Speech and Language Eligibility Guidelines

Regionwide Collaborative Effort for

Education Service Center Region XV

San Angelo, Texas
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San Angelo, Texas

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Revised 2009
ACKNOWLEDGMENTS

Speech and Language Eligibility Guidelines for delivery of speech and language therapy services in Region XV has been updated at the suggestion of the ESC Region XV Special Programs / Special Education Directors based on the need to implement the Texas Speech and Hearing Association’s (TSHA) goal of providing consistency in determining eligibility as Speech Impaired (SI) for Texas school children.

These guidelines have been developed based on the TSHA SI Eligibility Templates by the following Speech-Language Pathologists who compose the ESC Region XV SLP Task Force:

<table>
<thead>
<tr>
<th>Speech-Language Pathologist</th>
<th>Special Programs / Special Education Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brownwood ISD</strong></td>
<td></td>
</tr>
<tr>
<td>Susan King</td>
<td>Alice Cox</td>
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<tr>
<td>Kendra Gruben</td>
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<tr>
<td><strong>Coleman/Ballinger/Winters Cooperative</strong></td>
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<tr>
<td>Kay Whitfield</td>
<td>Connie Fryar</td>
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<td><strong>Heart of Texas Education Cooperative</strong></td>
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<tr>
<td>Jana Holubec</td>
<td>Connie Locklear</td>
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<td><strong>Heartland Special Education Cooperative</strong></td>
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<tr>
<td>Kathy Allen</td>
<td>Johnnie Sue Lancaster</td>
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<td>Diane Beck</td>
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<td><strong>Menard Special Education Cooperative</strong></td>
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<tr>
<td>Alison Barton</td>
<td>Lee Ann Holt</td>
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<td><strong>San Angelo ISD</strong></td>
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<tr>
<td>Debbie Martin</td>
<td>Jana Anderson</td>
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<td>Gail Murphy</td>
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<tr>
<td>Suzan Wilson</td>
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</tbody>
</table>
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The Task Force would like to acknowledge Lisa Erwin, former speech-language pathologist from Menard Special Education Cooperative, and Lee Ann Holt, Special Education Director, Menard Special Education Cooperative for their attendance and involvement in several of the Task Force meetings. We would also like to acknowledge Dr. Allan Bird and Sue Johnsen, members of Training of Trainers (TOT) Committee, who both have provided leadership and template trainings in support of the activities of the ESC Region XV SLP Task Force. The TSHA SI Eligibility Template project represents many years of development by speech-language pathologists practicing in various settings across the state of Texas with support from professionals outside the state; the ESC Region XV Task Force acknowledges the work of this group as providing the foundation for the *Speech and Language Eligibility Guidelines*.
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INTRODUCTION

The 2004 IDEA Regulations define a speech or language impairment as "a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance." 34 C.F.R. 300.8(c)(11)

Speech-language pathology services include (i) identification of children with speech or language impairments; (ii) diagnosis and appraisal of specific speech or language impairments; (iii) referral for medical or other professional attention necessary for the habilitation of speech or language impairments; (iv) provision of speech and language services for the habilitation or prevention of communicative impairments; and (v) counseling and guidance of parents, children and teachers regarding speech and language impairments. 34 C.F.R. 300.24(c)(15)

The ESC Region XV Speech and Language Eligibility Guidelines have been updated at the request of the ESC Region XV Special Programs/Special Education Directors to reflect the 2004 IDEA Regulations and the Texas Speech and Hearing Association (TSHA) SI Eligibility Templates for Articulation, Language, Fluency, and Voice. These guidelines are intended to be a living document subject to change based on TSHA SI Eligibility Template reviews and evidenced based practices (Standardized test measures for all areas of assessment are subject to periodic revisions).
GENERAL ELIGIBILITY STATEMENT

Referral of students for a full and individual initial evaluation for possible special education services shall be a part of the district's overall, general education referral or screening system. Prior to referral, students experiencing difficulty in the general classroom should be considered for all support services available to all students, such as tutorial, remedial, compensatory, and other services. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual initial evaluation. This referral for a full and individual initial evaluation may be initiated by school personnel, the student's parents or legal guardian, or another person involved in the education or care of the student 19 TAC §89.1011.

A student with a speech impairment is one who has been determined by a certified speech and hearing therapist, certified speech and language therapist, or licensed speech language pathologist to have a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance 19 TAC §89.1040(c)(10)(TEC). If a student does not qualify based on these eligibility criteria, the ARD committee may consider informal evaluation data and the professional judgment of the licensed speech language pathologist in determining eligibility for services. The impairment must not be related primarily to limited exposure to communication-building experiences, the normal process of acquiring English as a Second Language, or dialect use.

Placement in speech-language therapy of transfer students from other school districts will be determined by ESC Region XV SI Eligibility criteria. Assessment information from other school districts, agencies or professionals will be considered by applying the ESC Region XV Speech and Language Eligibility Guidelines criteria. Additional assessment may be conducted as needed for eligibility determination.
SPEECH IMPAIRED (SI) ELIGIBILITY STEP-BY-STEP

1. The Speech Language Pathologist (SLP) provides classroom teachers with information regarding communication development and possible communication concerns through team meetings and training sessions. The SLP also provides suggestions for addressing specific areas of concern through modeling and examples of expansion and other techniques. Teacher or parent may bring communication concerns to the Student Support Team (SST) for consideration. If a student presents with an obvious suspected disability, the SST should expedite the referral for a Full and Individual Evaluation (FIE).

2. If the teacher is unsuccessful with general recommendations for interventions in the classroom, the student is brought to the attention of the SST. Teacher and parents complete information about the student including vision and hearing screening, teacher and parent information and teacher and parent communication surveys. The SST may agree a referral for special education referral is needed or the SLP may make recommendations for the specific communication needs of the student to be implemented by the classroom teacher with possible SLP support such as providing classroom lesson, materials, and/or strategies. Teacher will collect data related to the progress of the skill targeted. Targeted intervention may be provided in a Tier 2 or Tier 3 model.

3. If classroom interventions have been attempted for a specified period, this data should be reviewed by the SST team to determine if adequate improvement in skill(s) has been achieved. If satisfactory progress has been demonstrated, an additional period of classroom intervention may be recommended. If not, a referral may be initiated for a full individual evaluation.

4. If the SST refers the child for FIE by special education, the Guide to the Admission, Review and Dismissal (ARD) Process is given to parents along with Notice of Procedural Safeguards. Notice and Consent for the FIE are obtained from the parent.

5. The SLP develops the Individual Evaluation Plan based on information about the student and determines areas that should be addressed and areas that should be assessed in depth.

6. The SLP gathers informal assessment and standardized test data in the areas of concern.
7. The SLP analyzes and evaluates data from all relevant sources to determine if a communication disorder is present. If there is no communication disorder, the student does not meet eligibility criteria for Speech Impairment.

8. If a disability condition (i.e. communication disorder) is present, the SLP documents adverse effects on academic achievement or functional performance that result from the communication disorder. If a communication disorder is present but there is no documentation of adverse effect on educational performance (i.e. academic achievement or functional performance), the student does not meet eligibility criteria for Speech Impairment.

9. If the student exhibits a communication disorder that results in an adverse effect on educational performance, the SLP documents the need for specially designed instruction from the SLP to make progress in the general education curriculum. If a communication disorder is present, along with documented adverse effect on educational performance, but there is no documented need for SLP services, the student does not meet eligibility criteria for Speech Impairment.

10. SLP writes FIE report, which includes
   a. Documentation of the presence or absence of a communication disorder; and
   b. Documentation of whether or not there is an adverse effect on educational performance resulting from the communication disorder; and
   c. Documentation of whether the student needs SLP services to mitigate adverse effects of the communication disorder on educational performance; OR
   d. Documentation that the student does not meet eligibility criteria for Speech Impairment.

11. If there is evidence to support SI-eligibility, the SLP prepares recommendations for communication intervention (IEP goals) to be considered if the ARD Committee recommends that the student receive IEP services with a Speech Impairment.

Adapted from the TSHA Language Eligibility Manual, 2009
THE ELIGIBILITY PROCESS

The determination of eligibility for IEP Services with a Speech Impairment is a three-stage process. The stages are:

1. Stage One – Is there a disability condition (i.e. a communication disorder)?
   a. A communication disorder is impairment in the ability to send, receive, process, and comprehend verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the process of hearing, language, or speech; may be developmental or acquired; and may range in severity from mild to profound (ASHA, 1993).

   b. Establish that a communication disorder is present. A child may exhibit a communication disorder characterized by impairment in articulation, phonology, voice, stuttering, swallowing/feeding, language, or communicative competence in social interactions (ASHA, 2001).

   c. Document that the communication disorder is NOT the result of cultural or linguistic differences or lack of instruction.

2. Stage Two – Is there an adverse effect on educational performance (academic achievement and/or functional performance) resulting from the communication disorder?
   a. This stage in the Eligibility Process recognizes that a child with a communication disorder may or may not be disabled by the disorder at different stages of his or her educational career. The U.S. Department of Education makes it clear that: “educational performance as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas.”

   b. The decision that the communication disorder adversely affects educational performance involves a two-pronged consideration:

      i. Adverse effect on academic achievement – generally refers to a child’s performance in academic areas such as reading or language arts, math, science, and history. The determination regarding whether there is an adverse effect resulting from the communication disorder on academic achievement requires an understanding of the general education curriculum and the language, speech, and communication demands on the student to make progress in academic activities (ASHA, 2007).

      ii. Adverse effect on functional performance – generally refers to skills or activities that are not considered academic or related to a child’s academic achievement and often used in the context of routine activities of everyday living (Federal Register, 71[156], p. 46661). The determination of whether there is an adverse effect resulting from
the communication disorder on functional performance requires analysis of how “functional” the student’s communication is outside of the classroom learning environment. When the communication disorder limits participation in interpersonal activities (e.g. social conversations, group discussions, peer interactions) or extracurricular and nonacademic activities (e.g. athletics, meals, recess, and clubs), an adverse effect on functional performance is present (ASHA, 2007).

3. Stage Three – Are specially designed instruction or related services and supports needed to help the student make progress in the general education curriculum?

a. The third stage of evaluation addresses the student’s need for special education in order to make progress in the general education curriculum and if so, who should provide the services.

i. Determine current level of functioning in communication skills

(1) Independent performance

(a) Student communicates effectively
(b) Student knows what to do and only requires periodic reminders

(2) Minimal support

(a) The student needs more cues, models, explanations, progress monitoring or assistance than typical students in the class
(b) The student may need instructional accommodations or curriculum modifications to master grade level standards

(3) Maximum support

(a) The student does not perform effectively despite modifications and supports
(b) Remedial instruction and/or intensive interventions needed

ii. Determine possible service provider(s)

(1) Parent/caregiver
(2) General education teacher
(3) Special education teacher
(4) Speech-language pathologist

Adapted from TSHA Language Eligibility Manual, 2009
ARTICULATION / PHONOLOGICAL PROCESS

An articulation / phonological process (APP) disorder exists when the student misarticulates to the extent that listeners may not understand what is being said or may pay more attention to the way words are pronounced than to their meaning.

An articulation / phonological process disorder does not exist when:

• speech production is consistent with developmental age
• articulation differences are due primarily to unfamiliarity with the English language, dialectical differences, physical disabilities or environmental, cultural or economic factors
• the articulation errors do not adversely interfere with educational performance
• phonological processes are developmentally appropriate, or
• a reverse swallow / tongue thrust is present without a concomitant speech disorder.

ELIGIBILITY

A student will be considered eligible for speech therapy services in the area of articulation based on the criteria listed in the “Guidelines for Determining an Articulation Disorder” and “Considerations for Exceptions to Standard Procedures for Evaluation of Articulation Disorders” (TSHA Articulation Eligibility Guidelines).
### GUIDELINES FOR DETERMINING AN ARTICULATION DISORDER

<table>
<thead>
<tr>
<th>Standardized and Informal Assessments May Include</th>
<th>Disorder Criteria</th>
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</thead>
<tbody>
<tr>
<td><strong>Standardized Tests</strong></td>
<td>Results on Standardized Test at the 7th percentile or below and Parent Data Teacher Data SLP Opinion</td>
</tr>
<tr>
<td>□ Goldman Fristoe 2 Test of Articulation</td>
<td></td>
</tr>
<tr>
<td>□ Arizona Articulation Proficiency Scale 2000</td>
<td></td>
</tr>
<tr>
<td>□ Hodson Assessment of Phonological Processes-3</td>
<td></td>
</tr>
<tr>
<td>□ Kahn-Lewis</td>
<td></td>
</tr>
<tr>
<td><strong>Informal Evaluations</strong></td>
<td>If the above are not in agreement, select from the following informal measures for additional data:</td>
</tr>
<tr>
<td>□ Parents’ Evaluation</td>
<td>Point to Point Comparison differs by significant amount OR Percentage of Consonants Correct yields a difference of 15 points or greater for single words than for spontaneous speech OR</td>
</tr>
<tr>
<td>□ Teacher’s Evaluation</td>
<td></td>
</tr>
<tr>
<td>□ Point-to-Point Comparison</td>
<td></td>
</tr>
<tr>
<td>□ Percentage of Consonants Correct</td>
<td></td>
</tr>
<tr>
<td>□ Percentage of Intelligibility on 100-Word sample (Preschool)</td>
<td></td>
</tr>
<tr>
<td>□ PPAIP Analysis of Severity</td>
<td></td>
</tr>
<tr>
<td>□ HAPP-3 Screeners</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Allan K. Bird, Ph.D. by Plano Independent School District
Considerations for Exceptions to Standard Procedures for Evaluation of Articulation Disorders

1. **Concern with vowel production:** If parent data, teacher data, or SLP opinion indicates errors with production of vowel sounds, then alternative methods of standardized testing should be considered for preschool and elementary students. Alternative tests recommended include the Templin Darley Test of Articulation or the Arizona Articulation Proficiency Scale.

2. **Lateral production of sibilant sound. (s, z, sh, ch, j):** Lateral production of sibilants does not occur in typically developing children and is considered “deviant” when it does occur. Therefore, it is possible that a student’s performance on standardized testing may not be considered “in the range of concern,” but he may exhibit an articulation disorder. The SLP should carefully consider the information from the teacher and his/her input as to the significance of the distortion or lateralization. In addition, parent information should be considered. Since the SLP typically has a more sensitive ear for even slight distortions, caution should be used when identifying students with slight lateralized production of sibilants as students with disability. Informal testing should be completed to support the consistency of lateralization at the conversation level.
LANGUAGE

A language disorder exists when comprehension and/or oral expression is impaired. In order to be eligible for speech-language therapy, the language impairment must adversely affect the student’s educational performance in at least one of the following areas:

- **Phonology**: the system of language rules that govern sound combination.
- **Morphology**: the system of language rules that govern structure of words and the construction of work forms.
- **Syntax**: the system of language rules that govern the order and combination of words to form sentences and the relationships of the elements within a sentence.
- **Semantics**: the system of language rules that govern the meaning of words in sentences.
- **Pragmatics**: the system of language rules that combine language components in functional, socially appropriate communication.
- **Metalinguistics**: the system of thinking and talking about language.

A language disorder does not exist when:

- Language is consistent with developmental age and/or commensurate with overall abilities. When considering students with other handicapping conditions, refer to the TSHA SI Companions for Eligibility-Other Disabilities.
- Language differences are due primarily to unfamiliarity with the English language, dialectical differences, environmental, cultural or economic factors. Refer to “Environmental, Cultural or Economic Factors Worksheet” adapted from the ED-4056/2004: SLD Assessment Resource Packet from Department of Education.

ELIGIBILITY

A student will be considered eligible for speech therapy services in the area of language based on the criteria listed in the “Guidelines for Determining the Presence of a Language Disorder” (TSHA Language Eligibility Guidelines).

Note: Students who have reached third grade may need additional assessment to determine if a Specific Learning Disability (SLD) in oral expression and/or listening comprehension is present. The criteria from the TSHA SI Eligibility Guidelines’ Language with Other Disabilities Companion will be applied to determine eligibility for speech with a SLD determination.
### GUIDELINES FOR DETERMINING THE PRESENCE OF A LANGUAGE DISORDER

<table>
<thead>
<tr>
<th>Measure</th>
<th>Guidelines</th>
</tr>
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<tr>
<td><strong>Global Standardized Tests May Include:</strong></td>
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</tr>
<tr>
<td>☐ Test of Language Development P/I:4</td>
<td>Results on Global Standardized Test</td>
</tr>
<tr>
<td>☐ Comprehensive Assessment of Spoken Language</td>
<td>Standard Score of 77 or less (7\textsuperscript{th} percentile or below)</td>
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<tr>
<td>☐ Clinical Evaluation of Language Fundamentals – 4</td>
<td>and</td>
</tr>
<tr>
<td>☐ Oral and Written Language Scales</td>
<td>Parent Data</td>
</tr>
<tr>
<td>☐ Pre school Language Scale-4\textsuperscript{th} Edition</td>
<td>Teacher Data</td>
</tr>
<tr>
<td>☐ Clinical Evaluation of Language Fundamentals-Preschool-2</td>
<td>SLP Opinion</td>
</tr>
<tr>
<td>Results on Global Standardized Test</td>
<td></td>
</tr>
<tr>
<td>and</td>
<td></td>
</tr>
<tr>
<td>Parent Data</td>
<td></td>
</tr>
<tr>
<td>Teacher Data</td>
<td></td>
</tr>
<tr>
<td>SLP Opinion</td>
<td></td>
</tr>
<tr>
<td>If the above are not in agreement, identify informal measures used for</td>
<td></td>
</tr>
<tr>
<td>additional data:</td>
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<tr>
<td>Parent Language Survey</td>
<td>“Rarely” indicated on 3 or more items</td>
</tr>
<tr>
<td>Teacher Language Survey</td>
<td>PreK-Kn: “Rarely” indicated on 3 or more</td>
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<tr>
<td></td>
<td>in any single area of language or a total of 7 or more</td>
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<td></td>
<td>Grades 1-12: “Rarely” indicated on 5 or more</td>
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<td></td>
<td>in any single area of language or a total of 10 or more</td>
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<td><strong>Additional Assessment Data</strong></td>
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<td>Semantics</td>
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<td>☐ Type-Token Ratio</td>
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<tr>
<td>☐ DELV</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
</tr>
<tr>
<td>☐ Repetition of Non-Words</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<tr>
<td>☐ Test of Word Finding</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<tr>
<td>☐ Other standardized test</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<tr>
<td>Syntax</td>
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<tr>
<td>☐ MLU-M</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<td>☐ Analysis of Grammatical Errors</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<tr>
<td>☐ Analysis of Inflection Morphemes and Certain Free Morphemes</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<tr>
<td>☐ Subordinate Analysis</td>
<td>NPC – less than 4/100 utterances</td>
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<td></td>
<td>Adverbials – less than 8/100 utterances</td>
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<tr>
<td></td>
<td>RC – less than 1/100 utterances</td>
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<td>☐ Analysis of Mazes</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<td>☐ Other standardized test</td>
<td>More than 1 ( \frac{1}{2} ) SD below the mean</td>
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<td>Pragmatics</td>
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<td>☐ Conversation</td>
<td>Guidelines being developed</td>
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<td>Standard score of 77 or less on the Test of Narrative Language</td>
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<td>☐ Pre-Suppositions</td>
<td>Guidelines being developed</td>
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<td>☐ Other standardized test</td>
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<td>Metalinguistics</td>
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<tr>
<td>☐ Describing language</td>
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</tbody>
</table>

Adapted from Region 10 ESC Language Eligibility Manual, 2008
ENVIRONMENTAL, CULTURAL, OR ECONOMIC FACTORS WORKSHEET

Purpose: To determine if the communication problems are intrinsic to the student or caused by other factors. A student whose disability is clearly due to these exclusionary factors shall not be identified as speech impaired.

School District: __________________ Campus: ____________________ Grade: ____________
Student: ________________________________ Date of Birth: _____/_____/_____ Age: ______

(Check all factors that apply to the student. Use available records, interviews with parents, teachers and other resources to obtain data)

ENVIRONMENTAL DISADVANTAGE
___ Limited experiential background
___ Irregular attendance (absent at least 23% of the time in a grading period for reasons other than verified personal illness)
___ Transiency in elementary school years (at least two moves in a single school year)
___ Home responsibilities interfering with learning activities (caring for siblings while parents work or other major home responsibilities)

CULTURAL DISADVANTAGE
___ Limited experiences in majority-based culture (child does not participate in scouts, clubs, other organizations and activities with members of dominant culture)
___ Child has had limited involvement in organizations and activities of any culture
___ Secondary standards in conflict with majority-based culture standards
___ Geographic isolation

ECONOMIC DISADVANTAGE
___ Residence in a depressed economic area
___ Low family income at subsistence level
___ Family unable to afford enrichment materials and/or experiences

Are the above checked items compelling enough to indicate that this student's classroom performance and deficits are primarily due to environmental, cultural, or economic disadvantages? A child whose communication problems are primarily the result of the types of disadvantage indicated above should not be identified as having a speech impairment. A "score" of greater than half of the areas being observed indicates a strong possibility of this exclusionary factor and should be addressed and justified by the IEP team if an "override" of those factors are to be considered.

___________________________________
___________________________________
___________________________________
Signature of person(s) completing form

Adapted from ED --4056/2004: SLD Assessment Resource Packet Department of Education
FLUENCY

Fluency disorders exist when an abnormal rate of speaking and/or involuntary repetitions, prolongations or blocks interfere with effective communication. These dysfluencies may be accompanied by struggle behaviors. To be eligible for speech-language therapy services, a fluency disorder must adversely affect the student’s educational performance based on the information for the “Impact of a Fluency Disorder” from the TSHA Fluency Eligibility Guidelines.

A fluency disorder does not exist when:
- dysfluencies are a part of normal pattern of speech development
- dysfluencies do not interfere with educational performance

ELIGIBILITY

A student will be considered eligible for speech-language therapy services in the area of fluency based on the criteria listed in the “Guidelines for Determining a Fluency Disorder” (TSHA Fluency Eligibility Guidelines).
IMPACT OF A FLUENCY DISORDER

Examples of Impact of Disability Statements

Although many students who stutter are average students, have friends, and participate in extracurricular activities, this is not the case for all students with fluency disorders. Academic performance and participation in extracurricular activities are often significantly affected when a student has a fluency disorder. The following statements are samples of the ways students who stutter may be impacted in school by their disability:

1. The student does not initiate conversations in cooperative learning groups.
2. The student’s negative attitudes about speech result in reluctance to speak to adults in authority.
3. The student’s communication with others is ineffective due to the number and severity of disfluencies.
4. The student uses avoidance strategies when reading aloud or speaking in class (e.g., circumlocutions and word substitutions).
5. The student avoids oral presentations.
6. The student does not fully participate in extracurricular activities.
7. The student avoids asking questions or providing answers in class at the level commensurate with overall classroom performance.

Texas Essential Knowledge Skills Related to Fluency

The following examples of Texas Essential Knowledge Skills or TEKS (TEA, 1998) may be used as a way to determine educational need for students who have fluency disorders. It should be noted that this is not a comprehensive list. Determination of educational need must be made on an individual student basis.

- Use verbal and nonverbal communication in effective ways when making announcements, giving directions, or making introductions. (3.3B)
- Choose and adapt spoken language such as word choice, diction, and usage to the audience, purpose and occasion including appropriate volume, rate, pitch and tone. (K-8)
- Analyze and develop techniques and strategies for building self-confidence and reducing communication apprehension. (6-12)
- Demonstrate effective communication skills that reflect such demands as interviewing, reporting, requesting and providing information. (4-8)
- Answer different types and levels of questions such as open-ended, literal and interpretative as well as test like questions such as multiple-choice, true-false and short answer. (4-8)
- Ask and answer relevant questions and make contributions in small/large group discussions. (K-3)
- Retell a spoken message by summarizing or clarifying. (K-3)
- Retell, role-play and/or visually illustrate the order of events. (K-8/ESL)
- Clarify and support spoken ideas with evidence, elaborations and examples. (4-8)
- Express ideas and feeling such as gratitude, needs, opinions and greetings. (K-8/ESL)
- Form and revise questions for investigations, including questions arising from units of study. (4-5)
- Give precise directions and instructions such as in games and tasks. (4-5)
- Participate in rhymes, songs, conversations and discussions. (K-3)
- Present dramatic interpretations of experiences, stories, poems, or plays to communicate. (K-8)

TSHA Fluency Eligibility Guidelines, 2007
**GUIDELINES FOR DETERMINING A FLUENCY DISORDER**

<table>
<thead>
<tr>
<th>Evaluations</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Norm-Referenced Tests</strong></td>
<td>Results on norm-referenced tests indicate the presence of a fluency disorder</td>
</tr>
<tr>
<td>Overall Assessment of the Speaker’s Experience of Stuttering (OASES) S—7-12 years &amp; T—13-17 years (Yaruss, Coleman, &amp; Quesal)</td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td>Communication Attitude Test (Bruppen, 1984)</td>
<td>Parent Data</td>
</tr>
<tr>
<td>Stuttering Prediction Instrument (Riley, 1981)</td>
<td>Teacher Data</td>
</tr>
<tr>
<td>Stuttering Severity Instrument-4th Ed. (Riley, 2009)</td>
<td>SLP Judgment</td>
</tr>
<tr>
<td><strong>Criterion-Referenced Measures</strong></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>Fluency Evaluation Procedures (Fluency Task Force, 2003-05)</td>
<td>The student exhibits <em>any</em> atypical disfluency, such as prolongations, blocks, pitch or loudness changes during moments of disfluency, struggle or secondary behaviors.</td>
</tr>
<tr>
<td>Paper-Pencil Tasks (Chmela &amp; Reardon, 2001)</td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td>Personalized Fluency Control Therapy-3rd Ed. (Cooper &amp; Cooper, 2003)</td>
<td>Parent Data</td>
</tr>
<tr>
<td>Pragmatic Stuttering Intervention (Tanner, 2004, 2005)</td>
<td>Teacher Data</td>
</tr>
<tr>
<td>Scale of Stuttering Severity (Williams, Darley, &amp; Spriestersbach, 1978)</td>
<td>SLP Judgment</td>
</tr>
<tr>
<td>Stocker Probe for Fluency and Language (Stocker &amp; Goldfarb, 1995)</td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>Other: ________________________________</td>
<td>The student exhibits significant covert stuttering tendencies that are adversely affecting his or her academic and extracurricular performance.</td>
</tr>
</tbody>
</table>

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

Adapted from the TSHA Fluency Guidelines, 2007
VOICE

A voice disorder exists when vocal characteristics of pitch, intensity, quality or resonance interfere with communication, draw unfavorable attention, adversely affect the speaker or listener and/or are inappropriate to the age or gender of the student; these impairments may be organic or functional in nature. “All students with voice disorders must be examined by a physician, preferably in a discipline appropriate to the presenting complaint. The physician’s examination may occur before or after the voice evaluation by the speech-language pathologist” (ASHA Desk Reference 2002 Volume 1-Cardinal Documents of the Association, 12.7 Voice Assessment, pgs. 46-47).

A voice disorder does not exist when:
- vocal characteristics are the result of temporary physical factors such as allergies, cold, abnormal tonsils or adenoids and/or short term abuse or misuse
- vocal characteristics are the result of regional, dialectical and/or cultural differences
- vocal characteristics do not interfere with educational need over and above what is being addressed in the general education classroom

ELIGIBILITY

A student will be considered eligible for speech therapy services in the area of voice based on the criteria listed in the “Guidelines for Determining a Voice Disorder” (TSHA Voice Eligibility Guidelines).

MEDICAL CLEARANCE MUST BE SECURED BEFORE BEGINNING THERAPY

Adapted from the ASHA Position Statement/Scope of Practice for school service purposes.
GUIDELINES FOR DETERMINING A VOICE DISORDER

<table>
<thead>
<tr>
<th>Qualifies for Voice Therapy</th>
<th>Student Does Not Qualify</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPAIRMENT:</strong> Check each area in which the student exhibits an impairment. Impairment is indicated if a score of 11 or more is rated on at least one item assessed in the following voice areas using the voice evaluation protocol.</td>
<td>• Voice disorder is judged to be normal (i.e. score of 1-10)</td>
</tr>
<tr>
<td><strong>Phonation/Vocal Quality</strong></td>
<td>• Identified differences do not impact education performance</td>
</tr>
<tr>
<td>___Hoarseness</td>
<td>• The only VOICE AREA in which student scored in the disorder range is:</td>
</tr>
<tr>
<td>___Harshness/Tension</td>
<td>a. Tremor</td>
</tr>
<tr>
<td>___Hard/Harsh Glottal Attack</td>
<td>b. Pitch Breaks as a result of puberty</td>
</tr>
<tr>
<td>___Breathiness</td>
<td>c. Hyponasality</td>
</tr>
<tr>
<td>___Aphonia</td>
<td>d. Cul-de-sac Resonance</td>
</tr>
<tr>
<td><strong>Pitch</strong></td>
<td>e. Associated Factors</td>
</tr>
<tr>
<td>___Habitual Speaking Pitch</td>
<td>f. Oral Mechanism</td>
</tr>
<tr>
<td>___Pitch Range</td>
<td>• Voice disorder(s) is due to untreated upper respiratory infection and/or allergy symptoms.</td>
</tr>
<tr>
<td>___Pitch Breaks</td>
<td></td>
</tr>
<tr>
<td><strong>Resonance</strong></td>
<td></td>
</tr>
<tr>
<td>___Hypernasality</td>
<td></td>
</tr>
<tr>
<td>___Nasal Air Emission</td>
<td>Only one source of evidence indicated a disorder (i.e., physicians report)</td>
</tr>
<tr>
<td>___Articulation Errors</td>
<td></td>
</tr>
</tbody>
</table>

**EVIDENCE** that includes the following:

___parent/student report
___teacher report
___speech-language pathologist
___physician report

(Students must be seen by a physician, preferably an otolaryngologist, prior to enrollment in therapy to identify medically treatable disorders. If the doctor concludes that a medical condition exists that precludes speech therapy, the parent is responsible for further intervention)

**ADVERSE EFFECT ON EDUCATIONAL PERFORMANCE** (check all that apply).

___Oral Communication
___Social-Emotional Adjustment/Behavior
___Reaction of peers, teachers, and parents

Voice disorder is related to ESL or dialect.

Adapted from the TSHA Voice Eligibility Guidelines, 2006
DISMISSAL

DISMISSAL FROM SPEECH / LANGUAGE SERVICES IS AN ARD COMMITTEE DECISION

DISMISSAL MUST BE VALIDATED THROUGH SPEECH-LANGUAGE EVALUATION 34 CFR §300.533 (a) (2) (1) (Eligibility), §300.533 (a) (2) (ii) and §300.547 (a) (1) (Present Level of Academic Achievement and Functional Performance), or §300.574 (a) (2) (Measuring Progress).

Criteria to consider for dismissal from speech-language therapy:

- Student has achieved mastery of goals / objectives in speech-language therapy and there are no further goals warranted.
- Number of years in speech-language therapy - student has received speech services for a minimum of one year and no measurable progress has been made toward IEP goals.
- Amount of progress - student has reached a documented plateau and / or no measurable progress has been made after various approaches have been implemented.
- Student no longer demonstrates a need for services as determined by an informal assessment using the “SPEECH SERVICES IN THE EDUCATIONAL SETTING” criteria.
- Duplication of services - student’s needs are being addressed in the least restrictive environment (LRE) or through other services such as inclusion, content mastery, resource, learning center, bilingual or ESL instruction.
- Parent request - student may be dismissed from services after an ARD Committee meeting is held and agreement is reached to discontinue services at this time. If parent requests reinstatement of services, eligibility must be reestablished according to The Speech and Language Eligibility Guidelines.
SPEECH SERVICES IN THE EDUCATIONAL SETTING

STUDENT NAME ________________________________ DOB __________________
CAMPUS ________________________________ GRADE _____________

Directions: Circle the number that corresponds with your responses.

1. AGE: Younger years will be scored higher due to potential of improvement
   YEARS: (17-22) (14-16) (11-13) (8-10) (6-7) (4-5) (3)
   1 2 3 4 5 6 7

2. FUNCTIONAL LEVEL: Based on cognitive awareness and/or potential, are the student’s skills significantly below average? SCORE HIGHER FOR GREATER DISCREPANCY
   (no discrepancy) (significant discrepancy)
   1 2 3 4 5 6 7

3. DURATION OF SERVICES: How long has the student received speech therapy services? SCORE HIGHER FOR MOST RECENT ADMISSION
   (7yrs+) (6yrs) (5yrs) (4yrs) (3yrs) (2yrs) (1yr or less)
   1 2 3 4 5 6 7

4. OTHER AVAILABLE RESOURCES: To what extent are personnel (excluding speech pathologist) available and knowledgeable to meet the student’s needs? SCORE LOWER FOR KNOWLEDGEABLE AND AVAILABLE PERSONNEL INCLUDING PARENTS, CAREGIVERS AND OUTSIDE AGENCY
   (more) (less)
   1 2 3 4 5 6 7

5. POTENTIAL FOR GREATEST AMOUNT OF IMPROVEMENT: Based on the disability, will direct therapy intervention significantly improve current communication skills? SCORE HIGHER FOR MOST POTENTIAL
   (no potential) (significant potential)
   1 2 3 4 5 6 7

6. MOTIVATION: What is the student’s willingness to participate? SCORE LOWER FOR MORE UNWILLING
   (unwilling) (willing)
   1 2 3 4 5 6 7

7. AMOUNT OF CHANGE WITH PREVIOUS INTERVENTION: Have changes been observed commensurate with amount of services and years of intervention? SCORE HIGHER FOR OBSERVATION OF SIGNIFICANT CHANGES
   (no change) (significant change)
   1 2 3 4 5 6 7
STUDENT ___________________________ DOB __________________

CAMPUS ___________________________ GRADE ________________

1. AGE _______
2. FUNCTIONAL LEVEL _______
3. DURATION OF SERVICE _______
4. OTHER AVAILABLE RESOURCES _______
5. POTENTIAL FOR MOST IMPROVEMENT _______
6. MOTIVATION _______
7. AMOUNT OF CHANGE WITH INTERVENTION _______

TOTAL: _______

RECOMMENDATIONS:

_____________________________________________  _______________________

SIGNATURE   TITLE

SCORING:  DISMISSAL  7-27
           DIRECT THERAPY  28-49
ASHA Dismissal Criteria

The decision-making process for dismissing a child from speech-language services is different for children receiving special education services than it is in the clinical setting.

In a clinical setting, dismissal criteria can include issues regarding motivation, attendance, or lack of progress. In special education, however, dismissal decisions must comply with IDEA.

All children who are found eligible for special education and related services must receive services. Eligibility stems from the federal definition of a “child with a disability” and has a two-prong test:

- Has the child been found to have a disability as a result of an evaluation conducted in accordance with IDEA requirements? AND
- As a result of having a disability, does the child need special education and related services?

A child may be dismissed from receiving services only when he/she no longer would be identified as having a speech-language impairment and no longer needs special education and related services. If the child continues to meet those criteria, the child must continue to be served.

So, how is a child to be dismissed? The school team that makes eligibility decisions conducts the two-prong test, reviewing the evaluation data (which can include data on the child’s progress in meeting the annual goals). A review of the definitions of speech-language impairment, special education, and related services can assist in making the decision.

“Speech-language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.” (34 CFR § 300.7)

“Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability…” (34 CFR § 300.26)

“Related services means…such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education…” (34 CFR § 300.24).

Children who have a speech-language impairment and no other disability must need special education (specially designed instruction) to be eligible. Children who have a speech-language impairment that is secondary to another disability must need related services (services to benefit from special education) to receive speech-language services.
The converse would be true for a child to be dismissed from services—the child with “speech-language only” would no longer need specially designed instruction; the child with “speech-language as a related service” would no longer need speech-language services to benefit from special education services.

Dismissal from services may occur if:

- the child no longer has a speech-language impairment; OR
- although the child has a speech-language impairment, it no longer affects his/her educational performance; OR
- although the child who has received speech-language services as special education still has a speech-language impairment that affects his/her educational performance, the eligibility team determines that he/she does not need special education; OR
- although the child who has received speech-language services as special education still has a speech-language impairment that affects his/her educational performance, the eligibility team determines that he/she does not need related services to benefit from special education.

The question remains as to what options speech-language pathologists have when children are failing to make progress, for any of a variety of reasons. IDEA ‘97 included new requirements regarding lack of progress. The IEP team is to “review the child’s IEP to determine whether the annual goals for the child are being achieved and revise the IEP as appropriate to address any lack of expected progress toward the annual goals” (34 CFR § 300.343(c)). The speech-language pathologist should seek the assistance of the IEP team whenever a child fails to make progress. A number of options could be considered as follows:

- The child has plateaued in his/her progress. The speech-language pathologist may serve as a consultant to others (the special education teacher, paraprofessional, regular education teacher) who can provide communication facilitation. The child may be dismissed from speech-language services due to lack of educational benefit but remain in special education.
- The child is not motivated to continue working on a communication impairment. The IEP team may determine that the child is having motivational problems in other special education and regular education classes. A joint effort would then be pursued to address motivation. If the IEP team identifies that motivation is a problem only in speech-language services, the SLP may consider a change in intervention focus or service delivery, or discuss other support options with the IEP team.
- There are extenuating medical circumstances. If the medical circumstance is temporary (i.e., the child is receiving a particular treatment that requires absence from school), the IEP team should reconvene and revise the IEP to reflect the services the child should receive during the medical situation. Documentation should be in place to explain why any service is temporarily discontinued. Upon the child’s recovery and return to school, the IEP should be again revised and services initiated as appropriate. Such a child would not be dismissed from services temporarily.
• The child is not making progress. If the lack of progress is not related to reaching a plateau that could be anticipated based on the child’s disability, the IEP team should consider the reasons for the lack of progress. In some cases, the cause may be the complexity of the speech-language impairment and the need for the child to receive more specialized speech-language services.

• When making decisions regarding dismissal from special education or related services or addressing a child’s lack of progress toward meeting his/her annual goals, speech-language pathologists should be sure to follow the procedures set forth by their state and local educational agencies. Although all states adhere to IDEA requirements, various state laws and regulations may create additional requirements. In addition, many localities have unique policies and procedures.

This page was updated on: 3/9/2004.

http://www.asha.org/members/slp/schools/IDEACaseload/dismissal.htm
FACTORS TO CONSIDER WHEN A CHILD IS MAKING "INADEQUATE PROGRESS"

IDEA-2004 requires that whenever there is a lack of progress, the IEP team must review the child's IEP to determine whether the annual goals are being achieved and revise the IEP as appropriate to address any lack of progress.

What to do when a child has plateaued in his/her progress: The speech-language pathologist may serve as a consultant to others (the special education teacher, paraprofessional, regular education teacher) who can provide communication facilitation. The child may be dismissed from speech-language services due to lack of educational benefit but remain in special education.

What to do when a child is not motivated to continue working on their communication impairment: The IEP team may determine that the child is having motivational problems and other special education and regular education classes. A joint effort will then be pursued to address motivation. If the IEP team identifies that motivation is a problem only in speech-language service the SLP may consider a change in intervention focus or service delivery, or discuss other support options with the IEP team.

What to do when there are extenuating medical circumstances: If the medical circumstance is temporary (i.e., the child is receiving a particular treatment that requires absence from school), the IEP team should reconvene and revise the IEP to reflect the services the child should receive during the medical situation. Documentation should be in place to explain why any service is temporarily discontinued. Upon the child's recovery and return to school, the IEP should be again revised and services initiated as appropriate. Such a child would not be dismissed from services temporarily.

What to do if a child is not making adequate progress: If the lack of progress is not related to reaching a plateau that could be anticipated based on the child's disability, the IEP team should consider the reasons for the lack of progress. In some cases, the cause may be the complexity of the speech-language impairment and the need of the child to receive more specialized speech-language services. The Factors to Consider When a Child is making "Inadequate Progress" sheet should be addressed and considered when there is a lack of progress evident in a child.
Factors to Consider When a Child is making "Inadequate Progress"

1. Duration of Services:
   • How long has the child been in therapy?
   • How long has the child been in therapy for their current goals?

2. Intensity of Services:
   • Have different frequencies of services been used? (Increased/Decreased)?

3. Mode of Services:
   • Have a variety of modes been used? (Individual/group! integrated)?
   • Have the various modes been used for a sufficient amount of time?

4. Review of Evaluation Data:
   • Does the review reflect appropriate diagnosis?
   • Does the review reflect appropriate development of goals?

5. Focus of Services:
   • Are the treatment methods appropriate?
   • What is the student's level of response?
   • Has the student been able to progress to the next level?

6. Setting:
   • What has the student been missing?
   • Have alternative therapy times been attempted?
   • Is the SLP working the regular and/or special education teachers to assure the instructional modifications are implemented if needed?

7. Individualization:
   • Has the SLP truly individualized instruction?

8. Pattern of Services:
   • How has therapy been provided in the past?
   • What has been the focus of therapy in the past?
   • Have there been gaps in services?

9. Capacity of Student for Change:
   • When is the student most responsive to therapy?
   • Are there patterns of regression/progression?
   • Does the therapy and/or IEP provide motivational incentives?

10. Analysis of Dynamics of the Situation:
    • Are there personality conflicts with child/parent/teacher?

11. Second Opinion:
    • Has the SLP sought the assistance of another qualified provider?

12. Continuity:
    • Are other service providers reinforcing the SLP’s recommendations in other settings?
**SPEECH IMPAIRMENT ELIGIBILITY RE-EVALUATION FLOW CHART**

3-year Re-Evaluation Due; Special Request by ARD Committee; Dismissal Being Considered

Individual Evaluation Plan developed based on student data

**Other Areas of Disability Suspected - Refer**

No other Areas of Suspected Disability

Review Existing Evaluation Data: Progress on IEP and Present Levels of Academic Achievement and Functional Performance; Teacher Data; Parent Data; Observations of Communication skills in academic and non-academic settings; Language/Speech Sample; Checklists; SLP Opinion; and if needed Standardized Tests

- Data indicates communication disorder is present
- Conflicting Data: Some indicate a disorder and some indicate no disorder
- Data indicates communication disorder is no longer present

Conduct additional testing and informal assessments

Additional data supports presence of a communication disorder

Additional data does not support presence of a communication disorder

- Data supports adverse effect on academic achievement or functional performance
- No adverse effect resulting from communication disorder

Yes

Data supports need for specially designed instruction from SLP

No need for direct SLP Services

ARD Meeting to determine SI eligible and develop IEP

TSHA Language Eligibility Manual, 2009

ARD meeting to determine not SI eligible and role of SLP, if any
References


The Legal Framework for the Child-Centered Special Education Process, Education Service Center Region 18: http://framework.esc18.net (references include various sections from this document).

The TSHA Eligibility Templates on Articulation, Language, Language with other Disabilities, Fluency, and Voice from ESC Region XV Template Trainings and the TSHA website: www.txsha.org under the link to ‘School Issues and Eligibility Templates.’