adults and his or her peers. While individual subtest scores shall not be used to determine eligibility for services, if there are significantly low scores on subtests or composites, which are consistent with other sources of data, a variety of data sources should be used to get a "true" picture of a student's ability to use language in his or her environment.

After completing a standardized measure, the SLP should consider the results and performance on all areas of the assessment in relation to referral concerns, other sources of data, the normative sample, and other factors that may impact performance. **If there is reason to believe the results are an overestimate of the student's current communication skills, additional assessment (formal or informal) may be needed, while taking the standard error of measure (paying attention to all composite confidence intervals) into consideration.**

One type of informal assessment that may especially helpful in such cases in the completion of a language sample analysis. A language sample provides a great deal of information on a child's language abilities and overall conversational skills. Specific language areas include syntax (grammar), semantics (word meanings), morphology (word parts, such as suffixes and prefixes), and pragmatics (social skills). A language sample often consists of 50 to 100 utterances spoken by the child, but it can have as many as 200 utterances. The SLP writes down exactly what the child says, including errors in grammar. Errors in articulation or speech sounds are not recorded.

Descriptive measures of functional or adaptive communication often provide a more realistic picture of how a student uses his/her communication abilities in everyday situations and the impact of a language impairment in these settings if one exists.

<u>Examples of Additional Sources of Information</u>

The selected assessment tools should be purposeful and be designed to explore and investigate the area/s of concern, as well as provide useful information relative to the suspected deficit.

- Norm-referenced Assessments - speech-language tests which measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. This information is found in the technical manual for the test.
- Checklists - a developed form or scale which allows a rater to consider various skills and indicate a student's use of a skill in a particular setting, or indicate potential absences of the expected skills.
- Direct Observations - the SLP observes the student during everyday classroom activities or across educational settings, and allows for a more natural opportunity to identify communication strengths and weakness.
- Interviews - conversations with or questionnaires given to parents, caregivers, medical professionals, or educators, which provide information related to a student's communication history and current functioning.
- Play-based Assessments - assessments, which provide an opportunity to observe and evaluate a child in the natural context of play. Play-based assessments are an important tool when evaluating preschool children and are often completed by a multidisciplinary team so multiple areas of development can be considered.
- Dynamic Assessments - are a method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful. In short, dynamic assessments are a process of test, teach, and retest. This type of assessment helps to identify the level of support or teaching structure a student may need in order to learn a particular skill. Dynamic assessments are not norm-referenced, but can be a valuable tool in understanding a child's potential response to various intervention styles.
- Speech and/or Language Sampling - a sample of a child's spoken speech/language during a particular task (conversation, retell, describing tasks, narratives) which helps the SLP determine intelligibility, production of speech sounds in connected speech, and/or the use of expected structures and components of language (sentence length and complexity, variety of words, vocabulary use, grammatical components, etc.).

<u>Important Tips to Remember:</u>

- Best practice is not to report age-equivalency scores on a norm-referenced assessment as they imply a false standard of performance.

- The IEP team should discuss and consider cultural and linguistic bias before determining a student is eligible for a language impairment.
- Standard scores from norm-referenced tests should only be a **SMALL** part of the assessment picture.
- The speech-language evaluation report should be written in an easily understood language without extensive use of professional jargon.
- The SLP should document the presence or absence of a language impairment in the speech-language evaluation report.
- The SLP should not make an eligibility determination or recommendations for or against language therapy in the speech-language report. (The IEP team does this.)

Culturally and Linguistically Diverse students: When evaluation data reveals evidence of dialect use or language differences, they should be documented as such and should not be counted as errors. If language differences and/or dialects are incorrectly treated as errors, students may be inappropriately identified as having a language impairment. When selecting the most appropriate test to administer, the SLP should review the test manual to see if students who do not speak Standard American English will be penalized for their language differences. Dynamic assessment can be very useful when evaluating students from culturally and linguistically diverse backgrounds. Dynamic assessment includes a test-teach-test approach to assist with differential diagnosis of a language impairment as opposed to a language difference. When provided with modeling and guided practice, the student who does not have a disability will often show significant improvement when reassessed.

Special Populations: For some student populations, such as children with severe disabilities, the provision of unbiased assessments can only be made with descriptive measures. The Functional Communication Profile, the Functional Communication-Teacher Input, and the Functional Communication Rating Scale can be utilized to assess the communication skills for these students.

English Language Learners: When assessing children for whom English is not the primary language, it is important to utilize evaluation tools that accurately reflect a child's true language abilities. Tests should be administered in the child's native language. According to ASHA, if the test utilized was not normed on children who speak the particular language being tested, **it is not appropriate to report standard scores.**[9] However, descriptive information obtained during the administration of the test can be used to describe the child's strengths and weaknesses in the area of communication. When assessing the bilingual child, the SLP should use an interpreter, conduct an interview with the parent/caregivers, and always utilize a conversational sample.

[9] http://www.asha.org/practice/multicultural/issues/assess/

Standard 1 (c) Language Impairment: An additional standardized measure to support identified areas of delay that fall at least 1.5 standard deviations below the mean with consideration to the assessment's standard error of measure.

The SLP will analyze formal comprehensive scores and informal measures to identify a possible weakness, possibly a subtest from a language assessment or poor syntax in conversational speech. Although subtest scores cannot be used alone to meet eligibility standards, they can identify weaknesses that may not be reflected in the overall comprehensive, or receptive and expressive scores. The standard error of measure should be considered when determining the most appropriate score to use based on a specific weakness from a subtest or informal assessment. The additional standardized measure(s) should be used to further examine and collect data for a suspected weakness from the comprehensive assessment and informal assessments.

Standard 1 (d) Language Impairment: Pragmatics

According to ASHA, Pragmatics involves three major communication skills:

Using language for different purposes, such as:

- greeting (e.g., hello, goodbye);
- informing (e.g., I'm going to get a cookie);
- demanding (e.g., Give me a cookie);
- promising (e.g., I'm going to get you a cookie); and
- requesting (e.g., I would like a cookie, please).

Changing language according to the needs of a listener or situation, such as:

- talking differently to a baby than to an adult;
- giving background information to an unfamiliar listener; and
- speaking differently in a classroom than on a playground.

Following rules for conversations and storytelling, such as:

- taking turns in conversation;
- introducing topics of conversation;
- staying on topic;
- rephrasing when misunderstood;
- how to use verbal and nonverbal signals;
- how close to stand to someone when speaking; and
- how to use facial expressions and eye contact.

These rules may vary across cultures and within cultures. It is important to understand the rules of your communication partner.

An individual with pragmatic problems may:

- say inappropriate or unrelated things during conversations;
- tell stories in a disorganized way; and/or
- have little variety in language use.

It is not unusual for children to have pragmatic problems in only a few situations. However, if problems in social language use occur often and seem inappropriate considering the child's age, a pragmatic disorder may exist. Pragmatic disorders often coexist with other language problems such as vocabulary development or grammar. Pragmatic problems can lower social acceptance. Peers may avoid having conversations with an individual with a pragmatic disorder.

Standard 1 (e) Language Impairment: Auditory perception*: *selective attention, discrimination, memory, sequencing, association, and integration

Auditory perception skills are identified and measured through a variety of formal and informal assessments. Informal assessments can include checklists, skill inventories, observations, and functional language samples. The areas of auditory processing are defined below.

Selective attention - a process whereby the brain selectively filters out large amounts of sensory information in order to focus on just one message.
Discrimination - the brain's ability to organize and make sense of language sounds. Children who have difficulties with this might have trouble understanding and developing language skills because their brains either misinterpret language sounds or process them too slowly.
Memory - skills specific to retaining auditory information.
Sequencing - the ability to remember or reconstruct the order of items in a list, or the order of sounds in a word or syllable.
Association - the ability to link spoken words in a meaningful manner.
Integration - the ability to combine information that is given in more than one medium. This may translate as a problem when a child has to listen to directions and then perform a physical task, such as in a physical education class.

Standard 1(f) Language Impairment: Teacher Checklist (Language)

Obtain information regarding differentiation strategies and accommodations used within the specific core subjects, interventions, communication skills, and social interactions. Checklists may provide additional information regarding progress in the general education curriculum. The teacher can also provide documentation of grades, curriculum-based measures/assessments, criterion-referenced tests (e.g., TNReady, TCAP, end-of-course tests), progress in interventions, and attendance records.

- Curriculum-based measures/assessments - school-based assessments which can offer insight into how a student performs on classroom tests which examine skills that have been or will be taught in school.
- Criterion-referenced tests - a type of assessment that is designed to measure a student's performance against a fixed set of predetermined criteria or learning standards.

This information is important as the evaluators interpret results of the formal assessments in order to gain perspective of the student's performance and skills in typical environments and to determine the impact and severity of possible impairments.

Standard 1 (g) Language Impairment: Parent Input (Language)
Parent information is crucial to the evaluation in order to obtain developmental history and specific concerns related to daily functioning. A developmental history and profile should include relevant information from the parents regarding concerns about communication skills, developmental speech-language development, pertinent medical information, and family history of speech-language impairments, etc.

Standard 1 (h) Documentation, including observation and/or assessment (to include the severity rating scale), of how the language impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).
The school environment places a heavy demand on students to comprehend, interpret, and use all aspects of verbal and nonverbal communication. Students must be able to communicate for a variety of purposes and in different settings. They must be competent in listening, speaking, reading, and writing as they learn the curriculum and interact with others. Therefore, it is paramount that a child receives a comprehensive assessment that balances formal and descriptive assessment instruments. A thorough case history is crucial to the selection of an individualized test battery and valid interpretation of assessment results. A child's communicative attempts and abilities may vary depending on the setting he or she is in and who the listener happens to be. Additional assessments, such as individual achievement tests, may be needed for some students to help determine adverse impacts. Procedures that identify areas of strength and weakness and examine how the student functions communicatively in the environments in which he/she participates are needed to appropriately determine eligibility.

Language Severity Rating Scale: The Language Severity Rating Scale is a tool used after a complete assessment of the student's communication abilities and after the SLP has interpreted assessment results. This scale is designed to document the presence of assessment findings according to the intensity of those findings and to facilitate a determination, based on assessment results, if the student has a language impairment according to the definition in the Tennessee Rules and Regulations. The severity rating scale is not a diagnostic instrument and should not be used in the absence of assessment data. In order to be identified as a student with a language impairment, the language difficulties must be determined to have an adverse effect on educational performance. The rating scale serves three purposes:

1. to document the absence or presence of a language deviation and to what degree (mild, moderate or severe);

2. to indicate the absence or presence of adverse effect on educational performance; and
3. to determine whether or not the student meets eligibility standards for a language impairment.

<u>Articulation Impairment</u>

Standard 2 (b) Articulation Impairment: Articulation error(s) persisting at least 1 year behind expectancy compared to current developmental norms

Developmental norms are helpful for estimating approximately how well a student's sounds are developing. Although norms are extremely useful, there are limitations to over-relying on or using them exclusively to identify a sound production impairment. Several factors limit their value. An age norm is only an average age at which a behavior occurs. Most norms do not reflect normal and acceptable developmental variability. Certain errors are developmentally appropriate while others are not. Different norms are rarely in agreement with each other. The differences are caused by many factors, including when the study was conducted, where the study was conducted, the size and characteristics of the sample, the research design followed, and the mastery criteria used.

It is important that the assessing SLP use articulation norms as designated by the school district. Districts should designate specific norms to be used based on the area demographics. The use of developmental norms, and the compared production of sound errors, is one component of the overall scope of assessment for identifying a student with a speech impairment.

Recommended norms that commonly used include (see Appendix C):

- Iowa-Nebraska Articulation Norms
- Goldman-Fristoe Test of Articulation-3
- Structured Photographic Articulation Test—featuring Dudsberry ® 3 (SPAT-3)
- Vowel Development Norms

Articulation tests usually elicit phonemes in only one phonetic context within a pre-selected word. There may be other contexts and words in which the student can/cannot produce the target sound correctly. Most tests elicit phonemes at the word level for the assessment of initial, medial, and final position production. Conversational speech, however, is made up of complex, co-articulated movements in which discrete initial, medial, and final sounds may not occur. Thus, sound productions in single words may differ from those in spontaneous speech. Keep in mind that normative data tell only part of the story when assessing for a speech sound production impairment, and contextual samples are necessary to properly identify a speech impairment.

When assessing articulation skills, the sound in question must be in error in at least two positions (initial, medial, or final). Information gathered from the formal/informal assessment

instrument(s) regarding sound production errors is to be compared to the developmental norms or charts.

Single-Word Testing—provides identifiable units of production and allows all sounds in the language to be elicited in a number of contexts; however, it may or may not accurately reflect production of the same sounds in connected speech.

Connected Speech Sampling—provides information about production of sounds in connected speech using a variety of talking tasks (e.g., storytelling or retelling, describing pictures, normal conversation about a topic of interest) and communication partners (e.g., peers, siblings, parents, clinician).

Assessment procedures typically evaluate the child's speech sound system, including:

- sounds, sound combinations, and syllable shapes produced accurately, including:
    - sounds in various word positions (e.g., initial, within word, and final word position) and indifferent phonetic contexts,
    - phoneme sequences (e.g., vowel combinations, consonant clusters, and blends), and
    - syllable shapes (e.g., simple CV to complex CCVCC);
- speech sound errors, including:
    - error type(s) (e.g., deletions, omissions, substitutions, distortions, additions), and
    - error distribution (e.g., position of sound in word);
- articulation errors—relatively consistent errors, with preserved phonemic contrasts (e.g., /l/ and /r/ are consistently distorted, but clearly different from one another (Bauman-Waengler, 2012);
- error patterns (i.e., phonological patterns)—systematic sound changes or simplifications that affect a class of sounds (e.g., fricatives), sequences of sounds (e.g., consonant clusters), or syllable structures (e.g., complex syllable structures or multisyllabic words).

Standard 2 (c) Articulation Impairment: An appropriate standardized instrument to include phonetic inventory (required) and assessment of phonological processes (as appropriate). See norms in Appendix D

The decision to administer an articulation test versus a phonological process analysis is based on the examiner's professional judgment. If the errors are non-organic (i.e., not due to structural deviations or neuromotor control problems), the most discriminating factor to aid in the decision is that of ***intelligibility—*** the more unintelligible the student's speech, the greater the need for phonological process analysis. When evaluating students whose intelligibility factor is moderate to severe or profound, tests of phonological processes will prove more diagnostically valuable than traditional articulation tests.

In some cases, the examiner may complete a process analysis after first administering an articulation test. Some phonological processes can be detected from the results of traditional articulation tests. For example, when most of the phonemes in the final position column of the articulation test form show a deletion symbol, perceptive examiners can recognize the pattern of final consonant deletion. Most substitution and deletion processes can be identified in this manner, particularly if the examiner is familiar with phonological process terminology and descriptions. For example, the student who produces /p/ for /f/, /b/ for /v/, /t/ for /s/, and /d/ for /z/ is replacing a fricative with a stop, a process commonly known as *Stopping*. Other error patterns, however, are not as easily identified from traditional articulation test results. Depending upon the complexity of the student's errors, a more in-depth phonological analysis may be indicated in order to identify all processes used by the student. This in-depth analysis becomes particularly important in determining the hierarchy of intervention targets.

It should be noted that an articulation assessment and phonological process analysis can be derived without the use of a published standardized assessment instrument. Developmentally appropriate errors and patterns are taken into consideration during assessment for speech sound disorders in order to differentiate typical errors from those that are unusual or not age appropriate.

See phonological processes (patterns) and age of customary consonant production [PDF].

CLASSIFICATION of CONSONANTS (Lowe, R.J. (2010)

Syllable Structure	Substitution	Assimilation
• Syllable deletion • Reduplication • Epenthesis • Final consonant deletion • Initial consonant deletion • Cluster deletion • Cluster reduction/substitution	Stopping Stridency deletion Fronting Depalatization Palatalization Affrication Deaffrication Backing Alveolarization	Labial assimilation Alveolar assimilation Velar assimilation Nasal assimilation Prevocalic voicing Postvocalic devoicing Metathesis Coalescence

Standard 2 (d) Articulation Impairment: Evidence that the child's scores are at a moderate, severe, or profound rating (i.e., severity rating scale)

The *Speech Sound Production Severity Rating Scale* is to be used as a tool after a complete assessment of the student's sound production performance to determine the overall impact and severity of the child's speech. The scale is designed to assist the examiner with interpretation and documentation of the results of assessment findings in terms of severity or intensity. This is not a diagnostic instrument and should not be used in the absence of assessment data.

The rating scale serves three purposes:

1. to document the absence or presence of a speech sound production deviation and to what degree (*Mild, Moderate,* or *Severe*);
2. to indicate the absence or presence of "adverse effect on educational performance;" and
3. to determine whether or not the student meets eligibility standards for a speech impairment in articulation.

Standard 2 (e) Articulation Impairment: Teacher checklist/input

Obtain information regarding strategies and interventions used, communication skills, and social interactions. Checklists may provide additional information regarding progress in the general education curriculum. The teacher can also provide documentation of grades, curriculum-based measures/assessments, criterion-referenced tests (e.g., TNReady, TCAP, end-of-course tests) progress in interventions, and attendance records.

This information is important as the evaluators interpret results of the formal assessments in order to gain perspective of the student's performance and skills in typical environments and to determine the adverse impact and severity of possible impairments.

Standard 2 (f): Articulation Impairment: Parent input

Parent information is crucial to the evaluation in order to obtain developmental history and specific concerns related to daily functioning. The developmental history and profile should include relevant information from the parents regarding concerns about communication skills, developmental speech-language development, pertinent medical information, and family history of speech-language impairments, etc.

Standard 2 (g): Stimulability probes

Stimulability probes determine how well the student can imitate correct production of error sounds. Stimulability refers to the student's ability to produce a correct (or improved) production of the erred sound given oral and visual modeling. Most articulation assessments include stimulability probes in their measure. It is not necessary to assess stimulability for sounds produced correctly, only those in error.

The assessment of stimulability provides important prognostic information. Moreover, those behaviors that are most easily stimulated can provide excellent starting points for intervention. They often lead to intervention success quicker than other, less stimulable behaviors.
Since the late 1990s the child phonology literature has encouraged clinicians to target non-stimulable sounds, because if a non-stimulable sound is *made* stimulable to two-syllable positions, using our unique clinical skills, it is likely to be added to the child's inventory, even without direct treatment (Miccio, Elbert & Forrest, 1999).

Directions for Assessing Stimulability

(a) Ask the student to watch, listen carefully, and say what you say. Do not give special instructions on the correct production.
(b) Model the production of each selected phoneme in isolation and ask the student to imitate. Begin modeling for consonant blends at the syllable level.
(c) If the student is successful, go on to the syllable level, modeling for each position (initial, medial, and final).
(d) If the student is successful at the syllable level, proceed to the word level, modeling for each position.
(e) If the student is successful at the word level, you may wish to proceed to the phrase/ sentence level, modeling for each position.
(f) If the student fails to imitate a stimulus correctly at any level (isolation, syllable, or word), ask the student to watch and listen carefully to the following directions.
    (1) Say the stimulus three times (*multiple stimulations*).
    (2) Have the student try again.
    (3) If the student repeats successfully, continue to the next level of complexity.
    (4) If the student cannot imitate the stimulus correctly after multiple stimulations, discontinue stimulation with that sound.

Standard 2 (h); 3(c); & 4 (c) Articulation/ Voice/ Fluency Impairments: Oral peripheral examination

The SLP will examine the size, shape, and adequacy of the oral, lingual, resonatory, laryngeal, and respiratory structures. The SLP will determine if the structures perform their function for non-speech and speech-related purposes. Specific areas to examine include teeth and occlusion, soft palate, hard palate, tongue, face, nose, mouth, neck, shoulders, body posture, and respiration. See Appendix O for a sample Oral Peripheral Examination form.

Standard 2 (i) Articulation Impairment: Analysis of phoneme production in conversational speech

Speech samples and error analysis are used to determine intelligibility of conversational speech and consistency of error patterns using any or all of the following methods:

(a) ***Number of Errors*** – can be calculated as percentage of consonants correct (PCC) based on conversational speech sample of at least 100 words. (Generally, the greater the number of sound errors, the poorer the intelligibility.)

(b) ***Error Types*** – The types of errors identified by traditional articulation tests generally fall into four major categories: (1) Substitutions, (2) Omissions, (3) Distortions, and (4) Additions. Typically, the presence of omissions and additions affect intelligibility to a greater degree than substitutions and distortions. In addition to providing descriptive information as to the problem, analyzing error types also helps to select, prioritize, and plan intervention targets.

(c) ***Form of Errors*** – error patterns within phonological process - An inventory of phonological processes is most valuable when evaluating students who have poor speech intelligibility due to multiple articulation errors. Phonological processes describe what children do in the normal developmental process of speech to simplify standard adult productions. When a student uses many different processes or uses processes that are not typically present for his/her developmental age, intelligibility will be affected. The following list of error patterns is arranged in descending order from most to least effect on intelligibility.

Beginning of Word	End of Word
Fronting	Final Consonant Deletion
Initial Voicing	Fronting
Stopping	Word Final Devoicing
Cluster Reduction	

(d) ***Consistency of Errors*** – the assessment data and/or speech sample should be analyzed for consistency of errors between the speech sample and the articulation test/phonological process assessment within the same speech sample and between different speech samples. A student may be able to produce a designated sound correctly at the single word level, yet correct productions may break down as the length and complexity of utterances increase. Typically, more sound errors will be identified during the connected speech sample.

(e) ***Frequency of Occurrence*** – Frequency of occurrence refers to the relative frequency or percentage of occurrence of a sound in continuous speech. It should be noted that the sounds n**,** t**,** s**,** r, d, and m cumulatively represent nearly one half of the total consonants used. When misarticulated, these sounds will have a greater negative effect on speech intelligibility than the less frequently occurring sounds such as /zh/, /ch/, /j/, and voiceless /th/.

(f) ***Rate of Speech*** – Occasionally a student's speech rate can directly affect articulation and intelligibility. Speech rates vary tremendously among normal speakers, making it difficult to assign a standard word-per-minute (WPM) index. Purcell and Runyan (1980) measured the speaking rates of students in the first through fifth grades and found a slight increase in their average rate at each grade level. The first graders averaged 125 words per minute, and the fifth graders averaged 142 words per minute. It is imperative to recognize that some people who speak exceedingly fast or slow still have excellent intelligibility and control of their speech, while others exhibit significant communication problems due to their rate.

The importance of measuring rate of speech does not lie in comparing it with pre-established norms, which only indicate whether the speech rate is normal, faster than normal, or slower than normal. The value of assessing rate of speech is that it allows evaluation of its effect on the student's communication abilities.

Questions to consider:

- Will the use of a faster or slower rate result in better communication?
- Can a better speech rate be elicited?
- Can it be maintained?

(g) ***Intelligibility*** – A guideline for expected conversational intelligibility levels of typically developing children talking to unfamiliar listeners can be calculated by dividing the child's age in years by four and converting that number into a percentage (Coplan & Gleason, 1988; Flipsen, 2006):

1 year—25 percent intelligible
2 years—50 percent intelligible
3 years—75 percent intelligible
4 years—100 percent intelligible

Intelligibility, although a critical concept in the evaluation of articulation and phonological process disorders, is notoriously difficult to measure objectively. In most cases there are multiple factors that influence overall intelligibility. Keep the following tips in mind when rating/determining intelligibility:

- Identify factors that affect intelligibility.
- View the intelligibility rating as being approximate, rather than absolute or definitive. Report intelligibility in ranges (e.g., 65-75 percent), particularly when intelligibility varies. A student may be 90-100 percent intelligible when speaking in utterances of one to three syllables. The same student, however, may be only 50 percent intelligible in utterances of four or more syllables.
- Take more than one conversational sample and seek varied environments when possible.

Standard 2 (j): Documentation, including observation and/or assessment, of how Articulation Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance. Documentation should include work samples, teacher and SLP reporting based on assessments, observations, consultation with teachers, and classroom-based measures. Teacher checklists are also useful for determining specifically how the sound production

problem affects educational performance. The presence of any deviation in speech sound production does not automatically indicate an adverse effect on the student's ability to function within the educational setting. The deviation must be shown to interfere with the student's ability to perform in the educational setting before a disability is determined. In order to be identified as a student with a speech impairment in articulation, the deviation(s) in sound production must be determined to have an "adverse effect on educational performance."

Voice Impairment

Standard 3 (b) Voice Impairment: Examination by an otolaryngologist

Disorders of laryngeal structure and function are physical characteristics that must be diagnosed by a physician, usually an otolaryngologist [ear, nose, and throat doctor specialist (ENT)].

- Voice quality is a perceptual phenomenon that cannot be diagnosed by instrumentation.
- Vocal function can be determined by assessing physical measured of pitch, loudness, and respiratory support.

It is advisable to obtain a release of information in order to collaborate with the otolaryngologist and any other relevant physician (e.g., pediatrician) regarding voice disorders. The examiner should document all attempts to obtain evaluation information from the otolaryngologist. If the parent prefers to provide documentation from the physician rather than granting permission to the evaluation team, then it is advisable to document the release refusal.

Four types of voice disorders:

1. Functional
    - abuse/overuse/misuse
    - edema/laryngitis
    - polyps
    - cysts
    - nodules
    - sulcus vocalics
2. Organic
    - congenital
        - laryngeal web
        - atypical Laryngeal structure
    - acquired
        - papilloma
3. Neurological
    - cerebral palsy
    - muscular dystrophy

- head injury

4. Resonance Disorders
    - hypernasality
    - hyponasality
    - nasal air emission

Additional health information obtained from either the physician or parent includes the following:

- history of allergies;
- history of chronic ear infections, colds, asthma;
- variation in voice by times of day, seasons or weather, and days of the week;
- family voice problems;
- history of care under of physician and/or hospitalization;
- onset of disorder;
- progression of disorder;
- association with other physical ailments, emotional distress, or psychological disturbance;
- use of medications (e.g., inhalants, decongestants);
- history of laryngeal procedures (e.g., intubation);
- diagnosis of general motor impairments (e.g., cerebral palsy);
- assessment of chronic vocal behaviors at home and at school (e.g., yelling, throat clearing);
- amount of daily hydration;
- perception of the problem (child, parent, teacher); and
- physician diagnosis of laryngeal pathology or structural impairment.

Standard 3 (d) Voice Impairment: Documentation, including observation and/or assessment, of how Voice Impairment adversely affects his/her educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

In order to document observations and/or assessments, a representative sample of the student's speech should be collected and analyzed for voice, pitch, intensity, and quality. An intelligibility ratio used to determine the understandable of the child's speech. Document how the student's voice impairment adversely affects the student's education performance in the general education classroom or the learning environment. For preschoolers, document how the voice dysfunction adversely affects their ability to participate in developmentally appropriate activities. This information should be used when completing the Voice Severity Rating Scale.

Information obtained through observations, assessments, and teacher input that may assist when determining impact may include:

- harsh, breathy, or hoarse voice;
- hyper- or hypo-nasal voice;

- intermittent voice or loss of voice;
- volume—too loud or too soft;
- pitch—too high or too low;
- voice interfering with communication;
- voice causing unfavorable listener reaction; and/or
- signs of frustration.

Among the many protocols available for rating perceptual qualities of voice in children are:

- Buffalo III Voice Profile (Boone, et al. 2009)
- GRBAS Scale (Karnell, et al. 2007)
- Quick Screen for Voice (Lee, et al. 2004)

Assessment of Respiratory Support for Speech

- Informal observation (e.g., running out of air during conversational speech)
    - maximum phonation time (MPT) – amount of time the child can sustain a vowel on one breath (average 9-15 seconds for elementary school children)
    - assessment of the perception vocal quality: Pediatric Voice Handicap Index (Zura, et al, 2007).

Standard 4 (b) Fluency Impairment: Information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations

The SLP should obtain detailed observational data regarding stuttering behaviors/attitudes in the school environment as well as data and information as related to student's current level of academic functioning and progress. For example, does the student initiate verbal interaction? Is the student's level of language complexity commensurate with peers? Does the student volunteer during whole group and small group discussions? For preschoolers, obtain this information from child care providers or other adults who see the child outside of the family structure. This information can be collected via interview or checklist.

The parent should provide concerns, detailed medical history, family history of stuttering, developmental history of student, and a description of stuttering behaviors/attitudes in the home environment.

- Obtain data (i.e., benchmarking assessment, report card, work samples, attendance, etc.) related to academic progress in the general curriculum from classroom teacher.

Standard 4 (d): Documentation, including observations across multiple settings and/or assessment, of how the impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

“Educational performance” refers to the student’s ability to participate in the educational process and must include consideration of the student’s social, emotional, academic, and vocational performance. The presence of speech disfluencies does not automatically indicate the disability is adversely effecting the student’s ability to function within the educational setting. The disfluencies must be shown to interfere with the student’s ability to perform in the educational setting before a disability is determined. The effect on educational performance is, therefore, best determined through classroom observation, consultation with classroom and special educators, and interviews with parents and the student. Teacher checklists are also useful for determining specifically how the disfluencies affect educational performance.

Multiple sources of information will help determine how fluency Impairment adversely affects the child’s educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Examples sources of information that can used:

- Multiple classroom observations (i.e., two or more) of the student, in both structured and unstructured settings
- 200–300-syllable speech sample in at least two2 contexts including, but not limited to, narrative, conversation, or reading sample
- Formal fluency assessments for frequency, descriptive assessment, and speaking rate. Examples of formal assessments:
    - Stuttering Severity Instrument (SSI-4)
    - Test of Childhood Stuttering (TOCS)
    - Overall Assessment of the Speaker’s Experience of Stuttering (OASES)
    - Cognitive Affective Linguistic Motor Social Scale (CALMS)
- Naturalness rating scale
- Assessment of feelings and attitudes which is completed via observations, rating scales, and interview. Beliefs about stuttering and reactions to stuttering behavior are identified and defined as it relates to the individual student. Observational data on how the child responds in moments of disfluency as well as an interview of the student to determine his/her perceptions of their communication skills is valuable information for the team. Although much of this information is subjective in nature, it is valuable in predicting the student’s response to fluency interventions and may also indicate the need for more comprehensive evaluation in the areas of social/emotional development by other team members (i.e., school psychologist). Some possible tools to assess feelings/attitudes include:
    - Perceptions of Stuttering Inventory (PSI)
    - Overall Assessment of the Speaker’s Experience on Stuttering (OASES-S for ages 7-12; OASES-T for ages 13-17)

- A-19 Scale for Children Who Stutter (Guitar, 2007)
- Communication Attitude Test and Behavioral Checklist (Brutten and Vanryckeghem, 2006)

- Screening of articulation, voice and language skills.

A 200–300-syllables speech sample should be collected in at least two settings (i.e., structured vs. unstructured) and contexts (i.e., informal conversation, narrative, reading, answering questions). It can be helpful to record (audio and/or video) samples in order to thoroughly analyze the communication attempts in order to accurately document types of disfluencies and secondary behaviors.

The following describes characteristics that may be used to analyze speech sample:

1. frequency of stuttering – this measure defines how often disfluencies are produced; typically represented as the percentage of disfluent syllables in a sample.
2. duration of stuttering – this refers to the number of seconds a repetition, prolongation, or block lasts or the number of iterations in a repetition (e.g., "li-li-li-like" contains three stuttered and 1 fluent iterations). The longest duration is typically reported, or a range can be given.
3. type of stuttering – this helps distinguish "normal" interruptions from "stuttered" interruptions and provides indication of the development of the disorder (especially in preschool children)
4. rate of speech and intelligibility – obtain rate of speech by counting the number of syllables or words by the total number of minutes of the student's speaking time (suggested 5-10 minutes) to obtain words per minute (WPM) or syllables per minute (SPM)
5. speech naturalness – analyze overall speech quality for naturalness in a subjective manner
6. presence of secondary behaviors – According to ASHA, Secondary, avoidance, or accessory behaviors that may impact overall communication should be clearly identified and defined as part of the evaluation and include:
    - distracting sounds (e.g., throat clearing, insertion of unintended sound);
    - facial grimaces (e.g., eye blinking, jaw tightening);
    - head movements (e.g., head nodding);
    - movements of the extremities (e.g., leg tapping, fist clenching);
    - sound or word avoidances (e.g., word substitution, insertion of unnecessary words, circumlocution);
    - reduced verbal output due to speaking avoidance;
    - avoidance of social situations;
    - fillers to mask moments of stuttering.

The SLP should review all observations, assessments (formal and informal), relevant developmental information, and historical information from all team members. This information should be used to complete the Fluency Severity Rating Scale.

Fluency Severity Rating Scale (See Appendix R)

The Fluency Severity Rating Scale is to be used as a tool after a complete assessment of the student's fluency performance. The scale is designed to assist the examiner with interpretation and documentation of the results of assessment findings in terms of severity or intensity. This scale is not a diagnostic instrument and should not be used in the absence of assessment data. In order to be identified as a student with speech impairment in the area of fluency, disfluencies must be determined to have an "adverse effect on educational performance." The rating scale serves three purposes:

1. to document the presence of disfluent behaviors and their degree (Mild, Moderate, Severe),
2. indicate the absence or presence of adverse effects on educational performance, and
3. to determine whether or not the student meets eligibility standards for a speech impairment in fluency.

Once all evaluation procedures have been completed, the SLP should rate each of the defined areas (Frequency, Descriptive Assessment, Speaking Rate), based on objective and subjective data collected during the evaluation process. This tool will be beneficial to the team in determining appropriate accommodations, modifications services, supplemental aids and goals.

A Note on Cluttering

Although cluttering and stuttering can co-occur, there are some important distinctions between the two. Children who stutter are more likely to be self-aware about their disfluencies and communication, and they may exhibit more physical tension, secondary behaviors, and negative reactions to communication. Children who clutter may exhibit more errors related to reduced speech intelligibility secondary to rapid rate of speech. This student does not sound fluent in the sense that they appear to not know what to say or how to say it. Along with fast rate, a high level of "typical disfluencies," such as interjections and revisions are often observed. A student who is demonstrating cluttering often appears to communicate in a disorganized manner with poor conversation skills and little awareness of his/her fluency and rate problems.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a speech or language impairment:

(1) The parent;
(2) The child's general education classroom teacher;
(3) A licensed speech-language pathologist;
(4) A licensed otolaryngologist (for voice impairments only); and
(5) Other professional personnel (e.g.. school psychologist), as indicated.

Evaluation Participants Guidance:

Below are examples of information participants may contribute to the evaluation.

(1) Parent(s) or legal guardian(s)

- Developmental & background history
- Social/behavioral development
- Medical history
- Current concerns
- Other relevant interview information
- Rating scales

(2) Student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher)

- Observational information
- Academic skills
- Differentiation strategies
- Rating scales
- Work samples
- Intervention data, if appropriate
- Behavioral intervention data
- Other relevant quantitative and/or qualitative data

(3) Licensed speech-language pathologist

- Observational information
- Rating scales
- Speech and language samples
- Direct formal assessments
- Oral Peripheral Examination
- Pre-vocational checklists
- Transitional checklists/questionnaires/interviews
- Vocational checklists/questionnaires/interviews
- Other relevant quantitative data
- Other relevant qualitative data

(4) A licensed otolaryngologist (for voice impairments only)

- Medical examination
- Health history

(5) Other professional personnel (e.g., school psychologist, special education teacher), as indicated

- Direct assessment

- Functional behavior assessments/behavior intervention plans
- Rating scales
- Observations in multiple settings with peer comparisons
- Medical information
- Clinical information
- Other relevant quantitative data/qualitative data

Components of Evaluation Report:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- reason for referral
- current/presenting concerns
- previous evaluations, findings, recommendations (e.g., school-based & outside providers)
- relevant developmental & background history (e.g., developmental milestones, family history and interactions)
- vision and hearing screening results
- school history (e.g., attendance, grades, statewide achievement, disciplinary/conduct info, intervention history)
- medical history
- assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- current assessment results and interpretations:
    - observations
    - formal assessments
    - informal assessments
    - intervention data review
    - interpretation of results
- SLI Tennessee disability definition
- educational impact statement: review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- summary
- recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability ***and*** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive

intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
    - **Prong 1:** Do the evaluation results support the presence of an educational disability?
        - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
        - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
    - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
        - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Language Impairment: Eligibility Considerations

It is important to note that a child should **not** be made eligible for a language impairment based solely on standardized testing. The assessment is important to identify strengths and weaknesses. However, the evaluation should take into account all sources of information to determine eligibility. The IEP team may identify a child as having a language impairment by meeting **ALL** of the following criteria:

(a) The student receives a score of 77 or below (at least 1.5 standard deviations below the mean) for Receptive Language, Expressive Language, or Total Language. Or the score falls within the standard error of measure, and there is other supporting evidence documenting the impairment.

The information gathered from all sources is just as important as the scores on the standardized assessments and should play a significant role in the eligibility

determination. For example, a formally analyzed language sample can help to provide more complete, more accurate, and more reliable information regarding a student's ability to use language in the educational environment.

(b) The results of the second measure and other sources of data show evidence of and support the deficit area identified on the comprehensive measure.
(c) The deficit(s) is not due to cultural or linguistic differences or dialect.
(d) The student exhibits a deficit in his primary language.
(e) There is documentation of adverse impact on the student's educational performance.

Eligibility should be based on a child's ability to use language with different people in varied settings. Assessment results should for the most part build a database of a child's abilities across tasks and settings to determine their true communicative functioning level in the schools. A student can demonstrate communication differences, delays, or even impairments without demonstrating an adverse effect on educational performance.

The following should NOT be used to determine eligibility for a language impairment:

(a) Standardized test scores alone: **Standard scores from norm-referenced language tests should be only a small part of the eligibility determination.**
(b) Cognitive Referencing: the practice of comparing IQ scores and language scores as a factor for determining eligibility for speech-language eligibility. It is based on the assumption that language functioning cannot surpass cognitive levels. However, according to research, some language abilities may in fact surpass cognitive levels. Therefore, ASHA does not support the use of cognitive referencing. (see http://perspectives.pubs.asha.org)
(c) Age and grade level scores: Age- or grade-equivalent scores do not account for normal variation around the test mean and the scale is not an equal interval scale. Therefore, the significance of delay at different ages is not the same. Furthermore, the different ages of students within the same grade make comparisons between students within and between grades difficult. In addition, grade equivalents do not relate to the curriculum content at that level. While seemingly easy to understand, equivalent scores are highly subject to misinterpretation and should not be used to determine whether a child has a significant deficit.

Adverse Impact: Evidence that the deviation has an adverse effect on educational performance must be gathered and considered along with background information before a determination of eligibility can be made. Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance, not just academic skills. A low score on a standardized test or the presence of any deviation in language does not automatically indicate an adverse effect on the student's ability to function within the educational setting. The deviation must be shown to interfere with the student's ability to perform in the educational

setting before a disability is determined. Teacher checklists and observations are useful for determining specifically how language problems affect educational performance.

- Academic impact could be reflected in difficulty with language-based activities, difficulty understanding orally presented material, and/or efficiently and effectively expressing information orally.
- Social/emotional impact might be manifested when a student is unable to formulate sentences and questions in order to interact with peers, harassed because of communication skills, or the student is embarrassed or frustrated because of the deficit in language skills.
- Vocational impact might include a student's inability to comprehend/follow oral directions, ask and answer questions, and/or produce inappropriate responses to a coworker or supervisor in a work setting.

A language impairment should not be considered a secondary disability unless it is clearly apart from the primary disability. This is particularly applicable in the cases of autism, developmental delay, intellectual disability/functional delay, traumatic brain injury, and multiple disabilities. Although the student is able to receive speech therapy services to address any communication deficits when he or she has one of the aforementioned primary disabilities, language impairment should not be listed as a secondary disability on the eligibility report.

Speech Impairment (Articulation/Speech Sound Disorder) Eligibility Considerations

For a student to be found eligible for a speech impairment (speech sound disorder), it must be determined that the child is producing multiple sound errors or phonological processes across at least two positions of a word, beyond the age when 90 percent of children have mastered the sound(s). Additionally, errors must also impact the student's intelligibility, academic, and/or social-emotional functioning.

Speech errors commonly occur in normally developing children, so it is important that a thorough evaluation be completed to accurately determine the presence of an articulation impairment. While individual sound errors may be noticeable to a listener, not all speech errors cause educational implications. For instance, the /r/ sound is a common error produced by many children. Identifying this error does not equate to an educational disability. Many children produce /r/ and vocalic /r/ in error, but do not require special education to be meet academic and social standards at school. Similarly, preschool children simplify their speech, which may affect multiple sounds, but not impact overall intelligibility, such as substituting /w/ for /r/ and /l/ (wed/red; wake/;ake) or reducing syllables in words such as "puter" for *computer* and "elphant" for *elephant*. Prior to the consideration of special education, the team should attempt pre-referral interventions whenever possible to avoid misidentifying a student with an educational disability when the speech errors may only require minimal guidance and consistent home or classroom practice, not specialized instruction.

Once the evaluation is completed, the SLP must consider all information related to types of errors, frequency of errors, intelligibility of connected speech, and impact of the child's speech on his/her educational performance. The Speech Sound Severity Rating Scale is a tool to assist in summarizing the pieces of the evaluation and ultimately assign a severity rating of the child's overall speech functioning. The Speech Sound Severity Rating Scale should be completed following all evaluations and used when considering eligibility and the need for individualized instruction.

The IEP team may not identify a child as speech impaired who exhibits any of the following:[10]

- mild, transitory, or developmentally appropriate sound production difficulties that students experience at various times and to various degrees
- speech difficulties resulting from dialectal differences, learning English as a second language, temporary physical disabilities, or environmental, cultural, or economic factors;
- tongue thrust which exists in the absence of a concomitant impairment in speech sound production;
- elective or selective mutism or school phobia without a documented speech sound production impairment; and
- errors that do not interfere with educational performance.

Speech Impairment (Fluency): Eligibility Considerations

The team should consider the results of the evaluation in addition to an adverse educational impact. Typically, a student exhibits disfluencies during connected speech demonstrated by at least one of the following four characteristics:

(a) more than two percent atypical disfluencies based on frequency and/or durational measurements of disfluencies, with or without the presence of struggle behaviors during a speech sample of 200 syllables, 200 words, or 10 minutes in one or more settings; or
(b) more than five percent atypical disfluencies during a speech sample (of 200 syllables, 200 words, or 10 minutes) with or without the presence of struggle behaviors, covert stuttering behaviors, or coping mechanisms; or with the presence of one or more risk factors; or
(c) rate of speech at least +1.5 standard deviations from the mean; or
(d) speech naturalness outside the normal range of 3.0 for children and 2.12-2.39 for adolescents/adults on a nine-point naturalness rating scale.

[10] Coplan, J., & Gleason, J. R. (1988). Unclear speech: Recognition and significance of unintelligible speech in preschool children. Pediatrics, 82, 447–452.

According to ASHA, educational impact includes the impact on functional communication in key school situations and on quality of life (Beilby, Byrnes, Yaruss, 2012; Yaruss, Coleman, & Quesal, 2012). As indicated by Ribbler (2006), "For students who stutter, the impact goes beyond the communication domain. In fact, stuttering can affect all areas of academic competency, including academic learning, social-emotional functioning, and independent functioning". Fluency disorders, however, do not necessarily affect test scores or subject grades. It is the role of the SLP to inform and educate the IEP team about the multiple ways stuttering can influence educational performance.

It is important to note here that eligibility and services are not based solely on academic achievement. IDEA 300.101(c)(1) states, “Each state must ensure that FAPE is available to any individual child with a disability who needs special education and related services even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade,” nor are services provided to only support classroom performance. IDEA 300.42 says that “supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.”

In the educational environment, stuttering can be impactful in multiple dimensions. The overall quality and quantity of oral classroom participation (i.e., classroom discussion, oral presentations, class speeches, oral testing, etc.) can be adversely impacted. These students can also experience difficulty working and communicating within cooperative learning groups. Students may be hesitant to verbally express their ideas, offer explanations, or ask and answer questions to familiar or unfamiliar adults. Poor fluency skills can also be highly impactful to the student’s social interactions with peers and adults in locations such as the cafeteria or playground. It is the role of the SLP to educate teachers, peers, and other persons in the educational environment on appropriate verbal and non-verbal reactions, and listening behaviors when conversing with a student with poor fluency skills.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student’s parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is

advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation

needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).

- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

According to IDEA 2004, dismissal criteria mirror eligibility criteria. Therefore, in making decisions to dismiss a child from IEP services, the following questions must be considered:

(1) Does the student continue to exhibit a communication disorder?
(2) Does the communication disorder continue to adversely affect academic achievement and/or functional performance?
(3) Does the student continue to require specially designed instruction to be involved in and make progress in the curriculum? (IDEA, 2004)

Language Impairment – Re-evaluation Considerations

Comprehensive Re-evaluation Considerations:

- A formal, comprehensive language reevaluation should be considered when a review of existing data is deemed insufficient to determine if the student continues to exhibit a language impairment or if the parent requests updated testing.
- As best practice, formal language testing should be completed every three years since language skills and language demands can change rapidly over time. Informal data alone may be inconclusive and inadequate when determining continued eligibility, and potential subsequent program planning for a student. The recommendation for formal testing is an IEP team decision.

- The criteria for eligibility is the same as the criteria for initial eligibility.

Considerations for Continued Language Therapy:

(a) Guidelines should be followed whenever considering whether a student should continue to receive speech/language services or not.
(b) The criteria for exit from services for speech and language impairments should be discussed with IEP team members at the beginning of intervention.
(c) The decision to dismiss is based upon IEP team input (i.e., parent, teacher, etc.) initiated by the SLP or any other team member.
(d) The student no longer exhibits a language impairment.
(e) 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.
(f) The student's current academic level, behavioral characteristics, and impact on educational performance should be considered when determining dismissal.
(g) Dual support is being provided within other services of special education.

Dismissal Consideration when Language Impairment is not a Secondary Disability:
It is very important to note that when a student is receiving speech-language therapy as a related service under the umbrella of the primary disability and language impairment is not listed as a secondary disability on the eligibility report, it is not necessary to hold a re-evaluation meeting to remove the related service from the IEP. The SLP should bring data and documentation to the IEP meeting (i.e., annual review or addendum IEP meeting) and present it to the team regarding the student's progress and present levels of educational performance (PLEPs). If all team members agree that speech-language services are no longer warranted, the goals should be removed from the IEP, and the service would be dismissed.

Speech Impairment – (Articulation) Re-evaluation Considerations

When the team meets to complete the Re-evaluation Summary Report (RSR), it may be determined that a formal assessment in articulation is not needed. Articulation is a unique area in that it can easily be gathered and observed during a child's multiple speaking opportunities throughout their day without the need for a standardized assessment. Intelligibility in conversational speech and team input regarding potential academic impact may be more valuable measures than a single-word articulation test. The SLP should have data from ongoing therapy sessions regarding a child's speech production, which would be relevant to determining a child's level of intelligibility and individual phoneme errors.

It is also important to remember that continued eligibility is not dependent on the identification of sound errors alone, but a continued educational impact resulting from the speech sound errors. It is possible that a child had been initially identified with a speech impairment, received three years of speech therapy through an IEP, and then is found not eligible upon re-evaluation,

despite continued speech sound errors. While the ultimate goal of the SLP is to remediate all speech sound errors, there are some children who do not correct all sounds, but no longer demonstrate any education impact related to the residual errors. Imperfection does not equate to an educational disability.

Speech Impairment (Fluency) Re-evaluation Considerations

A student may be considered not eligible under the category of "speech impairment" in the area of fluency when one or more of the following are documented:

1. Disfluencies are determined to be developmental in nature.
2. Disfluencies do not interfere with the student's access to education and classroom participation (may include structured instruction, teacher and peer communication, cooperative learning and informal peer interaction).
3. Rate is the only effected area.
4. Speech disfluency is measured at <5% in a variety of speaking samples (i.e., reading, narrative, answering questions, formal vs informal settings).
5. A student can readily identify disfluencies and has demonstrated efficient use of fluency-inducing strategies as well as coping mechanisms.
6. No negative feelings/attitudes associated with the stuttering behavior are documented.

According to research reported by ASHA, once a child reaches the age of eight, it is much more likely that the stuttering behavior will persist in some form. The team should give careful consideration to the student's feelings/attitudes and overall self-awareness of his/her speech disfluencies. A child should not be discharged unless the team determines that stuttering is no longer having a negative impact on how the child is participating in activities, interacting with others and communicating in the educational environment. Furthermore, the impact of stuttering cannot be measured strictly by the number of disfluencies observed. The type and severity of disfluencies along with the prevalence of secondary behaviors must also be identified as well as presence of avoidance behaviors.

The SLP is responsible for communicating to the team that stuttering can be a lifelong disability and that students who stutter will likely experience periods of time with increased disfluencies throughout their lifespan, particularly during times of change, highly stressful situations or times of extreme emotion, either positive or negative. A continuum of services should be considered, as it is likely that the student's stuttering behaviors will vary drastically throughout his/her educational career. It is expected that there will be periods of time where direct services are necessitated and time periods when consultation services are more appropriate.

Speech Impairment – (Voice) Re-evaluation Considerations

The IEP team consisting of the parent(s), classroom teacher, speech-language pathologist, school district representative, and other related-service providers will review existing data, IEP

progress, and present levels of educational performance to determine re-evaluation needs. If the student's voice disorder is no longer adversely impacting their ability to access the curriculum in the general education setting, then the IEP team should consider dismissal.

Speech Impairment (Voice) Eligibility Considerations

The team should consider the following when reviewing the results of the evaluation:

(a) the child demonstrates atypical voice characteristic of loudness, pitch, quality, or resonance for his or her age and gender; and

(a) the child's voice impairment is not due to any temporary factor such as respiratory virus, infection, allergies, short-term vocal abuse, or puberty; and

(b) the child's voice impairment significantly affects the child's educational performance or social, emotional, or vocational development.

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date____/____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM		
CONSIDERATIONS FOR ASSESSMENT		
LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category
OTHER CONSIDERATIONS FOR ASSESSMENT		
__ May have problems writing answers due to age, training, language, or fine motor skills		
__ May have attention deficits or focusing/concentration problems		
__ Student's scores may be impacted by assessment ceiling and basal effects		
__ Gifted evaluations: high ability displayed in focused area: _____		
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions		
__ Is extremely shy or introverted when around strangers or classmates		
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)		
__ May have another deficit or disability that interferes with educational performance or assessment		

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix B: Resources and Links

Helpful links:

American Speech-Language-Hearing Association (ASHA)
http://www.asha.org/

ASHA: Speech Characteristics: Selected Populations**:**
http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Articulation_and_Phonology/Speech-Characteristics-Selected-Populations.pdf

Tennessee Department of Education
Speech-Language Resources and Forms
http://www.tn.gov/education/article/special-education-speech-language

Appendix C: Articulation Norms

Articulation and Phonological Processing Norms

Most children make some mistakes as they learn to say new words. A speech sound disorder occurs when mistakes continue past a certain age. Every sound has a different age range for when a child should make the sound correctly. Speech sound disorders include problems with articulation (making sounds) and phonological processes (sound patterns).

An articulation disorder involves problems making sounds. Sounds can be substituted, left off, added, or changed. These errors may make it hard to understand the child.

Young children often make speech errors. For instance, many young children sound like they are making a "w" sound for an "r" sound (e.g., "wabbit" for "rabbit") or may leave sounds out of words, such as "nana" for "banana." The child may have an articulation disorder if these errors continue past the expected age. Not all sound substitutions and omissions are speech errors. Instead, they may be related to a feature of a dialect or accent.

It is important that the assessing Speech-Language Pathologist (SLP) use articulation norms as designated by the school district. Districts should designate specific norms to be used based on the area demographics. The use of developmental norms, and the compared production of sound errors, is one component of the overall scope of assessment for identifying a student with a speech impairment. The **Speech Sound Production Severity Rating Scale**, completed after assessment pieces are finished, provides the SLP with a rubric to assist in determining if a student meets eligibility for speech impairment. Norms used in speech samples should be consistent with norms used in standardized assessments.

Iowa-Nebraska Articulation Norms

Listed below are the recommended ages of acquisition for phonemes and clusters, based generally on the age at which 90 percent of the children correctly produce that sound. These recommended ages are for phonetic acquisition only.

Sound Development Chart – Females

Phoneme	yrs:mo	3:0	3:6	4:0	4:6	5:0	5:6	6:0	6:6	7:0	7:6	8:0	8:6	9:0
m														
h initial														
w initial														
p														
b														
d														
f														
k														
g														
n														
j initial														
t														
th voiced														
l														
f final														
v														
sh														
ch														
l final														
th														
dz														
r														
r final voiced														
ng final														
s														
z														
Word-initial clusters		**3:0**	**3:6**	**4:0**	**4:6**	**5:0**	**5:6**	**6:0**	**6:6**	**7:0**	**7:6**	**8:0**	**8:6**	**9:0**
tw kw														
pl bp kl gl fl														

pr br tr dr kr gr fr														
sp st sk														
sm sn														
sw														
sl														
skw														
spl														
spr str skr														
thr														

Source: Iowa-Nebraska Articulation Norms

Sound Development Chart – Males

Phoneme	yrs:mo	3:0	3:6	4:0	4:6	5:0	5:6	6:0	6:6	7:0	7:6	8:0	8:6	9:0
m														
h initial														
w initial														
p														
b														
n														
d														
f														
k														
t														
g														
j initial														
f final														
v														
l														
sh														
ch														
l final														
th voiced														

dz														
th														
r														
r final voiced														
ng final														
s														
z														
Word-initial clusters		**3:0**	**3:6**	**4:0**	**4:6**	**5:0**	**5:6**	**6:0**	**6:6**	**7:0**	**7:6**	**8:0**	**8:6**	**9:0**
tw kw														
pl bp kl gl fl														
pr br tr dr kr gr fr														
sp st sk														
sm sn														
sw														
sl														
skw														
spl														
spr str skr														
thr														

Goldman-Fristoe Test of Articulation-3

Ages at which 90 percent of the GFTA-3 normative sample mastered consonants and consonant clusters by initial, medial, and final position (male)

Age	Initial Position	Medial Position	Final Position
2:0–2:5			
2:6–2:11	/m/	/p/	
3:0–3:5	/b/ /d/ /n/ /f/ /h/	/d/ /g/ /m/ /ɳ/ /f/	/p/ /n/ /f/
3:6–3:11	/k/ /w/	/n/ /z/ /j/	/b/ /d/ /k/ /m/ /nt/
4:0–4:5	/t/ /kw/	/b/ /k/	/g/ /v/
4:6–4:11	/s/ /ʃ / /tʃ / /dʒ /	/ʃ / /tʃ/	/t/ /ʃ / /tʃ /

5:0–5:11	/p/ /z/ /l/ /j/ /bl/ /pl/ /sp/ /st/ /sw/	/s/ /l/	/ɳ / /z/
6:0–6:11	/g/ /v/ /dr/ /gl/ /gr/ /kr/ /tr/	/r/	
7:0–7:11	/ð/ /r/ /br/ /fr/ /pr/ /sl/	/v/	/ɚ/ /l/ /r/
8:0–8:11		/t/ /ð / /dʒ / /br/	/θ / /s/
9:0 & up	/θ/		

Ages at which 90 percent of the GFTA-3 normative sample mastered consonants and consonant clusters by initial, medial, and final position (female)

Age	Initial Position	Medial Position	Final Position
2:0–2:5		/p/	
2:6–2:11	/m/		
3:0–3:5	/b/ /d/ /k/ /n/ /w/ /h/	/d/ /g/ /m/ /n/ /f/	/p/
3:6–3:11	/f/		/n/
4:0–4:5	/t/ /sp/ /st/	/b/ /k/ /ɳ/ /z/ /j/	/d/ /k/ /m/ /f/ /v/ /nt/
4:6–4:11	/tʃ/ /dʒ/ /l/ /j/ /fr/ /gl/ /pl/ /tr/	/tʃ/ /l/	/b/ /t/ /g/ /ʃ/ /tʃ/
5:0–5:11	/p/ /s/ /z/ /ʃ/ /bl/ /dr/ /kw/ /pr/ /sl/ /sw/	/ʃ/	/s/ /l/
6:0–6:11	/v/ /ð/ /r/ /br/ /gr/ /kr/	/v/ /s/ /dʒ / /r/ /br/	/ɚ/ /ɳ/ /z/ /r/
7:0–7:11	/g/ /θ/	/t/ /ð/	/θ/
8:0–8:11			
9:0 & up			

SPAT-D 3 Norms- Ages at which 85 percent of SPAT-D 3 standardized sample correctly produced each consonant and consonant blend

Age	Initial Position	Medial Position	Final Position
3–0	/m, n, j, w, b, p, d, t, k, g, h, f/	/m, n, ɳ, b, p, d, t, k, g, f, s, kj/	/m, n, ɳ, b, p, d, t, k, g, f, v, s, l, ɳk, ks, ts, ɔr/
3–6	/dʒ/	/z/	/z, lk/
4–0	/s, ʃ, tʃ, st, sw/	/ tʃ, dʒ, l/	/ ʃ, tʃ, dʒ, ɛr,ar/
4–6	/l, bl,gl/	/ ʃ, r, 3~/	/3r/
5–0	/z/		/nd, ɚz/
5–6	/v, ð, fl, sl, fr, gr/	/v/	/Ir/
6–0	/r, br, θr/	/ð/	
6–6	/θ/	/θ/	/θ/
7-0 to 9–11			

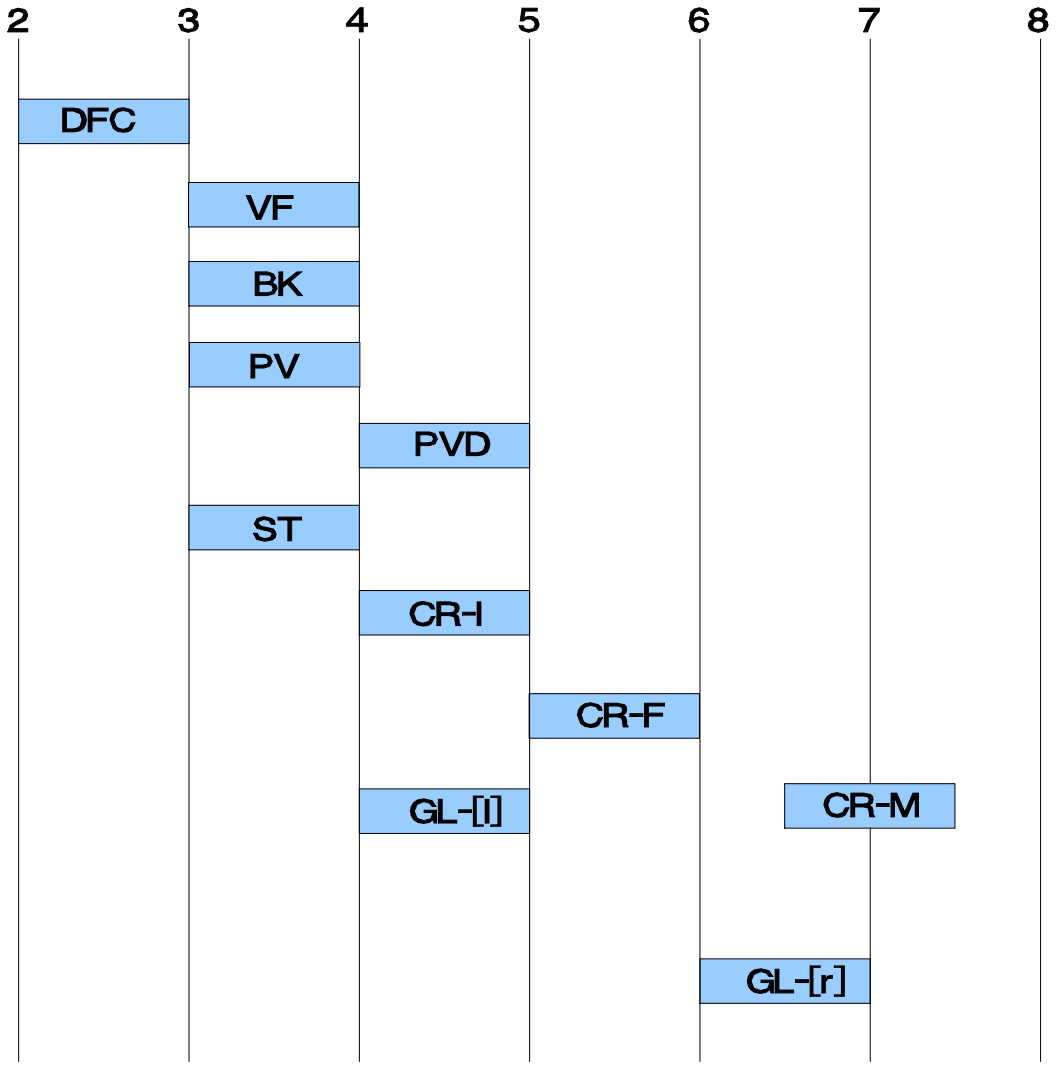
Appendix D: Phono Processing Norms

A phonological process disorder involves patterns of sound errors. An example of this is substituting all sounds made in the back of the mouth like "k" and "g" for those in the front of the mouth like "t" and "d" (e.g., saying "tup" for "cup" or "das" for "gas").

Another rule of speech is that some words start with two consonants, such as broken or spoon. When children don't follow this rule and say only one of the sounds ("boken" for “broken” or "poon" for “spoon”), it is more difficult for the listener to understand the child. While it is common for young children learning speech to leave one of the sounds out of the word, it is not expected as a child gets older. If a child continues to demonstrate such cluster reduction, he or she may have phonological process disorder.

Age Ranges for Disappearance of Phonologic Processes

Age in Years



DFC	Deletion of Final Consonants	ST	Stopping	GL-[l]	Gliding of Liquids - [l]
VF	Velar Fronting	CR-I	Cluster Reduction - Initial	GL-[r]	Gliding of Liquids - [r]
BK	Backing	CR-M	Cluster Reduction - Medial	PVD	Postvocalic Devoicing
PV	Prevocalic Voicing	CR-F	Cluster Reduction - Final		

Normative Data: These guidelines for determining if a process should be a concern are reprinted with permission from *Rules Phonological Evaluation* (Webb and Duckett, 1990a). These guidelines are based on normative data collected from the literature and from field testing (Webb and Duckett, 1990b, 1992). Each horizontal bar in the chart above identifies the age ranges when phonological processes disappear in normally developing children.

Ages	DELETIONS	
2 3 4	1. Initial Consonant Deletion 2. Final Consonant Deletion 3. Consonant Cluster Reduction	at/hat, up/cup, ike/bike no/nose, ba/ball, pe/pen poon/spoon, top/stop
	SUBSTITUTIONS	
3 ½ – 5 3 3 – 6 4 – 5 5 – 6	1. Stopping 2. Voicing/Devoicing 3. Gliding 4. Fronting/Backing 5. Affrication/Deaffrication	ton/sun dus/juice die/tie crip/crib wef/leaf weed/read dum/gum cop/top chew/shoe ship/chip
	ASSIMILATION	
3 – 4 3 – 4 or 3 3 – 4 4 3	1. Progressive 2. Regressive 3. Velar Assimilation 4. Labial Assimilation 5. Alveolar Assimilation 6. Nasal Assimilation	beb/bed dod/dog lellow/yellow gog/dog beb/bed lellow/yellow dod/dog neon/pencil
	OTHER (infrequent)	
3 – 4 4 7 5 2 2	1. Vocalization (vowelization) 2. Weak Syllable Deletion 3. Transposition (Metathesis) 4. Vowel Naturalization 5. CC Deletion 6. Reduplication	bado/bottle ca/car tefon/telephone asks/ask mud/mother op/stop ca/cats wawa/water d du/thank you

Bennett (11/85: 9/87) Adapted from Hodson (1980); Ingram (1981); Shribert & Kwiakowski (1981); Kahn (1982).

Appendix E: Language Milestones

Language/Play Developmental Scales

Age	Language	Symbolic Play	Constructive Play
< 12 months	**Intentional Communication** ▪ Uses gestures and/or vocalizations to regulate behavior, participate in social interaction and reference joint attention ▪ Understands nonverbal, situational cues ▪ Initiates a topic by combining glances and vocalizations ▪ Takes one or two turns	▪ Exploratory action on objects ▪ Sensorimotor or functional play: mouthing, throwing, banging, shaking, pulling, turning, tearing, pushing, poking, etc.	
12 to 17 months	**First Words** ▪ Combines gestures and sounds to communicate intent ▪ Words tend to come and go in vocabulary ▪ Most words denote existence, nonexistence, recurrence, and rejection ▪ Repairs unsuccessful communicative interactions by repeating, modifying the form or using an alternative strategy ▪ Develops comprehension of single words to direction, attention to relevant objects or to suggest actions appropriate to the immediate environment	▪ Uses realistic objects conventionally ▪ Simple pretend play is directed toward self (eating, sleeping, etc.) ▪ Links schemes in simple combinations (puts person in car and pushes car)	▪ Combines at least two structured objects in relational play (plays with blocks, puts blocks in a container, stirs with a spoon) ▪ Relational or functional play predominates from 15–21 months ▪ Solitary or onlooker play

Age	Language	Symbolic Play	Constructive Play
	▪ Points to objects in response to "show me__" (body parts)		
18 to 30 months	**First Word Combinations** ▪ Sudden surge in vocabulary growth to several 100 words ▪ Expands single-word semantic relations (action, attribute, possession, denial, location) ▪ Onset of two word utterances (MLU 1.5) ▪ Uses word combinations (action + object, agent + action, attribute + entity, action + location, possessor + possession	▪ Can focus pretend play on animate and inanimate objects and others (feeding mother, feeding teddy bear) ▪ Can have inanimate objects perform actions (doll washes self) ▪ Uses single action scheme with several agents or recipients (stirs in cup, stirs in pot, stirs on plate) ▪ Play themes are restricted to very familiar events in which child participates regularly ▪ Parallel play	▪ Combines at least four structured objects (tower of 4 blocks) ▪ Focuses on process of manipulating fluid materials (produces random scribbling or pounding)
18 to 24 months	**First Word Combinations** ▪ Uses words for prediction ▪ Uses imitation as predominant strategy in language learning ▪ Begins to engage in conversation (provides new information about topic, requests information, provides information about the past) ▪ Talks to self while playing ▪ Understands word meanings but depends on immediate knowledge of prior, similar experience and knowledge of semantic relations to know how these elements go together		

AGE	LANGUAGE	SYMBOLIC PLAY	CONSTRUCTIVE PLAY
24 to 30 months	▪ Can introduce a topic ▪ Engages in short dialogue of a few turns ▪ Repetition used to remain on topic	▪ Uses one object to represent a different object that is similar	▪ Sand and water play consists of filling, pouring and dumping ▪ Can build with blocks horizontally and vertically
30 to 47 months	▪ Uses attention-getting words with intonation ▪ Understands WH questions: →*what* for object →*what* to do for action →*where* for location ▪ MLU = 1.75–2.25	▪ Uses multiple related action schemes in sequence (feed doll with bottle, pat doll on back, put doll in bed) ▪ Pretend themes are restricted to personally experienced events	▪ Combines 4–6 structured objects with regard to ordinal relationship (stacks seriated rings, nests seriated cups)
30 to 36 months	**Sentence Grammar** ▪ Uses language to regulate own and other's actions, to plan and anticipate outcomes, report on present and past experiences, comment on imagined context, project own and other's feelings, and regulate interactions ▪ Expresses more than one function in a single utterance ▪ Develops semantic relational terms to encode spatial, dimensional, temporal, causal, quantity, color, age and other relations ▪ Uses grammatical morphemes, prepositions, tense markers, plural endings, pronouns and articles ▪ MLU = 2.75–3.5 ▪ Understands questions: →*whose* for possession	▪ Pretends with object	▪ Produces simple 3-dimensional structure (builds bridge with blocks) ▪ Produces very simple figure using fluid materials with resemblance to target (draws a face, makes a hot dog with play dough)

Age	Language	Symbolic Play	Constructive Play
	→*who* for person →*why* for cause or reason →*how* many for number ▪ Understands gender contrasts in third person pronouns ▪ Asks WH questions—generally puts WH at beginning of sentence		
36 to 42 months	▪ Uses syntax (word order) ▪ Understands sentences based on morphological and syntactical rules (uses word order strategy for agent-action-recipient relations) ▪ Uses direct requests (*may I*, *could you*) ▪ MLU = 3.75 ▪ Uses past tense ▪ Uses future aspect (*gonna*)	▪ Gives dialogue to puppets and dolls ▪ Pretends without an object for a prop (uses imaginary objects) ▪ Pretend themes involve events that child has observed but not experienced; acts out sequences with miniature dolls (in house, garage, airport)	▪ Constructive play predominates from 36 months ▪ Uses blocks and sand box for imaginative play ▪ Can build vertical block structure that requires balance and coordination (9 blocks)
42 to 47 months	▪ Uses modals (*can*, *may*, *might*, *would*, *could*)	▪ Group play begins ▪ Joins other children in play ▪ Engages in sociodramatic play in which child takes role of someone else and elaborates on the theme in cooperation with other players ▪ Plans out pretend situations in advance, organizing who and what are needed for role playing ▪ Events in play are sequenced into a scenario that tells a story; links schemes into complex script with	▪ Produces 3-dimensional enclosed structure (builds fort with blocks end to end to form enclosure) ▪ Produces figure with some detail included (draws arms and legs without body, makes animal figure using hot dog and pancake shapes)

Age	Language	Symbolic Play	Constructive Play
		beginning, middle, and end (fix dinner, serve it, wash dishes, go to bed) ▪ Can make dolls carry out several activities or roles ▪ Creates imaginary characters ▪ Can direct actions of two dolls, making them interact	
48 to 60 months	**Discourse Grammar** ▪ Learns to abide by conversational rules to be clear, concise, informative and polite ▪ Produces connected discourse by setting up transitions between sentences and clarifying shifts in reference from one clause or sentence to another to convey personal experiences and tell stories ▪ Understands connected discourse by using knowledge of scripts and story grammar to comprehend narratives ▪ Develops metalinguistic awareness of language structure and meaning (ability to focus attention on both language and content) ▪ Develops skills in making grammatical judgments, resolving lexical ambiguity, using multiple meanings of words in humor, and	▪ Develops novel schemes for events child has not experienced or observed ▪ Develops cooperative play	▪ Creates and repeats patterns in 3-dimentional structures (repeated use of pattern in fence with different pattern for gate in fort) ▪ Produces figure resembling target (draws body and many body parts; draws house that resembles a face - windows placed like eyes and door like mouth floating in space

Age	Language	Symbolic Play	Constructive Play
	segmenting words into phonemes		
60 to 65 months	▪ Modifies language when talking to younger child ▪ Discusses state, feelings, emotions and attitudes	▪ Organizes other children and props for role play ▪ Can direct actions of 3 dolls	▪ Games-with-rules play ▪ Constructs elaborate structures and uses microspheric objects in play with structure ▪ Produces figure in perspective of paper (draws house resting on bottom of paper as a baseline)
65 to 72 months	▪ Can sustain topic through a dozen turns	▪ Can direct dolls where each doll plays more than one role (father and doctor, daughter and patient)	▪ Constructs elaborate structure that is realistic reproduction with patterning and symmetry and uses structure with microscopic dramatic play ▪ Produces a 2-dimensional perspective in drawing (draws a baseline taking on qualify of a horizon with house in proper perspective)

Levels of Play

Levels of Social Play	Levels of Cognitive Play
Individual/solitary play ▪ Unoccupied behavior: Child doesn't play but may watch others momentarily or play with own body. ▪ Onlooking: Child observes children in groups but doesn't overtly enter into play (12 to 18 months). ▪ Solitary: Child plays alone, using toys different from children nearby with no conversation with others (12 to 18 months).	**Functional or sensorimotor or exploratory play** ▪ Repetitive actions for pleasure: running, climbing, filling, emptying, etc. ▪ Comprises 33% of play for 3 to 5 year olds.
Parallel Play ▪ Child plays with toys or engages in activities similar to those of other children who are close by but not attempting to play with other children (2 years old).	**Constructive Play** ▪ Combining sensory and motor functional play with symbolic play. ▪ Systematic manipulation of materials to create a product or solve a problem - using blocks or paint to make something. ▪ Most common form of play for young children, ranging from 40% of play for 3.5 year olds to 51% of play at ages 4, 5, and 6 years.
Cooperative/group Play ▪ Child plays with other children in a group; roles may or may not be assigned (3.5 years old). ▪ Child is cooperative when there is organization for the purpose of working together toward a common goal (4 to 5 years old).	**Symbolic/socio-dramatic Play** ▪ Role-playing and/or make-believe transformation ▪ Role-playing - pretending to be a parent, baby, shark, super hero ▪ Make-believe transformations - pretending to drive a car (arm movements) or give an injection with a pencil (object use)
	Games with rules ▪ Recognition and acceptance of and conformity with preestablished rules - tag, "Mother, May I?," marbles, checkers, kick ball, board games ▪ 5 year olds

Johnson, J. E., Christie, JJ. F., and Yawkey, T. D. (1987). Play and Early Childhood Development. Glenview, IL: Scott Foresman. Based on Rubin et al. (1978). Free-play behaviors in preschool and kindergarten children. Child Development, 49, 534-536.Stone, S. J. (1993). Playing: A Kid's Curriculum. Glenview, IL: Scott Foresman.

Developmental Milestones of Narrative Production Used for Macrostructure*

Developmental Age	Personal and Fictional Narratives	Narrative Level	Story Structure Level
About 2 years	Children embed narratives in adult-child conversations, with basic elements of narrative structure but no identifiable high point.	Heaps and sequences, and centering	
About 3 years	Children can produce verbal descriptions of temporally organized general knowledge about routine events; children can independently report memories of past specific episodes with little support (i.e., questions and cues); no identifiable high point.	Primitive narrative and unfocused chain	Descriptive and action sequences; more likely if retelling than generating a story
About 4 years	Children's narratives have no identifiable high point; 13% of personal narratives incorporate goal-directed episodes.	Focused chains	Complete episodes in 16% of 4-year-olds' stories; reactive sequences
About 5 years	42% of 5-year-old children incorporate goal-directed episodes; 95% of stories by children 5 and older have a central focus or high point; children end narratives at the high point.	True narratives	Earlier story structure levels still occur; some complete episodes may occur. In fictional stories, children include setting information and may attempt to develop a plot
About 6 years	After age 5 years, children build to a high point and resolve it in classic form.		Abbreviated episode
Around 7-8 years	Children use codes to tie personal narratives together; children use introducers in elicited personal narratives.	Narrative summaries	60% of 8-year-olds' stories are complete episodes. Stories include internal goals, motivations, and reactions that are largely absent in stories produced by younger children; some episodes will be incomplete. Multiple episodes
Around 11 years/ 5th grade	Children tell coherent, goal-based, fictional stories, although reference to internal states is still rare. 10-year-olds may be limited to number of embedded or interactive episodes they can handle when retelling a story.	Complex narratives	Complex episode Embedded episode Interactive episode
Around 13 years		Analysis and generalization	
*Note that information is based on narrative generation, not retelling unless specified.			
Sources: Hedberg and Westby (1993); Hudson and Shapiro (1991); Kemper (1984); Peterson and McCabe (1953)			

Source: Guide to Narrative Language: Procedures for Assessment (p. 144), by D. Hughes, L. McGillivray, and M. Schmidek, 1997, Eau Claire, WI: Thinking Publications. Copyright by Thinking Publications. Reprinted with permission.

Story Structure Levels – Ordered from Least to Most Complex

Story Structure Levels	Developmental Age	Description
1. Descriptive Sequence	Preschool	Describes character(s), surroundings, and habitual actions with no causal relations
2. Action Sequence	Preschool	Lists actions that are chronologically but not causally ordered
3. Reactive Sequence	Preschool	Includes a series of actions, each of which automatically causes other actions, but with no planning involved; no clear goal-directed behavior
4. Abbreviated Episode	About 6 years	Provides aims or intentions of a character but does not explicitly state the character's plan to achieve aims; planning must be interred
5a. Incomplete Episode	Around 7-8 years	States planning, but one or more of the three essential story grammar parts of a complete episode is missing: IE, A, or C
5b. Complete Episode	Around 7-8 years	Includes aims and plans of a character; may reflect evidence of planning in the attempts of a character to reach the goal; has at minimum an initiating event, an attempt, and a consequence; uses words like *decided to*
5c. Multiple Episodes	Around 7-8 years	Is a chain of reactive sequences or abbreviated episodes, or a combination of complete and incomplete episodes
6. Complex Episode	Around 11 years	Includes elaboration of a complete episode by including multiple plans, attempts, or consequences within an episode; includes an obstacle to the attainment of a goal; may include a trick as in "trickster tales"
7a. Embedded Episode	Around 11 years	Embeds another complete episode or reactive sequence within an episode
7b. Interactive Episode	None established by research; beyond 11-12 years	Describes one set of events from two perspectives, with characters and goals influencing each other; may have a reaction or consequence for one character serving as an initiating event for another character

Sources: Glenn and Stein (1980); Hedberg and Wesby (1993); Liles (1987); Steing (1988); Peterson and McCabe (1983)

Appendix F: General Classroom and Home Articulation Interventions

General Classroom and Home Articulation Interventions

- Repeat the mispronounced word correctly in your response to the student's statement. (Student: I got wed shoes. Response: Oh, I like those red shoes.)
- Show student the letter and letter placement in words while saying sound in reading and spelling. (Tip: Highlight the target sound in words.)
- Give student feedback on pronunciation during reading and spelling. ("I heard you say ___. This letter/word makes our mouths say____. Listen and watch how I say ___.") Use descriptors to help the child "feel" the sounds during reading, spelling, and word practice. ("K is a tongue scraper. Feel how we scrape our tongue against the top of our mouth. Watch my mouth.")
- Emphasize sound in sound-letter activities. Have the student practice saying the sound while: a. writing the sound/word with you/peer; b. grouping pictures/words with the target sound; c. reading or repeating word lists with the sound; or d. contrasting rhyming words (car-tar, cap-tap).
- Give the student a consistent visual cue for the sound when reading or repeating spelling words.
- Have the student listen to you read a list of words with target sounds. ("Listen for the ___ sound at the beginning (middle) (end) of the words.")
- Have the student look in mirror while saying the sound.
- Have the student listen to him/herself while using a feedback device (e.g., u-shaped PVC pipe, Echo Mic, audio recording).
- Ask the student to speak slower. Rather than saying "slow down," say: "I'm having trouble listening when you talk fast. Would you talk a bit slower?"
- With younger children, bring whatever you are talking about closer to your mouth so that the child is more apt to focus on speech production.
- If you hear a consistent speech sound error, use written text to increase the child's ability to see, hear, and be aware of that sound. For example, ask the student to find all of the words containing the error sound in a page of a story. Make this a routine in your classroom so that no student is singled out.
- If you have a student who is able to make a sound correctly some of the time when they know an adult is listening, set up a non-verbal cue with that child to let them know that you are listening (e.g., put your hand on the student's shoulder before you call on them to read aloud.)
- Highlight words in their own writing or in classroom worksheets that contain sounds that the child misarticulates.
- Read aloud and key into the words with the sound. (This is important.)
- Use stories with a lot of emphasis on the sound – help to sound out written words.
- Find pictures together in books or stories that have the sound.

- Talk about how different sounds are made with your mouth.
- Associate the sound with an object, action, or noise to help practice it in a fun way. (“The “P” is the *popping* sound, because it’s made when we pop our lips.”)
- Play word game such as ”I’m thinking of a word that starts with: st, sp, thr,” (identify pictures in books).
- Make matching picture cards with the sounds to play Go Fish, Memory, or Lotto.
- Find objects with the sound/start a collection.
- Play “I’m thinking of a word that starts (or ends) with _____ (make the sound).”
- Go on a treasure hunt for objects that begin with the sound.

Appendix G: Articulation Impact in the Classroom

Student: _____ DOB: _____ Date: _____

Teacher: _____ Grade: ____ SLP/SLT: _____

Completed by the classroom teacher:

1. What is the specific academic impact of the articulation disorder?

_____ Spelling/ Writing errors, explain:

_____

_____

_____ Reading errors, explain:

_____

_____

_____ Reluctance to participate in oral activities, explain:

_____

_____

2. Please specify the social/emotional impact of the articulation disorder:

_____ Student is often misunderstood

_____ Student appears frustrated/embarrassed

_____ Sound errors draw undue attention to speech

_____ Peers have a negative reaction to sound errors

What interventions have you put in place to support the social/emotional concerns?

_____

_____

3. What other variables may interfere with the development of the student's articulation skills?

_____ Oral motor difficulties _____ Dental concerns _____ Hearing concerns

_____ Other, explain: _____

4. Other comments:

_____

_____

_____

_____

Appendix H: Disfluency/Fluency Checklist

Student: _____ DOB: _____ Date: _____

Teacher: _____ Grade: _____

- Please complete this checklist based upon observation of behavior over the past 30 days.

1. How frequently does the student demonstrate disfluencies in speech?

_____ Occasionally _____ Often _____ Consistently (most instances when the student talks)

2. Compared to peers, this student: (check all that apply)

_____ avoids speaking in class (does not volunteer, appears to not want to reply)
_____ appears to be unaware that he/she has disfluencies in speech
_____ speaks with little or no outward signs of frustration
_____ is difficult to understand in class due to disfluencies

Rate of speech:
_____ slow _____ average _____ fast _____ very fast

Organization of verbalizations:
_____ poor _____ a few concerns _____ average _____ good

3. This student demonstrates disfluencies when: (check all that apply)

_____ talking with peers
_____ speaking in class
_____ sharing ideas or telling a story
_____ carrying on a conversation
_____ talking with adults
_____ upset
_____ answering questions
_____ reading aloud
_____ other: _____

Environments where the disfluencies occur: (check all that apply)
_____ classroom _____ lunchroom _____ playground
_____ specials (PE, etc.) _____ hallways _____ before/after school activities

4. Types of disfluencies observed in the student's speech: (check all that apply)

_____ revisions (stops and starts over)
_____ prolongations (stretches a sound)
_____ eye blinking
_____ head nods
_____ repeats sounds/words/phrases
_____ blocks (airflow/sounds stop during speech)
_____ facial grimaces
_____ avoids eye contact
_____ other: _____

5. Explain how the student's disfluencies negatively impact academics and/or socialization in the educational environment:

_____
_____
_____

Appendix I: Language Skills Checklists

Language Skills Checklist: Kindergarten

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Knows and uses vocabulary appropriate for age (i.e., shapes, colors ,names of common objects)			
2. Understands that some words have multiple meanings			
3. Understands age-appropriate concepts			
4. Demonstrates concepts of print			
5. Uses age-appropriate phonological awareness skills			
6. Demonstrates adequate phonics skills			
7. Follows one- to two-step directions			
8. Recognizes rhyming words			
9. Comprehends Stories			
a. Identifies main ideas			
b. Sequences events using pictures			
c. Understands "WH" questions			
d. Predicts story events, identifies cause/effect			
e. Understands characters and setting			
f. Identifies beginning, middle, and end of story			
g. Identifies story problems and solutions			
h. Retells, summarizes events			
10. Categorizes colors, shapes, size, function			
11. Solves simple problems			
Oral Expression (Use of spoken/language to communicate)			
1. Verbally expresses wants and needs			
2. Speaks appropriately with peers and adults			
3. Recites short patterned songs, stories, and poems			
4. Communicates when relating experiences			
5. Communicates when retelling stories			
6. Uses complete sentences when speaking			
7. Uses subject-verb agreement and tense correctly			
8. Takes up to three conversational turns on one topic			

Are there any additional factors to consider regarding the student's educational background?

Language Skills Checklist: Grade 1

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Knows and uses vocabulary appropriate for age (i.e., shapes, colors ,names of common objects)			
2. Recognizes grade-level antonyms, synonyms, homonyms			
3. Understands age-appropriate concepts			
4. Begins to understand pre-/suffixes and root words			
5. Demonstrates concepts of print			
6. Uses age-appropriate phonological awareness skills			
7. Demonstrates adequate phonics skills			
8. Follows two- to three-step directions			
9. Recognizes rhyming words			
10. Comprehends stories			
a. Identifies main ideas			
b. Distinguishes fact from fiction			
c. Sequences events using pictures			
d. Understands “WH” questions			
e. Predicts story events, identifies cause/effect			
f. Understands characters, setting, and plot			
g. Identifies beginning, middle, and end of story			
h. Identifies story problems and solutions			
i. Retells, summarizes events			
11. Categorizes colors, shapes, sizes, functions			
12. Recalls information presented orally			
13. Solves simple problems			
Oral Expression (Use of spoken/language to communicate)			
1. Expresses age-appropriate ideas			
2. Uses curriculum vocabulary in classroom discussions			
3. Recites short songs, stories, and poems			
4. Communicates when relating experiences			
5. Describes people, places, things, locations, and actions			
6. Uses complete sentences when speaking			
7. Uses correct grammar in sentences when speaking			
8. Takes four conversational turns on one topic			

Are there any additional factors to consider regarding the student’s educational background?

Language Skills Checklist: Grade 2

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Knows and uses vocabulary appropriate for grade level (including synonyms, antonyms, homonyms, etc.)			
2. Understands age-appropriate concepts			
3. Classifies and categorizes vocabulary words			
4. Understands prefixes, root words, and common suffixes			
5. Reads grade-level material fluently			
6. Demonstrates adequate phonics skills			
7. Follows multi-step directions			
8. Comprehension of grade-level fiction/non-fiction			
j. Identifies/infers main idea and supporting details			
a. Distinguishes fact from fiction			
b. Sequences events			
c. Identifies/infers cause/effect relationships			
d. Makes predictions and draws conclusions			
e. Identifies characters, setting, and plot			
f. Identifies beginning, middle, and end of story			
g. Identifies story problems and solutions			
h. Retells, summarizes events			
9. Recalls and infers facts			
10. Compares and contrasts words/pictures			
11. Asks and answers questions before, during, after reading			
12. Interprets information from diagrams, charts, graphs			
13. Uses problem solving strategies			
Oral Expression (Use of spoken/language to communicate)			
1. Begins to inform, persuade using oral language			
2. Uses curriculum vocabulary in classroom discussions			
3. Uses increasingly complex language sentence patterns			
4. Uses common rules of conversation with adults and peers			
5. Uses descriptive language			
6. Retells stories including main idea and details			
7. Uses correct verb tense and plural nouns			

Are there any additional factors to consider regarding the student's educational background?

Language Skills Checklist: Grade 3

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Knows and uses vocabulary appropriate for grade level (including synonyms, antonyms, homonyms, etc.)			
2. Classifies and categorizes vocabulary words			
3. Understands prefixes, root words, and common suffixes			
4. Reads grade level material fluently			
5. Demonstrates adequate phonics skills			
6. Follows multi-step directions			
7. Comprehension of grade-level fiction/non-fiction			
a. Identifies/infers main idea and supporting details			
b. Distinguishes fact from fiction			
c. Sequences events			
d. Identifies/infers cause/effect relationships			
e. Makes predictions and draws conclusions			
f. Identifies characters, setting, and plot			
g. Identifies beginning, middle, and end of story			
h. Identifies story problems and solutions			
i. Compares and contrasts elements between plots			
8. Retells /summarizes events			
9. Recalls, interprets & summarizes information			
10. Asks and answers questions before, during, after reading			
11. Interprets information from diagrams, charts, graphs			
12. Uses problem solving strategies			
Oral Expression (Use of spoken/language to communicate)			
1. Begins to inform, persuade using oral language			
2. Adapts oral language to fit the situation			
3. Expresses ideas appropriately and effectively for grade level			
4. Uses new vocabulary/descriptive language in discussions			
5. Speaks and writes in complete coherent sentences			
6. Demonstrates knowledge of when to use formal and informal language exchanges (i.e., slang, idioms)			

Are there any additional factors to consider regarding the student's educational background?

Language Skills Checklist: Grade 4

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Understands and acquires new vocabulary appropriate for grade level (including synonyms, antonyms, homonyms, etc.)			
2. Identifies the meaning of common root words and prefixes to determine the meaning of unfamiliar words			
3. Reads grade-level material fluently			
4. Demonstrates adequate phonics skills			
5. Follows multi-step directions			
6. Narrative elements in stories read and written:			
a. Summarizes main idea and supporting details			
b. Distinguishes fact from opinion or fiction			
c. Relates themes in works of fiction and nonfiction to personal experience			
d. Distinguishes cause from effect in context			
e. Identifies similarities & differences between characters, events, or themes in literary work			
f. Identifies characters, setting, and plot			
g. Make predictions and draw conclusions			
h. Compares and contrasts elements between texts			
7. Uses and identifies the four basic parts of speech (noun, adjective, verb, adverb)			
8. Recalls, interprets & summarizes information			
9. Identifies sensory details and figurative language			
10. Interprets information from illustrations, diagrams, charts, graphs			
11. Uses problem-solving strategies			
Oral Expression (Use of spoken/language to communicate)			
1. Begins to inform, persuade using oral language			
2. Adapts oral language to fit the situation			
3. Expresses ideas appropriately and effectively for grade level			
4. Demonstrates appropriate social language skills with peers			
5. Speaks and writes in complete coherent sentences			
6. Demonstrates knowledge of when to use formal and informal language exchanges (i.e., slang, idioms)			
7. Retells and summarizes stories heard			
8. Solicits another's opinion and offers own opinion appropriately			
Are there any additional factors to consider regarding the student's educational background? (Use back of form)			

Language Skills Checklist: Grade 5

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Understands and acquires new vocabulary appropriate for grade level (including synonyms, antonyms, homonyms, etc.)			
2. Determines the meaning of unfamiliar words using knowledge of common root words, prefixes, & suffixes			
3. Reads grade-level material fluently			
4. Determines the meaning of unfamiliar words using context clues			
5. Follows multi-step directions			
6. Narrative elements in stories read and written:			
a. Summarizes main idea & supporting details			
b. Distinguishes fact from opinion or fiction			
c. Relates themes in works of fiction and nonfiction to personal experience			
d. Distinguishes cause from effect in context			
e. Identifies similarities & differences/analogies			
f. Identifies characterization, setting, and conflict in plot			
g. Makes predictions and draw conclusions			
h. Compares and contrasts elements between texts			
7. Uses and identifies the eight basic parts of speech (noun, adjective, verb, adverb, pronoun, conjunction, preposition, interjection)			
8. Recalls, interprets, and summarizes information			
9. Identifies common idioms and figurative language			
10. Interprets information from illustrations, diagrams, charts, graphs			
Oral Expression (Use of spoken/language to communicate)			
1. Begins to inform, persuade using oral language			
2. Adapts oral language to fit the situation			
3. Expresses ideas appropriately and effectively for grade level			
4. Demonstrates appropriate social language skills with peers individually and within small groups			
5. Speaks and writes in complete coherent sentences			
6. Demonstrates knowledge of when to use formal and informal language exchanges (i.e., slang, idioms)			
7. Retells and summarizes stories heard			
8. Solicits another's opinion and offers own opinion appropriately			
9. Asks relevant questions and responds to questions appropriately			
Are there any additional factors to consider regarding the student's educational background? (Use back of form)			

Language Skills Checklist: Middle School

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Comprehension (ability to understand spoken language)			
1. Understands and acquires new vocabulary appropriate for grade level (including synonyms, antonyms, homonyms, etc.)			
2. Determines the meaning of unfamiliar words using knowledge of common root words, prefixes, and suffixes			
3. Uses strategies to learn meaning of an unfamiliar word			
4. Determines the meaning of unfamiliar words using context clues			
5. Follows multi-step directions to complete a product			
6. Narrative elements in stories read and written:			
a. Summarizes main idea and supporting details			
b. Distinguishes fact from opinion or fiction			
c. Relates new information to prior knowledge			
d. Distinguishes cause from effect in context			
e. Identifies similarities and differences/analogies			
f. Identifies characterization, setting, and conflict in plot			
g. Make predictions and draw conclusions			
h. Compares and contrasts presented information			
7. Uses problem-solving strategies			
8. Recalls, interprets and summarizes information			
9. Identifies common idioms and figurative language			
10. Interprets information from illustrations, diagrams, charts, graphs			
Oral Expression (Use of spoken/language to communicate)			
1. Communicates ideas that persuade, describe, and inform			
2. Adapts oral language to fit the situation			
3. Oral presentations for various purposes is organized			
4. Demonstrates appropriate social language skills with teachers and peers individually, and within small groups			
5. Confirms understanding by paraphrasing and clarifying			
6. Demonstrates knowledge of when to use formal and informal language exchanges (i.e., slang, idioms)			
7. Retells and summarizes stories heard			
8. Solicits another's opinion and offers own opinion appropriately			
9. Asks relevant questions and responds to questions appropriately			

Are there any additional factors to consider regarding the student's educational background? (Use back of form)

Language Skills Checklist: High School

Student_____ Date_____

Evaluator_____ Primary Home Language_____

Compared to students of similar age, this student exhibits strengths and weaknesses in the following areas:	Average	Below Average	Significantly Below Avg.
Vocabulary			
1. Understands and acquires new vocabulary in content areas			
2. Determines the meaning of unfamiliar words using knowledge of common root words, prefixes, and suffixes			
3. Uses strategies to learn meaning of an unfamiliar word			
4. Determines the meaning of unfamiliar words using context clues			
Comprehension (ability to understand spoken language)			
1. Reads content fluently in class			
2. Identifies abstract/figurative language			
3. Understands different points of view			
4. Employs group decision-making techniques (brainstorming)			
5. Compares and contrasts presented information			
6. Uses problem-solving strategies			
7. Recalls, interprets, and summarizes information			
8. Interprets information from illustrations, diagrams, charts, graphs			
Oral Expression (Use of spoken/language to communicate)			
1. Communicates ideas that persuade, describe, and inform			
2. Adapts oral language to fit the situation			
3. Gives oral presentations for various purposes is organized			
4. Demonstrates appropriate social language skills with teachers and peers individually, and within small groups			
5. Clarifies, illustrates, or expands on a response when asked			
6. Demonstrates knowledge of when to use formal and informal language exchanges (i.e., slang, idioms)			
7. Retells and summarizes stories heard			
8. Solicits another's opinion and offers own opinion appropriately			
9. Asks relevant questions and responds to questions appropriately			
10. Applies appropriate interviewing techniques			
11. Expresses ideas using descriptive and precise language			
12. Participates in discussions, initiates, and contributes ideas on content area topics.			

Are there any additional factors to consider regarding the student's educational background? (Use back of form)

Appendix J: Teacher Pragmatics Checklists

Teacher's Checklist and Rating Scale: Pragmatic Language Skills Grades K–3

Student: _____Teacher: _____Grade: ____Date: _____

- Please complete this form in ink. It will be included in the student's final report.
- This will help determine the role communication plays in educational/social development.

	Always	Usually	Sometimes	Never
Nonverbal Communication Skills				
1. Understands others' use of body language/uses appropriate body language				
2. Understands and uses appropriate physical space boundaries				
General Conversation Skills				
3. Responds to greetings/says goodbye				
4. Tells of wants, needs, and preferences				
5. Asks appropriately for help, assistance, and permission				
6. Starts and maintains friendships				
7. Initiates topic				
8. Joins an ongoing conversation appropriately				
9. Maintains topic				
10. Provides relevant answers to questions				
11. Interrupts appropriately				
12. Gives sufficient information for listener comprehension				
13. Revises messages when listener misunderstands				
14. Demonstrates and shares feelings appropriately				

Comments/Questions:
What are the problems that concern you the most?

Are there other concerns about this student's communication skills?

Teacher's Checklist and Rating Scale: Pragmatic Language Skills Grades 4–12

Student: _____Teacher: _____Grade: ____Date: _____

- Please complete this form in ink. It will be included in student's final report.
- This will help determine the role communication plays in educational/social development.

	Always	**Usually**	**Sometimes**	**Never**
1. Observes turn-taking rules				
2. Introduces appropriate topics of conversation				
3. Maintains topics of conversation (nods, responds with "hmm")				
4. Makes relevant contributions during conversation/discussion				
5. Asks appropriate questions				
6. Avoids use of repetitive/redundant information				
7. Asks for/responds to requests for clarification				
8. Participates appropriately in structured group activities				
9. Uses appropriate strategies for gaining attention				
10. Asks for help appropriately				
11. Asks for permission appropriately				
12. Agrees/disagrees using appropriate language				
13. Responds appropriately when asked to change his/her actions				
14. Responds to teasing, anger, failure, disappointment appropriately				

Comments/Questions:

What are the problems that concern you the most?

Are there other concerns about this student's communication skills?

Appendix K: Fluency Questionnaire for Parents/Caregivers

Student: _____ DOB: _____ Date: _____
Teacher: _____ Grade: _____
Parent completing the form: _____

1. Describe the concerns you have regarding your child's speech:

_____
_____

At what age did you first notice the concerns? _____

2. Have the concerns **improved** or **worsened** since that time? (please circle)

3. Please list medications your child is taking: _____

4. Below are some examples of stuttering/disfluencies (check all that you observe in your child)

_____ frequent interjections ("um," "like," "you know," "well," etc.)
_____ repeats sounds, syllables, words and/or phrases
_____ prolongs sounds (ssssssssaturday, nnnnnnnnnobody, etc.)
_____ blocks, or gets stuck, and is not able to get the sounds/words out
_____ revisions (stops and starts over when verbalizing)
_____ unusual face or body movements when speaking, or just prior to speaking

5. Have there been any changes at home which correspond to the start or increase in disfluencies? _____ Yes _____ No
   If yes, please explain:
   _____
   _____
   Is there a family history of stuttering? _____ Yes _____ No

6. My child demonstrates disfluencies when:

_____ angry _____ excited _____ answering questions _____ reading aloud
_____ talking with peers _____ talking with adults _____talking on the phone _____ singing

Please describe additional concerns:
_____
_____

Appendix L: Voice Checklist

Student: _____ Date: _____

Teacher: _____ Grade: _____

*Please complete the checklist based upon observation of your student's vocal quality over the past 30 days.

1. Does the student's voice stand out as being different from peers? If yes, circle all that apply: hoarse, breathy, hypernasal, hyponasal, Other:	Yes/No
2. Does the student's voice interfere with his/her ability to communicate effectively in the educational setting?	Yes/No
3. Are you observing the student **excessively** using any of the following behaviors? Loud talking Yelling/screaming Throat clearing Coughing Making unusual noises Talking too much	 Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
4. Please check how frequently you are observing the student demonstrating any of the behaviors listed in question 3: Consistently _____ Occasionally _____ Rarely _____	
5. How does the vocal concern impact social/emotional/academic functioning? Check all that apply: _____ Student appears embarrassed _____ Student limits verbal participation _____ Student appears frustrated _____ Student has been teased by peers _____ Student withdraws from peers	
6. Describe any changes in the way his/her voice has sounded since the start of the school year: _____ _____ _____	

Appendix M: Vocal Habit Chart

Student: _____ Teacher: _____
Week of: _____

Is this week baseline data? Yes_____ No_____

Is this week for progress monitoring? Yes_____ No_____

Directions: Choose a time each day where unhealthy vocal habits are most likely to occur. Count the number of times the student engages in the habits/behaviors. Complete the chart for one week in order to establish a baseline. Involve the student in charting his/her habits. Complete this form again as needed for progress monitoring.

Unhealthy Vocal Habits	Monday Time _____ To Time _____	Tuesday Time _____ To Time _____	Wednesday Time _____ To Time _____	Thursday Time _____ To Time _____	Friday Time _____ To Time _____
Yelling or screaming					
Throat clearing/coughing					
Vocal noise making					
Excessive talking					
Other:					

Comments:_____
_____
_____
_____

Appendix N: Permission to Screen Language Skills

Date of Request: _____ Date Received: _____

Name: _____ DOB: _____ Grade: _____

Teacher: _____ School: _____

Parents: _____ Phone: _____

Address: _____

This form constitutes a request for screening, with parent/guardian permission, to determine whether areas of concern can be addressed within the student's regular education environment or if a special education referral is needed. This screening will include a review of the student's communicative abilities and can address language comprehension and use, articulation, fluency, or voice. Results and recommendations will be reviewed with the parent and teacher to determine a plan of action.

Reason for Screening Request: (check all areas of concern)

_____Misarticulating sounds/speech _____Grammar difficulties

_____Language comprehension _____Expressive language

_____Listening skills _____Difficulty with fluency

_____Voice differences (such as hoarseness, hypernasality, pitch, rate, volume)

_____Other_____

Comments (Please provided specific examples supporting the request for a screening):

_____

_____

_____

_____

Referred By: _____

_____ I do give consent to conduct the screening

_____ I do not give consent to conduct the screening

_____ _____

Parent/Guardian Signature **Date**

Appendix O: 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 ❑ Tremors ❑ 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_____ overjett_____ edge to edge_____ crossbite_____

9. **Breathing** Mouth breather? Yes❑ No❑
   Other deviations noted: _____

Comments _____

Appendix P: Language Severity Rating Scale

Student _____ School _____ Grade ____ Date of Rating _____ DOB _____ Age ____ SLP _____

FORMAL ASSESSMENT Comprehensive language score, and/or composite receptive/expressive scores	**0** < 1.5 SD below the mean (Standard Score* of 78 or above)	**2** >1.5 SD below test mean (standard score between 70-77) or 2nd - 6th Percentile ☐ Standard error of measured used because_____ _____	**3** >2 SD below test mean (standard score between 62–69) or 1st –2nd Percentile	**4** >2.5 SD below test mean (standard score below 62) or below 1st Percentile
INFORMAL ASSESSMENT *Check descriptive tools used:* ❑ Language/communication sample ❑ Checklist(s) ❑ Observations ❑ Other: _____	**0** Language skills are within expected range.	*At least one of the following areas are deficient* **2** Check areas of weakness: ❑ Sentence length/complexity ❑ Word order/syntax ❑ Vocabulary/semantics ❑ Word finding ❑ Word form/morphology ❑ Use of language/pragmatics ❑ Auditory perception	*At least two of the following areas are deficient* **3** Check areas of weakness: ❑ Sentence length/complexity ❑ Word order/syntax ❑ Vocabulary/semantics ❑ Word finding ❑ Word form/morphology ❑ Use of language/pragmatics ❑ Auditory perception	*At least three of the following areas are deficient* **4** Check areas of weakness: ❑ Sentence length/complexity ❑ Word order/syntax ❑ Vocabulary/semantics ❑ Word finding ❑ Word form/morphology ❑ Use of language/pragmatics ❑ Auditory perception
FUNCTIONAL/ACADEMIC LANGUAGE SKILLS	**0** Functional/Academic language skills are within expected range.	**2** The student uses language skills effectively most of the time with little or no assistance required.	**3** Due to language deficits, the student needs more cues, models, explanations, or assistance than the typical student in class.	**4** The student does not use language skills effectively most of the time despite the provision of general education accommodations and supports.

1. Circle score for the most appropriate description for each category. Do not include regional or dialectal differences when scoring.
2. Circle the total score on the bar/scale below and compute the total score and record below to determine severity rating.

0 2 3 | 4 5 | 6 7 8 | 9 10 11 12 **TOTAL SCORE: _____**

No Disability **Mild** **Moderate** **Severe**

Based on compilation of the assessment data, this student scores in the *Mild, Moderate* or *Severe* range for a Language Disability. ❑ **Yes** ❑ **No**

There is documentation/supporting evidence of adverse effects of the Language Disability on educational performance. ❑ **Yes** ❑ **No**

(BOTH STATEMENTS ABOVE MUST BE CHECKED YES)

**Standard scores are based on a mean of 100 and a standard deviation of 15. The standard score can be a receptive, expressive or total language quotient T-scores are based on a mean of 50 and a standard deviation of 10.*

Appendix Q: Speech Sound Production Severity Rating Scale

Student _____School _____ Grade ___ Date of Rating _____ DOB _____ Age ____ SLP _____

Sound Production	**0** No sound/phonological process errors; errors are consistent with normal development	**1** Sound errors/ phonological processes less than one year below age	**3** Sound errors/phonological processes one to two years below age	**4** Sound errors/phonological processes two or more years below age
Stimulability	**0** Most errors stimulable in several contexts	**1** Most errors stimulable in at least one context	**2** Although not correct, most errors approximate correct production	**4** No error sounds are stimulable for correct production
Oral Motor and/or Motor Sequencing	**0** Oral motor and/or sequencing adequate for speech production	**0** Oral motor and/or sequencing difficulties are minimal and do not contribute to speech production problems	**3** Oral motor and/or sequencing difficulties interfere with speech production	**4** Oral motor and/or sequencing greatly interfere with speech production, use of cues, gestures or AD needed
Intelligibility	**0** Connected speech is intelligible	**2** Connected speech is intelligible; some errors noticeable; more than 80% intelligible	**4** Connected speech sometimes unintelligible when context is unknown; 50-80% intelligible	**6** Connected speech mostly unintelligible; gestures/cues usually needed; less than 50% intelligible

Instructions:
1. Do not include regional or dialectal differences when scoring.
2. Circle the score for the most appropriate description for each of the four categories, i.e., *Sound Production*, *Stimulability*, *Oral Motor*, *Intelligibility*.
3. Compute the total score and record below.
4. Circle the total score on the bar/scale below.

0 1 2 3 4 5 6 | 7 8 9 10 | 11 12 13 14 15 16 17 18 _____TOTAL SCORE: _____

No disability Mild Moderate Severe to Profound

Based on compilation of the assessment data, this student scores in the *Mild*, *Moderate* or *Severe* range for Speech Sound Production on the rating scale for Speech Sound Production. Disability standards for Phonological Processing require ratings at the Moderate, Severe, or Profound Levels of Severity. ❑ Yes ❑ No

There is documentation/supporting evidence of adverse effects of the Speech Sound Production on educational performance. ❑ Yes ❑ No

(BOTH STATEMENTS ABOVE MUST BE CHECKED <u>YES</u>)

Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

Appendix R: Fluency Severity Rating Scale

Student _____ **School** _____ **Grade** _____ **Date of Rating** _____ **DOB** _____ **Age** _____ **SLP** _____

	0	**1**	**2**	**3**
Frequency	❑ Frequency of disfluency is within normal limits for age, sex and speaking situation and/or ❑ ≤ 2 stuttered words per minute and/or ❑ ≤ 4 % stuttered words	❑ Transitory disfluencies are observed in speaking situations and/or ❑ 3-4 stuttered words per minute and/or ❑ 5% to 11% stuttered words	❑ Frequent disfluent behaviors are observed in many speaking situations and/or ❑ 5-9 stuttered words per minute and/or ❑ 12% to 22% stuttered words	❑ Habitual disfluent behaviors are observed in majority of speaking situations and/or ❑ More than 9 stuttered words per minute and/or ❑ ≥23% stuttered words
Descriptive Assessment	**0** ❑ Speech flow and time patterning are within normal limits. Developmental disfluencies may be present	**1** ❑ Whole-word repetitions ❑ Part-word repetitions and/or ❑ Prolongations are present with no secondary characteristics. Fluent speech periods predominate	**2** ❑ Whole-word repetitions ❑ Part-word repetitions and/or ❑ Prolongations are present. Secondary symptoms, including blocking avoidance and physical concomitants may be observed.	**3** ❑ Whole-word repetitions ❑ Part-word repetitions and/or ❑ Prolongations are present. Secondary symptoms predominant. Avoidance and frustration behaviors are observed.
Speaking Rate	**0** ❑ Speaking rate not affected	**1** ❑ Speaking rate affected to mild degree. Rate difference rarely notable to observer, listener and/or ❑ 82-99 WSM 125-150 WSM	**2** ❑ Speaking rate affected to moderate degree. Rate difference distracting to observer, listener and/or ❑ 60-81 WSM 150-175 WSM	**3** ❑ Speaking rate affected to severe degree and distracting to listener/observer and/or ❑ <60 WSM > 175 WSM

Instructions:
1. Circle the score for the most appropriate description for each of these categories: *Frequency, Descriptive Assessment, Speaking Rate*.
2. Compute the total score and record below.
3. Circle the total score on the rating bar/scale below.

0 1 | 2 3 | 4 5 | 6 7 8 9 TOTAL SCORE: _____

No disability Mild Moderate Severe

Based on compilation of the assessment data, this student scores in the *Mild*, *Moderate* or *Severe* range for Fluency disorder. ❑ Yes ❑ No

*This assessment provides documentation/supporting evidence of adverse effects of the Fluency Disability on educational performance. ❑ Yes ❑ No

(BOTH STATEMENTS ABOVE MUST BE CHECKED <u>YES</u>)

Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

Appendix S: Voice Severity Rating Scale

Student _____ School _____ Grade _____ Date of Rating _____ DOB _____ Age ___ SLP _____

Pitch	**0** Pitch is within normal limits.	**1** There is a noticeable difference, which may be intermittent.	**3** There is a persistent, noticeable inappropriate raising or lowering of pitch for age and sex.
Intensity	**0** Intensity is within normal limits	**1** There is a noticeable difference in intensity, which may be intermittent.	**3** There is persistent, noticeable, inappropriate increase or decrease in the intensity of speech or the presence of aphonia.
Quality	**0** Quality is within normal limits.	**1** There is a noticeable difference in quality, which may be intermittent.	**3** There is persistent, noticeable, breathiness, glottalfry, harshness, hoarseness, tenseness, stridency or other abnormal quality.
Resonance	**0** Nasality is within normal limits.	**1** There is a noticeable difference in nasality, which may be intermittent.	**3** There is persistent, noticeable cul de sac, hyper or hyponasality, or mixed nasality.

Instructions:
1. Do not include regional or dialectal differences when scoring.
2. Circle the score for the most appropriate description for each category, i.e., Pitch or Intensity.
3. Compute the total score and record below.
4. Circle the total score on the bar/scale below.

0 1 | 2 3 | 4 5 6 7 | 8 9 10 11 12 TOTAL SCORE: _____

No disability Mild Moderate Severe

Based on compilation of the assessment data, this student scores in the *Mild*, *Moderate or Severe* range Voice Disorder. ❑ Yes ❑ No

There is documentation/supporting evidence of adverse effects of the Voice disorder on educational performance. ❑ Yes ❑ No

(BOTH STATEMENTS ABOVE MUST BE CHECKED <u>YES</u>)

Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP Team.

Appendix T: Evaluation Report Template

SPEECH-LANGUAGE EVALUATION REPORT

Student Name:	Examiner:
Sex:	School:
District:	Grade:
Teacher:	Date of Birth:
Date of Evaluation:	C.A.:

I. Purpose of Evaluation

☐ This speech and language evaluation was requested to determine if the student meets the Tennessee Department of Education eligibility standards for disability.

☐ This is a re-evaluation in order to determine if the student meets the Tennesee Department of Education eligibility standards as speech and/or language impaired. (See re-evaluation 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.

☐ This assessment is part of a comprehensive evaluation involving other disciplines, which includes:
☐School Psychologist ☐Special Educator ☐Occupational Therapy ☐Physical Therapy

II. Background Information and Assessment Observations (all fields must be completed)

Relevant Developmental and Medical History: (please summarize information from the parent-completed case history form)

Pre-referral Interventions and Outcomes:

☐ Teacher Input and Observations forms are attached. Summarize information:

☐ Parent Information is attached. Summarize information:

During the assessment the student was: ☐ Cooperative ☐ Attentive ☐ Distracted ☐ Other
If other, please explain:

☐ 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 an English learner? ☐ Yes ☐ No
If yes, is the student English language proficient? ☐ Yes ☐ No
If the student is an EL, please summarize the EL interventions and service history:

Home language (L1): Student's Dominant language:

IV. Hearing and Vision

Hearing: Choose an item. Date of Screening: Click here to enter a date.
If the student failed the most recent screening, please provide current communication with parents/guardians:

Vision: Choose an item. Date of Screening: Click here to enter a date.
If the student failed the most recent screening, please provide current communication with parents/guardians:

V. Speech Assessment

A. Articulation Test:
Articulation error sounds/patterns which were produced, and which are considered below normal limits for a child this age include the following:

	Substitution	Deletion	Distortion
Initial			
Medial			

Final			

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 (tephone for telephone)	☐ Intervocalic deletion (teephone 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 (tup for cup, thun for sun)	☐ Stridency deviation (soe for shoe, fumb for thumb)
☐ Liquid simplication (wamp for lamp, wed for red)	☐ Deaffrication (tair for chair, dump for jump)

The student exhibited developmental speech sound errors affecting:
Speech sound errors that have time to develop based on the student's age:
The error sounds found not stimulable through the word level include:
Informal conversational speech sample exhibited developmental sound errors?
Are the conversational speech errors consistent with errors in formal testing?
If no, explain:

Intelligibility of conversational speech:
In known contexts: ☐ Good ☐ Fair ☐ Poor
Percent of intelligibility in known context: %
In unknown contexts: ☐ Good ☐ Fair ☐ Poor
Percent of intelligibility in unknown contexts: %
Articulation and/or phonological norms used:
The same norms were used for sounds in words/sentences/conversation, and consistently across the district?
If no, please explain:

Based on formal and informal assessment:
☐ No identified articulation/phonological error pattern problem
☐ Articulation/Phonological error pattern problem identified
If problem identified, summarize the adverse impact in the educational setting (i.e., grades, work samples, etc.):

B. Oral Peripheral Exam

☐ Oral structures and movements appear adequate for speech production ☐ Deviations observed. If so, please explain:

C. Voice Test:
☐ Appropriate for sex and age
☐ Not appropriate for sex and age. Please explain:

If voice was found to be inappropriate, explain the adverse impact in the educational setting (i.e., grades, work samples, etc.):

If not appropriate, has the parent/guardian consulted with their medical doctor?
D. **Fluency** Test:
☐ Appropriate for age
☐ Inappropriate for age
If fluency was assessed, provide detailed formal and informal test results below:

Student's attitude towards stuttering: (include student and/or parent interview as an attachment)

If fluency was found to be inappropriate, explain the adverse impact in the educational setting (i.e., grades, work samples, etc.):

VI. Language Assessment

A minimum of one comprehensive standardized measure of receptive and expressive language. Also, at minimum one additional standardized measure to support the comprehensive assessment. Pragmatics should be assessed if identified as an area of concern during referral and/or reevaluation.

Comprehensive assessment(s): (minimum of one)
Test:
Receptive Score: Expressive Score: Total Score:
Narrative: (Describe subtest scores, skills assessed, explanation of score in terms of normalcy and exceptionality)

Test:
Receptive Score: Expressive Score: Total Score:
Narrative: (Describe subtest scores, skills assessed, explanation of score in terms of normalcy and exceptionality)

Additional standardized assessment(s): (minimum of one)
Test:
Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

Test:
Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

Test:
Narrative: (Define skills assessed, explanation of score in terms of normalcy and exceptionality)

Informal language sample reveals appropriate:
Syntax: Semantics: Pragmatics:
Was a Functional Communication Assessment completed?
Please explain the results is completed. If not completed, please explain why it was not necessary:

Summary/overall Impressions of formal, informal, and functional communication language assessments:

If inappropriate language is indicated, explain the adverse impact in the educational setting (i.e. grades, work samples, etc.) :

VII. Effects on Educational Performance (Based on data collection)

☐ Does not adversely affect educational performance.

☐ Does adversely affect educational performance.

VIII. Diagnostic Impressions

This student does meet the eligibility standards for the following impairments:

☐ Language Impairment ☐ Speech Impairment in the area(s):

☐ Severity Rating Scales have been completed and attached

Summarize the Severity Rating Scale:

IX: Recommendations

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

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Speech-Language Pathologist

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