

Speech and Language Impairments Assessment and Decision Making

Technical Assistance Guide

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Introduction

Development of the Technical Assistance Documents

With the passage of the new rules, Wisconsin Chapter PI 11.35, relating to need for special education and Chapter PI 11.36 relating to new eligibility criteria for six of the impairment areas contained in Sub.V Chapter 115, Wis Stats., it is imperative that all who are involved in evaluating children have a clear understanding of the requirements. The Wisconsin Department of Public Instruction (WDPI) has developed these technical assistance documents to assist the reader in understanding each of the new provisions of the rules and to give guidance in evaluating children to determine if they have an impairment and a need for special education. The six documents relate to the impairments of: cognitive disabilities (CD), visual impairments (VI), hearing impairments (HI), speech and language impairments (S/L), specific learning disabilities (SLD), and emotional/behavioral disabilities (EBD). The overall purpose of these documents is to serve as a resource for Individualized Education Program (IEP) teams and designed to address four primary objectives:

1. To clarify changes in the new rules regarding need for special education and eligibility criteria.
2. To operationalize the eligibility criteria for each of the impairment areas that have changed.
3. To highlight assessment practices that assist the IEP team when evaluating a child.
4. To provide clarification of the process the IEP team must use to determine if the child needs special education and related services.

During the spring and summer of 2001, specific disability task forces met to provide input for the content of the documents. These technical assistance documents are the end result. We recognize the critical importance of appropriate identification both because each child should be labeled only if necessary for educational services and because of concerns in Wisconsin and nationally about increasing identification rates.

Chapter I

IEP Team Process–Evaluation

Evaluation is an essential part of the special education process for children with disabilities. Children are evaluated initially to see whether or not they have an impairment and whether, because of that impairment they need special education and related services. Information gathered during the evaluation helps to determine the educational needs of the child and to guide the IEP team in determining the services that are appropriate for the child. Federal and state special education law is specific about requirements for evaluating students. This section will briefly highlight those provisions of the law. Further details can be found in s. 115.782, Wis. Stats., and in federal Individuals with Disabilities Education Act of 1997 (IDEA) regulations 34 CFR 300.530-536.

Referral

- Any person who reasonably believes that a child is a child with a disability may refer the child to a local education agency (LEA).
- Certain individuals such as physicians, nurses, psychologists, social workers, administrators of social agencies, and school personnel are required to make a referral when they suspect a child has a disability.
- All referrals must be in writing.
- Prior to submitting the referral a person required to make a referral must inform the child's parent.
- When the LEA receives the referral, the 90-day timeline from receipt of referral to sending placement notice begins.
- School districts must have written procedures describing the referral process.

The IEP Team

When a child is referred, the LEA appoints an IEP team (s. 115.777, Wis. Stats.). This IEP team includes:

- **The parents of the child.** Parents are equal participants on the IEP team throughout the process.
- **At least one regular education teacher** if the child is or may be participating in a regular education environment. It is the intent of the law that the regular educator should be one who is or will be teaching the child.
- **At least one special education teacher** who has extensive and recent training and experience related to the child's known or suspected disability or, where appropriate at least one special education provider of the child.
- **A LEA representative** who is qualified to provide, or supervise the provision of special education, is knowledgeable about the general curriculum and is knowledgeable about the availability of and authorized to commit LEA resources. This individual can also fill another role if the individual meets the requirements for another role.
- **An individual who can interpret the instructional implications of evaluation results.** This individual can also fill another role.

- **Other individuals at the discretion of the parent or LEA**, including related services personnel as appropriate. It is important to be aware that the occupational therapy, physical therapy, and school nursing practice acts and professional standards require an evaluation prior to providing services. A representative from birth to 3 programs or Head Start should be included when referring preschool children.
- **The child, whenever appropriate.** The student must be invited to any IEP meeting where transition is discussed.

IEP Team Duties

- The IEP team is responsible for three basic activities:
 - First, to **evaluate** the child to determine whether the child has or continues to have a disability and to identify the child's educational needs.
 - Second, for each child who has a disability, **to develop, review, and revise** the child's IEP.
 - Third, **to determine** a special education placement for each child who has a disability.
- It is important to remember that these activities are part of a unified and fluid process. The IEP team can complete these activities in one meeting or more than one. Evaluation information is used to identify appropriate goals and objectives for the student to work on throughout the year. The basic idea is that those who know and care about the child collaborate to identify and meet the child's needs.

Evaluation Activities

- The IEP team completes three basic activities during any evaluation. These activities are common to both initial and reevaluations, although there are some procedural differences between the two.
- First, the IEP team **reviews existing data** and determines whether additional data are needed. A review of existing data is always the first step of any evaluation.
- If additional data are needed, the IEP team **conducts any necessary tests and other evaluation materials** in order to determine if the child is or continues to be a child with a disability.
 - The LEA assesses the child in all areas of suspected need and conducts a non-discriminatory evaluation. (The provisions for a nondiscriminatory evaluation are found at s. 115.782(2), Wis. Stats.).
 - Each participant who administers new tests or evaluation materials completes an individual summary of findings.
- The IEP team then **completes an evaluation report.**

Initial Evaluation

- Following the receipt of an initial referral, the LEA provides the parent with a notice that a referral has been made.
- The notice includes the individuals the LEA has appointed as IEP team participants in addition to the parent and student as appropriate, and the qualifications of those participants.

- The IEP team reviews existing data and determines whether additional data must be collected in order to determine whether the child is a child with a disability and to identify the child's educational needs.
- The IEP team must review existing data **including information provided by the parents**, previous interventions and their effects, current classroom-based assessments, and observations by teachers and others. After doing so, the IEP team decides whether additional data are needed. Existing data would include any information from outside sources including evaluation data for a child transitioning from a Birth-3 program or Head Start program.
- It is not required to have an IEP team meeting to review existing data, however the IEP team may decide to this in a meeting.
- If the IEP team, which includes the parents, finds that **no additional data are needed, the LEA notifies the parents in writing of the finding and reasons for it.**
- The next step is to invite the parents to an IEP team meeting and make a determination about whether the child has a disability based on existing data.
- If there is a disagreement between the parent and the LEA that cannot be resolved about whether additional data are needed, the parent or LEA may pursue mediation, due process and/or complaints (as at all stages of the IEP process).
- If the IEP team, which includes the parent, **determines additional information is needed**, the IEP team specifies what data are needed and the qualifications of evaluators who will collect the data.
- Parents are notified of this decision in writing. The notification includes all evaluation procedures, tests, or other evaluation materials that will be used, who will be conducting the assessment (if known), and their qualifications.
- **Parental consent** is needed before administering new tests or other evaluation materials. Parents may revoke their consent at any time prior to the completion of the evaluation.
- Following the administration of tests and other evaluation materials, the IEP team meets, reviews all evaluation information, and makes a determination as to whether the child is a child with a disability.

Reevaluation—General Provisions

- Reevaluations are conducted at the request of the child's parent or teacher, when conditions warrant, and at least once every three years.
- The procedures for reevaluation are essentially the same as for initial evaluations.
- Prior to beginning a reevaluation, the LEA provides the parents with **written notice**. This notice informs the parents that the LEA intends to reevaluate the child and the reason for the reevaluation.
- The notice also includes the IEP team participants, in addition to the parent and child (if appropriate), who have been appointed by the LEA, their names and qualifications.
- **The IEP team reviews existing data including:**
 - Existing evaluation data.
 - Information provided by the parents.
 - Previous interventions and their effects.
 - Current classroom-based information.
 - Observations and interviews.

- Upon reevaluation, if after reviewing existing data, the IEP team determines **no additional data are needed**, the LEA **notifies** the parent in writing of the finding and the reason for it, and the parent's right to request assessment to determine whether the child continues to be a child with a disability (please note that the parent is an IEP team participant and thus knows that this decision has been made. Providing them with written notice is a statutory requirement).
- **Consideration of progress made is taken into account at a reevaluation.**
- If **additional data are needed**, the parent is **notified**, and a description of the types of tests and other evaluation materials to be conducted and names (if known) and qualifications of examiners are provided.
- **Parental consent** is needed before administering new tests, assessments, or other evaluation materials.
 - **Except**, consent need not be obtained if LEA has taken reasonable measures and parents fail to respond. This is different than if the parent refuses to give consent.

Evaluation IEP Team Determination

- Based on the review of existing data (and the results of new tests and other evaluation materials if administered), the IEP team determines:
 - whether the child has an impairment listed in state statute, s.115.76 (a), Wis. Stats., (Consideration of progress made is taken into account at a reevaluation),
 - the present levels of performance and educational needs, and
 - whether the child needs special education or related services.
- The IEP team may not determine that a child is a child with a disability solely because the child has received insufficient instruction in reading or math or because the child has limited proficiency in English.

Evaluation Participant Summary of Findings

- Each IEP team participant who conducts new tests, assessments, or other evaluation materials submits a summary of their findings.
- This summary is made available to all IEP team participants at the IEP team meeting when the data is discussed. It is also attached to the evaluation report.
- The summary of findings is:
 - in writing,
 - about one page in length,
 - understandable to all IEP team participants, and
 - includes information about the child's strengths and needs that will be useful to program planning.
- It is not intended to be a lengthy report nor just a list of standardized test scores.
- Each summary of findings becomes part of the evaluation report and is not a "stand alone" document.
- Please note: It is not appropriate for an IEP team participant to make recommendations about whether a child meets eligibility criteria on their individual summary of findings. This decision rests with the IEP team as a group.

Evaluation Report

- The IEP team documents the evaluation findings in its evaluation report. This includes information from:
 - review of existing data,
 - findings from any new or additional tests or evaluation materials administered including participants' summaries of findings, and
 - determination of eligibility for special education including:
 - whether the child has an impairment,
 - if the child needs special education,
 - additional required documentation if the child was evaluated for a learning disability. In addition, for a child suspected of having a specific learning disability, each IEP team member must certify in writing whether the report reflects his or her conclusion. If it does not, the IEP team member must submit a separate statement presenting his or her conclusions, and
 - additional required documentation if the child was evaluated for a visual impairment or if a child with a visual impairment requires Braille.
- The LEA informs all IEP team participants that they may request a copy of the evaluation report or additional time before the IEP team develops an IEP for the child.
- The LEA asks each IEP team participant if they would like a copy of the report or additional time prior to moving forward to develop the IEP.
- Any IEP team participant may request a copy of the evaluation report at any time, following the evaluation.
- Unless provided earlier at an IEP team participant's request, a copy of the evaluation report is provided to parents with the placement notice.
- If the IEP team determines the child is **not** a child with a disability, it identifies any educational needs of the child and any LEA or non-LEA services that may benefit the child.
- Unless provided earlier, a copy of the evaluation report is provided with notice of IEP team findings that the child does not have a disability.

Chapter II

General Assessment Components and Considerations

In order to assure student and parental rights, state, and federal rules and regulations must be followed throughout the entire IEP process from referral to placement. According to Wisconsin Administrative Code, the IEP team must include a DPI licensed speech-language pathologist and information from the most recent assessment to document a speech and language impairment.

Decision-making about an individual is based upon the professional judgment of the IEP team. It is important to work collaboratively with each member of the IEP team to discover the conditions, under which the child communicates most effectively, both verbally and nonverbally. All evaluations need to be multifaceted and include:

- Multiple data sources such as teachers, parents, students, and other service providers familiar to the student.
- Multiple types of data which are quantitative and qualitative in nature.
- Multiple types of tools and procedures such as standardized measures and alternative methods of assessment.
- Multiple environments such as classrooms, playground, community settings, and home.

The major purpose of a speech and language assessment is to develop an understanding of the child's oral communication abilities and needs. Both standardized tests and descriptive procedures are essential for the assessment of a child's communication skills. A valid assessment provides information about abilities and identifies the child's educational needs. Evaluation tools and procedures must be culturally, racially, and linguistically unbiased.

The purpose of a speech and language assessment is to:

- Determine the understanding and use of the student's oral communication skills.
- Identify the student's strengths and weaknesses relating to communication competence.
- Provide information for the IEP team to use to determine if the student has a speech and language impairment.

Substantiation of a Speech And Language Impairment

Ch. PI 11.36 (5) (d), Wisconsin Administrative Code

In order to substantiate a speech and language impairment to the IEP team, the speech and language assessment shall consider the following:

- **Formal measures using normative data or informal measures using criterion referenced data.**
- **Some form of speech or language measures such as developmental checklists, intelligibility ratio, language sample analysis, and minimal core competency.**
- **Information about the child's oral communication in natural environments.**
- **Information about the child's augmentative or assistive communication needs.**

There are a number of factors to be considered regarding the collection of data during the evaluation process:

- Data collected must match the purpose of evaluation.
- Sufficient amount of data must be collected to substantiate a speech and language impairment.
- Data from both standardized tests and descriptive procedures are essential for the documentation of a child's communication skills.

It is appropriate to include the following components in a speech and language assessment:

Review of records refers to the process of collecting existing information that is relevant to the evaluation. Reviews may include information on developmental milestones, medical records, prior assessments, school history, previous interventions attempted and their effects, and information relative to family composition and experiences.

Formal measures using normative data refers to standardized instruments used for obtaining a sample measure of a communication behavior. Consideration must be given as to the purpose of the assessment and the age and general level of functioning of the child when determining appropriate assessment tools. It is important to administer tests that are valid and reliable. A valid test means that the test measures the content and communication process it claims to measure. The content of the test should be the same content or communication process the IEP team wants to measure in the evaluation. A reliable test is one that will produce consistent scores over time and will produce consistent results between and within groups of students.

See Appendix A-Resources for Standardized Testing The *Test Evaluation Form* provides the diagnostician with a source for reviewing appropriateness of norm referenced tests that may be considered for an assessment. The *Assessment Reference* provides the diagnostician with a graphic comparison of standardized test scores.

Informal measures using criterion referenced data refers to the process of systematically collecting information across situations and settings through the use of interviews, checklists, language samples, and observations. It also could include the informal measures of play-based assessment, dynamic assessment, and portfolio assessment.

- **Interviews** provide information regarding developmental, behavioral, and learning experience that provides essential understanding of the child's communication abilities. An interview may be conducted with child's parent, classroom teacher, special education teacher, day care provider or other staff member associated with the child. Information from interviews may include:

- Goals and priorities others have established for the student.
 - Previous interventions and their effects.
 - The child's preferred learning modality (i.e., visual, auditory, tactile, multi, etc.).
 - The child's communication interactions in the home, school, and community environments.
 - Identification of individuals who have had success when working with the child and the individual's instructional styles.
 - The child's ability to use their communication skills in a variety of situations.
- **Checklists** completed by parents, guardians, teachers and others describing the child's skills provide an overview of how people in the child's environment perceive the child's communication skills. Checklists can be utilized to document how the child's communication skills affect classroom functioning, including academic performance or social, emotional, or vocational development.

See Appendix B-Documenting Communication in Natural Environments The *Teacher Checklist* provides a format for the classroom teacher to describe a child's communication ability. The *Checklist Of Developmental Milestones For Speech And Language* provides information concerning the child's observed level of communicative competence.

- **Observation** refers to the process of collecting information regarding the child's communication performance in natural environments. Observations can focus on both individual performance and the environmental variables that surround the communicative behavior.

See Appendix B-Documenting Communication in Natural Environments

The *Observation of Speech and Language Behaviors in the Classroom Setting* provides a documented observational format.

- **Play-Based Assessment** is the systematic observation of a student in structured and unstructured play. Information obtained from this type of assessment may include:
 - Cognitive, social-emotional, and speech and language skills.
 - Developmental level.
 - Learning style.
 - Interaction in different situations with different individuals.
 - Task Completion.
 - Fine and gross motor skills.
 - Play behavior.
 - Parent and child interaction.
- **Dynamic Assessment** is the observation of language and learning which the child uses in completing a specific task under varying conditions. Dynamic assessment and protocols can be used for assessing behaviors in speech or sound production, voice, fluency, and oral communication. Dynamic Assessment is based on a test-teach-test approach in which a student is presented with a task and receives different levels of support from the speech and language pathologist or another examiner to accomplish the task. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful. The student's level of performance and the degree of assistance that

enabled the student to complete the task are recorded. This information can be used to provide the starting point for intervention.

- **Portfolio Assessment** is a longitudinal 'picture' of the student as a life-long communicator. Portfolios can be used to assess a student's development and growth in communication skills. A portfolio to assess student communication skills might include language samples, summaries of observations of the student in various settings, video or audio recordings of speech samples, a student's self-evaluation, and samples of student work.
- **Language Samples Analysis** is a formalized method for examining the communication skills of a child in a natural communication setting. The WDPI has supported the "Systematic Analysis of Language Transcription" (SALT) project with IDEA discretionary funds. This project resulted in the WDPI publication, *Language Sample Analysis: The Wisconsin Guide* (1992). SALT is a language sample analysis that uses a recorded and transcribed sample of dialogue between two speakers to identify and describe productive language. SALT analyzes the student's vocabulary, syntax, semantic and pragmatic features and provides an interpretation of the analysis. Other methods of language sample analysis include obtaining a mean length of utterance (MLU) and applying this numeric value to compare syntax expectations at the various stages of development (Brown, 1973), online computerized profiling (Fey and Long, 2001), Development Sentence Analysis (Lee, 1974).

Types of assessments that assist in the decision-making process are discussed in the chart below developed by the Ohio Department of Education (1991).

Advantages and Disadvantages of Types of Assessments

	Advantages	Disadvantages
Norm-referenced Language Tests	<p>Designed for diagnosis Allow comparison with age or grade peer on an objective standard</p> <p>Facilitate comparisons across several domains to assess discrepancies and broad strengths/weaknesses</p>	<p>Not designed for identifying specific intervention objectives</p> <p>Norm group is representative of national samples, but may not be representative enough of the student's background</p>
Criterion-referenced Tests	<p>Tests for regularities in performances against a set of criteria</p> <p>Useful for designing interventions, interfacing with curriculum objectives and describing where a student is along a continuum of skills</p>	<p>Not designed for use in making program placement or eligibility decisions that require comparison to a population</p>
Checklists	<p>Easy to administer and practical</p> <p>Can give a broad evaluation in areas judged important</p> <p>Address crucial academic skills which referral is often based</p>	<p>Not designed to evaluate peer or age-group level</p>
Structured Observations	<p>Permit guided evaluations of communication in context</p> <p>Can focus on several aspects at once</p> <p>Occur onsite; are based on reality, current experience</p>	<p>Can be time consuming</p> <p>Presence of observer may alter behavior, especially with teens</p>

Source: Ohio Department of Education (1991) *Ohio Handbook for the Identification, Evaluation, and Placement of Children with Language Problems*. Columbus, OH. Reprinted by permission.

Children Who are Linguistically and Culturally Diverse

When assessing children, whose primary or dominant language is not English, there are several factors to consider. First, it is important to establish what the child's native language is. IDEA defines 'native language' as the language spoken in the home. In some situations, such as in the case of adoption, the language of the home may be English, but the child's primary or dominant language may be a language other than English. The IEP team should consult with teachers of English as a second language and others as necessary, to determine what language the child uses most often and competently, and what language the child appears to understand best.

Second, it is important to establish the English proficiency of the child. This refers to a child's ability to use language effectively in various contexts and to meet the language demands of the communication situation. To determine English proficiency levels, a teacher of English as a second language may obtain a range of English proficiency levels (Levels 1-6) that determines the amount of English understood and used by the child. Children who are learning English as a second language acquire different 'types' of language skills at different time intervals.

Two types of English proficiency are:

- Basic Interpersonal Communication Skill (BICS) is required for social communication where much of the information is embedded in the context of the situation. BICS proficiency is the kind of skill demonstrated by children on the playground as they chat in informal situations. This everyday communication is informal and children may rely on contextual cues. BICS proficiency is acquired in two years on the average. (Cummins, 1984)
- Cognitive Academic Language Proficiency (CALP) is demanded in academic situations where less information is derived from the context. CALP requires that children derive their understanding exclusively from the language used to convey the message. Situational cues are limited or absent. CALP proficiency may take five to seven years (or more) to achieve proficiency for cognitive and academic language demands. (Cummins, 1984).

Children need to acquire proficiencies all along the BICS-CALP continuum to succeed academically. It is, therefore, necessary to determine where on the continuum the child is performing during the assessment process.

Next, it is important to become familiar with the phonological (sound) and linguistic system of the student's primary or dominant language. This information may be obtained from a teacher of English as a second language, a regular classroom teacher, the parent, an interpreter or another individual who has knowledge of the first language. This information will assist in determining if the child has language impairment or a difference due to the linguistic or cultural difference.

Finally, the assessment should be descriptive in nature. Descriptive assessment or ethnographic methods of assessment examine the communication skills of the student in a variety of settings. In the WDPI publications *Linguistically and Culturally Diverse Populations: African American and Hmong (1997)* and *the Linguistically and Culturally Diverse Populations II: Native American and Hispanic (2002)*, several activities are recommended when conducting an ethnographic assessment. They are as follows:

- Critically examine your own world values, views, beliefs, way of life, communicative style, learning style, cognitive style, and personal biases.
- Describe the child's communication breakdown based on information from multiple sources.

- Interview members of the child's family and collect data in regards to the child and home environment.
- Consult the classroom teacher and aides.
- Employ procedures designed to describe the child's linguistic behavior in natural settings.
- Summarize observations and identify patterns of communication, taking care to validate observations by comparing information from multiple sources.
- Use caution when administering standardized assessments to these students. Typical standardized tests are not normed on linguistically diverse populations so results must be reported as estimates only.

In summary, each student is unique and will require an individualized approach during assessment. When writing the evaluation report, focus on what the student can do and describe specific skills observed in both formal testing and informal measures, as well as other information reported by individuals during the interview process or through use of a checklist. All information gathered by the IEP team should be considered in determining whether the child has an impairment.

Guidance for IEP teams regarding definitions of the different areas of communicative disorders and communication variations can be found in **Appendix C—Definitions of Communication Disorders and Variations**.

Chapter III

Determining and Documenting Eligibility

DEFINITION PI 11.36(5)(a), Wisconsin Administrative Code

Speech or Language Impairment means:

An impairment of speech or sound production, voice, fluency, or language that significantly affects educational performance or social, emotional, or vocational development.

See **Appendix D-Worksheets to Document a Speech/Language Impairment** The *Speech and Language Eligibility Checklist* offers the IEP team a checklist for decision making.

Discussion of the Eligibility Criteria For Speech or Sound Production

According to PI 11.36 (5), Wisconsin Administrative Code, the IEP team may identify a child as having a speech or sound production impairment by meeting the following criteria:

1. The child's conversational intelligibility is significantly affected **AND** the child displays at least one of the following:
 - a. The child performs on a norm-referenced test of articulation or phonology at least 1.75 standard deviations below the mean for his or her chronological age, **OR**
 - b. Demonstrates consistent errors in speech sound production beyond the time when 90 percent of typically developing children have acquired the sound, **OR**
2. One or more of the child's phonological patterns of sound are at least 40 percent disordered **OR** the child scores in the moderate to profound range of phonological process use in formal testing **AND** the child's conversational intelligibility is significantly affected.

An impairment of speech or sound production may be determined by the administration of a standardized test of articulation or phonology, or through analysis of a sample of the child's speech. Standardized measures chosen for this evaluation must appropriately consider the child's linguistic and cultural background. When norm-referenced tests of articulation or phonology are not appropriate, a child must demonstrate consistent errors in speech sound production beyond the time when 90 percent of typically developing children acquire the sound. This mastery is described in **Appendix E—Resources for Speech or Sound Production** *"The Iowa Articulation Norms Project and Its Nebraska Replication (1990)*.

Typical, Persistent and Disordered Phonological Processes

When assessing the phonological processes that children produce it helps to understand which phonological processes are typical, which processes persist in later pre-school years, and which processes are disordered. Stoel-Gammon and Dunn (1985) have identified those typical phonological processes that are expected to disappear by three years of age and those typical

phonological processes that are most likely to persist after three years of age. See the chart below for a listing of these typical phonological processes.

Typical Phonological Processes

Phonologic Process Disappearing by Age 3	Persistent Phonological Process, After Age 3
Diminutization	Gliding
Reduplication	Stopping
Syllable Deletion	Vocalization
Fronting	Depalatalization
Consonant Assimilation	Final Consonant Devoicing
Final Consonant Deletion	Cluster Reduction
Prevocalic voicing	Epenthesis

Atypical, or disordered, phonological processes, that is, phonological speech processes that are not naturally occurring include velarization (a form of backing), lateralization, glottal replacement, neutralization, substitution of fricatives for stops, and initial consonant deletion (Edwards, 1983; Strand & McCauley, 2000). See the chart below for an explanation of these atypical phonological processes.

Atypical Phonological Processes

Atypical Phonological Processes	Definition
Velarization—A Backing Process	Alveolar speech sounds are replaced by velars
Lateralization	Fricative speech sounds are produced with lateral emission
Glottal Replacement	Consonant sounds are replaced by glottal stops
Neutralization	A group of consonant sounds is replaced by one sound
Substitution of Fricatives for Stops	Stop consonant sounds are produced as fricative sounds
Initial Consonant Deletion	The initial consonant in a word is deleted

In situations where the child's native language is not English or when a child speaks a different dialect of American English, it would not be appropriate to apply the sound development norms for an English phonological system. It is important to become familiar with the phonological (sound) and linguistic system of the student's primary or dominant language. This information may be obtained from a teacher of English as a second language, a regular classroom teacher, the parent, an interpreter or another individual who has knowledge of the first language. This information will assist in determining if the child has speech sound production impairment or a difference due to the linguistic or cultural difference. The WDPI publications *Linguistically and Culturally Diverse Populations: African American and Hmong (1997)* and *the Linguistically and Culturally Diverse Populations II: Native American and Hispanic (2002)* both contain charts and descriptions of the speech sound production characteristics for the specified populations to assist the diagnostician.

Conversational Speech Intelligibility

The IEP team must document that the delayed speech or sound production significantly affects the child's conversational intelligibility.

Describing a student's conversational speech intelligibility, and the severity of the student's reduced intelligibility, are key components of the eligibility criteria for a speech-language impairment. It is important to measure a student's conversational speech intelligibility for a variety of reasons when a student exhibits an articulation or a phonological disorder. A speech disorder is significant when it negatively affects conversational speech intelligibility and interferes with functional communication. For example, when a student who is four exhibits a phonological disorder as evidenced by a standard score that is below 74 on a test of phonology, and produces phonological processes that should have disappeared by three years of age, then he or she has a speech delay. If this same student's speech intelligibility is also 62 percent, and there is evidence from observing the child, in his or her natural learning contexts, that he or she is unsuccessful communicating with peers and educators, then this child has a speech impairment.

However, a student may have a possible articulation or phonological disorder and the speech deficit may not cause a significant deterioration in conversational speech intelligibility or functional communication. For example, a three-year-old child may have many articulation errors and may still use several typical phonological processes, such as final consonant deletion, fronting and stopping; thus suggesting a possible phonological delay. However, the child's speech intelligibility may be measured at 88 percent, which is a score well within the average for a three-year-old child (Vihman & Greenlee, 1987; Vihman, 1998). Additionally, parents may report that the child is successful communicating in most contexts, suggesting that functional communication is not significantly affected. In this example, the child demonstrates a possible phonological delay but it is not causing a significant deterioration in speech intelligibility that significantly limits effective communication. Thus, this child does not have speech impairment.

Anecdotal Reporting

Anecdotal reporting can be used in addition to formal methods to document that the delayed speech or sound production affects the child's conversational intelligibility as given in the previous example. **Appendix B-Documenting Communication in Natural Environments Anecdotal Reporting Of Intelligibility Worksheet** provides the diagnostician with a documented checklist format to determine if reports of the child's speech intelligibility significantly limit effective communication.

Measuring Conversational Speech Intelligibility

A student's conversational speech intelligibility can be assessed using a variety of procedures, including estimates of conversational speech intelligibility and conversational speech sampling. One of the most reliable and valid assessment procedures for evaluating conversational speech intelligibility requires calculating the percentage of words understood by the listener from a conversational speech sample (Gordon-Brannan & Hodson, 2000; Hodson, 2002; Kent, et. al., 1994; Kwiatkowski & Shriberg, 1992; Pena-Brooks & Hedge, 2000; Strand & McCauley, 2000). A trained speech-language pathologist who is not familiar with the student calculates the percentage of words understood by a listener, while transcribing a child's audiotaped conversational speech sample. Using an audiotaped sample assures that the listener can not

use face-to-face visual signals and context to help “decode” the child’s speech. Also, when a speech-language pathologist who is not familiar with the child completes the speech sample transcription, a more accurate account of speech intelligibility can be determined. Some clinicians recommend calculating “percent speech intelligibility” from a 100 word sample (Gordon-Brannan & Hodson, 2000; Hodson, 2002) while others suggest a 200 word sample (Strand & McCauley, 2000; Weiss, Gordon, & Lillywhite, 1987). The formula for calculating percent speech intelligibility is provided below for a 100 word sample. This measure often results in a statement such as “Susan’s conversational speech intelligibility was 63 percent, that is, 63 of 100 words were understood by an unfamiliar speech-language pathologist who listened to a tape-recorded sample of Susan’s speech during conversation.”

Calculating Percent Speech Intelligibility

$$\% \text{ of Intelligible} = \frac{\# \text{ of Intelligible Words} \times 100}{\text{Words} \quad \text{Total \# of Words}}$$

Data from a variety of clinical and research sources (Gordon-Brannan, 1994; Gordon-Brannan & Hodson, 2000; Hodson, 2002; Pena-Brooks & Hedge, 2000; Vihman & Greenlee, 1987; Vihman, 1998) reveals average speech intelligibility and range expectations for typically developing 3-5 year olds. The chart below summarizes these speech intelligibility expectations.

Typical Speech Intelligibility Expectations

Age	Average Speech Intelligibility	Speech Intelligibility Range
3	73%	54%-80%
4	93%	73%-100%
5	Not Reported	90%-100%

Another frequently used procedure for assessing speech intelligibility requires an unfamiliar speech-language pathologist to estimate a child’s speech intelligibility, but this measure is often inaccurate (Gordon-Brannan & Hodson, 2000; Kent, et. al., 1994). This procedure may also be used by the child’s family members or by educators. This procedure is best performed while listening to an audiotaped sample. These estimates often result in statements such as “John’s speech intelligibility was 80 percent when the context was known, as rated by his parents, and when the context was not known his speech intelligibility was 70 percent, as rated by an unfamiliar speech-language pathologist.” However, while estimates of speech intelligibility are quick and simple to make, they are often unreliable measures of actual conversational speech intelligibility and their validity as a measure of speech intelligibility has been strongly questioned (Kent, et. al, 1989).

Measuring Speech Severity

Speech-language pathologists often make judgments of speech disorder severity using ratings of typical mild, moderate, severe-profound. However, there is a measure that is more accurate that was developed by Shriberg & Kwiatkowski (1992), called “percentage of consonants correct.” This measure, which is closely related to percent of conversational speech intelligibility, provides an index of speech impairment severity: mild, mild-moderate, moderate-severe, and severe. See **Appendix E-Resources for Speech or Sound Production** *The Procedure for Calculating the Percentage of Consonants Correct* gives the IEP team a method for completing and interpreting this measure.

AND

3. The delayed speech or sound production significantly affects the child's educational performance or social, emotional, or vocational development.

In addition to documenting a delay in speech or sound production that significantly impacts the intelligibility of the child's speech, the IEP team must document that this delay affects the child's educational performance, or social, emotional, or vocational development.

See Appendix D—Worksheets to Document a Speech/Language Impairment The *Educational Relevance of the Communication Disorder Checklist* offers the IEP team a checklist to aid in determining how the communication disorder impacts the child's social/emotional, academic, and/or vocational areas.

There are a number of factors to be considered regarding the collection of data during the evaluation process:

- Data collected must match the purpose of evaluation.
- Sufficient amount of data must be collected to substantiate a speech and language impairment.
- Data from both standardized tests and descriptive procedures are essential for the documentation of a child's communication skills.

Discussion of the Eligibility Criteria For Language

According to PI 11.36(5), Wisconsin Administrative Code, the IEP team must document that the child's oral communication or, for a child who cannot communicate orally, his or her primary mode of communication is inadequate, as documented by **all** the following when identifying an impairment in language:

1. Performance on norm-referenced measures at least 1.75 standard deviations below the mean for chronological age.

The delay in receptive or expressive language must be documented through evaluation using standardized norm-referenced tests. The child must score at or below 1.75 standard deviations below the mean for chronological age. Report a receptive composite, expressive composite, or total test composite score, rather than reporting an individual subtest score when documenting a delay in language. At least two norm-referenced measures are needed for documentation.

There are various forms of language that can be impaired. They are:

- Semantics is the understanding or use of meaning. For example: concepts, vocabulary, and ideas.
- Syntax is the understanding or production of correct grammatical forms, subject-verb agreement, production of complex sentences (i.e., with subordinating clauses).
- Pragmatics is the ability to communicate effectively in a variety of social contexts.

OR (Use of the Alternate Method)

In some situations, formal testing using norm-referenced tests is not appropriate or feasible. Examples of such situations include:

- The child's cognitive or physical limitations prevent establishing a baseline (basal) on the test.
- There is no norm-referenced test available to measure specific communication areas of concern.
- The population used to establish the norms for the test was not representative of, or did not include children with similar disabilities.
- The child is not able to respond as specified in the standardization procedures due to their mode of communication.
- The test cannot be administered as specified in the testing manual.
- The test is not designed for the age or population of the student being assessed.

There also are children who perform well on tests of specific language performance but who are unable to use language for effective oral communication. These children exhibit a variety of behaviors that interfere with verbal competence, but their language production deficits are difficult to identify with tests of isolated skills. Identification of these children requires more precise quantification of production disorders at the discourse level of analysis.

When technically adequate norm-referenced language measures are not appropriate as determined by the IEP team to provide evidence of a deficit of 1.75 standard deviations below the mean in the area of oral communication, then 2 measurement procedures shall be used to

document a significant difference from what would be expected given consideration to chronological age, developmental level, and method of communication such as oral, manual, and augmentative. These procedures may include language samples, criterion referenced instruments, observations in natural environments, and parent reports.

AND

- 2. Performance in activities is impaired as documented by informal assessment such as language sampling, observations in structured and unstructured settings, interviews, or checklists.**

The IEP team also must use informal assessment to document the child's performance in communication. The focus is on the child's pragmatic language abilities, or the ability to use the meaning and structure of language appropriately. The informal assessment should validate and expand upon deficits noted in standardized testing. This documentation can be accomplished through language sampling, checklists, observations, or interviews.

AND

- 3. The child's receptive or expressive language interferes with oral communication or his or her primary mode of communication.**

A child must exhibit a significant delay or deviance in the acquisition of prelinguistic skills, receptive and/or expressive skills demonstrated in oral communication. A comprehensive evaluation, consisting of formal and informal assessments of the child's oral communication abilities as they relate to peer and adult interactions and the child's ability to function as a learner in his or her present educational program are needed to provide the information through which the IEP team determines if an impairment is present.

AND

- 4. The delayed oral communication significantly affects the child's educational performance social, emotional or vocational development.**

The IEP team must also document how these delays affect the educational performance or social, emotional or vocational development of the child.

See Appendix D-Worksheets to Document a Speech/Language Impairment *The Educational Relevance of the Communication Disorder Checklist* offers the IEP team a checklist to aid in determining how the communication disorder impacts the child's social/emotional, academic, and/or vocational areas.

There are a number of factors to be considered regarding the collection of data during the evaluation process:

- Data collected must match the purpose of evaluation.
- Sufficient amount of data must be collected to substantiate a speech and language impairment.
- Data from both standardized tests and descriptive procedures are essential for the documentation of a child's communication skills.

Discussion of the Eligibility Criteria For Voice

According to PI 11.36 (5) Wisconsin Administrative Code, the IEP team may identify a child as having a voice impairment by meeting the following criteria:

1. The child demonstrates atypical voice characteristic of loudness, pitch, quality, or resonance for his or her age and gender.

An impairment of voice may be determined by the administration of a standardized test of voice, or through perceptual, descriptive judgments of pitch, loudness, quality, and resonance.

There are a few standardized measures that are used to assess voice production of pitch, loudness, quality, and resonance. However, perceptual, descriptive judgments including statements of severity are the most common assessment activities used to document a child's voice impairment. That is, how extreme the vocal characteristics are from the typical production of age and gender of matched peer groups, and how often and in what setting the behavior is observed. These judgments include:

- 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).

AND

2. The child's voice impairment is not due to any temporary factor such as respiratory virus, infection, allergies, short-term vocal abuse, or puberty.

It is necessary to determine that the child's voice impairment exists in the absence of an acute respiratory virus or infection, and is not due to temporary physical factors such as allergies, short-term vocal abuse, or puberty. This information can be gathered from a review of the student's school and health records.

AND

3. The child's voice impairment significantly affects the child's educational performance or social, emotional, or vocational development.

The IEP team must document that the voice impairment significantly impacts the child's educational performance, or social, emotional, or vocational development. This may be documented from a variety of sources such as:

- Direct observation by a speech-language pathologist and by other listeners known to the child.
- An intelligibility ratio used to determine how understandable the child's speech is.
- Interview data from a variety of sources.

An example of how an IEP team could document an impairment in voice is:

“John’s severe voice impairment significantly limits his speech intelligibility and his effective communication with teachers and peers. This impairment negatively impacts John’s access to the general education curriculum and is limiting his social development.”

In this example, the IEP team documented the presence of a hoarse voice that made John’s speech difficult to understand. The speech-language pathologist observed in testing that John was not able to produce more than two to three words per breath or that his voice had sufficient volume to be heard. According to John’s classroom teacher, students often ask John to repeat what he has said during class discussions or in non-academic settings.

See Appendix D—Worksheets to Document a Speech/Language Impairment *The Educational Relevance of the Communication Disorder Checklist* offers the IEP team a checklist to aid in determining how the communication disorder impacts the child’s social/emotional, academic, and/or vocational areas.

There are a number of factors to be considered regarding the collection of data during the evaluation process:

- Data collected must match the purpose of evaluation.
- Sufficient amount of data must be collected to substantiate a speech and language impairment.
- Data from both standardized tests and descriptive procedures are essential for the documentation of a child’s communication skills.

Discussion of the Eligibility Criteria For Fluency

According to PI 11.36 (5), Wisconsin Administrative Code, the IEP team must document both of the following when identifying a fluency impairment:

1. The child has behaviors characteristic of a fluency disorder.

An impairment of fluency may be determined through a differential diagnosis of overt behaviors, linguistic skills, emotional responses and environmental factors.

Characteristics of a fluency disorder may include any of the following:

- Sound, part-word, whole-word, phrase and sentence repetitions, sound prolongations, interjections, revisions.
- Tension-related behaviors or secondary characteristics such as excessive muscle tension, extraneous body movements (eye blinking), hard vocal attack, tense voice, blocks.
- Rapid or varied and irregular speaking rate.
- Indistinct pronunciation.
- Poor breath stream management.
- Abnormal intonation or stress patterns.
- Poor rhythm, timing, or musical ability.
- Word substitutions.
- Language formulation difficulties such as mazing, word retrieval problems observed in verbal expression or measured through language sample analysis.
- Anxiety toward speaking, avoidance of speaking situations, specific sound or words, or speaking with specific people.

The most common fluency disorder is stuttering, but there are other fluency disorders, such as cluttering. In addition, there are motor speech disorders that may affect the fluency of a child's speech, such as a child with cerebral palsy.

Cluttering is a speech and language disorder that may affect fluency, rhythm, speaking rate, respiration, speech intelligibility, organization, expressive language, and articulation. The individual is generally unaware of their speech problems, whereas the person who stutters is very aware of their speech problems.

The IEP Team must document that the child has behaviors characteristic of a fluency disorder by documenting as follows:

- Analyze the frequency of the nonfluent speech.
- Analyze the length or duration of disfluencies.
- Analyze the speaking rate.
- Analyze how the child functions as a communicator in various settings.
- Analyze the child's anxiety toward speaking and avoidance of speaking situations.

AND

2. The fluency impairment significantly affects the child’s educational, performance or social, emotional, or vocational development.

In addition to documenting a fluency disorder, the IEP team must document that this disorder affects the child’s educational performance, or social, emotional, or vocational development. This is done by reports from parents, educators, the child, other IEP team participants, or through direct observation.

An example of how an IEP team could document an impairment in fluency in the evaluation report is:

“Tony’s speech is characterized by a significant number of disfluencies. This speaking behavior makes it difficult for Tony to communicate with peers and adults, makes his speech difficult to understand, draws adverse attention to Tony, and interferes with Tony’s ability to interact in social and educational settings.”

In the example provided, a sample of Tony’s conversational speech had yielded a significant rate of disfluencies. The types of disfluencies observed in the speech sample were repetitions of the first sound of syllable in a word and prolongations of vowels. The secondary characteristics observed in the test situation, and also reported by the classroom teacher and parent include eye-blinking, tension around the mouth area, and head jerks. Tony’s classroom teacher reports that Tony rarely participates in class discussion, nor does he volunteer to answer questions. The teacher says that Tony has a few friends and does not interact with most of the other children in the class. Tony’s parents reported behavior at home to be consistent to what was reported for Tony’s school behavior.

See Appendix D—Worksheets to Document a Speech/Language Impairment *The Educational Relevance of the Communication Disorder Checklist* offers the IEP team a checklist to aid in determining how the communication disorder impacts the child’s social/emotional, academic, and/or vocational areas.

There are a number of factors to be considered regarding the collection of data during the evaluation process:

- Data collected must match the purpose of evaluation.
- Sufficient amount of data must be collected to substantiate a speech and language impairment.
- Data from both standardized tests and descriptive procedures are essential for the documentation of a child’s communication skills.

Chapter IV

Need For Special Education

Identifying an impairment using the eligibility criteria in PI 11.36, Wisconsin Administrative Code, was the first step in determining if the child has a disability in speech and language. Once a child is identified as a child with an impairment, the IEP team must then determine if the child needs special education due to the impairment.

A disability under federal and state special education law means the student meets the eligibility criteria for at least one of the impairments **and** has a need for special education. A student may meet the eligibility criteria for a speech and language or another impairment area but does not automatically need special education.

According to the PI 11.35, Wisconsin Administrative Code:

- PI 11.35 (2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Wis. Stats., that the child has an impairment under s. PI 11.36, Wisconsin Administrative Code that adversely affects the child's educational performance, and the child, as a result thereof, needs special education and related services.
- PI 11.35 (3) As part of an evaluation or reevaluation under s. 115.782, Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:
- (a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.
 - (b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.
 - (c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.

Throughout the determination of whether the student has an impairment, the IEP team also has been discussing the child's needs in relationship to program planning for the child. Once the IEP team has determined the impairment, the IEP team participants now must decide whether the student needs special education and related services as the result of the impairment.

Need for special education is an important issue that often is overlooked - A child does not "automatically" need special education just because he/she meets the criteria for an impairment. The IEP team should ask questions such as:

- Why does this impairment/why do these needs require special education?
- Does this really require special education and an IEP?

Could instructional strategies, options, or interventions be implemented in regular education to address the child's needs?

Process For Determining The Need For Special Education

If the IEP team determines that a child has an impairment and a need for special education, the child is considered a child with a disability. “Disability” means impairment **plus** need for special education. The new rules have included a process to assist the IEP team in determining if the student needs special education. A tool for guiding the IEP team’s discussion about the child’s need for special education can be found in **Appendix F—Worksheets to Document the Need for Special Education** “*Need for Special Education Worksheet*”. The worksheet is not required but may be useful in addressing the three issues related to need. As part of an evaluation or reevaluation conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the rules state that the IEP team must address the following:

1. Needs that cannot be met through the regular education program as structured.

The first step of the process requires that the IEP team discuss the **child’s** needs that cannot be met through the regular education program as structured at the time the evaluation was conducted. When discussing this, the IEP team must remember that schools have an obligation to address through regular education some level of variability in the classroom. This first consideration requires the IEP team to scrutinize the regular education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match or mismatch between the student’s needs and the regular education program. If there is a match between regular education and the child’s needs then the IEP team may decide that the child may have an impairment but does **not** need special education. If the mismatch is too great to meet the student’s needs, the IEP team’s analysis is not finished. An example of this may be a child whose speech intelligibility is so poor that his peers or his teacher does not understand his conversational speech. The IEP team must go on to the next level of analysis.

2. Modifications that can be made in the regular education program

The law states the IEP team must identify:

Modifications, if any, that can be made in the regular education program, such as *adaptation of content, methodology, or delivery of instruction* to meet the child’s needs identified under par.(a) that will allow the child to *access the general education curriculum and meet the educational standards that apply to all children*.

Schools have an obligation to adequately address a range of needs in all regular education programs. Flexibility, creativity, and strong teaching skills should be factors of the analysis.

As the IEP team starts to discuss modifications that may be needed in regular education they should take into consideration the following:

- What is involved in implementing the modification? (Time to implement, time for training, preparation, short-term versus ongoing)?
- Can the modification be used with other students as well?
- Is this modification based on the general education classroom curriculum?

Remember the IEP team is reviewing modifications that can be made in regular education to allow the student to access the general education curriculum and meet the same educational standards that apply to all students. Changes that do not alter the expectations or general content of what is being taught are still considered the general education curriculum. If options

can be provided relatively easily within the general education curriculum to address the child's needs and allow them to access the general curriculum and meet the standards that apply to all children, the child is likely **not** to demonstrate a need for special education.

3. Modifications or additions which are not provided through the general education curriculum.

The last consideration the IEP team needs to address is modifications or additions, which are not provided through the general education curriculum. The law states the IEP team must identify:

Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including *replacement content, expanded core curriculum or other supports*.

Does the student have needs that cannot be met in regular education even after that environment is carefully scrutinized and appropriate modifications are considered? If so, as the IEP team considers the child's needs, the IEP team participants will need to identify any instruction and supports outside of the regular education curriculum that the student needs.

The eligibility criteria found in PI 11.36 (5), Wis. Admin. Code are intended only to identify whether the child has an impairment, not to determine the special education or related services a child receives. There are no 'eligibility criteria' to determine the need for speech and language services, either as special education or as a related service. IDEA states that services and placement for a child with a disability must be based on the child's unique needs and not on the child's category of disability.

Chapter V

Reevaluation

Once an IEP team has identified a student as having a disability, the team must conduct a reevaluation at least once every three years to determine whether the student continues to be eligible to receive special education and to identify the student's needs. At the time of reevaluation, it is appropriate to consider progress the child has made from the intervention and possible regression if the services were stopped. A student may not appear to meet the initial eligibility criteria, but could quickly regress to that level if services are prematurely stopped. The focus becomes making an informed decision as to whether the student continues to need special education or related services.

If the IEP team decides the student no longer demonstrates a speech and language impairment, does not need special education to address his or her speech and language needs, or does not require speech and language services to benefit from their special education program, the student is no longer an eligible child with a disability under IDEA.

Discontinuing Speech and Language Services Without a Reevaluation

A speech and language pathologist must be an IEP team participant whenever speech and language services are added or discontinued for a child. If the child has been identified as a child with a speech and language impairment along with another impairment area, speech and language services can be discontinued at an IEP team meeting without initiating a reevaluation of the child as long as the child will continue to receive some other special education services. The IEP team must re-evaluate the child's speech and language skills at the next reevaluation to determine if the child continues to have a speech and language impairment. The IEP team should document this decision in a short statement in the IEP. The statement should include a description of why the decision was made. This will remind team members to consider speech and language at the next reevaluation as well as serve as documentation. If discontinuing speech and language services means the child will no longer receive any special education services, the IEP team must conduct a reevaluation prior to discontinuing services.

For example, a child may be identified as a child with impairments in the areas of specific learning disabilities and speech and language. The IEP team previously determined that the child required learning disabilities services and speech and language services to remediate deficits in reading, math, and language. At the annual IEP review, the IEP team decided that the child no longer needs speech and language services because the language and communication needs can be met in the general education environment and also by the learning disabilities program. The IEP team may discontinue speech and language services at that time without conducting a reevaluation because the child will continue to be a child with a disability and receive special education services.

If the child is a child with a disability in an area other than speech and language and is receiving speech and language as a related service, the IEP team can discontinue speech and language services without conducting a reevaluation. The child would not have to be re-evaluated in the area of speech and language at the next reevaluation unless the IEP team suspected the child had a speech and language impairment or required speech and language services to benefit from special education.

Some factors that an IEP team may consider as indicators that a child no longer needs speech and language services include:

- The child has a functional and effective communication system.
- The child still has speech sound errors that do not interfere with the intelligibility of the child's speech.
- The identified impairment no longer has an adverse affect on the student's education performance, or social, emotional, or vocational development.
- The child has met all IEP objectives in speech and language areas.
- NOTE: The lack of a child's progress in IEP objectives, in and of itself, does not justify dismissing a student from speech and language services. The lack of progress may indicate the need for the IEP team to consider a different service delivery model such as consultation services or incorporating speech and language instruction into the regular education or special education classroom. This discussion and any subsequent decision should include documentation of various instructional strategies attempted over time.
- Extenuating circumstances of a medical, dental, social, or other nature that would interfere with the child's ability to benefit from or make progress in speech and language skills.

See Appendix E—Worksheets to Document the Need for Special Education *Need for Special Education Worksheet* and *Speech and Language Need for Special Education Indicators* assists in decision-making for the IEP team.

Options For Students Dismissed From Speech and Language

When an IEP team determines that a student does not require speech and language services, teachers and parents may become concerned that the student will no longer be able to receive access to supports for communication needs. If the IEP team determines that the student *continues to have a speech and language impairment, but not a need for special education*, the team should specifically document the continuing communication needs of the child. The IEP team should then identify classroom modifications and accommodations the student needs in order to meaningfully access the general education curriculum. The IEP team should also identify any communication needs that can be met through other special education programs the child continues to receive.

Chapter VI

Speech and Language Services

There are several sources of guidance available to IEP teams when considering whether a child with a disability needs speech and language services. IDEA requires the IEP team to consider the communication needs of every child with a disability. The IEP team determines if the communication needs can be met in the general education curriculum or through another special education provider, or the IEP team may determine that the communication needs require speech and language services. In Wisconsin, speech and language services are those services provided by an individual with an #820 license in speech and language pathology issued by the Wisconsin Department of Public Instruction.

A speech and language pathologist has unique skills to provide services to improve voice, fluency, speech intelligibility, or to establish a functional and effective communication system that no other district staff member generally has. While speech and language pathologists also have specialized skills and can provide services to improve language and communication, it is possible that a child's language and communication needs may be met in the regular education classroom or through the regular education curriculum. Not every child who has a speech and language impairment or who has a communication need requires speech and language services. In considering the least restrictive environment (LRE) and the educational needs of the child, the IEP team must begin by presuming the child will be educated with his non-disabled peers in the regular education curriculum. The IEP team should also consider whether the child's language and communication needs could be met through other special education services or by other special education providers.

Some examples of questions an IEP team might ask when determining the need for speech and language include:

- Does this student's present educational program, in either regular or special education, provide for necessary instruction in language and communication skills?
- Are there interventions that still may need to be attempted in the child's present educational program or setting?
- What modifications can be made in either regular or special education such as adaptations of content, methodology, or delivery of instruction to meet the needs identified and allow the child to access the general education curriculum?
- Does this student correct any speech or language errors spontaneously?
- Is the student stimulable for correct production of sounds? Does the student correct errors in response to being given an appropriate model to imitate?
- Are there other variables or impairments (i.e., sensory or physical) which interfere with the attainment of oral communication skills?
- Is there evidence to suggest that this student will develop speech and language skills at his or her own predicated rate without intervention?
- Is there a likelihood that this student will not improve if the student does not receive speech and language services?
- Is there evidence that the student will improve as a result of receiving speech and language services and that such services will contribute to achievement of the student's overall educational goal?

See **Appendix F—Worksheets to Document the Need for Special Education** *Speech and Language Need for Special Education Indicators* provides a complete listing of indicators to consider.

Related Services

Related services means transportation and such developmental, corrective and other supportive services that are required to assist a child with a disability **to benefit from special education** and includes **speech/language pathology**.

In Wisconsin, speech and language services can be either a special education service or a related service. When a child is eligible to receive services due to a speech and language impairment and the need for special education, the speech and language service provided to a child is generally referred to as special education. When speech and language is needed by the child to benefit from special education, the service is a related service.

Determination of the need for related services for a particular student involves a process of determining educational relevance as well as educational necessity. That is, the IEP team must identify those services (e.g., speech and language) that are needed for the student to have a reasonable opportunity to benefit from special education.

To be educationally relevant, a related service must be necessary to support the student's IEP goals. The therapist should be able to identify the areas in the IEP where speech and language services are needed for the child to benefit from special education.

The following questions are ones that can help guide the IEP Team in determining if the related service is necessary for the child to benefit from special education:

1. What is the specific oral language deficit that is preventing the student's access to or ability to make meaningful progress in the special education service?
2. Is there an overlap or duplication of services? For example, children who require services to improve their vocabulary may be receiving this service from a regular education teacher or another special education provider who teaches vocabulary development. As another example, a CD teacher or assistive technology specialist may have sufficient training and experience to meet the needs of a child who requires services for augmentative communication needs, such as picture communication boards or electronic communication devices. An IEP team could, therefore, determine that a particular child's augmentative communication needs could be met through a service provider other than a speech and language pathologist.
3. Does the student require services that can only be provided by a licensed speech and language pathologist?

A speech and language pathologist has unique skills to provide services to improve voice, fluency, speech intelligibility, or to establish a functional and effective communication system that no other district staff member generally has.

It is important to remember that decisions regarding services must be made on a case-by-case basis through the IEP process.

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List of Appendices

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Appendix A

Resources for Standardized Testing

Test Evaluation Form

Title/Name of Test	Author	
Publisher		Date of Publication

I. Purposes of the Test

- A. The purposes of the test are described adequately in the test manual.
- B. The purposes of the test are appropriate for the intended local uses of the instrument.

Comments:

II. Construction of the Test

- A. Test was developed based on a contemporary theoretical model of speech language development and reflects the findings of recent research.
- B. Procedures used in developing test content (e.g. selection and field-test of test items) were adequate.

Comments:

III. Procedures

- A. Procedures for test administration:
 - 1. Described adequately in the test manual.
 - 2. Appropriate for the local population.
- B. Procedures for scoring the test:
 - 1. Described adequately in the test manual.
 - 2. Appropriate for the local population.
- C. Procedures for test interpretation:
 - 1. Described adequately in the test manual.
 - 2. Appropriate for the local population.

IV. Linguistic Appropriateness of the Test

- A. Directions presented to the child are written in the dialect used by the local population.
- B. Test items are written in the dialect used by the local population.

Comments:

V. Cultural Appropriateness of the Test

- A. Types of tasks that the child is asked to perform are culturally appropriate for the local population.
- B. Content of test items is culturally appropriate for the local population.
- C. Visual stimuli (e.g. stimulus pictures used on the test) are culturally appropriate for the local population.

Comments:

VI. Adequacy of Norms

- A. Procedures for selection of the standardization sample are described in detail.
- B. Standardization sample is an appropriate comparison group for the local population in terms of:
 - 1. Age
 - 2. Ethnic background
 - 3. Place of birth
 - 4. Community of current residence
 - 5. Length of residency in the United States
 - 6. Socioeconomic level
 - 7. Language classification (e.g. limited English proficient)
 - 8. Language most often used by child at home
 - 9. Language most often used by child at school
 - 10. Type of language program provided in school setting (e.g. bilingual education)

Comments:

VII. Adequacy of Test Reliability Data

- A. Test-retest reliability
- B. Alternate form reliability
- C. Split-half or internal consistency

Comments:

VIII. Adequacy of Test Validity Data

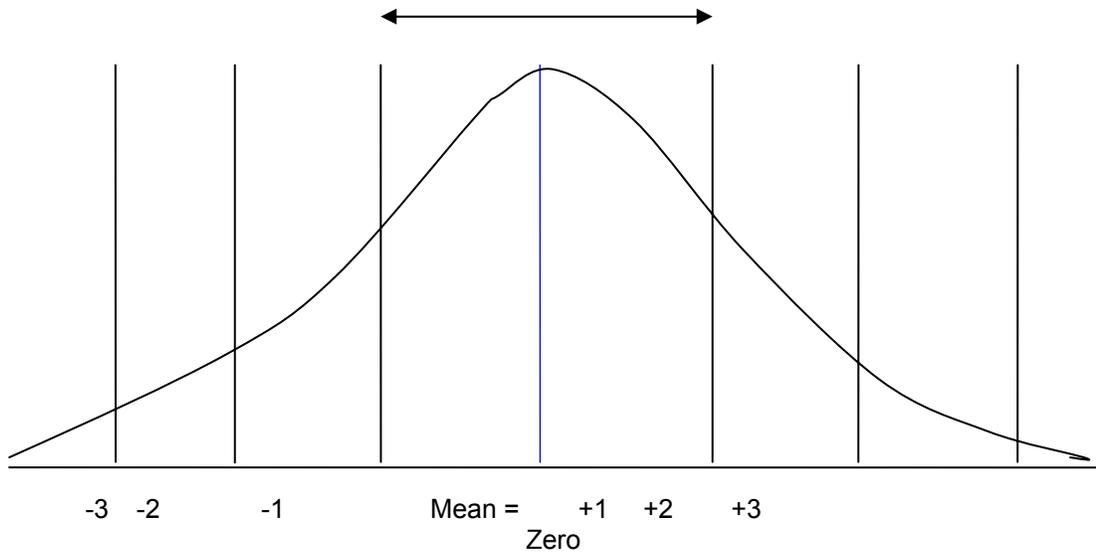
- A. Face validity
- B. Construct validity
- C. Concurrent validity
- D. Predictive validity

Comments:

Distribution of Scores

Standard Deviations	-3 SD	-2 SD	-1 SD	Mean	+1 SD	+2 SD	+3 SD
Percentiles	.1	2 5 10	15 20 30	40 50 60	70 80 84	98 99	
Stanines		1 2	3 4	5 6	7 8	9	
15 Standard Scores (S.D.)	55 1	70 4	85 7	100 10	115 13	130 16	145 19

Average Range



Appendix B:

Documenting Communication in
Natural Environments

Teacher Checklist

Student	Date
Teacher	Grade

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

1. In your opinion the student demonstrates a noticeable communication problem which maybe affecting educational performance.
2. The communication problem is most noticeable during:
 - Comprehension tasks—written—verbal
 - Classroom discussion
 - Social Communication
 - Mathematics
 - Language Arts
 - Spelling
 - Oral Reading
 - Other
3. The student understands subject-related vocabulary.
4. This student understands subject-related concepts.
5. The student follows written or spoken instructions.
6. The student understands figurative language.
7. The student has reasoning and problem solving abilities.
8. The student's responses to questions are appropriate.
9. The student participates appropriately in class.
10. The student relates stories and experiences.
11. The student's sentence structure interferes with his/her ability to clearly express a message.
12. The student's speech is easily understood.
13. The student is fluent in oral communication.

Observation in Classroom/Relevant Setting

Name		Age	Sex
ID Number		School	
Grade	Date of Observation	Location <i>Check One</i>	
		<input type="checkbox"/> Regular Classroom <input type="checkbox"/> Sp. Ed. Classroom <input type="checkbox"/> Home <input type="checkbox"/> Other	
Subject/Activity		Duration	
Instructional Setting <i>Check One</i>			
<input type="checkbox"/> whole group instruction <input type="checkbox"/> small group instruction <input type="checkbox"/> cooperative group <input type="checkbox"/> individual instruction			

Speech/Language Skills Data

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

Comments:

Academic, Social and Behavioral Factors

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

Comments:

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

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

Developmental Milestones for Speech and Language

<i>AGE</i>	<i>LANGUAGE AND SPEECH BEHAVIORS</i>
1 yr.	recognizes his or her name understands simple instructions initiates familiar words, gestures, and sounds uses "mama," "dada," and other common nouns
1 1/2 yrs.	uses 10 to 20 words, including names recognizes pictures of familiar persons and objects combines two words, such as "all gone" uses words to make wants known, such as "more," "up" points and gestures to call attention to an event and to show wants follows simple commands imitates simple actions hums, may sing simple tunes distinguishes print from nonprint
2 yrs.	understands simple questions and commands identifies body parts carries on conversation with self and dolls asks "what" and "where" has sentence length of two to three words refers to self by name names pictures uses two—word negative phrases, such as "no want" forms some plurals by adding "s" has about a 300-word vocabulary asks for food and drink stays with one activity for six to seven minutes knows how to interact with books (right side up, page turning from left to right)
2 1/2 yrs.	has about a 450-word vocabulary gives first name uses past tense and plurals; combines some nouns and verbs understands simple time concepts, such as "last night," "tomorrow" refers to self as "me" rather than name tries to get adult attention with "watch me" likes to hear same story repeated uses "no" or "not" in speech answers "where" questions uses short sentences, such as "me do it" holds up fingers to tell age talks to other children and adults plays with sounds of language

- 3 yrs.
- matches primary colors; names one color
 - knows night and day
 - begins to understand prepositional phrases such as "put the block under the chair"
 - practices by talking to self
 - knows last name, sex, street name, and several nursery rhymes
 - tells a story or relays an idea
 - has sentence length of three to four words
 - has vocabulary of nearly 1,000 words
 - consistently uses m, n, ng, p, f, h, and w
 - draws circle and vertical line
 - sings songs
 - stays with one activity for eight to nine minutes
 - asks "what" questions
- 4 yrs.
- points to red, blue, yellow, and green
 - identifies crosses, triangles, circles, and squares
 - knows "next month," "next year," and "noon"
 - has sentence length of four to five words
 - asks "who" and "why"
 - begins to use complex sentences
 - correctly uses m, n, ng, p, f, h, w, y, k, b, d, and g
 - stays with activity for 11 to 12 minutes
 - plays with language, e.g., word substitutions
- 5 yrs.
- defines objects by their use and tells what they are made of
 - knows address
 - identifies penny, nickel, and dime
 - has sentence length of five to six words
 - has vocabulary of about 2,000 words
 - uses speech sounds correctly, with the possible exceptions being y, th, j, s/z, zh, and r
 - knows common opposites
 - understands "same" and "different"
 - counts ten objects
 - uses future, present, and past tenses
 - stays with one activity for 12 to 13 minutes
 - questions for information
 - identifies left and right hand on self
 - uses all types of sentences
 - shows interest and appreciation for print
- 6-7 yrs.
- identifies most sounds phonetically
 - forms most sound-letter associations
 - segments sounds into smallest grammatical units
 - begins to use semantic and syntactic cues in writing and reading
 - begins to write simple sentences with vocabulary and spelling appropriate for age
 - uses these sentences in brief reports and creative short stories
 - understands time and space concepts, such as before/after, second/third
 - comprehends mathematical concepts, such as "few," "many," "all," and "except"

8, 9, 10 yrs.	<p>by second grade, accurately follows oral directions for action and thereby acquires new knowledge substitutes words in oral reading, sentence recall, and repetition; copying and writing dictation are minimal comprehends reading materials required for various subjects, including story problems and simple sentences by fourth grade, easily classifies words and identifies relationships, such as "cause and effect" defines words (sentence context) introduces self appropriately asks for assistance exchanges small talk with friends initiates telephone calls and takes messages gives directions for games; summarizes a television show or conversation begins to write effectively for a variety of purposes understands verbal humor</p>
11, 12, 13, 14 yrs.	<p>displays social and interpersonal communication appropriate for age forms appropriate peer relationships begins to define words at an adult level and talks about complex processes from an abstract point of view; uses figurative language organizes materials demonstrates good study skills follows lectures and outlines content through note taking paraphrases and asks questions appropriate to content</p>
Adolescence expressions and young adult	<p>interprets emotions, attitudes, and intentions communicated by others' facial and body language takes role of other person effectively is aware of social space zones displays appropriate reactions to expressions of love, affection, and approval compares, contrasts, interprets, and analyzes new and abstract information communicates effectively and develops competence in oral and written modalities</p>

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

Anecdotal Reporting of Intelligibility Worksheet

How well is your child understood when s/he talks to you and to other people?
Please check the boxes that apply.

	Parent(s) or Guardian(s)	Other Immediate Family Members	Childcare Provider(s) or Teacher(s)	Familiar Relatives or Friends	Strangers
Understood the first time					
Understood after 2-3 attempts					
Understood after many attempts					

How often do you and other people understand your child when s/he is speaking?
Please check the boxes that apply.

	Parent(s) or Guardian(s)	Other Immediate Family Members	Childcare Provider(s) or Teacher(s)	Familiar Relatives or Friends	Strangers
All of the time (100%)					
Most of the time (75%)					
Sometimes (50%)					
Rarely (25 % or less)					
Never (0%)					

When your child is not understood by you and by other people, what does s/he do? *Please check the boxes that apply.*

	Parent(s) or Guardian(s)	Other Immediate Family Members	Childcare Provider(s) or Teacher(s)	Familiar Relatives or Friends	Strangers
Repeat					
Say different words					
Gesture or point					
Give up / walk away					
Other (describe)					

Appendix C

Definitions of Communication Disorders and Variations

Definitions of Communication Disorders and Variations

Ad Hoc Committee on Service Delivery in the Schools American Speech-Language Hearing Association

These guidelines are an official statement of the American Speech-Language-Hearing Association (ASHA). They provide guidance on definitions of communication disorders and variations, but are not official standards of the Association. They were developed by the Ad Hoc Committee on Service Delivery in the Schools: Frances K. Block, chair; Amie Amiot, ex officio; Cheryl Deconde Johnson; Gina E. Nimmo; Peggy G. Von Almen; Deborah W. White; and Sara Hodge Zeno. Diane L. Eger, 1991-1993 vice president for professional practices, served as monitoring vice president for professional practices, served as monitoring vice president. The 1992 guidelines supersede the paper title "Communication Disorders and Variations," Asha, November 1982, pages 949-950.

I. A COMMUNICATION DISORDER is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A Communication disorder may result in a primary disability or it may be secondary to other disabilities.

A. A SPEECH DISORDER is an impairment of the articulation of speech sounds, fluency, and/or voice

1. AN ARTICULATION DISORDER is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility.
2. FLUENCY DISORDER is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.
3. VOICE DISORDER is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or sex.

B. A LANGUAGE DISORDER is impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

1. Form of Language

- a. PHONOLOGY is the sound system of language and the rules that govern the sound combinations
- b. MORPHOLOGY is the system that governs the structure of words and the construction of word forms.

c. SYNTAX is the system governing the order and combination of words to form sentences and the relationships among the elements within a sentence.

2. Content of Language

a. SEMANTICS is the system that governs the meanings of words and sentences.

3. Functions of Language

a. PRAGMATICS is the system that combines the above language components in function and socially appropriate communication

C. A HEARING DISORDER is the result of impaired auditory sensitivity of the physiological auditory system. A hearing disorder may limit the development, comprehension, production, and/or maintenance of speech and/or language. Hearing disorders are classified according to difficulties in detection, recognition, discrimination, comprehension, and perception of auditory information. Individuals with hearing impairment may be described as deaf or hard of hearing.

1. DEAF is defined as a hearing disorder which limits an individual's aural/oral communication performance to the extent that the primary sensory input for communication may be other than the auditory channel.
2. HARD OF HEARING is defined as a hearing disorder, whether fluctuating or permanent, which adversely affects an individual's ability to communicate. The hard of hearing individual relies upon the auditory channel as the primary sensory input for communication.

D. CENTRAL AUDITORY PROCESSING DISORDERS are deficits in the information processing of audible signals not attributed to impaired peripheral hearing sensitivity or intellectual impairment. This information processing involves perceptual, cognitive, and linguistic functions that, with appropriate interaction, result in effective receptive communication of auditorily presented stimuli. Specifically, CAPD refers to limitations in the ongoing transmission, analysis organization, transformation, elaboration, storage, retrieval, and use of information contained in audible signals. CAPD may involve the listener's active and passive (e.g., conscious and unconscious, mediated and unmediated, controlled and automatic) ability to do the following:

- Attend, discriminate, and identify acoustic signals;
- Transform and continuously transmit information through both the peripheral and central nervous systems;
- Filter, sort, and combine information at appropriate perceptual and conceptual levels;
- Store and retrieve information efficiently; restore, organize, and use retrieved information;
- Segment and decode acoustic stimuli using phonological, semantic syntactic, and pragmatic knowledge; and

- Attach meaning to a stream of acoustic signals through use of linguistic and nonlinguistic contexts.

II. COMMUNICATION VARIATIONS

- A. COMMUNICATION DIFFERENCE/DIALECT is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language.
- B. AUGMENTATIVE/ALTERNATIVE COMMUNICATION systems attempt to compensate and facilitate, temporarily or permanently, for the impairment and disability patterns of individuals with severe expressive and/or language comprehension disorders. Augmentative/alternative communication may be required for individuals demonstrating impairments in gestural, spoken, and/or written modalities.

Appendix D

Worksheets to Document a Speech/Language Impairment



ELIGIBILITY CHECKLIST
SPEECH & LANGUAGE IMPAIRMENT
ELG-SPL-001 (Rev. 07-06)

This form is provided for Local Use Only.

INSTRUCTIONS: This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment under Chapter 115, Wis. Stats., and the eligibility criteria established in PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document determination of eligibility for special education services and keep it on file with the student record.

Student Name | Date of Eligibility Determination

For Eligibility, THE IEP TEAM MUST DOCUMENT AN IMPAIRMENT IN AT LEAST ONE OF THE FOLLOWING FOUR AREAS:

I. LANGUAGE (All three in either method must be checked Yes.)

- Yes No The child scores at or below 1.75 SD on formal test measures.
Yes No There is documentation that this delay impairs oral communication in the child's natural environment: (method to document)
language sample checklist interview observation report
Other: Describe
Yes No This language delay significantly affects the child's educational performance or social, emotional or vocational development.

OR

- Yes No Formal testing is not appropriate. List reason(s):
Yes No Two informal measures are used to document the communication delay. List two types of measures:
Yes No This delay significantly impacts the child's educational performance or social, emotional or vocational development.

II. SPEECH OR SOUND PRODUCTION (All three must be checked Yes.)

- Yes No There is documentation of delayed speech or sound production. One of the following must be checked:
Scores at or below 1.75 SD on test of articulation or phonology. (or)
Has consistent speech sound errors when 90% or typically developing children produce sound correctly. (or)
Presence of one of more disordered phonological processes occurring at least 40%. (or)
Scoring in the moderate to profound range on a test of phonological process use.
Yes No The delay in speech or sound production significantly affects the intelligibility of the child's speech. Document methods:
Yes No The delayed speech or sound production significantly affects the child's educational performance or social, emotional or vocational development.

III. VOICE (Both must be checked Yes.)

- Yes No There is documentation of a vocal impairment without short-term physical factors or respiratory virus or infection.
Yes No The vocal impairment significantly affects the child's educational performance or social, emotional or vocational development.

IV. FLUENCY (Both must be checked Yes.)

- Yes No The child has speaking behaviors characteristic of a fluency disorder.
Yes No The fluency disorder significantly affects the child's educational performance or social, emotional or vocational development.

EXCLUSIONS

THE IEP MAY NOT IDENTIFY AN IMPAIRMENT IN SPEECH AND LANGUAGE IF ANY OF THE FOLLOWING ARE PRESENT. Please check if present.

- Speech or language skills that are mild, transitory, or developmentally appropriate.
Speech or language performance that is consistent with developmental levels unless the child requires speech or language services to benefit from their educational program(s).
Speech or language skills that are a result of a dialectical difference or learning English as a second language.
Auditory processing unless the IEP team is able to document that the auditory processing results in an impairment of oral communication skills.
A tongue thrust unless the IEP team can document that the child has an impairment in speech or sound production.
A child with elective or selective mutism or school phobia must also have documentation of a delay in oral communication skills.

DOCUMENTATION OF PARTICIPATION OF S/L PATHOLOGIST

THE IEP TEAM MUST INCLUDE A SPEECH AND LANGUAGE PATHOLOGIST AND INFORMATION FROM THE MOST RECENT ASSESSMENT WHEN DOCUMENTING A SPEECH OR LANGUAGE IMPAIRMENT OR WHEN DISCUSSING THE NEED FOR SPEECH OR LANGUAGE SERVICES.

- Check here to indicate a speech and language pathologist was an IEP team participant and attended IEP meetings when the team discussed eligibility for a speech and language impairment or the need for speech and language services (or both).

Educational Relevance of the Communication Disorder

_____ does/does not demonstrate a communication disorder that
 Name of Student _____ does/does not negatively impact his/her ability to benefit from
 the educational process in one or more of the following areas:

- Academic**-ability to benefit from the curriculum
Social-ability to interact with peers and adults
Vocational-ability to participate in work related activities

Academic Impact	Social Impact	Vocational Impact
List academic areas impacted by communication problems: _____ _____ _____ <input type="checkbox"/> Below average grades <input type="checkbox"/> Inability to complete language-based activities vs. non-language-based activities <input type="checkbox"/> Inability to understand oral directions <input type="checkbox"/> Grades below the student's ability level <input type="checkbox"/> Other	List social areas impacted by communication problems: _____ _____ _____ <input type="checkbox"/> Peers tease student about communication problem <input type="checkbox"/> Student demonstrates embarrassment and/or frustration regarding communication problem <input type="checkbox"/> Student demonstrates difficulty interpreting communication intent <input type="checkbox"/> Other	List job related skills/competencies student cannot demonstrate due to communication problems: _____ _____ _____ <input type="checkbox"/> Inability to understand/follow oral directions <input type="checkbox"/> Inappropriate response to coworker/ supervisor comments <input type="checkbox"/> Unable to answer/ask questions in a coherent/concise manner <input type="checkbox"/> Other

Speech-Language Pathologist

LEA (Designee)

Other Professional

Other Professional

Parent

Date

From *A training and Resource Manual for the implementation of State Eligibility Criteria for the Speech and Language Impaired* [Addendum] (p. 20), by the Florida Department of Education, Bureau of Instructional Support and Community Services, Division of Public Schools, 1997, Tallahassee, FL: Author. Reprinted with permission.

Appendix E:
Resources for Speech
or
Sound Production

Sound Development Chart

Age at which 90% females have acquired each phoneme and word-initial cluster

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
tk 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: Smit, Et. Al.
 "The Iowa Articulation Norms Project and its Nebraska Replication"
 Journal of Speech and Hearing Disorders
 Volume 55, 779-798, November, 1990

Lois Fulton and Patty Soens
 Kenosha Unified School District

Sound Development Chart

Age at which 90% males have acquired each phoneme and word-initial cluster

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
tk 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: Smit, Et. Al.
 "The Iowa Articulation Norms Project and its Nebraska Replication"
 Journal of Speech and Hearing Disorders
 Volume 55, 779-798, November, 1990

Lois Fulton and Patty Soens
 Kenosha Unified School District

Calculating Percentage of Consonants Correct

1. Collect a Speech Sample

- Tape-record a continuous speech sample of at least 50-100 words.
- Determine the meaning of the utterances to ensure accurate transcription. The child's utterances may be glossed to aid later analysis.
- Identify and exclude any dialectical differences, casual speech pronunciations, or allophonic variations.

2. Consider Exclusion Criteria

- Consider only intended consonants in words. All vowels, including /ə/ and /ɜ:/ should be excluded. Exclude the addition of a consonant before a vowel since the intended production is the vowel (e.g. [hɒn] for on is not scored).
- The second or successive repetition of a consonant should not be included. Only the first production should be scored (e.g., in "ba-balloon," score only the first /b/).
- Words that are partially or completely unintelligible should be excluded. Words whose gloss is highly questionable should also be excluded. Score only intelligible words or words that can be reliably identified.
- Target consonants that occur in the third or successive repetitions of adjacent words should be excluded unless articulation of the word changes. For example, the consonants in only the first two words of the series [kæt}, kæt], [kæt] are counted, while the consonants in all three words are counted in the series [kæt], [kæk}, [kæt].

3. Determine Incorrect Consonant Productions

- The following consonant sound changes are scored as incorrect:
 - (a) Deletions of the target consonant.
 - (b) Substitutions of another sound for a target consonant, which includes replacement by a glottal stop or a cognate.
 - (c) Partial voicing of initial target consonants.
 - (d) Distortions of a target sound, no matter how subtle.
 - (e) Addition of a sound to a correct or incorrect target consonant (e.g., [kirks] or *cars*).
- Initial /h/ deletion (e.g., [l] for he) and final n/ŋ substitutions (e.g., [ran] for ring) are counted as errors only when they occur in stressed syllables.
 - They are counted as correct when they are produced in unstressed syllables. They are counted as errors only when they occur in stressed syllables. (e.g., [fidə^ˈ] for feed her and [rʌnɪŋ] for *running*).
 - Score dialectical differences and casual speech productions based on the consonant the child intended (e.g., [aks] for *ask* is correct in African-American English, but [ats] for *ask* incorrect).
 - Allophonic variations should be scored as correct (e.g., [wə^ˈre] for water).

4. Calculate the Percentage of Consonants Correct

- The PCC is calculated by using the following formula:

$$\begin{aligned} & \text{Number of Correct Consonants divided by the number} \\ & \text{of Correct *Plus* Incorrect Consonants} \\ & \quad \times 100 \\ & = \text{PCC} \end{aligned}$$

Example:

$$\begin{aligned} & 50 \text{ consonants produced correctly divided by} \\ & 200 \text{ total consonants attempted} \\ & \quad \times 100 \\ & = 25\% \text{ (PCC score)} \end{aligned}$$

5. Determine the Severity Level

The following scale is used to determine the severity of the disorder:

85-100%	mild
65-85%	mild-moderate
50-65%	moderate-severe
<50%	severe

Appendix F

Worksheets to Document the Need for Special Education

Speech/Language Need for Special Education Indicators

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

1. Parents have voiced their concern about their child's communication problem and its effect on the child or other family members.
2. Teachers have voiced their concern about the child's communication problem and its effect on the child and the child's classmates.
3. This student has experienced negative peer group reaction or ridicule during speaking situations or because of his/her communication problem.
4. This student is aware of his/her communication problem and is concerned about it.

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

1. This child's communication problem interferes with intelligibility or makes it difficult to understand the content of his/her verbal message.
2. The child avoids speaking in class.
3. The child exhibits observable frustration or anxiety when speaking or attempting to speak.
4. The child's communication problem may be more pronounced during certain times of the day.
5. The child has difficulty following directions or is able to follow only part of the directions.
6. The child's reading or spelling skills reflect their sound production errors.
7. The child is not able to contribute during a class discussion.
8. The child does not respond appropriately to questions. For example, the student answers a 'who' question with a 'what' answer.
9. The child has difficulty expressing ideas and experiences in a logical, accurate, clear, and sequential fashion.
10. The child has difficulty getting information, asking for assistance, or having their needs and wants met by asking appropriate questions.
11. The student does not use grammatically intact sentences or uses sentence fragments.
12. The child makes comments that are not appropriate to the context of the discussion.

**Does the child's communication need require special education and related services?
The IEP team should consider the following questions:**

1. Does the student correct any of the communication errors spontaneously?
2. Does the student correct errors in response to being given a cue or an appropriate model to imitate?
3. Are there other variables or impairments (i.e., sensory or physical) which interfere with the attainment of oral communication skills?
4. Does the child's present education placement already provide for necessary instruction in the communication need?
5. Are there interventions that still may need to be attempted in the child's present education program or setting?
6. Is there evidence to suggest that the child will develop speech and language skills at his/her own predicated rate without intervention?
7. Is there the likelihood that this child will not improve if he/she does not receive special education?
8. Is there evidence to suggest that the child will improve as a result of receiving special education and that such services will contribute to achievement of the child's overall educational goal(s)?

Adapted from: CESA #9 Program Evaluation Project, 1985

Need for Special Education

Yes	1. Does the student have needs that cannot be met in regular education as structured? If yes, list the needs below. Use reverse side or attach additional pages if needed.
No	If no, there is no need for special education
Yes	2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.) If yes, A. List modifications that do not require special education. Use reverse side of page or attach additional pages if needed. B. List modifications that require special education. Use reverse side of page or attach additional pages if needed.
No	If no, go to question 3.
Yes	3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.) <i>If yes, list below. Use reverse side of page or attach additional pages if needed.</i>
No	
In order for the IEP team to determine that the student needs special education, the IEP team must answer “yes” to question 1 AND list needs under 2B and/or 3.	