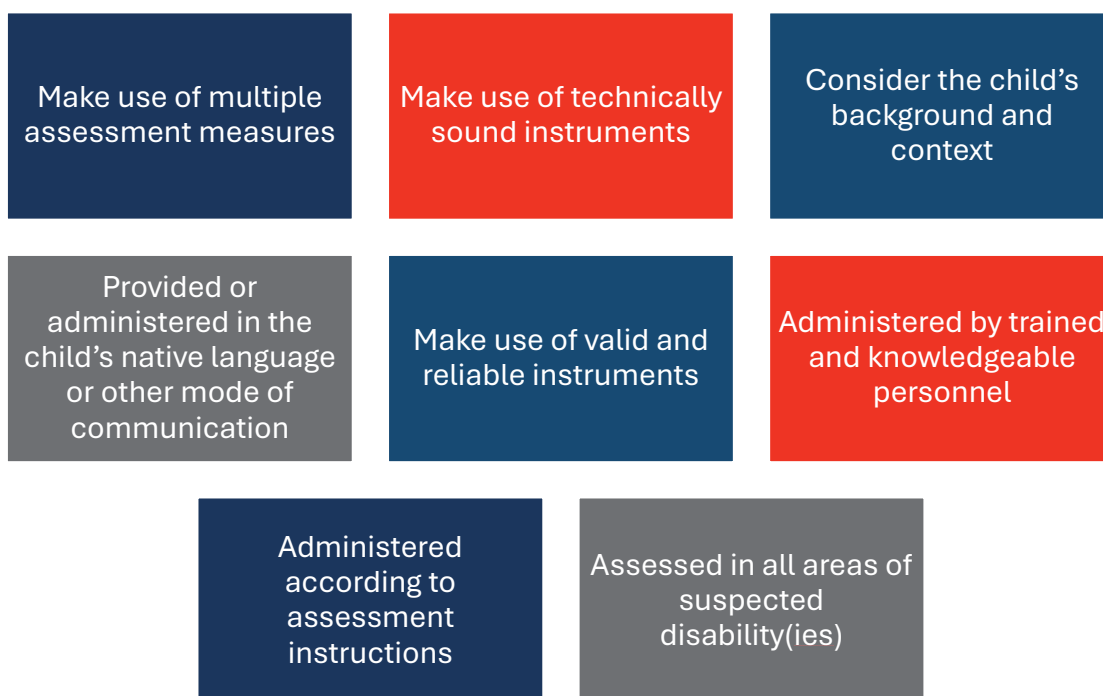


Frequently Asked Questions About Evaluations Completed by Speech-Language Pathologists, Occupational Therapists, and Physical Therapists

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Speech-Language Pathologists (SLPs), Occupational Therapists (OTs), and Physical Therapists (PT), alongside other Related Services providers, play a key role in supporting students and increasing access to their educational settings. As Specialized Instructional Support Personnel (SISP), SLPs, OTs, and PTs often serve students and work alongside other school personnel in a multi-faceted capacity. In addition to providing direct and indirect services to students identified as having a disability under the Individuals with Disabilities Education Act (IDEA), SLPs, OTs, and PTs routinely complete evaluations (e.g., initial evaluations, reevaluations) used to support eligibility determinations and programming for an Individualized Education Program (IEP). The graphic below outlines the IDEA code of conduct for evaluations ([34 C.F.R. § 300.304\(b\) and -\(c\)](#)).



This document serves to support SLPs, OTs, PTs, Local Education Agencies (LEAs), and IEP teams when considering and conducting individualized assessments needed to support students suspected of or having a disability under the IDEA.

IDEA Evaluation and Eligibility Procedures

- 1. How can we ensure the evaluation meets federal and state guidelines when evaluating a student with unique considerations (e.g., motor speech concerns; feeding and swallowing concerns; English as a second language; craniofacial differences; complex communication needs)?**

When determining whether a student has a disability under the IDEA, standardized tests will not always be appropriate for all students, given that these tools measure a variety of skills in a discrete format that is typically decontextualized from the student's educational setting. The SLP, OT, and PT should always ensure the use of technically sound instruments to provide assessment data to the IEP team ([34 C.F.R. § 300.304 \(b\)\(3\)](#)), and making use of a variety of assessment tools to gather functional, academic, and developmental information ([34 C.F.R. § 300.304\(b\)\(1\)](#)) ensures that the SLP, OT, and PT adhere to IDEA guidelines for evaluations and reevaluations. Examples of additional instruments include but are not limited to: direct and indirect observational data; interview data (both from the student and parent); dynamic assessment; language and narrative sample analyses; speech sample analyses; play-based assessment; classroom artifacts; writing samples; and rating scales.

Direct observational data is a powerful method of providing assessment data to the IEP team as it allows the SLP, OT, and PT to report on how the student is completing skills based on similarly situated peers. It is recommended that the SLP, OT, and PT consider the best educational environment in which the skill/s would need to be observed. For example, the cafeteria may provide better information on a student's communication and feeding strengths and needs than the classroom or the playground.

In addition, LEAs will want to consider the need to obtain informed parental permission for collaboration with a student's medical team when there may be concomitant medical needs impacting the IDEA evaluation and the use of interpreters when evaluating an English Learner for IDEA consideration. If a medical evaluation is needed to determine the presence of a disability under the IDEA, the medical evaluation must be provided at no cost to the parents.

Some resources to consider are the following:

[American Speech-Language-Hearing Association: Collaborating with Interpreters, Transliterated, and Translators](#)

[American Speech-Language-Hearing Association: Dynamic Assessment](#)

[Assessment Communication and Learning in Children with Multiple Disabilities](#)

[Childhood Apraxia of Speech](#)

[Children's Consonant Acquisition in 27 Different Languages](#)

[Communication and Feeding Skills Developmental Milestones](#)

[Language and Communication in Deaf and Hard of Hearing Children](#)

[Speech or Language Impairment Evaluation Guidance](#)

2. Speech or Language Impairment is a federally- and state-recognized eligibility category. Is there an eligibility category that aligns with occupational therapy or physical therapy?

No. There is no eligibility category named specifically for occupational and physical therapies. When OT and PT evaluations are conducted as part of a comprehensive evaluation, the findings are considered in conjunction with all other assessment data, not separately, when determining a student's eligibility for special education and related services.

3. How should LEAs respond if a parent or guardian makes a referral for a given type of evaluation or assessment instrument?

The LEA is required to evaluate the student in all areas of suspected disability ([34 C.F.R. § 300.304\(c\)\(4\)](#)) and the evaluation is to be sufficiently comprehensive "to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified" ([34 C.F.R. § 300.304\(c\)\(6\)](#)).

The LEA should consider the request made by the parent or guardian and should review the need for the evaluation based on the student's unique learning needs and individualized and current student data. The LEA should also consider whether the referral is required for the provision of a free appropriate public education (FAPE), and whether the information obtained from the requested evaluation or assessment instrument can be obtained through other evaluations already covered under the proposed assessment plan.

If the information is not needed for the provision of FAPE, the LEA has the option to reject the parent's referral request through the Prior Written Notice. ([34 C.F.R. § 300.503\(a\)](#)). In addition, if the IEP team determines any evaluations are needed for the provision of FAPE the assessment specialist would make the determination as to the most appropriate assessment tool/s to utilize to assist the IEP team with eligibility decisions as well as programming and planning of the IEP ([34 C.F.R. § 300.304\(c\)\(7\)](#)).

4. Can an LEA require a certain number of services or therapy sessions to occur before conducting a reevaluation?

No. Reevaluations are not completed based on the number of services or therapy sessions the student has received. Reevaluations are done if the LEA “determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant a reevaluation” ([34 C.F.R. § 300.303\(a\)\(1\)](#)). The IDEA indicates that reevaluations may “occur not more than once a year, unless the parent and the public agency agree otherwise; and must occur at least once every 3 years, unless the parent and the public agency agree that a reevaluation is unnecessary” ([34 C.F.R. § 300.303\(b\)](#)).

5. Can progress reports be used as part of an evaluation or reevaluation?

Yes. Progress reports provide both a historical and current record of goal and objective mastery based on goal progress monitoring data. Progress report information can be included as part of a sufficiently thorough evaluation or reevaluation report; however, a progress report may not stand in the place of an evaluation or reevaluation.

6. Can a screening tool (e.g., Preschool Language Scale-5 Articulation Screener) be used as part of an evaluation or reevaluation?

Yes. Screening data can be included as part of a sufficiently thorough evaluation or reevaluation report; however, a screening tool should not be used to deny or delay an evaluation or reevaluation or stand in the place of an evaluation or a reevaluation. In addition, a screening tool should not be used in the absence of assessment data.

7. The IEP team has requested an assistive technology (AT) evaluation with an augmentative alternative communication (AAC) component. Does there need to be a written report upon completion of the evaluation?

Yes. A written product would need to be developed, presenting assessment data and the interpretation of the assessment data. This information would be reviewed and considered by the IEP team as it considers whether any AT, including AAC, is required for the provision of a free appropriate public education and as it programs and plans the student’s IEP. This would also apply if the SLP completes only an augmentative alternative communication (AAC) evaluation. For additional information on AT, please see [What is Assistive Technology](#) and [Assistive Technology FAQ](#). To access the Assistive Technology Project’s AT lending library through the Tennessee Technical Assistance Network (TN-TAN), please see their [webpage](#).

Tennessee Evaluation and Eligibility Standards

1. Have evaluation and eligibility standards been updated since 2017?

No. Current [evaluation and eligibility standards](#) were revised in 2017 and remain in effect. These standards should continue to be used for determining eligibility for students with disabilities under IDEA.

Evaluation and eligibility standards in all sixteen (16) eligibility categories are being reviewed by a series of task forces for continued alignment with federal and state law and best practice in each eligibility area. At the end of the 2025-26 school year and upon completion of the task force review, the State Board of Education (SBE) will consider those recommendations for updates to the eligibility areas and will determine what revisions, if any, need to be made.

2. Will the Speech or Language Impairment Evaluation Guidance document be updated if the SBE approves changes to the standards?

Yes. The current [Speech or Language Impairment Evaluation Guidance](#) was developed when evaluation and eligibility standards were updated in 2017. This document will be updated when the State Board of Education considers what, if any, revisions need to be made to the Speech or Language Impairment evaluation and eligibility standards.

3. There are severity rating scales involved in speech and language evaluations. What is the purpose of the severity rating scales?

The speech and language severity rating scales are to be used as a tool after a complete speech-language assessment and after the SLP has interpreted all assessment results. This scale is designed to document the presence of assessment findings according to the intensity of those findings, to summarize the assessment results, and to facilitate a determination of whether a student has a Speech or Language Impairment, according to the definition in [Tennessee Rules and Regulations](#).

Severity rating scales are neither diagnostic nor should they stand in the place of the absence of needed assessment data. In addition, severity rating scales are not to be used as an inclusionary or exclusionary metric when considering eligibility for a Speech or Language Impairment.

4. Can a student who scores above 1.5 standard deviations from the mean on a comprehensive standardized measure of receptive and expressive language be eligible as a student with a Language Impairment?

Yes. While the comprehensive measure of receptive and expressive language standard score is an element of the evaluation and eligibility standards, it is only one part of the [Speech or Language Impairment Evaluation and Eligibility Standards](#). In addition, there are students for whom standardized language tests are not appropriate or will not sufficiently capture the linguistic strengths and needs of the student due to the decontextualized nature of standardized language tests. To ensure a sufficiently comprehensive evaluation, the SLP will want to ensure standardized language measures are balanced with informal language measures such as language sample analyses, narrative analyses, and dynamic assessment.

Should a student's standard score on the comprehensive language measure fall above the 1.5 standard deviations from the mean and should other assessment data (e.g., informal measures, teacher input, direct observational data, student input, parent or guardian input) indicate language deficits that adversely impact the student in the educational setting, the SLP will want to ensure that assessment data provides a convergence of evidence to support the SLP's summary of results. In addition, the SLP will want to provide supporting evidence and interpretation within the body of the report as to why informal language measures and other assessment information provide a convergence of evidence and support the language deficits over the standardized language testing. For example, speech-language testing is often completed in a quiet, sterile environment, which differs from a classroom. This environmental change can sometimes impact a student's performance on a standardized language measure such that standardized scores are above 1.5 standard deviations from the mean, while other assessment data, such as language sampling, may indicate language deficits that adversely impact the student in the educational setting.

Eligibility is an IEP team decision based on the compilation of assessment data from multiple sources. In this case, the SLP will want to ensure the IEP team has sufficient data to indicate whether evaluation and eligibility standards have been met or not met for a Language Impairment.

5. Should the SLP report only the standard scores from the standardized measure of articulation?

No. After completing a standardized measure of articulation, the SLP would need to, at a minimum, report the phonemes the student produced in error. The SLP may report the standard score associated with the standardized measure; however, reporting the standard score alone will not allow the SLP to best determine sound errors that persist at least one (1) year behind expectancy compared to current developmental norms.

6. What articulation and phonology norms should the SLP use?

The articulation and phonology norms the SLP uses are an LEA decision. Recommended norms can be found in Appendices C and D of the [Speech or Language Impairment Evaluation Guidance](#) document. Each SLP within the LEA, whether hired directly by the LEA or contracted to work on behalf of the LEA, would need to utilize the same articulation and phonology norms to allow for transparency and consistency across the LEA.

Please note that the recommended norms will be updated when the Speech or Language Impairment Evaluation Guidance document is updated.

Evaluation Report Development

1. Is there an updated speech-language evaluation report template?

Yes. The speech-language evaluation report template was updated in April 2025. The template can be found in both a [PDF version](#) and a [Word version](#). This is the recommended template for speech-language evaluations. An LEA may develop its own speech-language evaluation report template as long as the template has all required sections and information needed to support the IEP team in determining eligibility and appropriately planning for the student.

2. Is there an evaluation report template for occupational and physical therapy evaluations?

No. There is no state-developed OT and PT evaluation report template; however, this is under consideration for development. LEAs are encouraged to work with their OTs and PTs to develop an evaluation template that allows for all required evaluation information to be presented to the parent or guardian and the IEP team.

It is recommended that OTs and PTs utilize a functional evaluation format, designed to provide information about the student's overall functional ability within the school environment, which concentrates on the expectations of the student in their educational environment when compared with similarly situated peers. This evaluation can be used by the IEP team to support the programming and planning of a student's IEP and to determine the need for related services.

3. How can I ensure my evaluation report safeguards against the parent or guardian alleging the LEA engaged in predetermination?

LEAs may adopt policies, practices, or procedures to minimize the risk of allegations of predetermination, as long as the policy, practice, or procedure does not limit the completion of the individualized assessment for the student or limit the parent or guardian's access to a complete copy of the comprehensive evaluation report.

The determination of a student's eligibility as a student with a disability, requiring specially designed instruction and related services, is an IEP team decision. Therefore, decisions made about eligibility and recommendations for IEP goals and objectives, as well as supports and services, including frequency, duration, location, and the decision to add or remove a support or service from a student's IEP, are the decisions of the IEP team based on multiple sources reflecting current performance and needs of the student. It is strongly recommended that evaluation reports not contain unilateral determinations of eligibility or recommendations for specific measurable annual goals (MAGs) and service or support recommendations, as that could be considered predetermination.

Related Services Considerations

1. Are speech-language services considered a related service?

Yes. Speech-language services may be either a related service or a special education service, depending upon the individualized needs of the student. Speech-language services may be a related service to any other eligibility category ([34 C.F.R. § 300.34\(c\)\(15\)](#)). They are generally considered a related service when other special education services are listed on the student's IEP. In addition, given that speech or language impairment (SLI) is an eligibility category, speech-language services may be indicated as special education services on a student's IEP, meaning specially designed instruction is provided ([34 C.F.R. § 300.39\(a\)\(2\)\(i\) and -\(b\)\(3\)](#)).

Occupational and physical therapies are always considered related services ([34 C.F.R. § 300.34\(c\)\(6\) and -\(c\)\(9\)](#)). They may not stand as the only service a student receives on an IEP.

2. How does the IEP team determine the need for related services, such as occupational therapy, physical therapy, and speech-language therapy?

The supports and services a student with a disability requires, including frequency, duration, and location of services, is an IEP team decision based on a review of multiple

data sources that speak to the current and individualized needs of the student. This decision is one informed by data and not one made solely by outside agencies, master schedules, staffing considerations, or insurance reimbursement schedules. When the IEP team considers whether a related service is required, it is important to remember that related services are to assist the student with a disability to benefit from and access special education programming ([34 C.F.R. § 300.34\(a\)](#)). Related services should therefore be focused on the school-related needs of the student.

Based on multiple sources of data from the Present Levels of Academic Achievement and Functional Performance (PLAAPFs), the IEP team develops MAGs without regard to the discipline(s) that may support them. Identifying goals based on a service provider often leads to the MAG being targeted in isolation instead of a skill that is addressed collaboratively and directly assists a student to benefit from his or her educational program.

3. A student's parent or guardian has submitted an evaluation report from an outside agency. Does this automatically mean the student is eligible for special education and related services?

No. Evaluation reports from an outside agency do not automatically indicate that a student is eligible as a student with a disability or automatically signal a change in a student's current eligibility/ies. Outside agency evaluation reports can provide helpful information for the IEP team, and this information should be reviewed and considered by the IEP team, as it could initiate the need for an initial evaluation or reevaluation. In addition, outside agency reports may help support the plan and program the IEP for a student with a disability. It is important to note that, for eligibility considerations, the outside agency report must meet the Tennessee Department of Education evaluation and eligibility standards.

4. Can the SLP, OT, and PT complete evaluations and reevaluations to support the student and family as a consideration for wrap-around medical or postsecondary services?

Yes. The school-based SLP, OT, and PT can complete evaluations that would support the student in considerations around extracurricular and postsecondary needs such as the Katie Beckett waiver, Employment and Community First CHOICES (ECF CHOICES), and Vocational Rehabilitation (VR). These evaluations should be completed with the individual student in mind as they are often needed to support the student in acquiring needed communication systems, accessing medical care, and securing appropriate supports in postsecondary programs.

Personnel Considerations

1. Are contracted SLPs, OTs, and PTs expected to follow the Tennessee Department of Education evaluation and eligibility standards?

Yes. Contracted assessment specialists and personnel who work on behalf of the LEA are required to comply with the department's evaluation and eligibility standards as well as guidance when completing IDEA evaluations. It is recommended that LEAs communicate with their respective contract agencies regarding their expectations for evaluations completed by contracted SLPs, OTs, and PTs and revise their respective Memoranda of Understanding as needed.

2. What license is required for the SLP, OT, and PT to complete an evaluation for the LEA?

OTs and PTs are licensed under the Tennessee Department of Health. The LEA will want to ensure OTs and PTs working with students in Tennessee public and public charter schools have active and current licensure through the Tennessee Department of Health as OTs and PTs. This includes personnel hired directly by the LEA and contracted personnel working on behalf of the LEA.

SLPs often hold dual licensure from both the Tennessee Department of Education and the Tennessee Department of Health. It is important to note that SLPs working with students in Tennessee public and public charter schools **must** be actively licensed under the Tennessee Department of Education (endorsement code 498). This applies equally to both SLPs hired directly by the LEA and contracted personnel working on behalf of the LEA.

If the LEA allows for TennCare billing and reimbursement for school-based services, the SLP will also need to have an active and current Tennessee Department of Health SLP license.

3. If an LEA utilizes licensed skilled service provider assistants (i.e., speech-language teachers (SLTs), speech-language pathology assistants (SLPAs), physical therapy assistants (PTAs), certified occupational therapy assistants (COTAs)), can they complete a student's evaluation and interpret assessment data?

No. SLTs, SLPAs, PTAs, and COTAs may not evaluate a student and interpret assessment results in the school-based setting. The evaluation and interpretation of assessment results, as well as the writing of the evaluation report, are to be completed by the appropriately licensed SLP, PT, and OT, as appropriate.

SLTs and SLPAs may:

- conduct speech-language screenings (without interpretation) following specified screening protocols provided or developed by the supervising SLP and
- given training by a qualified SLP, audiologist, or nurse, perform pure-tone hearing screenings (without interpretation).

It is also important to note that SLTs and SLPAs are not to sign any formal document (e.g., IEPs, eligibility reports, reimbursement forms, or evaluation reports), unless signing alongside a supervising SLP.

TennCare Reimbursement for School-Based Services

1. My local education agency (LEA) allows for TennCare billing and reimbursement for school-based services. How does this impact an IDEA evaluation?

For a student to be eligible under the IDEA, the student must first be evaluated based on IDEA regulations and have a disability in one of the sixteen (16) eligibility categories in Tennessee. In addition, the disability must adversely impact the student's educational performance such that specially designed instruction and related services are required.

TennCare requires services to be medically necessary. From the [TennCare Billing Manual](#) (September 2025), medically necessary services in Tennessee must be ordered by a licensed physician or another licensed health care provider; must diagnose or treat a medical condition; must be safe and effective; must not be experimental or investigational, and must be the least costly alternative. Please note that the TennCare Billing Manual is frequently updated. The most current version available can be found on the School-based Medicaid [webpage](#).

When an LEA participates in TennCare billing and reimbursement, the SLP, OT, and PT will need to follow both IDEA requirements and guidelines to document medical necessity for TennCare. This requires an evaluation and reevaluation that first supports the evidence of a disability and documentation of adverse educational impact. The second consideration would be medical necessity. Having medical necessity be the first consideration in an evaluation before IDEA requirements puts the LEA at risk of inappropriate identification of students with disabilities and an inability to effectively program and plan for students with disabilities.

LEAs are reminded that the determination to complete an IDEA initial evaluation or a

reevaluation is an IEP team decision based on the student's individualized needs and not solely on the need for insurance reimbursement. In addition, ensuring parent or guardian participation is critical when the IEP team is considering eligibility and programming and planning decisions through the evaluation or reevaluation processes. While TennCare typically allows for one evaluation per year, it is strongly recommended that policies, practices, and procedures in which annual evaluations are conducted for the sole purpose of determining medical necessity under TennCare should be frequently reviewed by the LEA, especially regarding parent or guardian participation and the guidelines under which the evaluation is being conducted and then the results are being interpreted.

2. How should IDEA evaluation recommendations be written when also used as documentation for medical necessity to avoid potential claims of LEA predetermination?

Documenting medical necessity within an IDEA evaluation is most often found in the Summary or Recommendations section of an evaluation report. To ensure compliance with both IDEA and guidelines for medical necessity, the SLP, OT, or PT will want to address whether the student appears to meet eligibility standards as a student with a disability, whether the disability adversely impacts educational performance, and the medical necessity for the potential service.

LEAs are encouraged to develop policies, practices, and procedures when completing an evaluation used for both IDEA considerations and medical necessity. Some options to consider include developing a Plan of Care (POC) or providing the information within the evaluation or reevaluation report itself.

A POC is a written document separate from the evaluation or reevaluation. While it describes the evaluation and reevaluation findings, it also outlines the interventions necessary to treat a student's medical condition, which is needed to document medical necessity. A POC is not a part of the IEP but should be shared with the IEP team. A therapist's POC is required to contain service recommendations. While the POC contains service recommendations, it is important to note that the IEP team, not an individual member, ultimately determines the type/s of support and services needed and length of time of each special education and related service (i.e., number of minutes), the frequency with which the service is provided (e.g., daily, weekly, monthly, annually) and over what period of time (i.e., a portion or, or the entire length of the IEP period). LEAs are also discouraged from adding supports and services to the IEP solely for the purpose of potential insurance reimbursement without individualized student need and data to substantiate the support and service.

A second option is to contain a well-written summary of assessment results as a separate section of, or addendum to the IDEA evaluation or reevaluation report itself. A well-written addendum section may include, but is not limited to, the following:

- the definition of the area of eligibility being considered,
- a statement indicating the student meets evaluation and eligibility standards for a disability area, but the IEP team will determine if the student is a student with a disability and requires special education and related services ([34 C.F.R. § 300.8\(a\)](#)),
- a statement summarizing the strengths of the student,
- a statement summarizing the needs of the student, and
- a statement indicating skilled interventions needed to support the student (e.g., development of a functional communication system; explicit vocabulary instruction; errorless learning; communication strategies through the use of an AAC device; occupation-based interventions; sensory activities; skilled therapeutic activities; positioning activities; gait training).

LEAs will want to ensure that recommendations made on behalf of medical necessity are made based on individualized student strengths and needs, considering multiple sources of current data, with the outcome of improving the student's academic and functional performance within the educational setting. Restricting or limiting goals, supports, and services based on an adult's schedule or eligibility category/ies should not occur. In addition, adding goals, supports, and services where there is insufficient data to support the need is strongly discouraged.

3. What does the IEP team need to do with an annual evaluation report, or Plan of Care, that only meets medical necessity guidelines?

The IEP team can consider the information within the medical necessity evaluation report or Plan of Care as they would any other data sources the team may be reviewing for determination of programming and planning. In addition, the IEP team may incorporate data from the medical necessity evaluation or Plan of Care within an IDEA evaluation report as historical data, should the IEP team initiate an IDEA evaluation or re-evaluation. The data from the medical necessity evaluation may **not** stand in place of or supplant an IDEA evaluation that meets federal and state guidelines.

Questions? Contact Special.Populations@tn.gov