Kent ISD
Speech and Language Evaluation, Eligibility and Service Guidelines

MARCH 2021

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This document was prepared and developed by Kent ISD's Special Education Department and local SLPs . If you are interested in reproducing this document for your educational entity, we would appreciate prior written notification of your intent and acknowledgment of our work.

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Preface & Introduction

The Kent Intermediate School District (Kent ISD) has created and formally endorsed a series of eligibility guidelines for the provision of special education throughout Kent County. These guidelines include those for Autism Spectrum Disorder, Emotional Impairment, Pattern of Strength and Weakness for Learning Disabilities, Other Health Impairment, Occupational Therapy, and Physical Impairment Guidelines, and have provided consistency around special education evaluation, eligibility and service provision within Kent ISD.

A countywide committee representing the four regions of our Local Educational Agencies (LEA) and our Public School Academies (PSA) was created to update and expand the Speech and Language Evaluation, Eligibility and Service Guidelines that were initially developed in 2008. These guidelines were developed based on current research and will support best practice and local discussion around the critical issues impacting speech and language services throughout the ISD. Additionally, the following is provided:

- Consistent process and procedures that will guide meeting the individual speech and language needs of students within Kent ISD
- Addresses the SLPs unique role and contribution to the field of language and literacy
- Provides new considerations for the Speech Language Pathologists (SLPs) role in a Multi-Tiered System of Support (MTSS), supporting students who need Augmentative and Alternative Communication (AAC), service to secondary students, and involvement with ASD evaluation and related service delivery

There is current research and promising practice as well as legal parameters that should also be considered in supporting each individual student's unique needs. These include, yet are not limited to:

- Michigan Speech-Language Hearing Association Guidelines (2006)
- American Speech-Language-Hearing Association (ASHA)
- Michigan Administrative Rules Special Education (MARSE) (Michigan, 2018)
- Individuals with Disabilities Education Act (IDEA, 2004)
- Code of Federal Regulations (CFR) implementing applicable federal laws

In implementing these guidelines, the committee recognizes that there may continue to be minor differences between LEAs and PSAs, keeping these differences to a minimum and working towards more uniform practices is the goal in promoting equity for our students, families, and staff countywide. It is also important to note that in the case of discrepancies between MSHA/ASHA guidance and the Kent ISD Guidelines, the most recent evidence-based practices and clinical judgment should generally prevail in considering each individual students' academic level of achievement and functional performance.

Kent ISD recognizes that the development of guidelines can be a moving target and may need to be updated as laws change, are interpreted, and as new research emerges. Therefore, this document will be a living document and may be revised and updated periodically to stay relevant. In the event that new or updated information is developed by a committee of relevant professionals representing the LEAs, PSAs, and Kent ISD, the amendments will be added to this document and distributed to the field.

I would like to extend my sincere gratitude for our committee members, special education directors, and our professional community for assisting in the development of this document.

Kirsten Myers
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Section One: The SLP Role in MTSS/RtI

Successful MTSS/RtI programs rely on collaboration and leadership to bring all educators to the same table to share professional development, students, time, space, money, and curriculum resources.

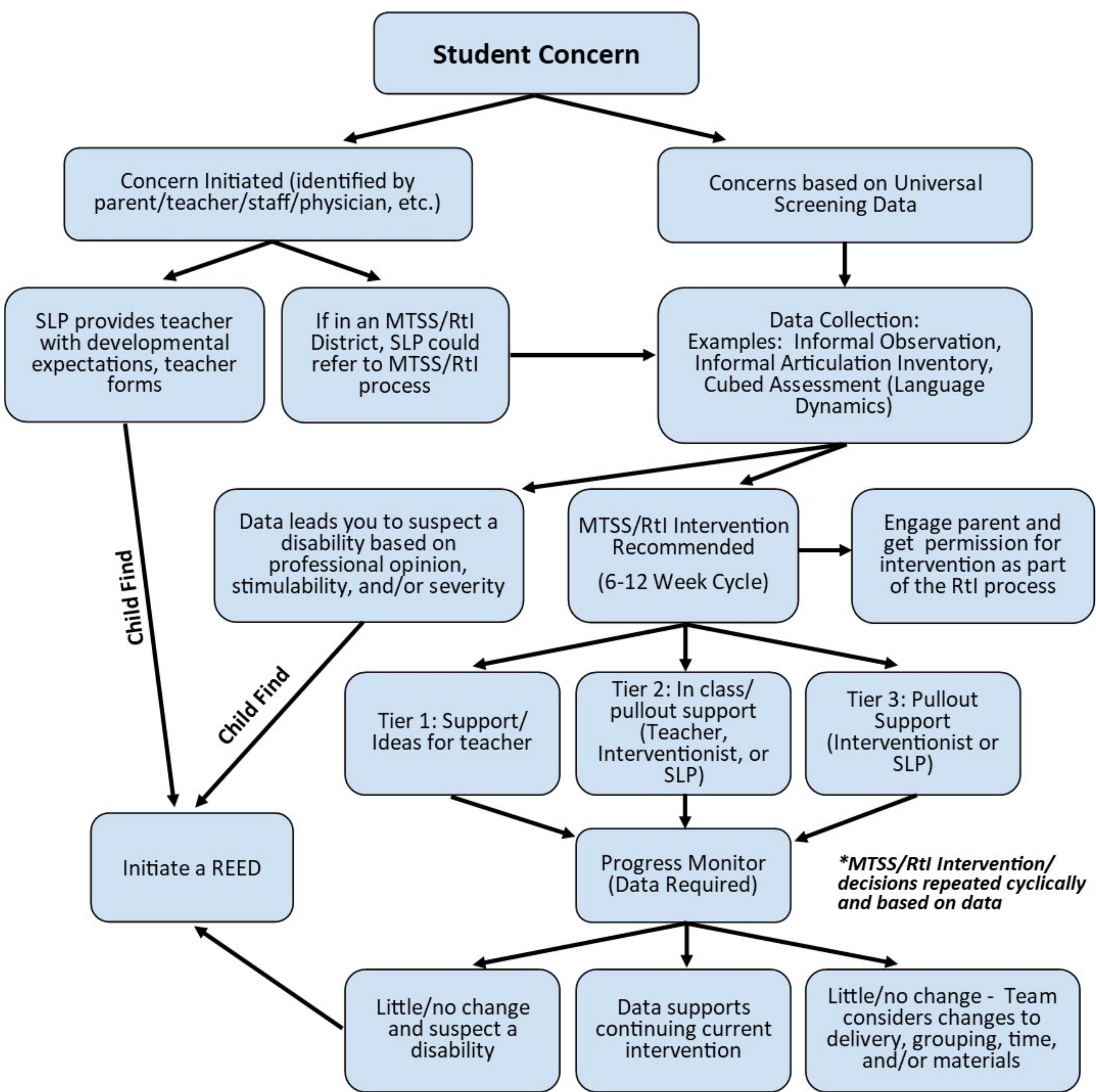
SLPs are uniquely qualified to contribute in a variety of ways to an MTSS/RtI process. Their expertise supports the assessment and intervention process at many levels from a system wide program design and collaboration in working with teachers and individual students. SLPs offer expertise in the language basis of literacy and learning, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcome data when making instructional decisions. The following functions are some of the important ways in which SLPs can make unique contributions:

- Explain the role that **language** plays in curriculum, assessment, and instruction
- Explain the interconnection between **spoken and written language**
- Identify and analyze existing research on evidence-based literacy assessment and intervention approaches relative to **phonological awareness and oral language including vocabulary/semantics**
- Assist in the discussion of screening measures
- Help identify patterns of student need with respect to **language** skills
- Support and/or conduct professional development on the **foundational language basis of literacy**

MTSS/RtI Fully Defined

MTSS/RtI should be used for making decisions about general and special education by creating a well-integrated and seamless system of instruction and intervention guided by student outcome data. Typically, districts individually identify their process for universal screening, data analysis, parent/guardian communication, and student intervention, yet a comprehensive process would include the following components and follow a systematic process as outlined below.

MTSS/RtI Component	Example
Universal Screening multiple times per year for all students	May include NWEA Map, Acadience, Aims Web, i-Ready, Kindergarten Screening (could include articulation/language screeners such as CELF-V screener or PLS-5)
High Quality and Evidence Based Intervention ● Tier I - Curriculum and Instruction ● Tier II/III Intervention Matched to Student Need	● Story Champs ● Text Talk ● What Works Clearinghouse https://ies.ed.gov/ncee/wwc/
Parent/Guardian Communication and Involvement	May include communication to families that explains the MTSS/RtI and universal screening process, intervention, and movement between the tiers of intervention
Frequent Progress Monitoring	May include universal screening and/or intervention tool to collect student level data
Use of Student Response Data to Make Educational Decisions	Would include review of progress monitoring data to make appropriate instructional decisions



MTSS/RtI and Child Find

Child Find is a legal requirement that obligates schools to find all students who have disabilities and who may be entitled to special education services. Child Find covers every student from birth to age 26 and requires schools to evaluate any student that it knows or suspects may have a disability. This process is designed to locate all students with disabilities who need early intervention and special education services as early as possible. Under IDEA and in accordance with Child Find, an MTSS/RtI process **cannot** be used to delay or deny an evaluation for eligibility. Therefore, teams must determine when to proceed with an evaluation by analyzing the significance of the student need as it relates to their age/grade level peer development or in choosing to use an intervention model in analyzing the rate of student growth. In an intervention model, a student that is highly stimulable would typically respond to effective intervention within 6-12 weeks. If a student is not showing expected growth, which was determined by the team prior to intervention, and as a result of intervention provided and a disability is suspected, then the team is obligated to move to a special education evaluation in response to Child Find.

As a school wide prevention approach, MTSS/RtI includes changing instruction for struggling students to help them improve performance and achieve academic progress. To meet the needs of all students, the educational system must use its collective resources to intervene early and provide appropriate interventions and support to prevent learning and behavioral problems from becoming larger issues.

SLP Roles and Responsibilities May Include:

- Using universal screening team/process to identify students who exhibit speech and language delays
- Providing tiered intervention for students that are highly stimulable and may respond to intense short-term interventions rather than being placed in special education
- Consultation with classroom teacher and group/individual intervention within or outside of the general education classroom
- As part of the Child Find requirement, determine when a referral to special education is needed for potential speech and language disabilities
- Determine duration, intensity, and intervention that students with speech and language delays may need
- Identification, usage, and dissemination of evidence-based speech and language practices for MTSS/RtI interventions at any tier

Recognizing the SLP Workload verses Caseload in Supporting the MTSS/RtI Model

Better utilizing the specific skills, expertise, and training of a SLP in consulting with classroom teachers and working with students most in need is the most effective way that schools can be highly successful in the implementation and fidelity of a fully functioning MTSS/RtI model. The SLPs involvement in MTSS/RtI would be determined on their current workload and caseload and based on their potential expanded roles and responsibilities. With smaller caseloads and allowing for engagement within an MTSS/RtI process which is focused on prevention and early intervention, the probable outcome is a reduced caseload if implemented with fidelity.

To meet this challenge, districts, buildings, and SLPs should consider:

- How students are identified for intervention
- How interventions are selected, designed, and implemented
- How performance is measured and monitored
- Applicable professional development and training (as needed) in evidence-based intervention, progress monitoring methods, evaluation of instructional and program outcomes, and contextually based assessment procedures
- Adapting to a more systemic and preventative approach to serving schools, including a workload that reflects less traditional service delivery and more consultation and collaboration in general education classrooms

Furthermore, IDEA does not mandate significant change or prohibit traditional practices; it encourages the adoption of new approaches that promise better student outcomes. Such innovations in education offer numerous opportunities to enhance speech-language services to the benefit of all students.

Frequently Asked Questions on the SLP Role in MTSS/RtI

1. **How can we support teacher referrals without using the formal evaluation process?** A SLP can complete classroom observations and work in small groups/stations within the classroom to address

teacher concerns and provide feedback. If a concern needs additional attention, the student could be referred to the building Child Study/Student Assistance Team or MTSS/RtI process as a next step that may include short term observation, data collection, and intervention within the general education classroom. If the student does not respond to the short-term intervention, then a REED should be completed as part of a special education evaluation.

2. **What if a teacher refers a student with concerns to a SLP outside of the Child Study/Student Assistance Team or in the absence of an MTSS/RtI process**? If the building has a structured process for student concerns, then the SLP should refer the teacher back to that process. Otherwise, if there is not a building process for referrals, then the SLP should collaborate with the classroom teacher and ask questions to better understand the concerns. Additionally, a classroom observation could occur to support the concern with strategies provided for the teacher to try with the student within the classroom setting. A screening tool (e.g. the CELF-V Screener) should not be used for this purpose. If a significant concern is identified that warrants an evaluation, a REED must be completed, pursuant to Child Find and as part of a special education evaluation.
3. **Can a district utilize a MTSS/RtI process specific to speech and language concerns**? Yes. Districts can utilize a process for supporting evidence-based interventions as part of a comprehensive MTSS/RtI process. However, an MTSS/RtI process cannot be used to delay or deny an evaluation, therefore when significant concerns exist, a REED should be initiated and an evaluation completed. **See Appendix 1-A for a sample articulation/language MTSS/RtI process.**
4. **Can we individually screen students as part of a MTSS/RtI process?** A screening can only be completed with an individual student to identify skill deficiencies for intervention when that same screening has been administered to ALL students as part of your MTSS/RtI process. Standardized and/or norm referenced assessments (e.g. CELF-V or PLS-5 screeners) should not be administered unless it is provided to ALL students, otherwise a REED must be initiated as part of the evaluation process.
5. **Can I use formalized screeners as part of an MTSS/RtI Process?** Yes. It is acceptable to utilize formalized screeners if they are given to all students. If universal screening is not utilized, it is allowable to collect more information on a student's articulation and language skills in collaboration with the general education teacher and in the general education classroom in order to support the teacher's instruction. However, if the SLP uses a screening assessment (e.g. CELF-5 screener which is likely not given to all students) in order to determine whether or not to initiate a REED, this is predetermining eligibility and thus violating Child Find. Additional screening measures for articulation and language should be linked to curriculum and grade level standards, thus at times the SLP or school team might determine it is appropriate to create their own checklists or informal data collection sheets based on developmental norms and grade level expectations. These checklists would not need to be utilized for all students, as it is acceptable in an MTSS/RtI system to collect data for instructional purposes.
6. **Are there formalized universal screening language assessments available for an MTSS/RtI model?** Yes. An example is the CUBED Narrative Language Measure by Language Dynamics that correlates with the Story Champs intervention program. Story Champs is an evidence-based program that targets oral language skills through storytelling. The CUBED Narrative Language Measure could be used as a universal screening measure for all students or as an additional measure to drive instruction. It also includes progress monitoring materials, which are required as part of MTSS/RtI intervention. Other assessments and materials exist such as: Let's Know! (Language and Reading Research Consortium) and Lexia RAPID (a universal screening/progress monitoring measure that includes oral language and academic language). Research and programs are constantly evolving; thus, school teams will want to determine what is needed to meet their students' needs and to continually research evidence-based materials. It should also be noted that while commercial progress monitoring materials are available,

these are not the only measures that can be utilized. Progress monitoring for students receiving MTSS/RtI services is required, but it can be based on specific targets. For example, a student participating in MTSS/RtI for articulation would have data related to their specific targeted sound. The SLP may wish to create a goal sheet for these students when a commercial progress monitoring tool is not being utilized.

7. **What is the difference between a Child Study/Student Assistance and an MTSS/RtI process?** An MTSS/RtI process would include universal screening, high quality and evidence-based instruction and intervention, parent/guardian communication, progress monitoring, and data analysis. Child study/student assistance typically does not use utilize these components in determining the need for intervention.
8. **When is parent/guardian permission needed?** It is recommended that parent/guardian permission is received as a part of the district's MTSS/RtI process in providing notice for universal screening of all students and prior to providing individual or small group intervention. Through the MTSS/RtI Process if a disability is suspected, then parent/guardian engagement and permission should be elicited through the Child Find and REED process.
9. **Can we see students on our caseload and those receiving intervention through MTSS/RtI at the same time?** Pursuant to 34 CFR §300.208(a) and Letter to Couillard, special education staff fully funded by Part B (non-CEIS) funds may perform duties for students without disabilities if they would already be performing these same duties in order to provide special education and related services to students with disabilities. For example, an SLP is already providing specialized instruction to two students with disabilities consistent with those student's IEPs. The MTSS/Child Study Team decides that, although they are not students with disabilities, there are two general education students who would benefit from this exact same instruction. The SLP must prepare lesson plans for each of these sessions regardless of the number of students in the session. They may do so and conduct the class for all five students because they are only providing special education and related services for the two students with disabilities and the two students without disabilities are benefiting from that work.

Section Two: Evaluation & Eligibility

Due to our obligation to Child Find, if a student is suspected of having an educational disability, and/or is not making progress with appropriate interventions based on student data, they must be referred for special education evaluation.

Prior to an Evaluation

Prior to a referral for special education, it is important to note that research-based interventions within the general education classroom should be provided and data should be collected to determine efficacy (§300.306(b)). These interventions are usually recommended and monitored as part of a general education building MTSS/RtI process, child study team, or intervention assistance team. ***Refer to Section One: MTSS/RtI for more information.***

Initial Evaluation

When there is a request for an evaluation (written or otherwise), the school has ten school days upon receipt of the written request to provide the parent/guardian with written Notice.

- The school team must provide procedural safeguards and complete the Review of Existing Evaluation Data (REED) and Evaluation Plan document and obtain informed parental consent of the assessment plan and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent/guardian of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision.

Best practice would indicate that a school representative should take an immediate proactive response by contacting the person requesting the evaluation to determine why the evaluation is sought and the nature of the evaluation which is required as part of R 340.1721(1)(a). At this time, the educator making the contact should respond to concerns and explain the referral process. A face-to-face meeting should be considered, especially for initial evaluations, which supports communication and collaboration around the IEP process and related timelines.

Upon referral and through the REED process, the team should review all available information from the general education intervention phase and any information relative to the suspected disability, including:

- previous evaluation team findings;
- state and district assessments;
- classroom-based assessments and observations (e.g. teacher rating scales, grades, etc.);
  - **It is Kent ISD's guidance that teacher rating scales must be utilized for all initial and reevaluations to determine and substantiate adverse impact as part of the eligibility process.**
- observations by teachers/providers of related services (e.g. OT, PT, SLP, RR, SSW, intervention);
- and evaluations and input provided by parents/guardians.

The 30-school-day timeline, per MARSE, would begin upon parental consent through a signature at the REED meeting or upon receipt of the REED to the building. All communication and responses should be documented. If the parent/guardian decides to withdraw a written request for an evaluation, that withdrawal must be in writing.

Reevaluation

A district must ensure a reevaluation of each student with a disability is conducted:

- every 36 months, or
- when the district determines the student's special education and related services and the student's educational needs, including improved academic achievement and functional performance, warrant a reevaluation, or
- the student's parent/guardian or teacher requests a reevaluation outside of the 36-month cycle

It is important to note that the three-year date for conducting a reevaluation is not reset based on an evaluation to add or remove a service. A reevaluation may occur not more than once a year, unless the parent/guardian and the public agency agree otherwise. A REED must be completed to initiate a reevaluation. Part of a reevaluation may include an Educational Benefit Review, especially for students who have had multiple reevaluations. This review includes a review of three years' worth of subsequent IEPs to determine if the design of the IEP was reasonably calculated to provide educational benefit across the three years.

A formal evaluation may not be necessary once a REED is completed. If the IEP Team and other qualified professionals determine no additional data is needed to determine whether the student continues to be a student with a disability, and/or to determine educational needs, then do not check any of the boxes under the Evaluation Needs section and fill out the Notice of Sufficient Data section instead. However, the district must notify the parent/guardian of this and the reasons for the determination. Through provision of the procedural safeguards, the parent/guardian would be informed that they have the right to request an assessment to determine whether the student continues to be a student with a disability, and/or to determine the student's educational needs. If, based on the review of existing data, the team does decide that additional data is needed then the district must:

1. Complete the Evaluation Needs section;
2. Develop an Evaluation Plan on the REED; and
3. Obtain parental consent to implement the evaluation plan.

Once the REED is signed by the parent or guardian and received by the district, they have 30 school days to complete the evaluation to reestablish eligibility. Regardless of whether or not additional assessment takes place, the Eligibility Recommendation (ER) form must be completed including the assurance statements.

Comprehensive Assessment

According to MARSE R 340.1710, "A 'speech and language impairment' means a communication disorder that adversely affects educational performance…"; therefore, the team must determine that there is both a disorder ***and*** an adverse effect on educational performance from that disorder. When conducting the evaluation, according to IDEA 2004 Section 300.304, a public agency must:

- Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student, including information provided by the parent/guardian that may assist in determining eligibility and the presence of a speech and language impairment.
- Not use any single measure or assessment as the sole criterion for determining whether a student is a student with a disability and for determining an appropriate educational program for the student; and
- Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

A comprehensive assessment provides a picture of a student's functional speech and language skills in relation to their ability to access the academic and/or vocational program, and to progress in the educational setting. A variety of data sources should be used to gather valuable information about the student's use of their communication skills in school. The following information and documentation are part of the comprehensive assessment: (**See Sample input forms and checklists in** **Appendix 2-A**.)

- Teacher input
- Ability/achievement/developmental level
- Current academic performance
- Relevant behavior observations
- Speech-language level
- Spontaneous language sample (when assessing a language impairment)
- Educationally relevant medical information, if any
- Information from parents/guardians

Standardized tests of speech-language specific skills are the traditional form of a speech-language assessment where the SLP administers norm-referenced tests to an individual student. However, norm-referenced measures usually cannot distinguish between communication disorders and communication differences due to instructional, cultural or dialectal experience. In addition, norm-referenced tests are not aligned with the curriculum and do not consider how prior knowledge and experience impact performance. The SLP should keep in mind that norm-referenced tests are not contextually based and will provide an incomplete picture of the student's skills. **Therefore, a standardized score suggesting a performance level is not a sufficient source of data for determining eligibility for special education.** Additionally, overlapping and statistically sound data sources should be utilized in determining eligibility or the educational impact of a speech-language impairment.

SLPs should carefully consider statistical properties of norm-referenced tests with regard to their ability to correctly identify students with speech-language impairments. The purpose of these tests is to produce standard scores that allow a student's performance on that particular test to be compared to that of their typically developing peers. Performance on norm-referenced tests can reveal areas of communication that should be assessed further through systematic observation and standard probes of speech-language skills. However, performance on norm-referenced tests does not document functional performance in educational settings. Poor performance on norm-referenced measures could be due to a disability, a lack of experience, or limited opportunity to learn the particular skills that are measured on the test. A balanced and comprehensive assessment will include data from multiple sources of information, with only a limited amount of data in the form of norm-referenced measures of speech-language skills.

Therefore, non-standardized tests and assessment procedures should be used to support and expand on standardized test results. They are useful in determining both strengths and weaknesses and aid in developing interventions, goals and objectives, and documenting progress over time. The table below provides a summary of various assessment procedures.

Common Assessment Procedures	
Checklists/Teacher Rating Scales	A developed form or scale which allows a rater to consider various skills and indicate a student's use of a skill in a particular setting, or indicate potential absences of the expected skills.

Direct Observations	The SLP observes the student during everyday classroom activities or across educational settings, and allows for a more natural opportunity to identify communication strengths and weaknesses.
Interviews	Conversations with or questionnaires given to parents, caregivers, medical professionals, or educators, which provide information related to a student's communication history and current functioning.
Portfolio Review and Review of Student File	Documentation of student performance in the general curriculum on an ongoing basis or documentation of historical information about the student.
Developmental scales and Play-based Assessments	Assessments which provide an opportunity to observe and evaluate a student in the natural context of play. Play-based assessments are an important tool when evaluating preschool students.
Dynamic Assessment	A method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful.
Language Sampling and Speech Intelligibility Measures	A sample of a student's spoken speech-language during a particular task (conversation, retell, describing tasks, narratives, expositories) which helps the SLP determine intelligibility, production of speech sounds in connected speech, and/or the use of expected structures and components of language (sentence length and complexity, variety of words, vocabulary use, grammatical components, etc.).
Norm-referenced Tests	Speech-Language tests which measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics.

Standardized/Norm-Referenced Tests
When using any test or evaluation material, it must comply with §300.304(c)(1) and each public agency must ensure that assessments and other evaluation materials:

- are selected and administered so as not to be discriminatory or racially biased
- are provided and administered in the student's native language
- are used for the purposes for which the assessments or measures were intended and are valid and reliable
- are administered by trained and knowledgeable personnel
- are administered in accordance with any instructions provided by the authors of the assessments

If best practice cannot be facilitated for any reason (e.g. use of interpreter, additional cues used, etc.), deviations should be described in the report and the use of standard scores should include a statement regarding validity. Additionally, Kent ISD encourages the use of current best practices in speech-language pathology including the consideration of the **sensitivity** and **specificity** of published assessment instruments.

- **Sensitivity** refers to how accurate the test is in identifying students with language impairments.
- **Specificity** refers to how accurate the test is in identifying students with typical language skills.

Recommended levels of Sensitivity and Specificity (Plante & Vance, 2004)	
Sensitivity and Specificity	Interpretation of Diagnostic Accuracy
≥90%	Good
80%-89%	Fair (acceptable)
<80%	Unacceptable

Each test should have an accompanying manual. It should contain enough information to determine the appropriate use of the test and interpretation of scores obtained. Information and data on the normative sample, reliability, and validity should be provided.

- **Normative sample** is the population with which the test was normed.
- **Reliability** refers to the consistency of scores over time/freedom from measurement error. There are several types of reliability, each determined using statistical procedures. Test-retest reliability is generally looked at as the best indicator of a test's reliability.
- **Validity** is an indicator of whether the test measures what it purports to measure.

It is important that the SLP use the instrument in the same way that the publisher attained the validity data. Therefore, caution is advised when looking at subtest scores as they are generally less reliable than total test scores. Sensitivity and specificity are also different for subtests than they are for total tests. This does not imply that there is no use for other tests or subtests. They play an important role and are useful for identifying weaknesses in need of remediation, providing guidance in determining goals and objectives, and documenting progress over time.

It is best practice to utilize the most recent version of a standardized assessment because it represents the most current census data and follows updated research on reliability and validity. Each individual test needs to be considered by the standards for only that test. Using a uniform cut-off score across all tests may result in over- or under- identification. Therefore, one cut-off score is not applicable to all tests or subtests. **A comprehensive list of tests is provided in Appendix 2-H. For tests not listed, see Appendix 2-I for guidelines when reviewing norm-referenced tests for possible use.**

Cognitive Referencing

Cognitive Referencing is the practice of comparing IQ scores and language scores as a factor for determining eligibility for speech-language intervention. Cognitive referencing assumes that language functioning cannot surpass cognitive levels. However, according to research, some language abilities may in fact surpass cognitive levels. For example, if a student's IQ is commensurate with expressive and receptive language, that does not in and of itself preclude them from receiving speech and language services. Therefore, Kent ISD, in accordance with ASHA, does not support the use of cognitive referencing. It is important to note that IQ tests are similar to any norm-referenced assessment that a student is given. Performance on these tests may be dependent on the student/test administrator, motivation, distractibility, anxiety and frustration tolerance which can impact

student performance. For these reasons, extreme caution should be taken in making assumptions of student performance and potential based on an IQ test score alone.

Informed Clinical Opinion

"Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child...however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility" §303.321(a)(3)(ii). Final decisions regarding special education eligibility have generally included some degree of "professional opinion" or "professional judgment". Basing this part of the evaluation on information versus simple opinion is making an informed clinical opinion. The term "informed clinical opinion" reflects how each professional and each team should interpret the data and information collected during the evaluation. Informed clinical opinion will be the term used in this document.

Eligibility Recommendation

Following the comprehensive assessment, the Eligibility Recommendation (ER) document is completed. An evaluation report must be provided in writing to the IEP Team including the parents/guardians for determination of eligibility and needed services. The Eligibility Recommendation form may be utilized as the team's written report or, if the team prefers, a separate written report may be attached to this form and must be uploaded into MiPSE.

Elements of an Eligibility Recommendation

- **Reason for Assessment**
- **Background Information**
    - This can be completed within a REED meeting if a parent/guardian is present, through a parent/guardian questionnaire or through parent/guardian interview. Information to gather should include but is not limited to: age, grade, family history, educational history, history of interventions, language and cultural preferences. **See sample input forms and checklists in Appendix 2-A**.
    - For re-evaluations, this should also include history of intervention and results of the most recent evaluation.
- **Current education/developmental level**
    - Developmental observations/data may be appropriate to report when considering eligibility for early childhood services (e.g. transitioning from Part C to Part B services).
    - This information is gathered from teacher input forms, report cards, classroom assessments, state assessments (if applicable), district-wide assessments, information from classroom interventions.

Student attendance records should also be obtained to assure the student has received appropriate instruction.
  - Teacher and/or second evaluator input through rating scales is imperative to determining adverse impact. **See sample input forms and checklists in Appendix 2-A**.
- **Relevant Behavior Observations**
  - Through observations in a variety of settings (classroom, small group, cafeteria, playground, etc.), the SLP should obtain information regarding student attention, behaviors, motivation and participation in the educational environment. This can also be obtained through teacher input.
- **Information from Parents/Guardians**
  - In addition to background information gathered from parent/guardians, the SLP should gather information from the parent/guardian regarding student language at home. A parent input form may be used to ask more pointed questions for parent/guardians to think about regarding their student's receptive and expressive language abilities. **See sample input forms and checklists are in Appendix 2-A**.
- **Educationally Relevant Medical Information**
  - Relevant medical information may be obtained from the parent/guardian or from a medical professional if a release has been signed. In the school setting, relevant information may include but is not limited to: vision, hearing, medical or DSM-V diagnoses, and/or prescribed medications.
- **Speech-Language Levels**
  - Detailed assessment results and data should be fully explained in this section. Whenever a written report includes a standard score, the corresponding confidence interval at 90% or 95% and percentile rankings should also be provided.
  - This section should identify the student's preferred mode of communication (oral, sign, augmentative communication). It should include an analysis of strengths and weaknesses in the areas assessed.
  - The report should indicate the existing and predicted impact of any speech-language impairment on the student's ability to access and progress in the general educational curriculum. Emerging abilities may serve as prognostic indicators in determining a student's potential for improvement.
  - The evaluation report should reflect the interrelationship of a variety of factors that impact communication (age, attention skills, cultural/linguistic background, hearing/vision, etc.).
  - Outside of the specific areas of concern being assessed, observations may be made about all areas of speech and language including articulation, voice, fluency, language, and pragmatics. Content specific to assessment in these areas can be found in those respective sections in this document.
- **Spontaneous Language Sample for Language Impairment**
  - ***Refer to Section Five: Language for more guidance on language and narrative samples.***

All Eligibility Recommendations should be written in easily understood language without extensive use of professional jargon. When professional terminology is used, it should be clearly defined (e.g. for phoneme, use the layperson's phrase "speech sound"). The goal of the Eligibility Recommendation is to communicate valuable findings to enable all team members, including the parent/guardian(s), to meaningfully participate in the eligibility discussions. Computer-generated reports and information copied from test manuals should be used with caution as they often don't provide individualized information. The IEP Team then reviews the Eligibility Recommendation to determine eligibility.

Diagnostic Assurance Statements

The Eligibility Recommendation form, when considering a *Speech and Language Impairment,* specifies four diagnostic assurance statements which are based on IDEA regulations and Michigan rules.

- The educational performance of this student is **adversely affected** by a communication disorder in one or more of the following areas:
  - Language (e.g. phonology, morphology, syntax, semantics, pragmatics)
  - Articulation
  - Fluency
  - Voice
- The suspected disability **is not due** to limited English proficiency;
  - Evaluating students who speak languages or dialects other than Standard American English comes with unique challenges and considerations. In order to complete this diagnostic assurance statement, it is essential to understand implications of cultural differences on language acquisition and necessary to understand a student's level of school experience. ***Refer to Section Seven: Considerations for English Learners for more direction in regards to this assurance statement.***
- The suspected disability **is not due** to lack of instruction in math or the essential components of reading; and
  - Speech and language acquisition is developmental in nature, and standardized testing norms are most often age-based, therefore lack of exposure to curriculum may not disqualify a student for eligibility. In order to complete this diagnostic assurance statement, it is necessary to understand a student's level of school experience.
- This student **requires specially designed instruction** available only through special education.

These four statements must be true for the student to have a disability under special education (IDEA) law. The student may have a disability, but if it does not adversely affect their educational performance, is due to limited English proficiency or related to lack of instruction in math or reading, they are not eligible for special education. If these statements are true, but their needs can be met in the general education setting without special education programs/services, then they are not eligible.

More information on evaluation and eligibility can be found in corresponding sections within these guidelines.

Understanding Adverse Impact

Adverse educational impact refers to how the disability affects the progress and involvement of the student in the general curriculum or for preschoolers, the effect on their ability to participate in appropriate activities when compared to same age/grade peers. Consideration should be given to the academic, vocational, and social-emotional aspects of the speech-language impairment. The following non-exhaustive table has examples of impact in each area, yet informed clinical opinion, IEP Team input and student input (especially at the secondary level) must be included:

Academic Impact	Social-Emotional Impact	Vocational Impact
Students may have difficulty with: • Reading, math, and language arts with the impact determined by grades • Language-based activities • Comprehending orally presented information or information from text • Conveying information orally	Students may have difficulty with: • Others understanding the student • Peers teasing the student • Maintaining and terminating verbal interactions	Job-related skills that the student cannot demonstrate due to the SLI: • Understand/follow oral directions • Inappropriate responses to coworkers' or supervisors' comments

• Decoding, sound/letter correspondence, encoding • Phonological awareness • Reading fluently • Solving math word-problems • Putting thoughts into writing • Telling stories or relating personal narratives in sequence • Being understood during checks for understanding/classroom assessments	• Making and maintaining friendships • Embarrassment and/or frustration • Managing emotions and feelings related to social situations	• Inability to answer and ask questions in a coherent and concise manner. • Difficulty being understood when speaking

In order to identify the effect of any speech-language impairment on the student's academic performance, the SLP must have a thorough understanding of the general education curriculum. The Common Core State Standards (CCSS) are the framework for the curriculum taught in every classroom in Michigan. The CCSS clearly demonstrate the need for effective communication skills, as illustrated by:

- phonological and phonemic awareness requirements of English in primary grades
- mastery of syntax/ morphology required for oral and written language throughout the grades in English and other content areas
- mastery of semantics, syntax, and morphology required for understanding mathematical terms and problems
- ability to use pragmatic skills to make a presentation in any content area
- mastery of semantics in the acquisition of content-specific vocabulary in all areas.

SLPs should become familiar with the grade-level curricula and related requirements. Curriculum provides important and educationally relevant expectations to be used when determining adverse impact and writing appropriate goals and objectives. For example, goals should not be developed based on incorrect test items that don't align with grade-level standards. Educational impact may be determined using information from school-based data including state/district-wide tests, classroom assessments, universal screens, class work samples, and systematic observations. It is also possible to assess the educational impact of a speech-language impairment through the use of teacher/parent/student interview checklists. These would enable a comparison of the student's speech-language skills and needs in their two most natural environments: home and school (**See sample input forms and checklists in Appendix 2-A**). Statements made by a classroom teacher on a teacher checklist provide contextually-based information on the student's speech-language skills and needs in the general curriculum program.

Speech-Language Impaired as a Primary Disability

Upon the completion of the special education evaluation, if the speech and language eligibility criteria has been met, the student would have a "primary disability" in this area.

Speech-Language Impaired as a Secondary Disability

In cases when a student is referred and evaluated in more areas than speech and language, careful consideration needs to be given to any and all areas in which the student may have a disability. When the student has been determined to qualify for special education with an impairment other than SLI, the eligibility other than SLI should be used for the primary disability. For more information, ***refer to the chart in Section Three: Programs and Services.***

A secondary SLI eligibility could be considered on a case-by-case basis. Complex cases might warrant the need for a secondary eligibility, such as when a student qualifies under SLI and another disability and the IEP Team determines that both eligibilities are necessary because the primary eligibility does not account for difficulties in speech and language.

A **secondary SLI eligibility is not required for a student to receive SLP related service.** A REED and corresponding data in the Present Level of Academic Achievement and Functional Performance (PLAAFP) is required to support the need for service. Furthermore, MARSE does not require standardized testing of students whose primary disabilities are other than speech and language to determine eligibility. Formative and/or summative assessments could be utilized to determine the need for service. The information collected by the SLP and other team members should continue to include multiple forms of assessment. The diagnostic report should lay the foundation for intervention by describing how the SLP service will assist the student to progress in the curriculum. The SLP would write a diagnostic report that explains the need for services which would support the development of the student's PLAAFP.

For districts that choose to use dual certification, the IEP Team should use the REED and ER to make a secondary eligibility as speech and language impaired. This same process would be utilized to discontinue eligibility and services.

Exit Considerations

When data supports dismissing a student from services and the area of eligibility is SLI, both a REED and Eligibility Recommendation shall be completed. However, additional assessments may not be needed as part of the REED process. A dismissal does not need to include standardized testing if data supports the following:

- Disorder no longer has an adverse impact on educational performance.
- Student no longer needs special education or related services to participate in the general curriculum.
- Student has met IEP goals and acquired all of their speech sounds that are appropriate for their age.
- Intervention no longer results in measurable benefits, as confirmed by documented use of a variety of appropriate approaches and/or strategies.
- Student is unwilling or unmotivated to participate in therapy.
- Inconsistent attendance at sessions and efforts to address those factors have been unsuccessful.
- Extenuating circumstances such as medical, dental, social, etc. warrant suspension of services temporarily or permanently.

If services are no longer warranted under a different eligibility, the supporting data can be provided in the progress on current goals and objectives and updated within the PLAAFP.

Timelines Chart for Evaluations

1) Student problem identified – referred by school staff for general education problem solving activities

Examples of ongoing problem solving:

- General education interventions/ accommodations, child study, teacher assistance, etc.
- Data collection of student responses to research-based instruction
- Documentation of student strengths/ weaknesses
- Early Intervention assistance from special education staff
- Section 504 plan

Suspected Disability

2) Gather data to complete REED, including documentation of problem solving activities and date of written referral for an initial special education evaluation.

by 10 school days

3) Hold REED meeting/complete REED in agreed upon format. Include parent input and generate plan for assessment. District signs first as offer of FAPE and then parent can sign to give/deny consent.

wait for parent consent

4) Receipt of signed REED starts 30 school day timeline to complete evaluation/hold IEP; may be extended by mutual agreement before due date.

by 30 school days

5) Conduct an initial multidisciplinary team evaluation that:
   - Must include PLAAFP and Eligibility Recommendation(s) for the suspected disability and all required written reports
6) Hold an IEP Team meeting that:
   - Must determine eligibility:
     - If eligible, write IEP for Special Education programs/ services
     - If ineligible, document rationale on IEP.

within 364 calendar days

7) Hold annual review IEP

within 364 calendar days

8) Hold other annual review IEP(s)

9) (Required) Complete REED and Eligibility Recommendation

10) Redetermination IEP - may occur anytime as appropriate, but no later than 36 months after most recent (re)determination IEP.

within 364 calendar days

Disability Not Suspected

For a parent requested evaluation the district must send a ***Prior Written Notice*** to the parent indicating a rationale and supporting data for declining to conduct the evaluation

- Collaborative problem solving for a student continues regardless of the eligibility decision.
- For eligible students consider support needed for termination of special education eligibility

Special cases involving evaluations or redeterminations:

- Redetermination (per **REED**) for **out-of-state transfer** students
- Expedited evaluation provided per request for students not currently special education eligible and are in **disciplinary process** (see Protections for children not determined eligible for special education – [IDEA, 300.534])
- **Nonpublic Students** – the local public district must offer a 3 year redetermination to a student previously evaluated, but who is not currently receiving any special education services.

Frequently Asked Questions on Evaluation & Eligibility

1. **How are the assurance statements on an Eligibility Report completed when the IEP determines that a primary or secondary SLI eligibility is not required, however SLP services are recommended?** An SLI Eligibility Report is completed to indicate "not eligible" and the following assurance statements are marked false:
    - The educational performance of this student is adversely affected by a communication disorder in the following areas: articulation, language, fluency, voice
    - The suspected disability adversely affects the educational performance and requires special education programs/services

    The following assurance statements are individually determined and should be checked accordingly:
    - The suspected disability is not due to limited English proficiency
    - The suspected disability is not due to lack of appropriate instruction in math or the essential components of ready

    If a student is not eligible for a Speech & Language primary or secondary eligibility, SLP related service can be provided under another eligibility by identifying the individual need through the student's PLAAFP which aligns to the supplementary aids and service and/or goals and objectives.
2. **When is or isn't it appropriate for SLI to be used as a secondary eligibility?** The SLP must ensure that the student's disability is appropriately reflected in their eligibility. For example, if a student is found eligible under ASD or CI, and speech-language deficits are inherent within that eligibility then speech-language can be a related service; alternatively, if a student is SLD in math with a severe articulation disorder, a secondary eligibility of SLI more clearly describes the students' impairment.
3. **If a SLP participates in a multidisciplinary evaluation with other staff in which other eligibility areas are being considered (e.g. CI, ASD, SLD, etc.), does the team need to consider SLI as an additional eligibility area on the Eligibility Report?** If a SLP came into the process as a multidisciplinary team member and SLI is not the primary concern, the Eligibility Report does not have to reflect that SLI was considered. However, in the REED document, you must check the box that states "Appropriate programs or services in special education" in the "Purpose" section.
4. **How are outside evaluations incorporated in a school evaluation?** Information from outside reports, such as standardized assessment data, should be reviewed and considered as part of the evaluation process. This data should be included as part of the REED and/or Eligibility Recommendation. When outside evaluation information is provided to a district outside of an evaluation cycle, the IEP Team should demonstrate consideration of the results through Prior Written Notice by initiating a REED (if needed) or reflecting the information within the IEP.
5. **What level of absenteeism or lack of exposure to the curriculum disqualifies a student for eligibility?** When considering articulation concerns, the level of absenteeism or lack of exposure to the curriculum does not discount a student for eligibility as the evaluation/IEP team should be looking at the whole student and not just a period of time. In considering language deficits, the evaluator should review the following: (1) Data that demonstrates that prior to, or as a part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel; and (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parent/guardians.
6. **Can subtests stand alone to determine eligibility?** Although the Michigan rule mentions the use of subtests, subtests can only be used independently if there is adequate data showing the validity of that subtest to be used on its own. In most cases, this means that it is only the composite test scores that will be used as evidence of a disability under Rule 340.1710, which is when SLI is primary disability.

7. **Should age or grade equivalent scores be used in making eligibility decisions?** No. Neither should be used, equivalents do not account for normal variation around the test mean and the scale is not an equal interval scale. Therefore, the significance of delay at different ages is not the same. Furthermore, differing ages of students within the same grade make comparisons between students within and between grades difficult. In addition, grade equivalents do not relate to the curriculum content at that level. While seemingly easy to understand, equivalent scores are highly subject to misinterpretation and should not be used to determine whether a student has a significant deficit.
8. **Can you modify standardized test procedures?** Modifications of standardized test procedures invalidate the use of test norms, but may provide qualitative information about the student's language abilities. If test administration appears to be invalid for any reason, test scores should not be subjected to usual interpretations and the reasons for invalidation should be clearly stated in oral and written presentations of test results as explicitly addressed in federal regulations.
9. **Can one-word vocabulary tests be used in the assessment process to qualify students for speech and language services?** They should be used with caution as studies have found that single word vocabulary tests have poor psychometric properties and/or are not representative of linguistic competence embedded in life activities.
10. **How many standardized assessment measures should be used to determine eligibility?** During an initial evaluation, if SLI eligibility is being considered for a primary disability, then two standardized assessments or subtests in addition to other relative assessment data (such as teacher rating scales, observational data, parent input, etc.) should be utilized for language. Please see individual eligibility areas for additional information (articulation, voice and fluency) related to those categories.
11. **Can a copied protocol be used for assessment administration?** No. Protocols are copyrighted and must comply with copyright laws.
12. **Who can sign as a parent/guardian on a REED?** MARSE states that "Parent" means any of the following: (i) A biological or adoptive parent of a child. (ii) A foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent. (iii) A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child, but not the state if the child is a ward of the state. (iv) An individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent, or other relative, with whom the child lives, or an individual who is legally responsible for the child's welfare. (v) A surrogate parent who has been appointed can be utilized if the student is a ward of the state and not residing with the student's parent(s). After reasonable efforts have been made to contact the parent in the case of a ward of the state, a surrogate parent will need to be identified to provide consent.
13. **How many members are required on an eligibility team?** MARSE states: "Multidisciplinary evaluation team" means a minimum of two persons who are responsible for evaluating a student suspected of having a disability. The team shall include at least one special education teacher or other specialist who has knowledge of the suspected disability." A general education teacher can serve as an evaluation team member.
14. **What if a parent/guardian refuses to sign consent for an initial evaluation through the REED process**? If a parent/guardian refuses consent, the district may not proceed with the evaluation. If the district disagrees with a parent/guardian's refusal, the IEP Team should contact the Director of Special Education to discuss potential options for next steps.
15. **What if a parent/guardian/student requests that services are discontinued when a student is still eligible?**
    The parent/guardian/student (age of majority) would sign a Revocation and Notice of Cessation to discontinue services. Notification to your Special Education Administrator should be considered or followed per local process and procedures.

Section Three: Programs and Services/Caseload, Workload and Scheduling

Programs and Services

Present Level of Academic Achievement and Functional Performance

The PLAAFP is the foundation on which the rest of the IEP is developed, including a recommendation for Programs and Services. The narrative summary of a PLAAFP must include five elements:

1. Area and subarea of need
2. Baseline data and data sources
    - Must include both strengths and areas of deficit related to the area(s) of the disability and reflect intensity of programs/services required within the LRE. Data may be derived from tests, classroom performance (such as work samples, teacher-made tests, classroom assessments, writing samples, etc.), documented observations (written, systemic, ongoing), and/or state or district-wide assessments. Other data sources may include provider notes/logs, checklists, student input, attendance records, and behavior records.
3. Description of need and starting point for instruction based on baseline data (including grade level expectation for each need)
    - Each area of identified need must be addressed by at least one of the following:
        1) Supplementary Aids, and Services, Supports
        2) Measurable annual goals
        3) Special Transportation
        4) Transition Planning
4. An adverse impact statement identifying the impact of the disability on the involvement and progress in the general education curriculum/environment

Special Factors, Supplementary Aids and Assessments

Supplementary Aids are what the student requires to progress in the general education curriculum and work toward the attainment of their goals and objectives, not what they would benefit from. Supplementary Aids should level the playing field, not give the student an unfair advantage, therefore, the general education teacher, special education teacher, and related service providers must work together to determine appropriate accommodations. It is within the SLPs role (as Designated Caseload Manager) to support the understanding and documentation requirements of the Supplementary Aids the student is receiving within the general education classroom related to their speech and language impairment. The data gathered by the general education teacher and other IEP team members will identify what Supplementary Aids will be identified at subsequent IEP meetings.

Section 504 Consideration

Section 504 of the Rehabilitation Act of 1973 guarantees individuals with disabilities equal access to an education. A 504 plan lists the accommodations a school will provide so that a student with a disability has equal access to the general education curriculum. When a student no longer requires Specially Designed Instruction from a SLP, yet still requires accommodations, a 504 plan should be considered. In this case, work with your school's 504 Coordinator to determine the student's eligibility for a 504. **See Appendix 3-A: Kent ISD 504/IEP Comparison Chart**

Least Restrictive Environment (LRE)

IDEA requires that students with disabilities must be educated in the least restrictive environment (LRE). This requires that students be educated in general education classes with students who are not disabled to the maximum extent possible. Removal of students with disabilities from the general education environment may occur only when the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. Special education placement is determined by the IEP Team based on needs identified in the PLAAFP. The term "placement" refers to points along a continuum of programs and services, not the physical location of the student. A continuum of alternative placements must be available to meet the needs of students with disabilities and includes programs and related services.

Speech and Language Related Services			
Special Education not required	**MTSS**	**SLI as Primary Eligibility**	**SLI as Related Service**
No S/L Services	Tiered S/L Intervention	Consult S/L Services Direct S/L Services	S/L Monitor Consult S/L Services Direct S/L Services

Speech-Language Impaired Compared to SLI as Related Service		
	SLI Primary or Secondary Eligibility	**SLI as Related Service**
Eligibility Consideration	Use when Speech and Language Impairment best describes the student's disability (primary). Follow MARSE eligibility guidelines to determine eligibility.	Use when another primary eligibility better describes the student's disability (e.g. Specific Learning Disability, Cognitive Impairment, ASD, etc.). **Note, neither IDEA nor MARSE require a secondary disability eligibility of SLI.
Documentation for Eligibility	REED required for evaluation plan, notice to parent/guardians and parent/guardian consent. Eligibility Recommendation required to document eligibility or ineligibility (this may serve as a written diagnostic report).	S/L service can be removed through convening or amending an IEP at any time when supported by related PLAAFP data or through a REED process.
Discontinuation of Services	Provision for and reason for continued/discontinued S/L services is noted on the Notice Page of the IEP which provides prior written notice.	Provision for and reason for continued/discontinued S/L services is noted on the Notice Page of the IEP, as a considered option, which provides Prior Written Notice.

Service Delivery and Models

The following are examples of service delivery models:

- Treatment setting (classroom, therapy room, job site and other school environments);
- Format (individual, small group);
- Intensity (the amount of time spent in each treatment session);
- Frequency (the number of treatment sessions over a set period of time); and
- Duration (the length of treatment received)

Using evidence-based decision making, SLPs have the responsibility to select the most appropriate service delivery model. Models should be chosen which affords the most flexible and efficient delivery of services; services should be outcome oriented, curriculum-based, and designed to improve the student's ability to access and make progress in the general education curriculum.

Direct	Consult	Monitor
• Provider works directly with the student. • Work with the student is related directly to the goals and objectives (may be collaborative with another provider). • Progress reports are completed by the related service provider. • Provider documents service provisions. • The student is counted on the provider's caseload.	• Provider observes, informally assesses, or works with the student. • Provider consults with the teacher and or parent/guardian; discussion and activities are related to goals and objectives that the teacher and related services provider are working on with the student. • Progress reports are completed collaboratively by both the teacher and the related service provider. • Provider documents service provision and consultation activities. • The student is counted on the provider's caseload.	• Provider observes, informally assesses, or works with the student. • Provider may also be involved with crisis intervention, assistive technology or other prosthetic equipment issues, or classroom material preparation. • Provider meets with the teacher to provide resources and/or support. • Provider does not write goals and objectives or report progress. • Activities are not related to goals and objectives. • Provider must keep a documentation log of monitoring activities. • The student is counted as part of the provider's workload. This form of service provision is an accommodation.
Possible intervention settings may include: • Parent/guardian training/play groups • Services in the student's natural environment • SLI services within the general classroom setting (push-in services) • Pull-Out (small group or individual)		

- Tele-therapy in accordance with the distance learning protocol and contingency learning plan
- Co-delivery with other service providers
- Whole group/classroom Instruction
- Community based
- Combined Service Delivery Models: These models use more than one of the options listed above
- Walk-in/"Outpatient" (Preschool and registered Home School Students)
- Inclusion classroom

Students with the primary eligibility of cognitive impairment, severe multiple impairment, or autism spectrum disorder may require categorical special education programs. Speech and Language Impairments are inherent in certain eligibilities. Therefore, certified, highly-qualified teachers are often able to adequately meet the speech and language needs of these students within the curriculum for that categorical program with or without varying supports from the SLP.

When a student has a severe speech-language impairment that they may require a special education placement (self-contained, resource, ECSE classroom), yet meets only the SLI criteria, the IEP must contain sufficient data to support that a more restrictive program model is required in order for this student to make progress in the general education curriculum and make progress on goals and objectives.

Obligations to Nonpublic and Home Schools

All special education related services are included in the Michigan Auxiliary Services Act. A public school is obligated to provide equitable auxiliary services (and thus all special education related services including SLP services) to pupils in the elementary and secondary grades at the nonpublic school. As for any IEP, these related services must address needs related to student achievement and functional performance. However, for students in nonpublic schools, public school personnel may not directly provide instruction in the areas of core academic curriculum, as defined by Michigan Curriculum Framework, the Michigan Merit Curriculum, and the associated Michigan Grade Level Content Standards. The core academic content area remains the responsibility of the nonpublic school. Evaluation, special education eligibility, and IEP/Nonpublic Service Plan procedures are provided in detail in **Appendix 3-B**.

For school aged students, consultation, evaluation, and special education services through a Nonpublic Service Plan are all the responsibility of the district of location (where the nonpublic is located). The initial offer of FAPE through an IEP should be provided by the district of residence (where the student lives). The *Auxiliary Services Act* does not include preschool.

The topic of public services to nonpublic schools is more complicated than presented in this brief summary. For example, issues often involve distinctions between resident and non-resident students and obligations for evaluations, programs/services and accommodations, and core versus non-core curriculum. For further information, contact your district administration, refer to the Kent ISD *Providing Services to Students who are Voluntarily Enrolled in Nonpublic Schools* document located on the Kent ISD website, or refer to policies in *Information on Nonpublic and Home Schools* published by the Michigan Department of Education.

Caseload, Workload and Scheduling

Caseload and Workload

Historically, a school SLP's workload has been conceptualized as almost exclusively synonymous with caseload. The caseload is only one part of the workload of a SLP. When a student is added to a caseload for direct services, significant amounts of time within the school day, week, and month must be allocated for additional important and necessary workload activities that go along with that specific student and their needs. The total number of workload activities required and performed by school-based SLPs should be considered when establishing caseloads. Kent ISD, in accordance with ASHA, recommends taking a workload analysis approach to setting caseloads to ensure that staff and students receive the services they need to support their educational programs. The needs of students receiving speech-language services vary greatly, and a specific caseload number does not consider this variation.

Per MARSE R 340.1745, all of the following provisions are specific requirements for speech and language services:

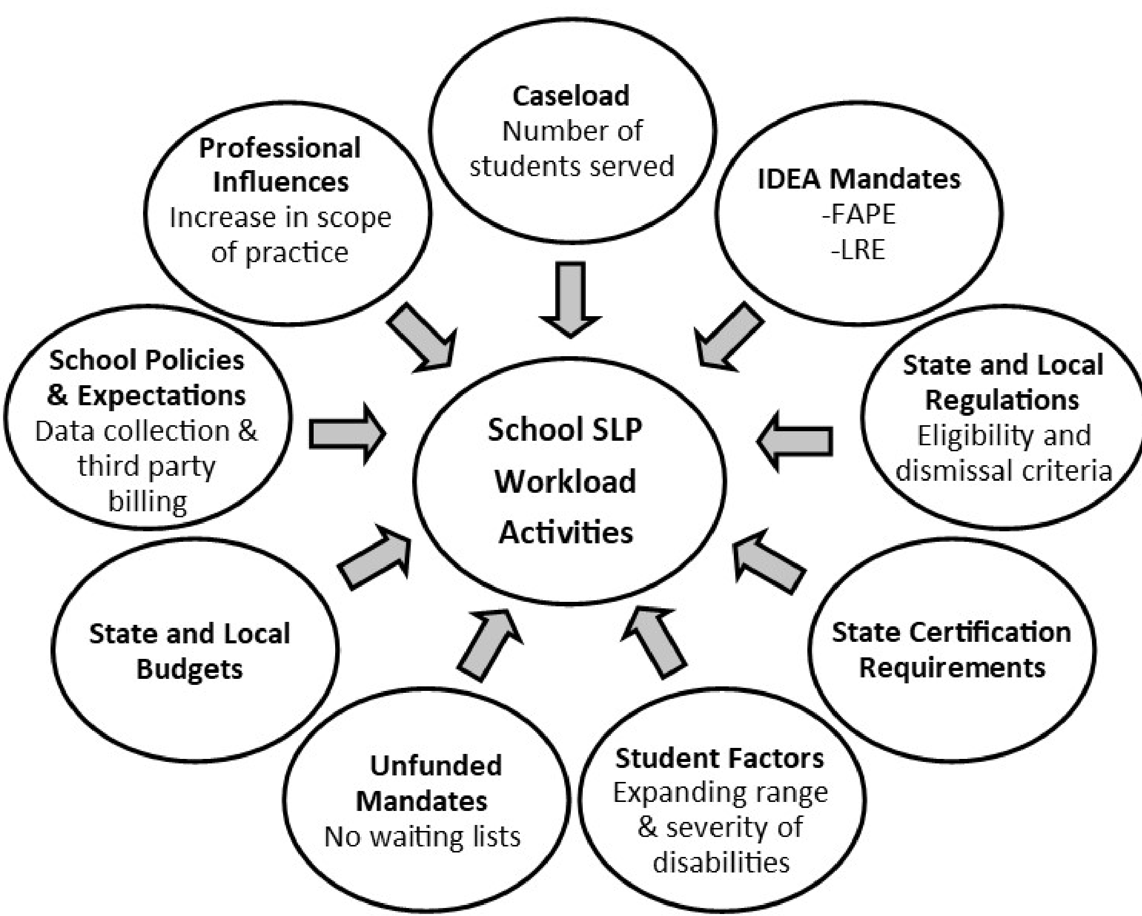
a. The speech and language services provided by an authorized provider of speech and language services shall be based on the needs of a student with a disability as determined by the individualized education program team after reviewing a diagnostic report provided by an authorized provider of speech and language services.
b. The determination of caseload size for an authorized provider of speech and language services shall be made by the authorized provider of speech and language services in cooperation with the district director of special education, or his or her designee, and the building principal or principals of the school or schools in which the students are enrolled. Caseload size shall be based upon the severity and multiplicity of the disabilities and the extent of the service defined in the collective individualized education programs of the students to be served, allowing time for all of the following:
    (i) Diagnostics
    (ii) Report writing
    (iii) Consulting with parent/guardians and teachers
    (iv) Individualized education program team meetings
    (v) Travel
c. Individual caseloads of authorized providers of speech and language services **shall not exceed 60** different persons and shall be adjusted based on factors identified in subdivision (b) of this rule. Students being evaluated shall be counted as part of the caseload.

Ensuring FAPE and Positive Student Outcomes

Reasonable workloads allow for optimal service delivery to students to meet their individual needs as required under IDEA. A question to consider during caseload/workload conversations may be: “Is there enough time per day to reasonably ensure the SLP is able to deliver appropriate and IEP mandated services in the LRE, with timely completion of compliant paperwork, and in adherence to LEA employment contracts, MARSE rules, and IDEA?” In order to be compliant with MARSE, ensure students receive FAPE, and achieve positive outcomes, thoughtful analysis of a SLP’s workload must be balanced by:

- severity and multiplicity of the disabilities on the caseload
- required activities such as diagnostics, documentation, consulting with parent/guardians and teachers, IEP team meetings, travel between buildings
- district and/or building level responsibilities

Additional activities such as building level universal supports and intervention, child study/MTSS/RtI participation, staff/family consultation/training, etc., which are outside of evaluating and providing services to students with IEPs, should be considered when determining caseloads.



Factors Impacting Workload

Districts and SLPs interested in conducting a workload analysis can use the Workload Activity Clusters chart to determine time spent per week/month in each activity area. For examples and worksheets for the workload analysis approach, see ASHA's resource titled, *Implementation Guide: A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in Schools*. Examples of workload activities are included in the following table:

WORKLOAD ACTIVITY CLUSTERS

Direct services to students

- Counsel students
- Evaluate students for eligibility for special education
- Identify students with speech and language impairment
- Implement IEPs and IFSPs
- Provide direct intervention to students using a continuum of service-delivery options
- Reevaluate students
- Progress monitor all student IEP goals

Indirect activities that support students in the least restrictive environment and general education curriculum

- Engage in dynamic assessment of students
- Consult with teachers to match student's learning style and teaching style
- Design and engage in prereferral intervention activities
- Design/recommend adaptations to curriculum and delivery of instruction
- Design/recommend modifications to the curriculum to benefit students with special needs
- Participate in activities designed to help prevent academic and literacy problems
- Observe students in classrooms
- Screen students for suspected problems with communication, learning, and literacy

Indirect services that support students' education programs

- Analyze demands of the curriculum and effects on students
- Attend student planning teams to solve specific problems
- Attend teacher/service provider meetings (planning, progress, monitoring, modifications to program)
- Communicate and coordinate with outside agencies
- Contribute to the development of IEPs and IFSPs
- Coordinate with private, nonpublic school teachers and staff
- Design delivery plans
- Design and implement transition evaluations and transition goals
- Design and program high-, medium-, and low-tech augmentative communication systems
- Program and maintain assistive technology/augmentative communication systems (AT/AC) and equipment for AT/AC
- Train teachers and staff for AT/AC system use
- Engage in special preparation to provide services to students (e.g. low incidence populations, research basis for intervention, best practices)
- Interview teachers
- Make referrals to other professionals
- Monitor implementation of IEP modifications
- Observe students in classrooms
- Plan and prepare lessons
- Plan for student transitions
- Provide staff development to school staff, parent/guardians, and others
- Speech-Language monitor as an accommodation

Activities that support compliance with federal, state, and local mandates

- Attend staff/faculty meetings
- Collect and report student performance data
- Complete compliance paperwork
- Complete daily logs of student services
- Complete parent/guardian contact logs
- Document services to students and other activities
- Document third-party billing activities
- Participate in parent/guardian/teacher conferences
- Participate in professional association activities
- Participate in professional development
- Participate on school improvement teams
- Participate on school or district committees
- Serve multiple schools and sites
- Supervise paraprofessionals, teacher aides, interns, CFYs
- Travel between buildings
- Write funding reports for assistive technology and augmentative communication
- Write periodic student progress reports
- Write student evaluation reports

Adapted from A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools: Guidelines. Copyright 2002 by American Speech-Language-Hearing Association. All rights reserved.

Scheduling

Each of the constituent districts of Kent ISD will make decisions regarding the model of provision of services to students. No one model will work for all populations and all age groups. IEPs are individualized and are not created to fit existing models of service delivery. IEP documents can be written to reflect a variety of service delivery options, including frequency, location, and amount of service. Amount of service can be specified in various clusters (e.g. weekly, monthly, biannually, or annually). Changes in service delivery can be triggered by goal mastery.

Traditional Weekly Schedule

The SLP schedules students for services on the same time/day(s) every week. The location and group size can and may vary; for example, the SLP may provide one session of individual pullout treatment per week and may alternate small-group pullout sessions with classroom-based service delivery every other week.

Receding Schedule

The SLP provides direct services in intense, frequent intervention for a period of time and then reduces direct services while increasing indirect services. For example, in the first semester, the SLP works with a student 90 minutes per week on individualized education program (IEP) articulation goals. In the second semester, the SLP provides 15 minutes of direct services and 30 minutes of indirect services per week to allow for independent practice of target sounds and opportunities to monitor generalization with teacher and family.

Cyclical Schedule

The SLP first provides direct services to students for a period of time and then follows that up with no services—or indirect services—for a period of time. The focus in the first phase is on learning new skills; the focus in the second phase is on monitoring the stabilization of skills.

The **3:1 model** is an example of a cyclical schedule. Direct services are conducted for 3 weeks in a row, followed by indirect services and activities in the 4th week. In this model three weeks of a four week cycle are dedicated to providing direct services to students (individual therapy, small group therapy, push in lessons and evaluations) while the other week is reserved for indirect services such as consultation with staff, collaboration activities with teachers and others (e.g. student intervention team meetings/student assistance team meeting), classroom observations, screenings, meetings, parent/guardian collaboration, developing materials, and completion of paperwork including Medicaid billings. IEPs reflect the service frequency (e.g. [direct service × minutes 3×/month] + [SLP consult × minutes 1×/month]). The week of indirect services could be referred to as a "student support week" to document that services are still being provided during that week.

Block Schedule

Speech-language sessions are longer but less frequent, often reflecting a middle school's or high school's master block schedule, where there are fewer but longer classes every day or every semester. This schedule allows for fewer interruptions to the student's school day. Because class periods are longer, the SLP can provide a pullout session to practice a skill—immediately followed by in-class services to generalize the skills—all within the same class period.

Blast or Burst Schedule

Speech-language services are provided in short, intense bursts (e.g. 15 minutes 3 times per week). This model allows the SLP to provide individualized services right outside the classroom, which promotes less out of class time and less travel time.

The **Speedy Speech/Five Minute Articulation** is an example of Blast or Burst Schedule. The SLP drills the student with mild to moderate articulation impairments in short, individual (5-minute), and frequent (daily, three times a week) sessions. Results reported anecdotally are said to be as good as, or better than, the more traditional articulation therapy.

Creative Scheduling

This schedule involves varying times in a schedule to meet the specific needs of a group of students. Time is blocked in a week to meet the specific needs of the students, but the service provided to that group may differ by day. Some days may include direct service provision to the students in the therapy room. Some days may include push–in services in the classroom and some days may include individual sessions with the students.

Frequently Asked Questions on Programs and Services/Caseload, Workload and Scheduling

1. **Do I need to complete a REED if adding/dismissing speech-language as a related service?** If you are collecting data through a formal process (assessment, observation, etc.) to determine the need for related services, then a REED is required for determining a need for service, to exit the service and for parent/guardian notice. If the student has met IEP goals and objectives and you are dismissing the service, then you could use the REED and check "no additional data is needed". You may also use the progress monitoring data to provide information needed in the PLAAFP to dismiss the service. IDEA states that if the IEP Team and other qualified professionals, as appropriate, determine no additional data is needed to determine whether the student continues to be a student with a disability/determine educational needs, the district must notify the parent/guardian the reason that no additional data is needed. In that case, the parent/guardians have a right to request an assessment to determine whether the student continues to be a student with a disability, and to determine the student's educational needs.
2. **What might a caseload look like that abides by MARSE rules with a caseload size based "upon the severity and multiplicity of disabilities, allowing time for diagnostics, report writing, consulting with parents/teachers, IEP meetings and travel between buildings (MARSE)?"** Completing ASHA's Workload Calculator is the first step to determine an appropriate caseload size that considers these factors, including those beyond MARSE such as Service Capture/Medicaid Billing, monitor services, and MTSS/RtI. Special consideration should be given to caseloads that service self-contained programs, have additional evaluation responsibilities, and require travel between multiple buildings. ASHA Workload Calculator
3. **Do initial evaluations count toward caseloads?** Yes, MARSE specifically states that evaluations "shall be counted as part of the caseload." Any student being evaluated will count toward the caseload cap outlined in this rule. One evaluation is equivalent to one caseload student. This also applies to SLPs with assignments to complete evaluations above and beyond the initial/re-evaluation requirements for their building(s) assignment (e.g. Early Childhood Evaluations via Child Find, a Diagnostic Evaluation Team (ASD), etc.). For example, if a SLP is evaluating 3 students/month, then the caseload should reflect that number. Adding a student to your caseload on MiPSE beginning with the REED will ensure the student is reflected on your caseload total.

4. **What should a caseload look like for a SLP providing birth-3 services?** Caseload considerations vary when comparing SLP services as a primary service provider (PSP) within Part C birth-3 programming vs. Part B school-based SLP services. Some considerations include: 1) PSP/transdisciplinary approach with parent/caregiver coaching within sessions, 2) frequency and length of visits (45-60 minutes), 3) Parent/caregiver education (individually or within group settings), 4) travel time, 5) completing Part C to Part B transitions, 6) weekly evaluation(s), 7) completing speech-language evaluations/updates for personal and team caseloads and 8) providing consultations for team members, 9) bi-annual review of IFSP, 10) Service capture documentation,
5. **How would an IEP Team determine who assures implementation of the IEP (Designated Case Manager)?** The IEP Team must consider relevant factors in making this decision including: eligibility, nature of disability, service time and staffing considerations (time provider is in student's building). Most often the staff with the highest level of contact with the student assumes this role, however this should not always be the primary determination. For example, the SLP may have the most frequent IEP minutes with the student, however due to the nature of their disability (behavior, physical needs, etc.) another staff member may be more appropriate to ensure IEP implementation. In the case of a student who receives KISD related services, the case manager role would fall to the staff member that is employed by the district in which the student attends.
6. **When does the IEP Team check "yes" on the Special Factors/Supplementary Aids and Services page of the IEP related to Communication Needs?** On the IEP document, the IEP Team would consider checking the assurance statement box as "yes," if a student is unable to express their wants and needs (either verbally, through sign, assistive technology, etc.) and has specific communication needs that require the use of supplemental aids and services. Examples include; sign language, interpreting services, and assistive and augmentative communication devices. This section is unrelated to a students' speech or language needs that warrant specially designed instruction through SLP services. ***Refer to the FAQ in Section Eight: AAC for additional details on documentation***.
7. **How should monitoring being counted?** It is Kent ISD's guidance that monitoring should be used cautiously unless it has been determined that it supports a measurable outcome for the student in the least restrictive environment. When this occurs, a workload approach is recommended.

Section Four: Speech Sound Disorders, Fluency, and Voice

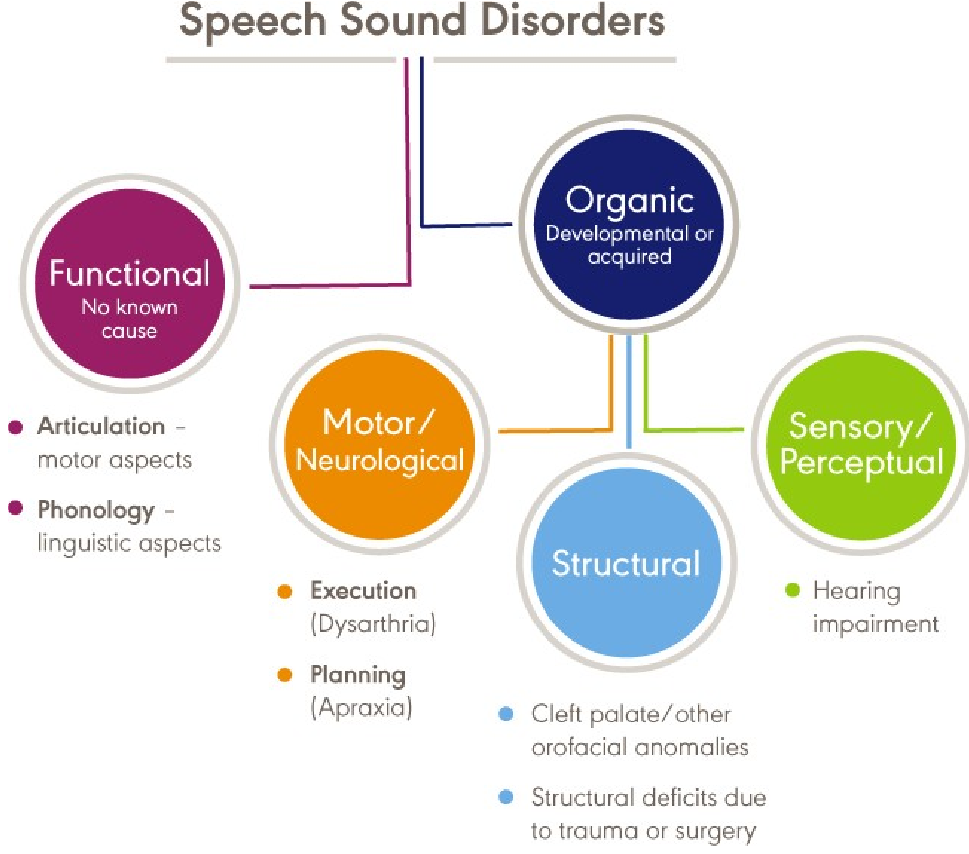
Speech Sound Disorders

When a teacher or parent/guardian has concerns about a student's articulation, consultation should occur with a SLP. After consultation, if the errors in articulation may be resolved without SLP intervention, then the SLP could suggest strategies and follow-up for the student, teacher, and parent/guardians to use. If the student begins to progress adequately, interventions/suggestions will continue to be used as needed by the teacher and/or parent/guardians. When there is adequate student progress in response to the intervention, no referral is necessary. If it is determined that the student is not making adequate progress based on data collected, the special education evaluation process should begin. The parent/guardian will be contacted to complete the REED document. ***Refer to Section One: MTSS/RtI for further information on the Response to Intervention process and the SLPs role in educating school personnel and parent/guardians about normal articulation and phonological development.***

Definitions

Speech sound disorders is an umbrella term referring to any difficulty or combination of difficulties with perception, motor production, or phonological representation of speech sounds and speech segment, including phonotactic rules governing permissible speech sound sequences in a language.

Speech sound disorders can be **organic or functional** in nature. Organic speech sound disorders result from an underlying motor/neurological, structural, or sensory/perceptual cause. Functional speech sound disorders are idiopathic—they have no known cause. See figure below.



Evaluation

After completing the REED document and receiving parent/guardian consent, a formal evaluation can begin. A comprehensive evaluation may include the following components:

- Collection of parent/guardian, teacher, and student input (student input when developmentally appropriate) (See Appendix 2-A)
  - Case history
  - Medically relevant information (ear infections, adenoid/tonsil removal, etc.)
  - How speech is impacting education socially, academically, and functionally
- Formal assessments/standardized measures
- Observation(s) of student in their academic environment
- **Oral peripheral examination (See Appendix 4-A)**
- Confirmation of passed hearing assessment/audiologic evaluation
- Connected speech sample
- Stimulability testing

The following guidelines may be helpful in determining the areas of assessment depending on the age of the student:

Ages 3-5	Intelligibility, phonological process usage, and stimulability are usually more important than social and vocational considerations.
Ages 6-9	Speech sound production norms and stimulability are the typical focus. Social and academic variables should be given stronger consideration.
Ages 9+	Stimulability and social/academic/vocational considerations are of high importance for this age group.

Using Standardized Assessments

For comparisons on **articulation and phonology assessments, see Appendix 2-H.** When choosing an assessment, it is important to select tests with appropriate levels of sensitivity and specificity (>80%). Check the test manual for recommended cut-off scores. If the cut-off is > 1 ⅓ SD, then use that criterion with the understanding that this criterion should not be the sole determining factor for decisions. The majority of standardized tests of articulation and phonology currently did not meet basic psychometric requirements. It is essential that they do not act as the cornerstone of speech sound assessment.

Analyzing Speech Samples

A speech sample should be analyzed for the student's sound production (articulation errors and phonological processes) as well as speech intelligibility. **See Appendix 4-B for a list of phonological processes.** Assessment of intelligibility is important in determining the educational impact (e.g. social, vocational, or academic) of the speech sound disorder.

A quantitative approach uses the percentage of consonants correct (PCC) to determine severity on a continuum from mild to severe. A PCC of 85–100 is considered mild, whereas a PCC of less than 50 is considered severe.

Use of Articulation Norms
Kent ISD recommends using the **Crowe & McLeod (2020) articulation norms** (See Appendix 4-C) as a reference. Although useful, articulation norms should be interpreted with caution and not be the sole determining factor for eligibility consideration. Standardized assessment, assessment of accuracy (e.g. percent consonants correct) and intelligibility in connected speech, and professional judgment, in conjunction with articulation norms, are important to a comprehensive evaluation in determining eligibility. It is critical to consider the adverse impact of speech sound errors on the ability to communicate effectively, willingness to communicate with teachers and peers, academic performance in related areas (e.g. phonological awareness and literacy), self-perception of communication skills, and social consequences.

When taking articulation norms into consideration, a waiting period of 6-12 months beyond the 90% acquisition level is not recommended. A 90% criterion is similar to the practice that considers the lowest 5-10% of performances on a standardized test to be outside the average range. If a student has not achieved a sound by the 90% acquisition age level it would be unlikely that the student will learn the sound without intervention. The presence of articulation or phonological errors persisting beyond the age of maturation does not necessarily trigger an evaluation, but indicates intervention efforts are needed (e.g. MTSS/RtI, consulting with teachers and parent/guardians, home program).

Language Testing
Language testing should be considered as part of a comprehensive evaluation. This can serve as useful information at a later point in time. There should be consideration for including a phonological awareness assessment during the evaluation process. The language sample for this portion of the evaluation can serve as your connected speech sample.

Eligibility

Informed clinical opinion should be derived from multiple sources of information. Each test used should be considered by the standards set for that test in order to determine inappropriate articulation functioning for the student’s age. Test scores and standard deviations should not be the sole criterion for determining eligibility. **The Speech Sound Production Severity Rating Scale (See Appendix 4-D),** completed after assessment pieces are finished, provides the SLP with a rubric to assist in determining if a student meets eligibility criteria for a speech impairment.

The suspected disability must adversely affect educational performance, which includes the student’s ability to participate in appropriate activities, and require special education programs/services.
Examples of the adverse effect on educational performance include the following:

- The speech sound disorder affects the student's ability or willingness to communicate in the classroom (e.g. when responding to teachers' questions; during classroom discussions or oral presentations) and in social settings with peers (e.g. interactions during lunch, recess, physical education, and extracurricular activities).
- The speech sound disorder signals problems with phonological skills that affect spelling, reading, and writing. For example, the way a student spells a word reflects the errors made when the word is spoken. See ASHA's resource language in brief and ASHA's Practice Portal pages on Spoken Language Disorders and Written Language Disorders for more information about the relationship between spoken and written language.
- Adults and/or peers in the school setting are often unable to determine what the student is saying, even after repeated attempts from the student

Refer to Section Two: Evaluation & Eligibility for further information on adverse impact.

English Language Learners

A student cannot be considered to have an articulation/phonology impairment based on characteristics that are consistent with cultural and/or linguistic diversity.

- Refer to MSHA guidelines (CLD A-8) for examples of phonological features observed in African American English, Spanish, Asian, and Arabic speakers
- Refer to ASHA for phonemic inventories of various languages
- ***Refer to Section Seven: English Language Learners for further information on evaluating and treating students who speak a second language***

Service

The IEP Team determines which service delivery options will be employed to accomplish goals and objectives. The options can be combined and should be reviewed and changed over time, as the student's needs change. ***Refer to Section Three: Programs and Services for information on service delivery options (direct, consultative, monitor, etc.). Refer to Section Three: Workload, Caseload and Scheduling for information on scheduling options (traditional, receding, cyclical, block, creative, and blast/burst schedules).***

Aligning Intervention with Curriculum

The SLP should strive to design a speech intervention program that involves daily opportunities for the student to practice with materials that are relevant to the curriculum for the generalization of speech. The SLP can collaborate with the classroom teacher to utilize curriculum which provides the student speech practice that is relevant to his or her education.

Frequency

Frequency of service is to be determined by the IEP Team based on severity and individual student needs.

Exit Considerations

For a student that qualifies for SLI due to a speech sound disorder, in addition to the general Exit Considerations found in ***Section Two***, determination of dismissal should consider that current best practice research suggests that students who are dismissed at 75- 85% accuracy in conversational speech often go on to fully correct, suggesting that this is an appropriate time for dismissal.

Frequently Asked Questions on Speech Sound Disorders

1. **What do you do when a student is not making progress?** It is expected various methods and strategies be employed and documented prior to service level reduction. Tracking the student's response to the intervention provided, followed by attempts to use different approaches to intervention should be considered when making decisions to remove services. When the student has plateaued in their progress and multiple attempts have been made to redesign services, the team may discuss whether there is a lack of educational benefit. The team should make decisions about how to proceed with the input of district administrators. Refer to MSHA, 2006 SLRS-4 for more information.
2. **Do you consider developmental norms when treating lateralization?** Lateralization of /s, z, sh, ch, j/ does not undergo spontaneous improvement with age, and therefore, should not be considered developmental. In determination of eligibility, further investigation is warranted regarding stimulability and prognosis for treatment, response to early intervening, and adverse educational effect.
3. **What about students with single sound errors?** When single sound errors are identified, the adverse educational effect should be considered very seriously. Students who have one sound in error often

experience difficulty in the classroom with social relationships, literacy skills, and vocational outcomes. In these cases, early intervention, provided either directly or indirectly with the help of parent/guardians and/or teachers, may result in improved articulation. Some districts have reported success in reducing the number of articulation referrals for students with 1-2 sound errors by providing short term intervention. It is imperative to support their educational needs by intervening when necessary, regardless of the number of speech sounds in error.

4. **Does dentition or tongue thrust impact speech sound production?** Yes. Dentition and tongue movements should be evaluated with an oral peripheral exam, which can impact articulation and intervention. Students who have differences in dentition or tongue thrust must have a speech disorder that adversely affects school performance to be considered eligible for articulation services. **See Appendix 4-A: Examination of Oral Peripheral Mechanism.**
5. **When should you consider using an augmentative/alternative communication system?** When a student is making slow progress in treatment, and there is a significant impact on academic and social communication due to poor speech intelligibility, strong consideration should be given to use of augmentative/alternative systems (AAC). ***Refer to Section Eight: Augmentative and Alternative Communication.***
6. **Do students with a history of cleft lip/palate respond to speech therapy?** Approaches to treatment for articulation disorders associated with cleft palate or velopharyngeal dysfunction (VPD) will depend on whether or not speech deviations are obligatory (e.g. related to atypical anatomy and/or structural defects) or learned.
   - Obligatory speech deviations that are related to true VPD or other structural deviations such as fistulas are not responsive to speech therapy and will likely require surgical intervention or other physical management.
   - Learned articulation errors (e.g. compensatory errors and phoneme-specific nasal air emission) should be responsive to speech therapy.
7. **Do you need two standardized scores to qualify a student for an articulation impairment?** You do not need to complete two standardized assessments to qualify a student SLI in the area of articulation. You should use at least two different evaluation tools to support your eligibility, which may include a standardized score, observations, student/teacher/parent input, or analyzing a speech sample for intelligibility or PCC.
8. **If a student has a phonological processing disorder, would it fall under the sub area of articulation or language?** Based on ASHA's updated definition of speech sound disorders as an umbrella term for errors in articulation and phonology, it is Kent ISD's recommendation to use the sub area of articulation for all impairments in speech sound disorders where this is the primary impairment.

Fluency

When a teacher and/or parent/guardian have concerns regarding a student's speech fluency, they should consult with a SLP to determine if further assessment is necessary. If the team feels that with consultation from the SLP, the disfluency may be resolved, the SLP suggests strategies for the parent/guardian, student, and teacher to use and then follows up periodically. If the disfluencies persist, then a speech-language evaluation may be necessary.

Definitions

Stuttering is an interruption in the flow of speaking characterized by repetitions (sounds, syllables, words, phrases), sound prolongations, blocks, interjections, and revisions, which may affect the rate and rhythm of speech. These disfluencies may be accompanied by physical tension, negative reactions, secondary behaviors, and avoidance of sounds, words, or speaking situations.

Cluttering is a disorder of speech and language processing resulting in rapid, dysrhythmic, sporadic, unorganized, and frequently unintelligible speech. Accelerated speech is not always present, but an impairment in formulating language almost always is.

Atypical Disfluency is a speech disorder that seems related to stuttering. The last syllable or sound of a word is repeated. The disfluency is similar to stuttering, only with the broken sounds and syllables coming at the ends of words instead of the typical beginning (e.g. final part-word repetition, mid-word insertion of breath, broken words, and final sound prolongation).

Evaluation

After completing the REED document and receiving parent/guardian consent, a formal evaluation can begin. A comprehensive evaluation may include the following components in considering fluency as a qualifying criterion for eligibility:

- **Risk Factors** – There are several risk factors that increase the likelihood that a student will continue to stutter. The following non-exhaustive list are examples of risk factors to consider as part of the evaluation process:
    - **Male** (stuttering affects males 3-4x more than females)
    - **Family history** of stuttering (especially persistent stuttering)
    - **Age of onset** (children who begin stuttering before age 3½ years are more likely to outgrow it)
    - **Total time since onset** is greater than 6-12 months or no improvement in stuttering over several months
    - **Pattern of Stuttering**: Presence of prolongations or blocks and secondary behaviors increase likelihood of stuttering. (whole word repetitions at the beginning of utterances are more typical in development than stuttering blocks)
    - **Awareness:** If the student is relatively unaware of their disfluencies, the risk for a fluency disorder is reduced compared to a student who is aware of their stuttering.
    - **Poor articulation or phonological skills**, presence of other speech-language impairment
    - **Environment** - Family reaction, fast-paced family schedule, family dynamics such as high expectations, communication style of parent/guardians and/or teachers, significant life event (death, divorce, etc.)
    - **Sensitivity of Student** - a student who is more emotionally sensitive may respond to stressful situations with stuttering behaviors.

- **Case History / Input** – Input from teachers, parent/guardians, and the student (if appropriate) should be obtained as part of the fluency assessment. The student's motivation/attitude/feelings and self-assessment of communication as it relates to their fluency is important information to be considered. The following are some options for gathering student/parent/guardian/teacher input:
    - Communication Attitude Test (CAT) and Behavioral Checklist
    - KiddyCAT (ages 3-6), 2007
    - Overall Assessment of the Speaker's Experience of Stuttering (OASES) for School-Age Children and Teens
    - Fluency Input Forms – Appendix 2-B
    - A-19 Scale for Children who Stutter - in Appendix 2-B (also freely available online)

- **Speech Samples** – Test administration or analysis of frequency and duration of stuttering in connected speech samples is an essential component of the evaluation process. Obtaining speech samples in several speaking contexts such as picture description, question and answer, reading, retell, conversation with SLP, conversation with peer, etc. is necessary. It is recommended that speech samples of no fewer than 200 words or syllables be analyzed. Greater than 3% words stuttered or greater than 2% syllables stuttered is indicative of a student who stutters. **A severity rating scale is included in Appendix 4-E.** When analyzing speech samples, the following factors should be considered:
    - Frequency of stuttering - samples should be calculated considering percent stuttered syllables or percent stuttered words.
    - Type of disfluencies (e.g. whole/part word repetitions, sound prolongations, etc.)
    - Presence of secondary characteristics such as eye blinking, head nods, facial grimaces.

- **Formal Assessment Tools** – The following assessments are examples of summative assessments available to diagnose stuttering:
    - Stuttering Severity Instrument-4 (SSI-4) – 2009
    - Test of Childhood Stuttering (TOCS) - 2009

- **Observations** – Observe the student during time(s) when the teacher suspects the student's disfluencies interfere with participation resulting in an adverse impact.

- **Other Assessment Information** – A broad-based screening of language, articulation, oral-motor, and voice completed to explore the possibility of additional impairments.

- **Preschool Considerations:**
    - If stuttering is present and time since onset is greater than 12 months: evaluation is warranted
    - If stuttering is present and time since onset is between 6-12 months and negative speech attitudes and/or secondary behaviors are present: evaluation is warranted

Eligibility

If there is documented evidence of stuttering or cluttering, absence of cultural/linguistic differences, need for special education services, and an adverse impact on educational/functional performance, the student should be considered eligible as a student with speech-language impairment in the area of fluency.

Service

The IEP Team determines which service delivery option(s) will be used to meet the student's needs and accomplish IEP goals. Service is determined by need, and intervention should be designed to help the student increase participation/make progress in the general education curriculum.

Transition Planning

At the secondary level, student input and transition planning may help determine need for services, especially in the case of a student who has been receiving services for years. Consider the communication demands of post-secondary or workplace settings. The team identifies the student's strengths and needs, and the compensatory strategies that the student will need to function in the workplace or in a post-secondary setting. Transition planning may reveal the need for the development of self-advocacy skills to obtain support and necessary accommodations in educational or work environments.

Exit Considerations

For a student that qualifies for SLI due to a fluency disorder, in addition to the general Exit Considerations found in Section Two, benchmarks for success should not be based solely on the frequency of stuttering. For example, a student who stutters more frequently may be less impacted by stuttering than a student who stutters less. The amount of impact may be dependent on the severity of disfluencies (e.g. blocks versus whole word repetitions), length of disfluencies, presence of secondary behaviors, and student's feelings regarding stuttering.

The following table supplies exit considerations specific to fluency disorders.

Behavior	Examples
Does the student demonstrate the knowledge and skills to maintain a feeling of control over stuttering?	• Student can use appropriate vocabulary to describe the stuttering episode. • Student can use appropriate vocabulary to describe fluency shaping or stuttering modification techniques. • Student can use appropriate skills to change stuttering behavior.
Does the student demonstrate an ability to advocate for their own needs?	• Student can describe his stuttering and abilities to others. • Student uses effective interpersonal skills to handle discrimination, teasing, bullying.
Does the student demonstrate an ability to monitor their own speech, use self-reflection, and respond appropriately to communication breakdowns?	• Can the student demonstrate an array of skills to handle commonly encountered speaking situations? • Can the student maintain a sense of humor about their challenges?
Does the student desire dismissal and express a degree of satisfaction with their current success in therapy?	• Student can relate speech goals in the context of other career and personal goals and desires.

Developed by Tom Ehren, 2001. School Board of Broward County, Florida (MSHA, 2006)

When a student no longer meets eligibility criteria (e.g. may continue to stutter but no longer requires specialized instruction), they may be eligible for a 504 plan. A 504 plan covers a disability that substantially limits one or more major life activities.

With regards to fluency disorders, 504 accommodations may include:

- using audio/video recording for oral presentations,
- increasing the time provided for an oral reading or presentation,
- providing an alternative assignment to oral reading,
- altering the size of the group or audience for presentations
- student given opportunities to ask questions to the teacher in private

Frequently Asked Questions on Fluency

1. **How do you differentiate between typical speech disfluencies and stuttering?** Stuttering usually starts between 2 and 6 years of age. Many students go through periods of disfluency lasting less than 6 months. Stuttering lasting longer than this may need treatment. ASHA Practice Portal for Childhood Fluency Disorders states: "All speakers produce disfluencies, which may include hesitations, such as silent pauses, and interjections of word fillers (e.g. "The color is like red") and nonword fillers (e.g. "The color is uh red"). Other examples include whole-word repetitions (e.g. "But-but I don't want to go") and phrase repetitions or revisions (e.g. "This is a- this is a problem"). These are generally considered to be nonstuttered (typical) disfluencies. When a student uses a high number of nonstuttered (typical) disfluencies, differential diagnosis is critical to distinguish between stuttering, avoidance, and a language disorder." Stuttering-like disfluencies include part-word or sound or syllable repetitions, prolongations, and blocks which are usually accompanied by extra effort or tension. For more detail: Characteristics of Typical Disfluency and Stuttering
2. **How do you distinguish cluttering from stuttering?** Signs and symptoms of cluttering include: rapid and/or irregular speech rate, excessive coarticulation resulting in the collapsing and/or deletion of syllables and/or word endings, excessive disfluencies, which are usually of the more nonstuttering type (e.g. excessive revisions and/or use of filler words, such as "um"), pauses in places typically not expected syntactically, unusual prosody. Students who stutter are more likely to be self-aware. For detailed information regarding cluttering, please see: Childhood Fluency Disorders: Signs and Symptoms on the ASHA website.
3. **Does traditional fluency intervention work for students with other eligibilities?** Atypical disfluency is not especially responsive to traditional fluency intervention. The SLP must consider the degree to which the individual's disfluent behaviors and overall communication are influenced by a coexisting disorder (e.g. other speech or language disorders, Down Syndrome, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder) and determines how treatment might be adjusted accordingly. The SLP should understand the interaction of symptoms and the strategies that are most effective for dealing with stuttering, cluttering, and atypical disfluencies when they occur together. The goal is to help the student understand and manage their disfluency.
4. **Are there special factors that should be considered for bilingual students who stutter?** Yes. Bilingual students who stutter typically do so in both languages. Disfluent bilingual students produce more mazes than their monolingual peers, which can be misdiagnosed as stuttering. Therefore, the presence of audible or inaudible sound prolongations, excess tension, and parent/guardian concern for stuttering must be considered to diagnose stuttering in bilingual students.

Voice

When a teacher and/or parent/guardian has concerns regarding a student's vocal quality, they should consult with a SLP to determine if further assessment is necessary. The SLP and others will collect information through observations, checklists, and parent/guardian and teacher input. When students present with laryngitis or hyponasality, a brief conversation about the duration, symptoms and possible presence of a cold or allergies can alleviate concern. If the team feels that with consultation from the SLP, the vocal quality may be resolved, the SLP then suggests strategies for the student, teacher and parent/guardian to use. The SLP then follows up periodically. The SLP should document this process. If there appears to be vocal quality that adversely affects the student's educational performance which needs direct intervention from the SLP, then a REED process will begin and parent/guardian consent for an evaluation will be obtained. A request for a medical evaluation, such as a visit to an otolaryngologist (ENT), may occur during the referral or evaluation process.

Definitions

V**oice disorde**r occurs when voice quality, pitch, and loudness differ or are inappropriate for an individual's age, gender, cultural background, or geographic location. A voice disorder is present when an individual express concerns about having an abnormal voice that does not meet daily needs, even if others do not perceive it as different or deviant. A number of different systems are used for classifying voice disorders. For the purposes of this document, voice disorders are categorized as follows:

- **Organic** — voice disorders that are physiological in nature and result from alterations in respiratory, laryngeal, or vocal tract mechanisms
  - Structural — organic voice disorders that result from physical changes in the voice mechanism (e.g. alterations in vocal fold tissues such as edema or vocal nodules; structural changes in the larynx due to aging)
  - Neurogenic — organic voice disorders that result from problems with the central or peripheral nervous system innervation to the larynx that affect functioning of the vocal mechanism (e.g. vocal tremor, spasmodic dysphonia, or paralysis of vocal folds)
- **Functiona**l — voice disorders that result from improper or inefficient use of the vocal mechanism when the physical structure is normal (e.g. vocal fatigue; muscle tension dysphonia or aphonia; diplophonia; ventricular phonation)

Evaluation

Subsequent to a medical examination by a physician, preferably in a discipline appropriate to the presenting complaint, the physician's examination should occur before the evaluation by a SLP. As part of the REED process, the parent/guardian provides a written medical report from a laryngeal examination for the evaluation for voice, structure and function.

Input and interviews from teachers, the student, and parent/guardians are all important components of the vocal quality assessment. Interviews with non-classroom school personnel will help determine whether there is vocal abuse/misuse in a variety of settings. Parent/guardian interviews may reveal environmental factors such as second-hand smoke, food allergies, and medical conditions, such as sinusitis, enlarged adenoid/tonsils, and bulimia. The following resources are available in **Appendix 2-C** for a comprehensive voice evaluation:

- Teacher Input Form
- Parent Input Form
- Student Input Form
- Voice Conservation Index
- Oral peripheral examination (See **Appendix 4-A**)

- Assessment tools such as the Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V) and Voice Related Quality of Life (V-RQOL) – available online

A comprehensive evaluation should consider the following:

- **Vocal Quality** - Assess the student's vocal characteristics looking for difficulties such as breathiness, stridency, or hoarseness. Breath supply should be evaluated for the amount and efficiency of air to sustain speech. Phonatory efficiency should be evaluated to assess the student's ability to sustain quality phonation. Muscle tension during speech production should also be evaluated looking for signs of hypertension, hypotension, and anxiety when speaking.
- **Pitch** - Assess the student for difficulties such as extraordinarily high or low pitch, pitch breaks, or monotone.
- **Loudness** - Assess the student for difficulties such as excessive loudness or softness.
- **Resonance** - Resonance disorders are usually the result of a variety of structural abnormalities such as cleft palate, and velopharyngeal insufficiency (hypernasality) or nasal polyps and enlarged adenoids (hyponasality). Assess the student's resonance looking for difficulties such as hyponasality, hypernasality, nasal emissions, and/or assimilation nasality on vowels.
- **Additional Areas of Assessment for Planning Intervention** - breath rate, phonatory efficiency, muscle tension, intelligibility, speech avoidance, and s/z ratio and maximum phonation time

Eligibility

The SLP and team must determine (1) whether a voice impairment exists, (2) whether the voice impairment adversely affects educational performance (academic, nonacademic, or extracurricular), and (3) how intervention should be designed and implemented in order to help the student to progress in the general education curriculum. **The Voice Severity Rating Scale (See Appendix 4-F**), completed after assessment pieces are finished, provides the SLP with a rubric to assist in determining if a student meets eligibility for voice impairment. Examples of adverse impact may include the following:

- limited participation in the classroom (decreased confidence, refusal to read aloud, decreased questions)
- has difficulty communicating in loud school environments (bus, playground, cafeteria)
- student is demonstrating frustration and/or embarrassment regarding their voice

Consideration of Cultural/Linguistic Differences - It is important to investigate cultural and linguistic variables that may affect voice production. Cultural variations can influence variations in volume, pitch, and quality.

Consideration of Temporary Physical Factors - Voice difficulties as a result of temporary physical factors should not be considered as a voice impairment/disability. These might include factors such as allergies, sinusitis, gastroesophageal reflux, colds, abnormal tonsils or adenoids.

Service

Direct approaches focus on manipulating the voice-producing mechanisms (e.g. phonation, respiration, and musculoskeletal function) in order to modify vocal behaviors and establishing healthy voice production

Indirect approaches modify the cognitive, behavioral, psychological, and physical environments in which voicing occurs. Indirect approaches include the following two components:

- **Education**—discussing normal physiology of voice production and the impact of voice disorders on function; providing information about the impact of vocal misuse and strategies for maintaining vocal health (vocal hygiene)
- **Counseling**—identifying and implementing strategies such as stress management to modify psychosocial factors that negatively affect vocal health

Exit Considerations

For a student that qualifies for SLI due to a voice disorder, in addition to the general Exit Considerations found in ***Section Two: Evaluation & Eligibility*** a student may be exited if their voice disorder has been resolved or if their voice disorder no longer has an adverse impact in the educational setting.

Section Five: Language

When a teacher and/or parent/guardian has concerns about a student's language development, the student should be brought to the school's student success/child study team to discuss needs and concerns. General education interventions (RtI, observations, data gathering) should be put in place unless Child Find is triggered. If interventions do not indicate progress, the team must proceed with a formal evaluation. ***Refer to Section One: MTSS/RtI for more information.***

Definitions

Language impairment is the inadequate or inappropriate acquisition, comprehension or expression of language. Students who have Limited English Proficiency (LEP) or those students who are not speakers of Standard American English due to sociocultural dialects are not automatically considered to be students with a speech-language impairment. The presence of a language impairment does not necessarily guarantee the student's eligibility for special education. **See Appendix 5-B: Language Chart.**

Pragmatic language facilitates our social interactions and we use pragmatics to get various social communication accomplished, such as attending, requesting, reporting or clarifying. We also adjust our messages based on our knowledge of the situation and the participants involved. Students begin to learn social rules of communication very early, such as seeking and maintaining eye contact during interactions in infancy. They learn to communicate their knowledge of the rules non-verbally at first, and then add verbal expressions as their language develops. It should be noted that social conversational rules vary according to cultural group norms and must be considered when examining pragmatics. For example, there are conversational rules for student's peer or adult culture and cultures that differ by other group identities, including language and country.

A language impairment, both expressive and receptive, is divided into the following three categories:

- **Form** of Language (Phonology, Morphology, Syntax)
- **Content** of Language (Semantics)
- **Function** of Language in Communication (Pragmatics/Social**)**

Evaluation

When assessing for a language impairment, the SLP must determine whether any difficulty exists in a student's ability to understand and use language effectively in the areas of phonology, morphology, syntax, semantics, and/or pragmatics. Inadequate language functioning must be demonstrated on both a language sample and at least 2 standardized assessments or subtests for a student to qualify as a student with a speech-language impairment.

MARSE criteria utilizes the terminology "Speech and Language Impairment" (SLI) as an eligibility category, SLPs should be familiar with the growing use of the term Developmental Language Disorder (DLD). This term is becoming more common across literature, research, and advocacy. According to ASHA, "Children with "developmental language disorder", in which language difficulties are not associated with a known biomedical condition, such as brain injury, cerebral palsy, sensorineural hearing loss, ASD or intellectual disability. DLD can co-occur with impairments in the areas of attention, motor coordination, literacy, speech, behavior or emotional problems, executive function, or auditory processing. A DLD diagnosis does not require a mismatch between verbal and nonverbal ability. Children with low nonverbal IQ scores who do not meet criteria for intellectual disability (generally with scores between 70 and 85) can be diagnosed with DLD."

Parent/guardian consent must be obtained to begin the formal gathering of data on a student. This is done through the REED process in which current information is gathered and a team decides what further information is needed.

According to ASHA, a comprehensive language assessment would include the following components:

- **Standardized Assessment**—an empirically developed evaluation tool with established reliability and validity ***(Refer to Section Two: Evaluation & Eligibility)***. Cut-off scores may be provided by each district; however, these scores should be used in conjunction with other supplemental evaluation protocols. It is essential to consider the language spoken before selecting a standardized assessment. Translation of a standardized assessment invalidates the results. Standard scores may not be reported when the assessment has been translated.
- **Discourse Assessments** - Discourse analysis looks at language beyond the sentence level. Probes may include oral and written language samples, conversations, narrative samples (storytelling), and analysis of expository text (formal writing samples).
- **Language Sampling** – is an important way to elicit spontaneous language in various authentic communication contexts such as free play, conversation, and narration. They are a helpful way to derive language measures such as Mean Length of Utterance (MLU) or Type-Token Ratio (TTR). The following should be utilized when completing a Language Sample:
    - Use open conversation prompts (such as "I wonder…" or "Tell me about…") and avoid wh-question prompts and yes/no questions to increase language output
    - Samples should consist of between 50 and 100 consecutive utterances
    - Elicit spontaneous speech within different contexts (e.g. conversation, play, narration).and include spontaneous language samples within a situation that challenges or stresses a students' language
    - Audio and/or video record the sample for later transcription and analysis
    - Observations of the student's non-verbal behaviors during language sampling should be noted
- **Narrative Sampling –** An assessment of a student's narrative abilities is an important part of a comprehensive speech-language evaluation due to the impact on a student's educational and social development. Narratives are sensitive indicators of language impairment in students. Students and adolescents with compromised language skills typically produce shorter, less complete, and less elaborate narratives than their same age, typical peers. Eliciting narratives from students may include:
    - generating a new, creative story
    - retelling a familiar child's story (with or without the book) or a favorite movie
    - recounting some experience (e.g. a trip to a circus)
    - using a sequence of pictures with or without printed words to tell a story
    - using a single picture to tell a story
- **Dynamic Assessment**—a language assessment method in which an individual is tested, skills are addressed, and then the individual is re-tested to determine treatment outcome (e.g. test-teach and re-test). Dynamic assessment can help distinguish between a language difference and a language disorder and can be used in conjunction with standardized assessment and language sampling. *Refer to Section Ten for further information regarding Dynamic Assessment.*
- **Systematic Observation/Contextual Analysis**—observation in the classroom and in various other contexts to describe communication and identify specific problem areas. Descriptions of language functioning across a variety of settings and tasks are used to identify contextual variables that play a part in the student's communication abilities and to complement findings from other assessment procedures.

- **Parent/Guardian/Teacher/Student Report Measures**—checklists and/or questionnaires completed by the family member(s)/caregiver, teacher, and/or student. For individuals who speak a language other than English in the home, the clinician needs to gather detailed information about use of the primary language and English.
- **Curriculum-Based Assessment**—a technique that uses probes, protocols, and direct assessment to determine the language demands of the curriculum and assess the student's ability to handle those demands.
- **Language Diversity-** To help prevent overrepresentation of racial and/or ethnic groups within specialized instruction, SLPs and school teams should ensure that their structures, policies, and routines account for language diversity and cultural differences. The term language diversity describes the wide variation in communication form, function, and use. For example, variations in vocabulary, morphology, syntax, and phonology may be noted in individuals who communicate in English using regional dialects. Non-native English speakers may exhibit communication differences because of language differences, accents or cultural variations. Many standardized tests include guidance on dialectical variations. (***Refer to Section Seven: ELL for more guidance.)***
- **Language severity ratings** can be helpful in determining language levels. **See Appendix 5-A: Language Severity Rating Scale for a sample.**

Process for Birth – Five

For a child who is suspected of having a language delay/impairment, language development norms should be considered when determining eligibility for early childhood special education services. **See Appendix 6-B: ASHA's Early Childhood Speech/Language Development and Mean Length of Utterance Chart for additional information.**

Eligibility

The SLP and team pull information gathered from comprehensive assessment and proceed to summarize information within the Eligibility Recommendation document. The team must consider whether the assessment results support the identification of a language impairment. In order to do so, the team must address adverse educational impact, limited English proficiency, and lack of instruction in math or the essential components of reading. ***Refer to Section Two: Evaluation & Eligibility for more info.***

Adverse Impact:

When considering eligibility, the team must determine how language deficits adversely impact the student's education when compared to same age/grade peers (**see** Appendix 5-B). Gathering teacher, parent/guardian, and student input can be helpful in considering the ways that language deficits may negatively interfere with the student's progress. Some guiding questions may include whether or not the student's deficits impact their ability to:

- Understand and act on classroom instructions
- Participate in conversations with adults and peers
- Verbally demonstrate understanding of information they hear
- Understand and apply language concepts in math
- Communicate ideas and understanding effectively

Service

Curriculum Based Services are important to consider, especially when addressing a language impairment. Adverse impact and teacher input can be a helpful starting point for intervention/goal targets, as well as Common Core Standards and Early Childhood Standards of Quality. Because of the global nature of a language impairment, modifications and accommodations of the curriculum should be considered in order to meet student language needs across all academic settings. Any accommodations that the student requires that are not already offered as universal accommodations within their academic settings must be indicated within the Special Factors/ Supplementary Aids/ Assessments section of the IEP. Delivery of accommodations listed in this section must be documented. See FAQ section for examples of accommodations that a student with a language impairment may require.

The IEP Team determines which service delivery options will be employed to accomplish goals and objectives. The options can be combined and should be reviewed and changed over time, as the student's needs change. ***Refer to Section Three: Programs and Services for information on service delivery options (direct, consultative, monitor, etc.).***

Exit Considerations

For a student that qualifies for SLI due to a language disorder, in addition to the general Exit Considerations found in Section Two, dismissal should be considered if the student's language needs have been resolved or are being met through specialized instruction or support provided with resource or self-contained programming.

Frequently Asked Questions on Language

1. **How do you distinguish a language impairment from a language difference?** When considering whether a student presents with a language impairment rather than typical differences of English Language Learners, two questions to ask are:
   - Does the student present with average language skills in their home language?
   - Is the student learning English at a similar rate than comparable peers?

   "No" answers may indicate impairment, while "Yes" answers typically indicate English language learning. ***Refer to Section Seven: ELL for more information***.
2. **How do you distinguish a language impairment from an attention difficulty?** While attention difficulties can in many ways present similarly to a receptive language difficulty, one way to help differentiate is whether strategies like repetition and active listening significantly improve the student's comprehension. An example of this is giving a verbal direction to a student. If the student does not respond correctly at first, teach them to use active listening (eyes on the speaker, body calm, etc.) and then repeat the direction. If they are able to respond correctly this time, this may indicate that the difficulty was attention rather than a language impairment. If they still do not respond correctly, even with repetition and active listening, this may indicate that they did not understand the direction, which could be related to a language difficulty.
3. **How do you distinguish a language impairment from a behavior difficulty?** Similar to differentiating a language impairment from an attention difficulty, it is important to investigate if the student is able to exhibit a skill at all or under certain circumstances. For example, if a student does not respond to a direction unless given an incentive, this indicates that the student understood the direction but chose when to respond. If the student does not exhibit the skill despite motivation or incentive, this indicates that they do not have the skill, which could indicate a language difficulty versus a choice, or behavior. Consult with other evaluation team members if another eligibility is suspected.

4. **What accommodations and/or modifications might be considered for a student exhibiting a language impairment?** Kent ISD has a manual listing accommodations and modifications for a variety of student needs. Refer to the Classroom Adaptations manual on their website for suggestions.
5. **How do you effectively evaluate pragmatic language?** Pragmatics involves three major language skills (communicative intent/engagement, nonverbal rules of conversation, and verbal rules of conversation) which must be addressed during an evaluation. In assessing the pragmatic skills of students, it is important for an SLP to address both developmental expectations and the functional efficiency of the interaction. As a result, the SLP must rely on developmental checklists and observation of students in various environments throughout the school setting and with various communicative interactions with others. With careful observation, parent and teacher report, and appropriate pragmatic language rating skills a reliable eligibility recommendation can be made.

Section Six: Early Childhood Speech and Language

Birth to 3 (Part C) Services

Definitions

Early intervention (0-3) is described as services provided to children ages 0-3 (36 months) years of age who are at risk for developmental delays and/or disabilities. While the IDEA regulations include special education services for children ages 3-21, Michigan Mandatory Special Education (MMSE) extends this range from birth-26. In Michigan, the State Department of Education has been designated as the lead agency for coordination among school and non-school agencies for services for children ages birth through 3 years old through *Early On*. Provisional year-round services may be accessed either through Kent ISD or the child's local school district. Referrals can be made from a variety of sources (e.g. parent/caregiver, pediatrician, foster case worker, etc.).

Individualized Family Service Plan (IFSP) is a written plan developed for providing early intervention services to eligible children (ages birth to 3) and their families that is developed jointly by the family and appropriate qualified personnel (e.g. primary service provider, evaluation team). It emphasizes specific child and family strengths and abilities, based on the priorities of the family and the results of the family interview and multidisciplinary evaluation. The plan focuses on changes (outcomes) the family wants to see for their child and family as a result of participation in *Early On* and includes details of the early intervention supports and services the child and family will receive. IFSP meetings are conducted in settings and at times that are convenient to families. The contents of the IFSP are fully explained to the parent/guardians, prior written notice is given, and informed written consent from the parent/guardians is obtained prior to the provision of early intervention services.

Evaluation

Although the referral can be made by anyone on behalf of the family, the parent/guardian is required to consent to the evaluation with the *Early On* Consent to Evaluate form. Intake staff can gather information related to developmental concerns through a caregiver interview upon scheduling. Prior Written Notice [e.g. Invitation to Attend an IFSP Meeting, formal letter] and a copy of the *Early On* Procedural Safeguards must be presented to the family before the evaluation. An Invitation to Attend an IFSP Meeting must be created when completing the IFSP and obtaining parent/guardian consent for services.

The child's caregiver should be an active participant during the evaluation. At least one other discipline (PT, OT, SSW, teacher, psychologist) in addition to the SLP must be part of the evaluation to determine eligibility. It is required that medical information be requested from the child's doctor. Vision and hearing screenings are also required. **See Appendix 6-B: *Early On* Hearing Development Checklist.** Adjusting for prematurity is needed for every child born at 36 weeks gestation or earlier. This adjustment should continue until the child reaches the chronological age of 24 months.

Best practice warrants a play-based evaluation completed within a natural environment. To determine eligibility, informed clinical opinion should be derived from multiple sources of information. The evaluation should include direct observation of the child interacting with caregivers as well as caregiver-supplied information including history and description of the child's participation in family-identified routines and activities.

Data must be collected for all areas of development including fine motor, gross motor, cognition (thinking, learning & playing), social-emotional, speech-language and adaptive behavior (self-help/self-care), and the

child's present levels need to be documented. **See Appendix 6-C: Early Childhood Common Evaluation Tools.** A language sample should be taken and the child's ability to imitate and produce speech sounds should be considered. **See Appendices 4-C and 6-B. See Appendix 6-B: Infant/Toddler Speech-Language Evaluation Considerations** for guidelines on collecting data for specific speech-language skills during assessment**, *Section Two: Evaluation & Eligibility*** for information on using testing tools**, and *Section Ten on Dynamic Assessment*.**

Additional Factors to Consider During Birth-3 Evaluations
A variety of factors can be predictive of later language outcomes. The child's functions, means, and frequency of communication, rate of vocabulary growth including use of verbs, comprehension skills, and early sound development should be considered. The following areas should also be considered when evaluating a child:

- medical and developmental history
- familial history of speech, language, and learning disabilities
- language exposure history
- hearing
- motor and cognitive skills
- imitative skills
- emotional and social functioning
- feeding and swallowing
- oral motor system
- play skills
- emergent literacy
- environmental stressors
- parent/guardian-child interactions
- level of caregiver concern

Eligibility

Evaluation and assessment of infants and toddlers needs to focus both on immediate needs (e.g. eligibility, intervention planning) and on behaviors known to be indicators of prognosis. Given the tremendous influence that families have on their child's growth and development, and the fact that language is learned in the context of interactions between children and those who are close to them, it is important for SLPs to observe and ask questions about the interactions that the child has with his or her caregivers, being careful not to impose their own values when making these observations. The need for communication among team members and with the family is mandated by Part C of IDEA and must be supported by the administering agency

Qualifying for *Early On* Kent ISD services: *Early On* Kent ISD utilizes a single-operator model, meaning SLPs will have both *Early On* only and MMSE eligible children on their caseload. However, there is a two-tiered system for qualification for *Early On*.

- *Early On* (IDEA Part C) only eligibility is based on an established condition or a 20% delay in one or more developmental domains or a score of one standard deviation below the mean.
  - List of established conditions can be accessed at https://eotta.ccresa.org/Files/Uploads/New/3264/EO_Established_Conditions.pdf
  - To determine if a child has a 20% delay, **see Appendix 6-A**
- *Early On* (IDEA Part C) MMSE eligibility under Speech and Language Impairment is based on the MARSE Qualifying Criteria/Assurance Statements in the areas of language (phonology, morphology, syntax, semantics, pragmatics), articulation, fluency, and/or voice. ***Refer to Sections Two, Four and Five for additional information.***

It is important to consider the functional impact (vs. educational) of the child's delay(s)/disability on their development. There should be documented evidence of adverse impact on the child's

participation in age appropriate activities (including daily routines, play and interactions with others). The suspected disability cannot be due to limited English proficiency.

Service (Part C)

Services are offered within the child's natural environment, defined as settings that are natural or normal when compared to the child's same age peers who have no disability. These services may be offered in the home, community and/or other settings. Services may also be offered individually or within a group-setting, according to the child/family needs as listed on the child's IFSP. Provisional services are offered year-round.

Services for the birth-3 population are provided through a caregiver coaching model with a primary service provider (PSP). As the PSP, the SLP acts as the single coach, liaison and provider of early intervention services to mediate the parent(s)' and/or caregiver(s)' ability to promote child competence and development. Caregiver coaching involves providing education, guidance and informative feedback within natural interactions that support the understanding and growth of the child's development as well as capacity-building for the family. Intervention should be routines-based and align with family/caregiver and child goals. Best practice warrants utilization of items that are meaningful to the child/family. The SLP should avoid bringing in new/unfamiliar toys or items that cannot be kept within the home ("bagless" approach), by all reasonable means. Of note, *Early On* Kent ISD utilizes a transdisciplinary model, meaning all services can be provided by any early intervention provider (including SLP, OT, PT, SSW, teacher, early interventionist), with multidisciplinary collaboration and consultation within the team.

A goal of all early intervention services and supports is to be responsive to family concerns for each child's strengths, needs, and learning styles. An important component of individualizing services includes the ability to align services with each family's culture and unique situation, preferences, resources, and priorities. The family, rather than the individual child, is the primary recipient of services to the extent desired by the family. SLPs should be considered for the primary provider role when the child's main needs are communication or feeding and swallowing. In providing these services, the SLP may participate in the following primary functions:

- prevention
- evaluation and assessment
- planning, implementing, and monitoring intervention
- consultation with and education of team members, including families and other professionals
- service coordination
- transition planning
- advocacy
- awareness and advancement of the knowledge base in early intervention

Child Outcomes Summary Forms (COSF Entry/Exit Ratings)

COSFs are documents used to summarize information on a child's progress and functioning. The document collects, analyzes and uses this data to measure progress towards results, improving services and for additional federal reporting purposes. The IFSP/IEP Team is responsible for summarizing information about the child's functioning from multiple sources but must include a tool that assesses all developmental domains (e.g. Brigance, Carolina Curriculum).

Data is collected in three areas using a seven-point scale. The three areas are:

- Social-emotional skills
- Acquired knowledge and skills
- Uses appropriate behavior to meet needs

COSF Documents and When to Complete	
	COSF Documents to Complete:
IFSP (0-3) *completed by PSP or evaluator	Entry: completed within 90 days from referral date Exit: completed on child's 3rd birthday or when they exit IFSP services (e.g. dropped services, transitioned to IEP)
IEP (3-5) *completed by IEP case manager	Entry: completed upon beginning Part B special education services within 30 school days from start of services Exit: completed upon leaving early childhood special education services, either with exit from MMSE services or transition to receiving services as a school-aged student.

Additional training and resources should be provided by your administrator, the Early Childhood Technical Assistance Center (ECTA), and/or through *Early On* Training and Technical Assistance (EOTTA) - Clinton County RESA prior to completing COSF Entry/Exit ratings.

Transitioning from 0-3 (Part C) to 3-5 (Part B) Services:

As children who participate in *Early On* approach their 3rd birthday, specific planning activities are needed to assist in the family's transition out of *Early On* services. The Transition Plan/Conference must be completed within the transition window (2:3-2:9). The transition plan/conference is facilitated by the PSP.

- **Transition Plan:** The Transition Plan must be completed for all children receiving *Early On* Services. The Transition Plan may include information related to additional community and/or educational programs.
- **Transition Conference**: The Transition Conference must be completed for all children who are receiving *Early On* MMSE services. The PSP is responsible for coordinating this meeting with the child's family and a representative from their local school district. The Transition Conference must include potential timelines and programming/service options available if the child is eligible for Part B special education. The Transition Conference should also include procedures related to changes in services to ensure a seamless transition process. (Section 303.344, IDEA). If the Transition Conference is held, a REED will need to be completed.

Exit Considerations

Children may exit *Early On* services prior to transitioning at the age of 3. If the child qualified for *Early On* only (no special education) and the PSP and parent/guardian no longer have concerns, present levels will be updated and documented. The PSP may provide anticipatory guidance for next steps in development and additional community/educational resources (e.g. Bright Beginnings, Early Head Start/Head Start, Baby Scholars, etc.).

If the team is considering exiting a child who was found eligible for *Early On* MMSE, they will need to complete a re-evaluation to determine if the child continues to qualify for special education. A SLP

needs to be a member of the re-evaluation team if the child originally qualified to receive MMSE services due to concerns with speech and/or language skills.

- If the child has not yet completed a transition conference, this process can be completed by completing a new Consent to Evaluate, updating evaluation and assessment data, and completing an annual IFSP documenting the child no longer qualifies under their previous eligibility.
- If the child has had a transition conference and is at least 2:6 years old, the team must develop a REED to determine if the child may qualify under Part B special education. If consent was provided, the evaluation data will be collected and an Eligibility Recommendation will be presented to the IEP Team, in partnership with the child's local school district.

A child may also exit from *Early On* services for other reasons including: parent/caregiver request to withdraw/decline services, unable to contact family, family moved, or child deceased. Information related to these types of exits should always be documented within the child's file.

3-5 Year Old (Part B) Services

A referral can be made by anyone on behalf of the child, however the legal caregiver (e.g. parent, foster parent, etc.) is required to consent to the evaluation. Intake staff/Special Education office (e.g. through Child Find) should gather information related to developmental concerns through a caregiver interview upon scheduling.

Evaluation/Eligibility

While preschool is not required in the state of Michigan, a preschool-aged child (3-5 years old) has access to Michigan Mandatory Special Education (MMSE) services. The child may receive an evaluation to determine eligibility as a part of the Part C to Part B transition or through the Child Find process. There should be documented evidence of adverse impact on the child's participation in age-appropriate activities (including daily routines, play and interactions with others) as well as educational impact. ***Refer to the following for additional information:***

Section Two: Evaluation & Eligibility
Appendix 2-H: Test Comparison
Appendix 2-F: Early Childhood caregiver/teacher input forms.

Service

If the child is determined eligible for special education, programs/services should be provided within the child's least restrictive environment (LRE). It is important to note that it is the guidance of Kent ISD that preschool-aged students with disabilities should be integrated, to the greatest extent possible, in preschool settings with their non-disabled peers. Therefore, SLP related services may be provided within/pull out from a preschool setting (including Great Start Readiness Program, Head Start, etc.) with non-disabled peers, an Early Childhood Special Education (ECSE) program (for students with more complex needs), ECSE services in the home or community. As part of the IEP Team, it is important for the SLP to advocate and prioritize preschool environments that would support the students' current present level and continued development in the LRE. Guidance and eligibility for participation and provision of special education services within these settings should be found at the district level. ***Refer to Section Three: Programs and Services for additional guidance and information.***

Exit Considerations

A child may be exited from services if they are no longer found eligible under Part B MMSE services. **See section(s) related to area(s) of concern (e.g. Language, Speech Sound Disorders, Fluency, Voice) for additional exit considerations.**

Frequently Asked Questions on Early Childhood

1. **When do you consider a SLI eligibility vs. ECDD eligibility for Part C (birth-3) evaluations/ re-evaluations?** "Early childhood developmental delay" means a child through 7 years of age whose primary delay cannot be differentiated through existing criteria within the other eligibility categories and who manifests a delay in one or more areas of development that is equal to or greater than one-half the child's age. The evaluation team needs to consider the strengths and needs of the child across developmental areas to determine which eligibility category best reflects the child's eligibility to receive services.
2. **When do you consider a SLI eligibility vs. ASD eligibility for Part C (birth-3) evaluations/re-evaluations?** The eligibility should best reflect the child's primary area(s) of need/concern as it relates to functional and academic impact. ***Refer to Section Nine: ASD for additional information.***
3. **What should my frequency and duration of home visits be when creating an IFSP for a child?** Early intervention teams should individually determine service frequencies, intensities, and durations based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family. In determining appropriate services, the team should consider the caregiver's learning style and need for support, social and cultural factors, and what is needed to develop a successful caregiver-professional partnership. The effects of service delivery should be monitored and services should be modified as needed to achieve outcomes.
4. **Who is responsible for transition planning throughout early childhood programming?** If you are the child's PSP or IEP case manager, you are responsible for facilitating communication with the child's parent/caregiver and next transition site (e.g. LEA district rep, elementary school teacher consultant), including scheduling the meeting and organizing the necessary paperwork. Discussion about "next steps" will be directed by who is representing programming at the next level/site.
5. **A child I am evaluating is 2 years, 6 months, do I complete an IFSP or an IEP?** Per MARSE, early childhood special education programs/services may be provided to students with disabilities who are 2 years 6 months with an IEP. However, families can choose an IFSP until the child turns 3. Factors to consider may include if the child is attending a community preschool, date and time of school year that the child turns 3, if the family is ready for an educational versus a family service plan, and if the child's needs are better met within a natural environment or least restrictive environment setting.
6. **Can a SLP provide feeding, dysphagia and/or oral motor dysfunction therapy on an IFSP/within the Early Childhood population?** Yes. ***Refer to Section Ten: Special Interest Topics re: Dysphagia in the Schools.*** The information included in this section is relevant and applicable to services provided within an IFSP, keeping in mind IFSP goals and services are child/family-driven with caregiver coaching for strategy implementation.
7. **A colleague/friend/neighbor is asking about their toddler's speech-language development. How do they make a referral to *Early On*?** If there are concerns about the child's development, encourage the family to contact *Early On*. Referrals to *Early On* can be made by anyone and can be made over the phone or online. Evaluations have no cost and can be provided within the family's home.
    - Contact *Early On* Michigan at 1-800-Early-On or complete the online referral form at https://1800earlyon.org/online_referral.php. Making a referral through *Early On* Michigan is preferred, but you can also contact Kent ISD at: (616) 365-2310.

Section Seven: Considerations for English Learners

Identifying a disability in students with limited English proficiency poses unique challenges and requires careful consideration of a variety of factors. Limited English proficiency and difficulties with pronunciation are not reasons enough for an English Learner (EL) to qualify for special education. Federal and state laws specifically state that school teams must rule out limited English proficiency as the primary cause of a student's inadequate achievement before determining that the student is eligible for special education. Additionally:

- Identify, locate, and evaluate ELs with disabilities in a timely manner.
- Not delay a special education evaluation because of a student's limited English proficiency or the student's participation in a language assistance program (LAP).
- Inform parent/guardians of ELs of all information relevant to a special education evaluation in their native language.
- Consider the English language proficiency of ELs with disabilities in determining appropriate assessments and other evaluation materials.
- Provide and administer special education evaluations that are non-discriminatory and in the student's native language, as appropriate, unless it is clearly not feasible to do so, to ensure that a student's language needs can be distinguished from a student's disability-related needs.
- Not identify a student as disabled if his or her performance difference is primarily the result of an environmental, cultural, or economic disadvantage.
- Not identify or determine that EL students are students with disabilities because of their limited English proficiency.
- Provide EL students with disabilities with both disability- related services and language assistance.

EL students are entitled to considerations under other federal and state requirements. Consider referring to district EL resources and/or Kent ISD for more information.

Definitions

English Learner (EL) is the term used in this document to refer to children ages birth to 3 and students ages 3-26 who need special considerations due to cultural and/or linguistic differences.

Evaluation

For students who have a primary language other than English, it is important to consider the impact of the student's home language and/or cultural differences on the student's speech-language development.

If a special education evaluation is recommended, assessment is needed to determine the student's language proficiency in primary and secondary languages. It is important to note that reliability and validity issues exist when using norm-referenced standardized tests on English learners. Lack of representation in the normative sample, cultural loading on tests and testing procedures, and the linguistic demands required by the test are reasons why these assessments are not reliable and/or valid measures of a student's abilities. Additionally, "nonverbal" tests require the use of physical gestures, facial nuances and body movements that can be culturally influenced. With an understanding of reliability and validity difficulties in evaluations, consider the following:

- Administration of assessments in the student's primary native and secondary language if they exist (e.g. CELF-Spanish or GFTA-Spanish):

- Begin assessment in the student's primary native language and use this language throughout testing from beginning to end, including during conversation; do not code-switch during assessment. If a bilingual SLP is not available, an interpreter can be used (**See "Effective Interpretation Process"**)
- Common standardized assessments in Spanish include the following:
  - Comprehensive Language: Preschool Language Scale-5th ed. Spanish (PLS-5 Span.) (Birth-7-11),CELF Preschool-2, Spanish (CELF-P-2:S) (3:0-6:11), CELF-4, Spanish (CELF-4:S) (5:0-21:11), Bilingual English-Spanish Assessment (BESA) (4:0-6:11)
  - Syntax: Spanish Structured Photographic pressive Language Test 3 (Spanish SPELT-3) (4:0-9:11)
  - Articulation: Goldman-Fristoe Test of Articulation-3rd ed. Spanish (GFTA-3 Span.) (2:0-21:11)

- Criterion-referenced assessments, dynamic assessments/interactive teaching (**Refer to Dynamic Assessments in Section 10**)
  - Use of informal assessment can be a less-discriminatory resource to understanding what a student knows and can do. In the evaluation report, it is important to describe tasks, how they were presented, student responses and the reasoning behind conclusions drawn.
  - Speech and language samples in both languages may offer more insight and opportunity to observe and analyze communication skills that are used functionally. Samples should be obtained in all languages used, with the aid of an interpreter if needed to analyze morphology, syntax, phonology, and lexical systems. Considering both languages can provide helpful information; clinicians must remember that skills across languages may not have a one-to-one correspondence.
- Nonstandardized use of norm-referenced assessments
  - While standardized assessments are not valid for students who do not fit the normative sample, they may provide valuable and descriptive information about abilities and language difficulties.
  - Accommodations and modifications to standardized assessment procedures may be necessary to gain useful information. Acknowledgement of any non-standardized administration and lack of validity to standard scores should be noted in the evaluation report. Examples of accommodations and modifications include:
    - testing beyond the ceiling (some ELs have gaps in vocabulary or other language areas, and testing beyond the ceiling allows these students to demonstrate their knowledge)
    - rewording and providing additional test instructions other than those allowed when presenting test items
    - providing additional cues or repeating stimuli which may not be permitted on test or task items
    - allowing extra time for responses on timed subtests
    - skipping items that are inappropriate for the individual (e.g. items with which the client has had no experience)
    - asking the individual for an explanation of correct or incorrect responses (when not standard procedure)
    - using alternate scoring rubrics
  - Standard scores should NOT be reported if a test has been translated. A standardized assessment may be translated to obtain helpful information about communication functioning, but standard scores will not be valid.

Eligibility

In determining eligibility for an English Learner, refer to the specific eligibility considerations found in the respective sections (e.g. Speech Sound Disorders, Fluency, Voice, and/or Language). If a student has been adopted internationally, it will be important to consider multiple variables including: student's environment in their native country, amount of time spent in the native country, age at the time of adoption, social-emotional factors related to major life changes, and length of English exposure. Children who were adopted internationally prior to 24 months of age and had at least 1 year of English exposure were found to have speech-language skills within normal limits when compared to same-aged peers. It is recommended that students who were adopted internationally have at least 1 year of English exposure prior to considering special education eligibility, unless there are additional considerations (such as craniofacial anomalies, neurodevelopmental abnormalities, lack of progress in acquiring skills in English during the first year, etc.).

Service

SLPs are often tasked with the responsibility of providing intervention for a student who does not speak their language. If a student qualifies for speech services, the SLP will establish goals that are educationally relevant, aligned to the curriculum, and pertaining to disability areas identified during the evaluation process. Goals should reflect the areas of weakness that are present in the dominant language, not weaknesses due to limited English proficiency.

For English Learners who qualify for special education programs/services, the IEP must consider the language needs of the student and how they relate to the area of disability. Teaching English as a second language (or Standard American dialect) is not the role of special education. If a student qualifies for EL services, they may also receive special education support if the IEP Team determines that both are appropriate and necessary in order for the student to access the general education curriculum.

When working with English learners, the monolingual SLP can utilize visual supports, work with staff to translate materials or interpret for the student, choose student groups in which student partners can support communication, train paraprofessionals to provide language support and collaborate with EL teachers.

Exit Considerations

For an English Learner that qualifies for SLI, in addition to the general Exit Considerations found in ***Section Two***, refer to Exit Considerations found in the respective sections (e.g. Speech Sound Disorders, Fluency, Voice, and/or Language).

Frequently Asked Questions for English Learners

1. **How does Language 1 influence Language 2? See Appendix 5-B: Language Chart** for examples of the influence of different languages on English.
2. **Considering there is often a silent period when students learn a new language, when should I evaluate?** There is no standard "wait time" for an evaluation. Per Child Find, an evaluation should be conducted when there is a suspicion of disability. However, language differences, acculturation, and efficacy of the language assistance program should all be considered prior to evaluating. ***Refer to Section One: MTSS/RtI or Section Two: Evaluation and Eligibility for Child Find obligation.***
3. **For students who are new to the country or students who have been adopted and no information exists about previous schooling, how long do I wait to evaluate?** If there is a documented disability or established condition (e.g. Down Syndrome, Cleft Palate, Cerebral Palsy), the evaluation team must

immediately proceed to an evaluation. In other cases, follow protocol in this section to review whatever educational information exists and performance as compared to peers and progress given language supports. This may look different for different students. Remember that limited English proficiency needs to be ruled out in order to consider a special education eligibility but also that a special education evaluation should not be delayed due to English proficiency status.

4. **What about speech concerns?** Assessment of a student with articulation, fluency, or voice concerns would follow standard procedure for other speech assessments, yet limited English proficiency still needs to be ruled out as a factor. The assessment will need to take place in the student's native language to determine whether speech needs are present in the native language, culturally acceptable, or identified through case history. **See Articulation Consideration in Appendix 7-A.**
5. **What are some 2nd language questionnaires and rating scales and culturally sensitive parent/guardian input forms? See In-depth family socio-cultural survey and language survey matrix and Language survey matrix example in Appendix 2-E.**
6. **When assessing English learners, do I need to utilize the same test in both languages?** Because no two tests have a 1:1 correspondence and may assess different grammatical forms, structure, and rely on different cultural background information, using the "same" test in two languages isn't necessary. The practice of using a standardized English version with an interpreter should be discouraged (e.g. CELF-5 and CELF-4:Spanish). Even if a standardized assessment exists in a student's native language, cultural differences and normative sample should still be considered when documenting results.
7. **How do I work with an interpreter/EL staff?** When collaborating with interpreters, translators, or EL staff, a SLP remains responsible for planning the session, selecting culturally relevant materials, and appropriately providing service.
8. **Who is responsible for testing and translation especially with less occurring languages?** It is the resident district's responsibility to provide appropriate assessment materials and translation resources. Additionally, lending libraries such as Central Michigan University, Calvin University, and Kent ISD (to a small degree) may support assessment needs.
9. **Can students with disabilities and an IEP receive EL support?** Yes. However, it is not the role of special education to teach English as a second language. A student that qualifies for EL services may also receive special education support if the IEP Team determines that both are appropriate and necessary in order for the student to access the general education curriculum.
10. **Can EL staff be used to support service provision or assessment?** It will be up to building principals and/or directors to determine allocation of resources and staffing. For students who qualify for special education services, the SLP can collaborate with EL staff, teachers, or interpreters in consulting regarding a student's needs. If a student requires EL collaboration or interpreter services, the IEP Team must check the box on the special factors, supplementary aids and assessments section of the IEP, which notes the need for supports and/or services as it relates to language needs because of limited English proficiency. If this box is checked, then the need for supplementary aids, program modifications and/or support for school personnel (such as EL collaboration and/or interpreter services, etc.) should be noted within the supplemental aids and services chart.
11. **Should students in a full immersion program (e.g. Spanish or Chinese Immersion) be evaluated in their primary or secondary language?** Students should be evaluated in their primary language regardless of their participation in an immersion program.

Section Eight: Augmentative and Alternative Communication

AAC is an area of clinical practice that addresses the needs of individuals with significant and complex communication disorders characterized by impairments in speech-language production and/or comprehension, including spoken and written modes of communication. AAC devices, supports, and services fall under the category of Assistive Technology Devices and Services. Under IDEA/MARSE, Assistive Technology must be considered for each student receiving special education services, regardless of age or disability, using a systematic process supporting accessibility to and participation independence within the curriculum. Leading and/or participating in this process is a vital role of the SLP as a member of the IEP team.

Kent ISD, consistent with ASHA, advocates and strongly agrees that communication pervades all aspects of education. Subsequently, there are no prerequisites to begin use of AAC supports. This means that there are no required cognitive skills, physical abilities, behavioral skills, minimum age, or communicative intent, needed to begin use of AAC supports. AAC does not delay or prevent acquisition of verbal speech and language development.

Definitions

- AAC is **augmentative** when used to supplement existing speech, and **alternative** when used in place of speech that is absent or not functional.
- AAC may be **temporary** (short-term), for example as when used by an individual postoperatively, or **permanent** (long-term), as when used by an individual who will require the use of some form of AAC throughout his or her lifetime.
- **Communication functions** refers to the purpose we communicate with one another. AAC is utilized to help individuals communicate for a variety of purposes including the expression of thoughts, wants, needs, feelings, and ideas.
- **Communicative competence** refers to an individual's ability to effectively convey their opinions, thoughts, and feelings. It involves the knowledge of language and an awareness about how to use the language appropriately in various settings and contexts.
- **Multimodal communication** refers to all the different methods (e.g. spoken language, writing, body language, gesturing and using AAC) we use to communicate with each other every day.

Evaluation

The determination of what tool(s) should be utilized with a student should be based on their current functional communication skills and needs versus their medical or educational diagnosis, developmental skills, or chronological age. There is not a one-size-fits-all equipment recommendation for any age or developmental level. Use of language across environments and physical access should be the primary considerations in system selection. For students who require modifications or alternates to direct selection (e.g. pointing, touching) the SLP should consult with team members (e.g. OT/PT) to determine the most effective alternate selection method (e.g. eye gaze, mouse control, switch access).

Communication needs should be reflected through the SETT consideration/assessment framework, using a dynamic implementation plan. SETT is an acronym for Student, Environments, Tasks and Tools. The SETT Framework created by Joy Zabala is a tool that helps teams gather and organize information that can be used to guide collaborative decisions about services that foster the educational success of students with disabilities. **See Appendix 8-A: AAC Decision Making Process of Kent ISD** to support purposeful decision making for students with complex communication needs.

AAC decision-making is an ongoing process even after an AAC system has been selected. Elements of dynamic assessment and other informal assessments are used to supplement standardized assessment data. Current resources (as of 2021) available in Kent ISD's AT Lending Library that can be utilized to help guide a purposeful and comprehensive AAC decision include the TASP: Test of Aided Symbol Performance, AAC Genie App, and AAC Profile. A free tool available online is the Dynamic AAC Goals Grid-2 (DAGG-2) by Tobii Dynavox which provides a systematic means to determine an individual's current skills in AAC and supports partners in developing both short term and long-term goals that enhance communication independence for the person who uses AAC.

Multimodal Tool Considerations

Students who use AAC will use a variety of methods and tools to communicate across different partners, situations, and environments. A range, not a hierarchy, of AAC supports covering a variety of light tech to high tech solutions should always be considered to meet the current and potential communication needs of a student. The need to have multiple modes of communication available must be considered and becomes even more important if a primary mode is unavailable (e.g. device breakage, user fatigue, unfamiliar partner).

Typically, forms of AAC are divided into two broad groups, known as **unaided** and **aided** forms of communication. **Unaided** forms consist of nonverbal means of natural communication (including gestures and facial expressions) as well as manual signs and gestures, you do not need anything but your own body to use unaided systems. **Aided** forms consist of some sort of tool or system that is external to the body. AAC systems can also be considered **static** or **dynamic**. **Static** displays are those on which the symbols do not change automatically (e.g. Big Mack, GoTalk9+). **Dynamic** displays are those on which the language symbols change automatically as a normal part of operating the system (e.g. PODD, TouchChat). AAC systems can be considered **high-tech (**e.g. Words for Life, Snap+Core First, ProLoQuo2Go), **mid-tech (**e.g. TechTalk, TechSpeak, QuickTalker 12, GoTalk32+) or **light-tech (**e.g. PECS, picture symbols, core board, pencil/paper). A balanced robust AAC system that supports literacy and allows for different communication functions would include a combination of high-frequency core words, fringe and personal vocabulary, and access to the alphabet.

Service

Service delivery decisions should not be based on equipment recommendations, but rather on the student's skills with AAC and their functional language across settings that support the overall development of communicative competence. AAC therapy is language therapy, therefore consider basic principles of language therapy (e.g. increasing mean length of utterance) when establishing goals.

Use of AAC and language is learned during engaging daily communication activities and interactions in the natural environment. Communication partners must be trained to demonstrate augmented input (otherwise known as "aided language input", "aided language stimulation", "partner augmented input", or "modeling") to support and increase symbol comprehension and expressive production. Communication is necessary for social connectedness, and is the essence of human life. This belief creates a unique lens when implementing systems and supports for AAC due to the nature and role of communication in learning and life.

Both direct and consultative services may be needed to support a student who uses AAC. Examples of consultation may include but are not limited to: engineering the environment to increase opportunities for communication, programming/maintaining AAC systems, training teachers/staff/family on AAC use across

environments (e.g. work-based learning, home). It is important to note the identification and provision of AAC system training should be included in the Supplementary Aids and Services sections of the student's IEP. When applicable, the SLP may need to connect with the vendor of a Speech Generating Device (SGD)/AAC system. Additionally, when data exists to support the need for an AAC system and upon parent/guardian request, the SLP may choose to generate a report to request the funding of an SGD/AAC system.

Exit Considerations

Dismissal from services must be considered on a case by case basis in order to meet the individual needs of each student and not based on age and/or programming. Before dismissing from services, ensure the student can participate fully in communication interactions and has achieved the fundamental rights outlined in the Communication Bill of Rights **(See Appendix 8-B).** Additionally, prior to dismissal from services, ensure there is a plan in place to address system repairs/replacements, training new communication partners and workplace needs.

Frequently Asked Questions on AAC Guidelines

1. **Is a REED required to consider AAC options for a student?** A REED is not required to consider AAC options for a student unless standardized testing (e.g. Receptive/Expressive Language) is necessary in the decision-making process, then a REED should first be completed.
2. **When should AAC be considered for a student?** AAC should be considered for any student when their speech output is not adequate to communicate everything that the student wants and needs to communicate. Additional factors to consider: the student's frustration levels, communication partner(s) frustration levels, access to school curriculum, participation in classroom activities, ability to demonstrate knowledge to teachers, access to home and community environment, ability to interact appropriately with family and peers, and independence in developmentally-appropriate daily activities.
3. **When should AAC be considered as a supplemental strategy to traditional speech and language intervention?** Strong consideration should be given to use of AAC to increase overall communication when a student is making slow progress in treatment, and there is a significant impact on academic and social communication due to poor speech intelligibility.
4. **What if the student's SLP doesn't feel qualified to support AAC?** Districts within Kent County may have designated individuals assigned to facilitate assessment and planning of AAC. Resources may extend to include the Assistive Technology Department and AAC consultant of Kent ISD
5. **How is caseload/workload impacted by students who use AAC?** ***Refer to Section Three: Programs & Services/Caseload, Workload & Scheduling.***
6. **Are there AAC equipment/resources available to trial?** Yes.
   Kent ISD Assistive Technology Lending Library is available to educators within Kent ISD who are supporting students receiving special education http://www.kisdat.org/
   Alt+Shift Lending Library is available to Michigan's PK-12 public schools for short-term use of assistive technology equipment https://www.altshift.education/
7. **Can you write vendor or brand names of AAC systems in the IEP?** No. AT/AAC equipment should only be described in general, non-specific terms (aka not the company's name) when the student has access to the equipment on a permanent or semi-permanent basis (e.g. "access to a dynamic, robust vocabulary, picture-based communication support system" versus "iPad with Proloquo2Go").
8. **If an AAC system is recommended, where should it be documented in the IEP?** If the student requires any tool to communicate functionally (including light-tech communication pictures or boards), these needs should be identified in the PLAAFP, selected and included in the Supplementary Aids and

Services table, and reflected in appropriate measurable annual goals if the student has not developed mastery with the system.

- The PLAAFP should include: data related to the student's current use of the AAC system/support, a description of the student's current communication skills (aided and unaided), and a list of the specific features of an AAC system/support required by the student to access and participate in the curriculum. Note, if the student is using a specific AAC system, that system can be named in parenthesis only after the features have been described (e.g. currently using an iPad with LAMP Words for Life application).
- Special Factors, Supplementary Aids and Assessments (SAS)
  - When asked does the student require supports and/or services due to:
    - Communication Needs (Check the box Yes)
    - Assistive Technology devices and services (Check the box Yes)
  - The SAS table specifically describes how the AT & Communication support provides access to the general education curriculum. e.g. "access to a robust core based AAC system, implemented daily, throughout general and special education environments and classes."

- If you are unsure if the box should be checked, first ask yourself if the tool was removed from the student at any point during his day:
  - Would the student demonstrate an inability to express wants and needs? If the answer is "yes", check the box next to Yes.
  - Would the student be able to maintain communication competence, being able to say whatever they want, to whomever they want, whenever they want? If the answer is "no", check the box next to Yes.
  - Would the student be able to access and participate in the school environment? If the answer is "no", check the box next to Yes.
  - For additional support on considering AT needs for an individual student **See** Appendix 8-D: Kent ISD's AT Consideration Guide for IEP Teams

9. **Are measurable goal(s) and objectives needed if a student has AAC listed within the Supplementary Aids and Services?** Yes. Communication goals should be developed to support the continued development of AAC skills. Goals can be discontinued when the student has demonstrated mastery in using the tool/device/strategies. **See** Appendix 8-B: Communication Bill of Rights
10. **If the team has not started trialing AAC, but anticipate a need to explore systems and/or supports, where should this be documented in the IEP?** If AAC needs are being explored altogether (e.g. it hasn't yet been determined a need), in the anticipated needs section indicate a SETT Framework review is necessary to determine AT/AAC needs. The IEP Team must ensure that they are still collecting data on anything listed in the anticipated needs. The IEP Team should meet to design and initiate a collaborative trial plan within 30 school days. The plan should include dates for when the team will meet to review data as well as an anticipated date the trials will conclude for the purpose of making a final recommendation. Once the trial data has been reviewed and the IEP Team has made a final recommendation, the team needs to document the results of the trials and complete a summary of the recommendation. If an AT/AAC system or support is recommended, the team will need to revise the IEP to include the recommendation. Refer to FAQ 8 for how to document a recommended AAC system in the IEP.
11. **If the team is still trialing systems and/or supports through the SETT Framework, but need additional time to gather more data, should those systems/supports be written into the IEP?**
    - If it is determined that the student needs AAC but the specific system/support(s) are not yet identified and the box is checked, you can include the completion of the SETT Framework Review

right within the SAS table because you've already determined some type of AAC is needed. You could list "SETT Framework Review is necessary to determine specific AT/AAC needs."

- If the team knows which AAC tool will be trialed first or have an idea what solution might be a good fit for the student, it should still not be written into the IEP. There is a chance that the trial system/support won't be the right match for the student.

12. **Who is responsible for providing AAC equipment?** As indicated in IDEA, the student's school system is responsible for assistive technology when it is required as a part of the student's special education services, related services, or supplementary aids and services. This includes both the item(s) and the services required to support the item(s). The student's family may choose to pursue private funding to obtain a personal system, with the assistance of the student's SLP or an outside agency.
13. **What steps should the IEP Team take to facilitate a system going home overnight, on weekends, and breaks and into the community?**
    - Provide training to the parent/guardian on how to use the system and understanding the tool as a dedicated communication system
    - Have the parent/guardian sign a Home Use Agreement **See Appendix 8-C: Kent ISD's Sample Home Use Agreement**
    - Work with the student to become personally responsible for the system
14. **What is a funding report? Who can write one?** The cost or partial cost of an AAC system (or SGD) may be covered by health insurance if the system is deemed a 'medical necessity' for the individual. The family must be an active participant in this process. Only an SLP can conduct the assessment and write the report to request an SGD. However, other professionals such as an Occupational or Physical Therapist or Rehabilitation Engineer may assist in the AAC assessment. For additional support in pursuing funding of an AAC system for your student contact the AAC consultant of Kent ISD or SLP in your district familiar with the process.

Section Nine: Autism Spectrum Disorder/The SLP Role

According to MARSE, the multidisciplinary evaluation team for ASD eligibility must include a school psychologist or psychiatrist, school social worker, and SLP. The ISD or LEA can choose to include others, such as the occupational therapist (OT) or teacher consultant (TC), but they are not required.

Evaluation

Multidisciplinary evaluation teams that function as a coordinated unit produce an evaluation report that is integrated rather than several separate reports by each member of the team under. A central/dedicated evaluation team is recognized as a preferred option for comprehensive ASD evaluations. However, due to the specific knowledge and expertise in identifying and supporting students with ASD, reduced caseload and workload must be considered. Collaboration and time are critical for appropriate eligibility and programming decisions for students with ASD. There are a number of special considerations for team assignments based on how the ISD or LEA functions and the need to address a variety of potential challenges or concerns. Examples include, but are not limited to, the following:

Team Structure Examples	Benefits	Risks
A. Dedicated team to conduct all evaluations within ISD/district in which ASD is suspected	• Team develops high level of competency and deep knowledge of ASD • Consistency in evaluations throughout the ISD/district • Objective viewpoint of student during evaluation process	• Does not build capacity around evaluations for ASD eligibility across staff • Increased likelihood that team will get called in for problem solving because they hold the expertise around ASD • Evaluation load may overwhelm availability of team
B. Objective team that is strategically identified from pool of itinerant staff when evaluation for suspected ASD is requested; team members are not assigned to building in which student attends school	• Objective viewpoint of student during evaluation process • Allows for capacity building across staff; staff more experienced and knowledgeable about ASD can be paired with less experienced staff • Allows for evaluation load to be evenly distributed across staff	• Requires coordination and oversight for formation of teams • May result in inconsistency across evaluations
C. Evaluation for suspected ASD is conducted by MET members that are assigned to building in which student attends school	• Those with more knowledge about student conduct the evaluation • Team members who conduct evaluation will likely be same staff that provide potential special education services	• Potential for evaluation team to be influenced by political or contextual influences • Possible risk in having a preconceived opinion of eligibility prior to evaluation

It is strongly recommended that an ASD evaluation should be based heavily on observational data completed by ***all*** multi-disciplinary team members across both academic ***and*** nonacademic settings. Consider observing the student prior to completing checklists or standardized rating scales by using the **Evaluation Team Observation Form located in Appendix 9-A**. Refer to the *Education-Based Evaluations for Autism Spectrum Disorder from the Michigan Autism Council*, and examples of specific interactions and quotes from the observation should be utilized when gathering evidence for and evidence against in the social, communication, and behavioral domains.

Rating Scales/Norm Referenced data should also be utilized to support the observational data and should also be included in the case for or against eligibility in the areas of social, communication, and behavior. Pragmatic assessments can be found in the **Test Comparison Chart located in Appendix 2-H: Test Comparison.** Additionally, Teacher and Parent Interviews can be found in Appendix 2-G.

Eligibility

To meet the MARSE eligibility criteria for ASD, a student must demonstrate characteristics in **all three** of the following domains:

- Qualitative impairments in reciprocal social interactions
- Qualitative impairments in communication
- A restricted range of interests or repetitive behavior

Two additional factors that may need to be considered as part of a comprehensive evaluation, but do not impact eligibility under the ASD criteria:

- Unusual or inconsistent response to stimuli
- Age

A review of the three domains with example behavioral characteristics is provided below and can be found in **Appendix 9-A: ASD Evaluation Team Observation Form:**

Qualitative Impairments in Reciprocal Social Interactions

A qualitative impairment is defined as atypical or considerably different from other students the same age. According to MARSE, a qualitative impairment in reciprocal social interactions would include at least two of the following four characteristics:

1. **Marked impairment in the use of multiple nonverbal behaviors, such as eye-to eye gaze, facial expression, body postures, and gestures, to regulate social interaction.**
   Marked impairment in this area means substantial and sustained difficulty using nonverbal behaviors to augment communication for the purposes of the social partner. This criterion is not intended to define the presence or absence of nonverbal behavior but rather the use of nonverbal behavior to regulate social communication, particularly where words fail. Marked impairment also implies that the difficulties are clearly evident and observed across multiple environments and people over time. Evidence of marked impairment in nonverbal behaviors may include, but is not limited to, the following:
   - Differences in eye-to-eye gaze (e.g. seems to look “through” a person, limited or no eye contact or eye gaze to initiate, sustain, or guide social interaction, has fleeting or inconsistent eye contact)
   - Differences in facial expression (e.g. lacks emotion or appropriate facial affect for the social situation, lacks accurate facial expression to reflect internal feelings, facial expressions seem rehearsed or mechanical, limited or no use of facial expression to guide communication)
   - Differences in body posture (e.g. difficulty maintaining appropriate body space, awkward/stiff response or movement, gait challenges)
   - Differences in spontaneous use of gestures (e.g. lacks understanding of the use of nonverbal cues (e.g. pointing, head nod, waving), does not respond to communication partner signals to start or end a conversation)

2. **Failure to develop peer relationships appropriate to developmental level.**
   Students may fail to develop appropriate peer relationships for a variety of reasons. For students with ASD, failure to develop reciprocal relationships with peers results from deficits in social reciprocity (e.g. the give and take in social interaction) and the inability to understand the perspectives of others. In addition, the quality of peer relationships must be considered in comparison to peers at the same age and developmental level. Evidence of failure to develop reciprocal peer relationships may include, but is not limited to, the following:
   - Lack of understanding of age-appropriate humor and jokes
   - Disruption of ongoing activities when entering play or social circles; may insist on controlling the play when engaging with others
   - Lack of initiation or sustained interactions with others
   - Preference to play alone
   - Continuous failure in trying to understand social nuances and follow social rules
   - Desire for friendships but has multiple failed attempts
   - Misinterpretation of social cues or communication intent of others
   - Tolerance of peers but no spontaneous engagement in conversation or activity
   - Confusion with the telling of lies
   - Policing peers (e.g. reporting rule infractions on the playground)
3. **Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. a lack of showing, bringing, or pointing out objects of interest).**
   Marked impairment in this area means substantial lack of spontaneous (e.g. without prompting) sharing and showing, often referred to as joint attention. According to Oates & Grayson (2004), joint attention is defined as the shared focus or experience of two or more individuals on an object or activity. This typically begins to develop around two months of age with dyadic (e.g. two persons) exchanges using looks, noises, and mouth movements. Lack of sharing with others also results from deficits in understanding the perspectives of others. Marked impairment in this area must be clearly evident across multiple people and environments over time. Evidence of impairment in spontaneous seeking to share may include, but is not limited to, the following:
   - Deficits in the use of pointing to orient another to an object or event
   - Limited number of attempts to share achievements or items of interest with others as compared to peers
   - Bringing objects or items to others for the purposes of getting needs met, but not for a shared experience
   - Lack of response to others sharing enjoyment, interests, or achievements (e.g. shifting conversations to one's own interest rather than responding to the interests of others)
4. **Marked impairment in the areas of social or emotional reciprocity.**
   Reciprocity is defined as the mutual give and take of social interactions. Marked impairment in this area implies significant difficulty recognizing and responding to the needs, intentions, perspectives, and feelings of others across multiple environments and people over time. Evidence of impairment in social or emotional reciprocity may include, but is not limited to, the following:
   - Limited to no use of social smiling; rarely offers spontaneous social smiles
   - Lack of interest in the ideas of others
   - Aloofness and indifference toward others
   - Seemingly rude statements to others without filter or negative intent (e.g. telling someone to stop eating chips because they are fat, as if they are doing that person a favor)
   - Difficulty explaining their own behaviors in context of impact on others

- Difficulty predicting how others feel or think
- Problems inferring the intentions or feelings of others
- Failure to understand how their behavior impacts how others think or feel
- Problems with social conventions (e.g. turn-taking, politeness, and social space)
- Lack of appropriate response to someone else's pain or distress (e.g. laughing when others are upset)
- Creating arbitrary social rules to make sense of ambiguous social norms (e.g. "All people fall into one of three categories: jocks, friends, or people who make bad decisions.")

Qualitative Impairments in Communication

A qualitative impairment is defined as atypical development or considerable differences as compared to other students the same age. According to MARSE, qualitative impairments in communication include at least one of the following:

1. **Delay in or total lack of the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.**
   Typical development of language includes babbling by 12 months, single word use by 16 months, and two-word phrases by 24 months of age. Some students fail to develop language yet compensate by using alternative communication modes such as gestures, facial expressions, and other nonverbal behaviors. Some students with ASD, however, do not seem to recognize that words have a communicative intent. As such, they fail to compensate for their lack of language development, although they may ensure their needs get met (e.g. using an adult as a tool to get a snack or toy or shoving someone to get them out of the way). In some instances, students with ASD may begin to develop spoken language and then lose the language they have acquired. Evidence of delay in or lack of the development of spoken language not accompanied by attempts to compensate may include, but is not limited to, the following:
   - Pulling an adult to a particular area to get a snack or toy
   - Standing or screaming near the refrigerator in the absence of an adult
   - Use of words not directed at others (e.g. gibberish, mumbling)
   - Challenging behavior in lieu of alternate communication (e.g. hitting, biting, pushing, screaming)
2. **Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.**
   "Pragmatics" is a term used to explain the give and take of social language. Deficits in pragmatics for students with ASD result from deficits in understanding the perspectives of others and lack of social reciprocity. Marked impairment implies that difficulty with pragmatics is clearly evident in multiple environments and people across time. Evidence of marked impairment in pragmatics may include, but is not limited to, the following:
   - Difficulty with the social aspects of language (e.g. understanding non-literal language used in conversation)
   - Issues with prosody (e.g. flat and emotionless or high and pitchy with atypical rhythm or rate)
   - Difficulty changing language according to the needs of the listener (e.g. not giving background information to an unfamiliar listener or not speaking differently in a classroom than on a playground)
   - Difficulty initiating, sustaining, or ending conversations with others
   - Difficulty using repair strategies when communication breaks down
   - Difficulty following the rules of conversations and storytelling (e.g. taking turns in conversation, staying on topic, rephrasing when misunderstood, proximity, use of eye contact)

- Talking for extended periods of time about a subject of the student's liking, regardless of the listener's interest
- Talking at someone in a monologue rather than conversing
- Interpreting what others say according to the most basic or literal meaning

3. **Stereotyped and repetitive use of language or idiosyncratic language.**
   Students with ASD may exhibit stereotypical (e.g. use of nonsense words or phrases or verbal fascinations) and repetitive or idiosyncratic language (e.g. contextually irrelevant or not understandable to the listener due to a private meaning). Evidence of stereotyped, repetitive, or idiosyncratic language may include, but is not limited to, the following:
   - Repeating words or phrases over and over
   - Repeating what others say (echolalia) either immediately after the person said it or at some time in the future
   - Repeating television or movie lines, song lyrics, or other media that are out of context and add no meaning to the conversation
   - Use of words with a private meaning that only makes sense to those who are familiar with the situation where the phrase originated (e.g. every time the student enters the room he states, "That's right on the money!")
   - Talking about a specific topic incessantly and out of context
   - Overly formal use of words or expressions in conversation
4. **Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.**
   Spontaneous make-believe play is a precursor to the use of symbols and corresponds with language development. Social imitative play is also thought to be an early sign of social reciprocity. Evidence of the lack of these behaviors may include, but is not limited to, the following:
   - Lack of spontaneous pretend play with toys (e.g. using objects only as they are intended)
   - Little elaboration on learned play schemes
   - Lining up toys like cars or trains, stuffed animals, or action figures
   - Focusing on only a part of the toy rather than actually playing with it (e.g. wheels on a toy car or train, the string of a pull toy) or focusing on the movement of the toy rather than the purpose of the toy; stacking blocks but not building anything
   - Lack of finger play (e.g. "Itsy Bitsy Spider") imitation without specific teaching and prompts
   - Limited play repertoires compared to peers (e.g. only plays with one specific toy or item)
   - Lack of advancement of play repertoires over time (e.g. still playing with Thomas the Tank Engine while peers have moved on to LEGO® or board games)
   - Rather than playing, directing peers to their assigned role in play
   - Engages in construction play (e.g. puzzles, building blocks, assembling Transformers, LEGO® bricks, setting up elaborate train track layouts) at the exclusion of flexible representational play

Restricted, Repetitive, and Stereotyped Behaviors

Students with ASD engage in restricted, repetitive, and stereotyped behaviors that are extreme and often interfere with other more appropriate behaviors or learning. Because students with ASD are driven to engage in these behaviors, they are difficult to stop or control. Further, disrupting the behaviors often causes significant distress for the student. According to MARSE, restricted, repetitive, and stereotyped behaviors must include at least one of the following:

1. **Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.**

Students with ASD can display intense interests and preoccupations that are intrusive, reoccur frequently, and interfere with participation in daily activities. Limited access, interruption, or removal of the activity or interest often causes significant distress.

Evidence of preoccupations and interests that are abnormal in intensity or focus may include, but is not limited to, the following:

- Talking about a particular topic (e.g. The Weather Channel) incessantly without regard to the conversational partner
- "Playing" with the same toy over and over again and in the same way each time
- Incessantly seeking access to or talking about seemingly typical interests for age such as video games (e.g. Minecraft), topic areas (e.g. anime), and characters (e.g. SpongeBob or The Simpsons) but to the exclusion of most other topic areas or activities
- Using a specific video game, television show, or movie as the lens through which experiences or the world are viewed
- Excessively seeking access to or talking about atypical interests such as historical events (e.g. Siege of Malta), specific appliances (e.g. coffee machine or fan), or unusual types of animals (e.g. white Siberian tiger)
- Excessively seeking access to or talking about interests atypical for age (e.g. the digestive system at age 4 or Thomas the Tank Engine at age 15)

2. **Apparently inflexible adherence to specific, nonfunctional routines or rituals.**
   Students with ASD seek predictability in their environments and thus may create and follow nonfunctional routines or rituals or have extreme distress when their routines are altered. Evidence of inflexible adherence to nonfunctional routines or rituals may include, but is not limited to, the following:
   - Wearing a specific clothing item for a specific day or activity
   - Rigid adherence to specific sequences in routines (e.g. eating food in a specific order, completing worksheets from the bottom or right side only)
   - Excessive and time-consuming routines (e.g. bathroom, dressing)
   - Distress when daily routines and schedules are altered
   - Alphabetizing videos by the last name of the producer
   - Having unusual self-imposed rules (e.g. must pass three red cars before entering school)
   - Insistence that others follow rules, including rules made up by the student
3. **Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements).**
   Some students with ASD engage in repetitive motor mannerisms, often called self-stimulatory behaviors. Self-stimulatory behaviors occur in other disabilities as well, so it is crucial for multidisciplinary evaluation teams to consider this item in context to the other criteria. Evidence of stereotyped and repetitive motor mannerism may include, but is not limited to, the following:
   - Preoccupation with fingers, spinning, and twirling objects or self
   - Pacing in a particular manner or routine
   - Smelling, chewing, or rubbing objects in a particular manner
   - Rocking or lunging
   - Persistent grinding of teeth
   - Repeated visual inspection of objects
   - Self-injurious behaviors including head-banging, hand biting, and excessive self-rubbing and scratching

4. **Persistent preoccupation with parts of objects.**
   Students with ASD can become preoccupied with parts, objects, or processes. The fixation may appear to be more focused on how an object, including toys, actually works instead of the function that it serves. Evidence of persistent (e.g. occurring over a prolonged period of time) preoccupation with parts of objects may include, but is not limited to, the following:
   - A fascination with a specific part of the dishwasher or vacuum cleaner
   - Spinning the wheels of a car
   - Watching several seconds of a movie or cartoon over and over again, without watching the complete movie
   - Completing complex puzzles with more interest in putting the pieces together than the puzzle picture as whole

Unusual or Inconsistent Response to Sensory Stimuli
According to MARSE, determination of ASD may include unusual or inconsistent responses to sensory stimuli, yet to be eligible under ASD, the student must meet the other three domains of eligibility. Sensory challenges alone are not sufficient to identify the student as ASD because sensory issues can be found in a number of other eligibility areas. Conversely, the absence of sensory challenges does not exclude a student from meeting ASD eligibility criteria. As such, the evaluation team should analyze the student's response to sensory stimuli as it impacts the three domains of ASD eligibility (e.g. reciprocal social interaction, communication, and restrictive and repetitive behaviors).

Language
Despite average or above average language testing scores, difficulty with pragmatics for social language may be observed in the natural environment. If a functional impairment is observed, this information is more relevant than standardized assessment results in determining eligibility for Autism Spectrum Disorder.

Age
According to MARSE, ASD typically manifests before 36 months of age. A student who first manifests the characteristics after age three may also meet criteria, although generally the student should have indicators of developmental differences by 36 months of age.

Service

SLP as a related service should be considered based on the complexity of the student's current needs and expected developmental milestones. Tools (e. g. VB-MAPP) are recommended for students with more complex needs in order to assess and support development. When determining what services are necessary for the IEP, the student's age and grade should be taken into consideration due to the importance of early intervention. Direct services should be utilized for preschool and early elementary with consultation and push in services prioritized for upper elementary and beyond as needed.

Consideration of pragmatic skills should be at the forefront of related service. Goals should be developed that are skill specific, relating to the needs identified through the qualifying criteria, and should support the lagging skills. Skills should be identified that have the most adverse impact within the school environment. This includes social opportunities that can be found in unstructured settings such as recess, electives, lunch, transitions between classes etc. In supporting students identified with an Autism Spectrum Disorder, shared goals for pragmatics with the SLP, social worker and occupational therapist and/or the special education teacher should be strongly considered and in support of the Least Restrictive Environment. When multiple

providers are working together on identified and specific goals that support the students lagging skills, the opportunity for generalization can be realized. **Reminder, if goals are shared, each service provider is responsible for collecting and reporting data.* For carryover and generalization, push in services in multiple environments is strongly recommended.

Exit Considerations

While communication may remain a qualifying criteria per eligibility recommendation, the SLP may not be a required team member for IEP service in order to support the student's most significant needs and for the student to make progress with communication skills. LRE should be strongly considered for pragmatic language support, especially with students at the secondary level. ***Refer to Section Ten: Special Interest Topics for more information on Secondary Considerations.***

Adverse Impact

According to MARSE, in order to be eligible for special education programs and services, a student's disability (e.g. ASD) must adversely affect educational performance in academic, behavioral, or social domains. As such, a student may meet the eligibility criteria for ASD but not be eligible for special education because access and progress in the general education curriculum or environment is not affected by the ASD. A description of each domain and the behaviors associated with them is provided below:

Academic Impact	Behavioral Impact	Social Impact
This requires a review of the student's ability to meaningfully participate and progress in the general curriculum. Evidence of academic impact may include, but is not limited to, the following: • Delayed academic skill acquisition (e.g. reading, math, writing) • Limited participation and engagement in instruction • Lack of initiation and completion of school and homework • Low grades and scores on academic assessments	This requires a review of any behavioral challenges that interfere with the student's ability to meaningfully participate and progress in the general curriculum or integrated environments (e.g. classroom, hallways, lunch room, bus). Evidence of behavioral impact may include, but is not limited to, the following: • Aggression (e.g. hitting, kicking, spitting) • Temper tantrums (e.g. dropping to the floor, crying, screaming) • Disruptions (e.g. yelling, loud insistence that others are wrong and the student is right, noises such as barking and humming) • Non-compliance (e.g. not completing work or assessments, not following directions) • Self-stimulatory behaviors (e.g. rocking, repetitive language, flapping) • Eloping (e.g. running away, leaving the environment, hiding)	This requires a review of the student's social interaction skills, relationship development, and engagement in the social environment. Evidence of social impact may include, but is not limited to, the following: • Difficulty making and keeping friends • Challenges with reciprocal social interaction • Difficulty understanding the perspectives of others (e.g. asks impolite questions; insists on getting needs met even if someone nearby is upset; insists on always being first in line; insists on winning all games) • Obsession with peers following the rules (e.g. tattling on every infraction) • Difficulty working cooperatively in groups • Lack of independence in daily routines • Transition challenges

Frequently Asked Questions on Autism Spectrum Disorder

1. **What is the SLP's role in the initial/revaluation evaluation process for students that are being considered under Autism Spectrum Disorder eligibility?** A SLP is a required member of the initial evaluation team for Autism Spectrum Disorder eligibility. Since Autism Spectrum Disorder is a disability area defined by deficits in communication skills, the SLP plays a critical role in helping the evaluation and IEP Teams to understand how communication typically develops in students, where the deficits lie for the student being evaluated, and the best treatment plan to address the communication deficits.
2. **When should a SLP consider providing direct, consult, or monitoring services for students with ASD?** As with other disability areas, research shows that early intervention is critical for students with Autism Spectrum Disorder Special Education eligibility. This should be considered when determining what type of SLP services are appropriate for the student's IEP. The IEP Team should also consider the benefit of having multiple providers directly intervene on the same goal. For some situations, especially those related to pragmatic language, having multiple providers directly work on the same goal, in the same way, embeds opportunities for generalization of skills directly into the service delivery model. As students reach grade levels where credit acquisition toward graduation requirements becomes more of a focus, the IEP Team should consider the impact that ancillary services have on participation in daily curriculum. As a result, consultative or monitoring services may be appropriate, so long as there is another Special Education provider responsible for providing direct services related to the student's IEP goal(s). The transition page SHOULD be utilized to support specific communication skills needed to address pragmatic skill deficits that impact post-secondary vision and transition planning. Skilled teaching and treatment of pragmatic language skills are research-based and critical for students with ASD and other social communication deficits.
3. **Can a student be deemed eligible for speech therapy if standard scores on formal speech and language testing indicate functioning within normal limits?** Yes. Remember that eligibility is based on academic AND functional needs. Students with more mild Autism Spectrum Disorder often do well on traditional language tests and may even indicate above-average academic language skills. However, their impairment lies in the social aspects of language and the impact on the student's behavior and ability to form relationships with others. These skills may not be reflected or measured on a standardized test. It is important to include other sources of data in your evaluation to accurately assess the functional implications of communication impairment.
4. **Don't all students with Autism Spectrum Disorder automatically qualify for speech therapy services?** No. All students on the Autism Spectrum will have a communication disorder, it is an inherent part of the disability. Eligibility is determined in three stages: 1) Is there a disorder? 2) Does it impact educational performance? 3) Are the services of a SLP required? While the likelihood of a student with Autism requiring speech therapy services is high, it is not an automatic. The IEP must address the student's communication deficits in some way, however, this may not necessarily require direct speech therapy services. In making your determination consider the student's educational history, present levels of performance, age/grade, learning style, response to interventions, current goals and objectives, other support services, learning environment, expected outcomes, and the level of expertise amongst service providers.
5. **What considerations should be made when considering an eligibility under ASD vs. EI?** Eligibility is based on a preponderance of evidence and should align to what is most limiting the student's accessibility to the general education environment. Too often, students qualify for services as a student with an Emotional Impairment however, their communication deficit is overlooked. This could be due to limitations of standardized pragmatic language assessments or lack of comprehensive evaluations, yet these communication deficits greatly impact students' interpersonal relationships and behavior. If the student demonstrates qualitative impairments in the area of communication on the

ASD eligibility recommendation, then ASD eligibility should be strongly considered as the primary eligibility and other eligibilities should be ruled out. Best practice includes considering all disability areas for which a student may qualify and reporting the preponderance of evidence for and against each area.

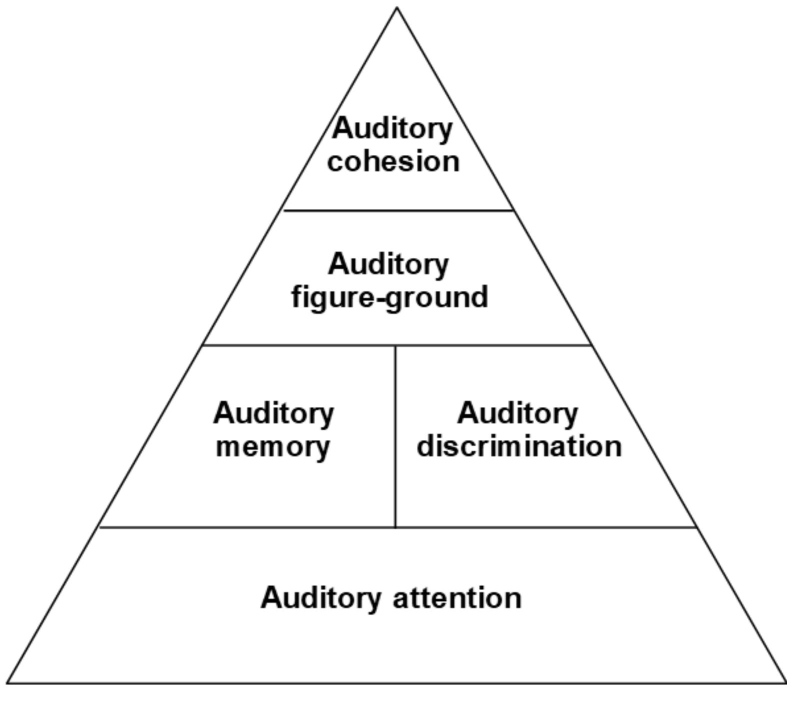
6. **What is the difference between school based ASD eligibility and a clinical diagnosis?** The purpose of an education-based evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis. However, according to the Michigan ASD State Plan survey (2012), there is often confusion between a clinical diagnosis of ASD and ASD special education eligibility criteria. The confusion is further exacerbated when a student receives a clinical diagnosis of ASD but then does not meet the education-based eligibility criteria under ASD. As such, it is important to outline the differences in process and purpose of evaluations between the two to enhance understanding across school personnel, clinical staff, and families. Because the process and purpose for evaluations are different, a clinical diagnosis of ASD is not required or sufficient for the determination of special education eligibility. If clinical diagnostic information is available, it must be considered in the evaluation process, but the final determination of eligibility may still require additional education-based assessments or observations. Further, given these differences in tools and processes, it is not uncommon for disagreements in ASD eligibility and diagnosis to occur. As such, it is important for education-based multidisciplinary evaluation teams and clinical evaluators to work collaboratively to assist families in understanding these differences and the reasons the differences exist. Information on effective collaboration can be found in the Michigan Autism Council's Collaboration Matrix (2014). In recent years, progress has been made in both the clinical and educational fields in the assessment and identification of ASD. This document outlines the core components of eligibility determination for ASD.
7. **What about Social Communication Disorder?** Social communication disorder is characterized by difficulties with the use of verbal and nonverbal language for social purposes. Primary difficulties are in social interaction, social cognition, and pragmatics. Specific deficits are evident in the individual's ability to: communicate for social purposes in ways that are appropriate for the particular social context; change communication to match the context or needs of the listener; follow rules for conversation and storytelling; understand nonliterate or ambiguous language; and understand what is not explicitly stated. This definition is consistent with the diagnostic criteria for Social (Pragmatic) Communication Disorder detailed in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association [APA], 2013). Social communication disorder can result in far-reaching problems, including difficulty participating in social settings, developing peer relationships, achieving academic success, and performing successfully on the job. SLPs are imperative members of the evaluation and treatment team for students experiencing pragmatic (social communication) issues. A student may not meet all criteria for Autism Spectrum Disorder, but may still require eligibility as a student with a Speech and Language Impairment in the area of Pragmatic Language. In this case, the SLP would determine the student eligible SLI with "language" as the qualifying criteria on the eligibility recommendation and "pragmatics" as the qualifying criteria on the IEP.

Auditory Processing Disorders

Auditory processing is separate from language comprehension and is not a hearing acuity impairment. Students who have an impairment in auditory processing may have a diagnosis of Auditory Processing Disorder. Students with auditory processing disorders may have an underlying receptive language disorder and abnormal language scores. The central auditory nervous system develops and matures at least through age 12. In theory, persons with auditory processing disorders generally develop symptoms at an early age and may continue to experience difficulty with auditory tasks as they mature. Auditory skills build on one another. Auditory processing disorder is not one of the 14 federal disability categories outlined in IDEA. To qualify as a "student with a disability," the student must have the characteristics of one of the existing 14 disability categories, demonstrate an educational impact as a result of the disability, and require specialized instruction.

A student with a potential auditory processing disorder may have difficulty in one or more of the following areas:

- **Auditory Attention**: ability to focus on an auditory signal speech or non-speech
- **Auditory memory**: the ability to remember information presented auditorily either immediately or with a delay.
- **Auditory Discrimination**: ability to hear the differences between sounds speech or non-speech
- **Auditory Figure Ground**: the ability to attend to the primary auditory message in the presence of other auditory signals.
- **Auditory Cohesion** is the ability to integrate information gathered auditorily.



Auditory Processing Skills Hierarchy

The following areas are evaluated by the audiologist. All 4 of these areas impact each other and a true auditory processing disorder will show an irregular pattern in one of the 4 components listed. IF all 4 components are equal or not disrupted then auditory processing disorder would not exist.

Evaluation

Auditory Processing Disorder is not an area of IDEA/MARSE eligibility, however, when a student is referred for a suspected APD, the IEP Team should consider certain assessment measures and medical information about the student. An APD evaluation is not conducted by school personnel, it is completed by a clinical audiologist and should consider the following related to the student:

- 7 years old minimum age
- Intelligible speech
- Normal Hearing acuity for both ears
- IQ of 85 or higher
- Children's Auditory Performance Scale (CHAPS) - completed by parent/guardian/teacher to provide profile of student listening behaviors

Additional information may be relevant in determining school-based eligibility:

- Cognitive/achievement testing to establish cognition within the range of normal and look at possibility of non-language based learning disabilities.
- Attention Deficit and Hyperactivity Disorder diagnosis - when attention difficulties are suspected because APD is a common symptom of untreated ADHD/ADD
- Social Emotional Observation and input form staff
- Language Processing Evaluation

Audiological Areas of Assessment:

Dichotic Listening: information is presented to both ears simultaneously. Tests of integration require the student to repeat the information heard by both ears while tests of separation require the student to identify what is heard in one ear while ignoring information. The auditory system, allowing the listener to receive the message a number of ways. During low redundancy testing, each ear is tested independently. The speech signal is degraded in order to reduce redundancy, making the listening task more difficult.

Temporal Processing: tests of temporal processing examine the student's ability to recognize tonal stimuli (e.g. pitch duration loudness) and to perceive auditory patterns.

Binaural Interaction: complimentary information is presented to each ear and the listener must integrate the information into a meaningful message.

Monaural Low Redundancy: spoken language is processed at multiple levels within the auditory system, allowing the listener to receive the message a number of ways. During low redundancy testing each ear is tested independently.

The following procedures are offered as a best practice approach to completing an assessment of a student suspected of having an auditory processing disorder.

- An audiological evaluation should be conducted following a referral for auditory processing. A licensed audiologist with experience working with school-age students with auditory processing disorders should conduct the evaluation.
- Review developmental and student records. Identify onset of symptoms, developmental characteristics, and educational background. Review current medications and possible effects on performance.

- Use questionnaires, checklists, and interviews to gather input from teachers and parent/guardians regarding student performance, distractibility, attentiveness, and compensatory strategies in both quiet and noisy settings.
- Complete multiple classroom observations with special attention to the following areas: classroom noise (e.g. in-class, outside-class reverberation), proximity to teacher, and comparison with other students in the class.
- Gather sufficient assessment data to allow for analysis of all auditory skills (attention, memory, discrimination, figure- ground, and cohesion).

Frequently Asked Questions on Auditory Processing Disorders

1. **Could a student be eligible under Section 504 with a CAPD diagnosis?** Yes. A student could be found eligible as a student with a disability under Section 504 if the disability substantially limits a major life activity and requires accommodations in order to access the school environment.

Deaf and Hard of Hearing/SLP Role

Consistent with ASHA and the Council on Education of the Deaf (CED), it is Kent ISDs position that collaboration between the SLP and the teacher of students who are deaf and hard of hearing is critical to promote the development of communicative competence which is the ability to understand and use one or more languages effectively in a variety of sociocultural contexts of children who are deaf or hard of hearing to optimize a student's potential. This collaboration is evidenced by:

- an understanding and respect for the unique background, educational preparation, knowledge, skills, and experience of SLP and DHH staff
- a recognition and appreciation of the shared knowledge, expertise, and responsibilities of the professionals
- a consideration of programming, hearing/assistive device technology, service delivery systems and multi modal supports that stimulate the development of interpersonal communication skills and literacy

In working with students that are deaf and hard of hearing, SLPs and teachers must have an understanding of the interrelationship of linguistic, cognitive, and social development and an understanding of how the individual student's degree of hearing loss, use of hearing technology, community, educational, and familial factors affect the overall development of the child. Consistent with IDEA, SLPs and teachers must also establish communication and linguistic goals that address the general education curriculum for purposes of the child's reaching developmental milestones and academic achievement comparable to hearing peers.

Frequently Asked Questions on Deaf and Hard of Hearing/SLP Role

1. **Who is responsible for completing a standardized language assessment?** Due to the training and expertise in language development, the SLP is responsible for completing this type of assessment. The results of this assessment and other formative assessment data should be reviewed by all IEP team members. The SLP should also consider the student's primary language modality. For example, if a student communicates using American Sign Language, and the SLP is not proficient in ASL, the SLP must use supplemental aids (i.e. ASL Interpreter) during assessments to accurate results.
2. **What other formative assessment data should be considered?** Observational data and teacher/student/parent/guardian input is needed to support an understanding of how the individual student's type or degree of hearing loss, use of hearing technology, community, educational, and familial factors affect the overall development of the child.
3. **How do we determine if DHH or SLI is the most appropriate primary eligibility?** MARSE defines "deaf or hard of hearing" as any type or degree of hearing loss that interferes with development or adversely affects educational performance. "Deafness" means a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. The term "hard of hearing" refers to students who have permanent or fluctuating hearing loss that is less severe than the hearing loss of students who are deaf and that generally permits the use of the auditory channel as the primary means of developing speech and language skills. Conversely, MARSE defines a speech and language impairment as a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment. Therefore, in determining primary eligibility, the IEP Team must collaboratively determine if the student's impairment is a direct result of the impact of the student's hearing loss and auditory access to spoken language or a communication disorder. Additionally, the IEP Team should collaborate on the development of the PLAAFP as it relates to the student's current functional hearing levels and

communication impact and identify the most appropriate supports and services within the general education curriculum for purposes of optimizing student potential.

4. **How does this guidance apply to students receiving DHH programming through the Kent ISD DHH Center Program?** This document is intended to provide guidance to SLPs supporting students who are deaf and hard of hearing in local and regional programming. Further information regarding the scope of programming provided by the DHH Center Program can be obtained at the Kent ISD website.
5. **Who should be contacted if you do not have an IEP Team member with DHH certification that is qualified to complete an evaluation?** Consultation on the appropriate supports required for an evaluation can be requested from **audio@kentisd.org**.
6. **What factors should be considered when determining if a student with a hearing loss should be exited from special education services completely or qualify for a 504 plan?** Before exiting, changing special education services or moving to a Section 504 Plan, the IEP team which should include a DHH staff member or Audiologist, must consider the presence of adverse impact (academic, vocational, and/or social) on the student's ability to access and make progress in the general education curriculum. Additionally, the IEP team should consider the student's functional communication skills in the school environment, use of their hearing equipment, performance with aided communication skills, current speech production skills and ability to both monitor and self-correct errors in their speech sound production. Possible accommodations in a 504 may include, but are not limited to: strategic seating that considers the listening environment (e.g. away from HVAC noise, open doors/windows, or other excessive talkers), copies of notes or classroom materials, access to captions for instructional videos, access to sound field system in classroom, and consideration of Remote Microphone Technology (FM system) for the student's hearing aid. Consultation on appropriate accommodations to include for a student with a hearing loss can be requested from **audio@kentisd.org**.

Dynamic Assessment

Dynamic assessment is a method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful. Dynamic assessment is a fluid evaluation process that identifies the skills a student possesses, how a student is learning, and their potential for learning. In comparison, a static model of assessment (e.g. standardized test) identifies knowledge previously learned.

Dynamic assessment requires active participation and uses a test-teach-retest method to evaluate a student's responsiveness to instruction. It can also help differentiate students with a **language difference** from students with a **language impairment**, especially for students from culturally and linguistically diverse backgrounds. Students who are able to make significant changes in short term teaching sessions likely have a **language difference** but students who are unable to make these changes likely have a **language impairment**.

Dynamic assessment information can be collected as a result of early intervention and documented response to the intervention. The Dynamic Assessment allows the SLP to determine the student's response to intervention, if not already documented, and to consider whether intervention strategies will help the student successfully access the general education curriculum. Implementation of these strategies may be sufficient support to allow the student to continue as a general education student. If the student was not successful during the dynamic assessment phase this could indicate that the student may be eligible for support and what areas need to be addressed.

Dynamic assessment enables us to take areas of concern that showed up on a standardized assessment, classroom observation, and/or teacher input and then put it through a systematic framework:

- Pretest
  - Assess student's current performance
  - Choose an area on formal testing where the student did not do well.
- Teach
  - Attempt to teach the skill
  - Help the student develop strategies
  - Observe the student's modifiability
- Post Test
  - Compare performance to pretest
  - Assess transfer of strategies

Teaching can occur through a Mediated Learning Experience (MLE), which occurs when students are guided to learn how to learn (metacognition) by someone who is more knowledgeable. MLE is similar to differentiated instruction. The test-teach-retest model of dynamic assessment should focus more on student's behavior during the MLE than on pretest to post-test change. The key to MLE is that the examiner deliberately teaches, watches how the student responds to instruction, and adjusts teaching accordingly. In this framework, it is the adult's responsibility to do whatever it takes for the student to learn new strategies that will help them continue learning. The ultimate goal of a MLE is for students to become learners who are self-directed and independent. The following chart provides an example of a MLE:

Strategy	Purpose	Example
Intentionality:	What's the goal? State the purpose of the teaching.	"We're going to work on following directions that have 3 steps."
Meaning:	Why are we working on this? Tell why it's important and relevant.	"When someone gives you directions, it's important to do each step so that you finish the task."
Transcendence:	What happens if we don't have this skill? Develop awareness of the relevance of the skill to real life through critical thinking.	"What if your teacher tells you to color, cut, and glue, but you only follow two of the directions? Then your project wouldn't be finished."
Application:	Here's what I expect you to do. Let's try it together. Clarify expectations and give explicit instructions. Provide a model and allow opportunities for practice.	"This time when I give you a direction that has 3 steps, I want you to do all 3 steps in the order that I say them. I'll do it first and then it will be your turn."
Competence:	What did you learn? Why is it important? When will you use this skill? Check for understanding of the skill and its importance for the current context and future classroom activities.	"Remember, it's important to listen to all the steps in a direction and follow each one." "Now you tell me what we practiced and why it's important. Think about when you might need to follow directions correctly in the classroom." "Then we'll try it five more times."

The teaching part of the framework is intended for the student to develop strategies for improved performance and allow the opportunity for the observer to identify:

- **Student Responsivity**
  - How well does the student respond to the MLE?
  - Does the student attend to the task, and maintain attention?
  - Does the student demonstrate efficient learning strategies?
  - Does the student use skills such as looking, comparing, and verbalizing?
- **Transfer**
  - How well does the student apply the target skills and remember the goal from one item to the next?
  - From one task to the next?
  - From one MLE to another MLE?
  - Does the student apply learned strategies soon after learning them?
- **Examiner Effort**
  - How much support does the student need?
  - What is the nature of the support required?

Minimal	Moderate	Maximum
Repetition Rephrasing Slowed rate 1-2 presentations	Modeling correct response Providing a demonstration Multi-sensory input Multiple (3-4) prompts	Direct imitation (verbal) Physically prompted (non-verbal) Reduced Content Performs task for student

Post-testing and pretesting comparison will provide the opportunity to determine if learned strategies have transferred.

Typical Development	Atypical Development (Disorder)
• Performs below what is expected during testing • Performs within normal limits after mediated learning	• Performs below what is expected during testing • Continues to perform below normal limits even after mediated learning

Dysphagia in Schools

Dysphagia is an important area of practice for SLPs as they have unique training in the anatomy and physiology of the feeding and swallowing mechanisms. When considering dysphagia, collaboration should occur between team members, including but not limited to the student, parent/guardian, physician, SLP, nurse, dietician, occupational therapist, physical therapist, educators, and other relevant professionals.

A medical diagnosis of dysphagia is typically made by a physician based on a clinical swallow study. School-based teams should be in regular communication with medically-based teams that include physicians so that all health, developmental, and feeding issues are handled in ways that maximize each student's safety for oral (or tube) feeding and to facilitate the ability to participate fully in the academic process. The need for teams varies from district to district and, more importantly, from school to school within a district. There are several areas of SLP involvement, which include determining educational relevance of dysphagia services, knowledge of health issues, and processes for establishing a dysphagia team.

Evaluation

When a student with swallowing/feeding concerns is referred to the SLP, the process should begin by gathering medical history and obtaining a release of medical records from parent/guardian. If needed, the SLP should discuss the need for a clinical swallowing evaluation at a local medical facility. This information could be critical in development of safe and appropriate dysphagia intervention. A school evaluation and treatment team would ideally consist of several members in addition to the SLP, including parent/guardians, occupational and physical therapists, school nurse, and the classroom teacher. In determining eligibility criteria and adverse impact, it is important to consider the student's physical and emotional wellbeing as well as their educational performance.

Eligibility

Educational Relevance of Dysphagia in Schools

When considering the SLP's role in dysphagia in the school setting, it is important to consider adverse educational impact. The role of the SLP is to optimize the student's developmental potential while maintaining adequate nutrition, hydration, and health so that each student may access and benefit fully from the educational program. The following illustrates the educational relevance of addressing swallowing and feeding at school. It is the responsibility of a school system to ensure that students are safe while attending school. This includes minimizing the risks for choking and aspiration during oral intake. Students must maintain sufficient physical well-being and energy in order to function in a school setting, which may be negatively impacted by undernourishment or dehydration. Students with swallowing and feeding disorders may miss school more frequently than other students due to related health issues such as repeated upper respiratory infections or other pulmonary problems related to aspiration. Finally, in order for students to participate fully in their educational program, they need to be efficient during regular meal and snack times, so that their meal and snack times are completed in similar times as their peers, and preferably with their peers

Characteristics of Dysphagia in School-Age Students

- Has trouble breathing while eating and drinking
- Refuses to eat or drink
- Eats only certain textures, such as soft food or crunchy food
- Takes a long time to eat
- Has problems chewing
- Coughs or gags during meals

- Drools a lot or has liquid come out her mouth or nose
- Gets stuffy during meals
- Has a gurgly, hoarse, or breathy voice during or after meals
- Spits up or throws up a lot
- Is not gaining weight or growing
- Presents with frequent respiratory infections

Causes of Feeding and Swallowing Disorders

There are many possible causes for feeding and swallowing problems, including but not limited to:

- Nervous system disorders, like cerebral palsy or meningitis
- Reflux or other stomach problems
- Being premature or having a low birth weight
- Heart disease
- Cleft lip or palate
- Breathing problems, like asthma or other diseases
- Autism
- Head and neck problems
- Muscle weakness in the face and neck
- Medicines that make the student sleepy or not hungry
- Sensory issues
- Behavior problems

Service

Roles of SLPs can vary widely depending on student needs and diagnoses, and composition of the dysphagia team. Roles include, but are not limited to:

- Provide training for educators, school support staff and family members about dysphagia and the student's oral motor needs.
- Educate other professionals and caregivers on the needs of persons with dysphagia and the role of SLPs in meeting the needs of individuals with feeding and swallowing issues
- Serve as a liaison between the family and the health care providers providing medical testing to confirm a dysphagia diagnosis and treatment plan.
- Refer to other professionals (physician, nurse, occupational therapist, physical therapist)
- Develop and implement intervention plans for feeding guidelines
- Participate in individualized education program (IEP) meetings
- Ensure that student's oral motor and swallowing needs are considered and addressed in the IEP
- Remain informed of research in the area of dysphagia
- Use evidence-based practice to evaluate functional outcomes of dysphagia interventions

A copy of the current medically prescribed feeding protocol should be on file. Student needs should be addressed in the PLAAFP and aligned to the Supplementary Aids and Services, Goals/Objectives or the Anticipated Needs section of the IEP. Treatment and interventions may include:

- Recommend diet modifications in regards to food and drink consistencies.
- Educate team members, teachers and parent/guardians about the signs and symptoms of aspiration
- Inform/educate the team regarding the treatment plan.
- Recommend accommodations such as increasing length of time for meals and snacks

- Ensure correct positioning for safe feeding/swallowing.
- Recommend appropriate adaptive equipment such as adaptive cups, spoons and plates.
- Develop and implement functional oral motor and/or swallowing exercises for the student.

Provision of services to individuals with dysphagia is within the ASHA scope of practice. In the school setting, the SLP may be the only service provider with specific training in feeding/swallowing disorders and treatment. An ASHA work group developed guidelines for SLPs providing feeding and swallowing services in schools.

Exit Considerations

If feeding and swallowing guidelines are established and followed with consistency by direct care staff, the SLP may consider discontinuation of direct services. The SLP may continue to monitor the student to ensure that feeding/swallowing guidelines are updated as needed.

Frequently Asked Questions on Dysphagia in Schools

1. **Dysphagia is a medical issue. Does a school SLP need to address this concern within the school setting?** Dysphagia treatment falls within the scope of practice of a SLP. If a student demonstrates needs in this area and an adverse impact is determined, the SLP should be part of a school-based dysphagia team.
2. **What is the procedure for making a referral for a clinical swallowing study**? A medical evaluation and potentially a swallow study should be the first step in developing a dysphagia treatment plan. The SLP should begin by obtaining medical history and advising the parent/guardian to bring the concerns to their physician, who can refer the student for a swallow study if deemed appropriate. It will be important to obtain a release of information, so that the SLP can communicate directly with the physician or medical SLP.
3. **If a school-based SLP lacks competence in the area of dysphagia evaluation/treatment, how can they ethically meet the needs of a student with dysphagia?** An SLP should discuss their concerns with their special education supervisor and district SLP team. There may be another SLP within the district or ISD who can provide ongoing advice or even work directly with the student if needed.
4. **What is the SLP's role in developing dietary recommendations in the school setting?** Dietary recommendations regarding caloric intake and types/timing of food should be developed by a medical doctor or dietitian. The SLP may play a role in ensuring that the school carries out these recommendations and may be involved in determining food consistency, feeding positioning and provision of appropriate tools.
5. **What should happen if the feeding/swallowing plan is not implemented by the student's direct care team?** The feeding plan should be considered part of the student's IEP. If deemed a necessary part of the student's educational plan, the feeding plan should be implemented with consistency and fidelity by all school personnel.
6. **What is the area of eligibility in which feeding/swallowing goals would be appropriate**? Many students who have dysphagia or oral motor dysfunction are already receiving school services under another eligibility area (Otherwise Health Impaired, Physical Impairment, etc). If direct speech service is deemed necessary, it can be added as a service and does not require a separate eligibility area. If no eligibility area is determined and a student continues to present with swallowing/oral motor difficulties, they may be eligible for a 504 plan.

Secondary Student Considerations

SLPs have identified entrance criteria for determining eligibility for a student with a speech-language impairment but often struggle with consistent exit criteria particularly when supporting students at the secondary level. At the secondary level, the IEP team with input from the student must consider the academic, vocational, and social-emotional aspects of the speech-language impairment. When a secondary student with an SLI eligibility is on diploma track and is demonstrating success in the general education curriculum/environment, it could be difficult to substantiate 'adverse impact' and therefore not warrant the continuation of services.

Evaluation

In addition to all other evaluation requirements, students at the secondary level should be involved in the evaluation process to the maximum extent possible. This would include providing input on their disability and possible services and accommodations that would allow them to fully access and make progress in the general education curriculum. During a re-evaluation, if there is compelling evidence that the student is able to successfully apply language conventions to their academic work, completing a standardized assessment is not required. Additionally, poor performance on a single language assessment is not enough to determine that a student continues to be eligible for special education. ***Refer to Section Two: Evaluation & Eligibility for further clarification.***

Eligibility

If a student has demonstrated progress in the general education environment and an adverse impact cannot be established for the purposes of eligibility, the IEP Team should consider the student's need for accommodations as an alternative to related service provision. Accommodations could be provided through either an IEP or a 504 Plan. In either instance, it is an IEP Team decision that includes the student (when applicable) and the parent/guardian to determine if the student requires accommodations in order to fully access and make progress in the general education curriculum. Accommodations must be documented including information on when the accommodation was provided and the outcome/result of the accommodation. If the student is not utilizing the accommodation and/or if accommodations are no longer needed, discontinuation of that accommodation should be considered by the IEP Team. ***Refer to Section Three: Programs and Services for more information on accommodations.***

If it is determined through the evaluation process that a student does not qualify for any other eligibility yet remains eligible under SLI due to the student having a severe speech-language impairment, the IEP must contain sufficient data to support that a more restrictive option is required in order for this student to make progress in the general education environment and on the student's goals and objectives. Additionally, goals and objectives that will be implemented by the special educator must be explicitly connected to the student's speech-language impairment and the skill deficits identified based on data.

It is important to note, if the student's speech-language needs are being met through specialized instruction provided by the special educator, then the SLP is not required to continue services on the IEP. Supporting data must be quantified with multiple data points within the PLAAFP demonstrating that the student does not need specialized instruction provided by the SLP and that the student's speech-language needs are being met through another service/program. Therefore, direct or consultative services may not be warranted and the student can be moved to a monitor service delivery if needed or no services. When a student is moved to monitor speech services or when speech services are removed from the IEP, make sure to document this in the "Considered Options" section of the Notice Page. If there is a consideration to remove services, a REED is

required. For example: “Considered Option: Keep the student on direct/consult speech and language services”. Reasons Not Selected: The student’s language needs are met through their current placement as curriculum and interventions addressing language needs are embedded within their current programming. No explicit instruction in speech and/or language skills is necessary at this time for the student to access and make progress in the current program.

Service

The IEP Team should determine which staff member would be the most appropriate case manager for a student with SLI eligibility at the secondary level. The provider that has the highest level of contact with the student is usually the case manager; however, other alternatives could be considered based on student needs.

As referenced in the ***Section Three: Programs and Services***, the current evidence base does not provide sufficient research to designate specific service delivery models that provide better results than others. Service delivery variables, such as intervention setting, dosage, and service provider roles, will differ for individual students. Decisions for speech-language services must be based on the specific needs of each student; therefore, IEP Teams and service providers must rely on informed clinical opinion and experience than research in making service delivery decisions for individual students. Refer to the ***Direct, Consult, Monitor chart in the Programs and Services Section***. The same standard would apply at the secondary level.

Exit Considerations

If there is no measurable educational benefit to the student being removed from the general education setting, then the IEP Team should consider amending the IEP, the consideration of a 504 plan for accommodations, or discontinuing service may be appropriate. The main reasons for discontinuation of school-based services may include:

- The communication disorder has been remediated or functional strategies have been successfully established (e.g. fluency)
- The individual or family chooses not to participate in school-based treatment through a Revocation of Consent
- Treatment no longer results in measurable benefits after multiple modifications have been attempted
- Determining the absence of adverse impact (academic, vocational, and/or social) on the student’s ability to access and make progress in the general education curriculum

Refer to Section Three: Programs and Services for more information on Supplementary Aids and Services and Accommodations.

Frequently Asked Questions on Secondary Student Considerations

1. **At the secondary level how can communication between multiple teachers/service providers be facilitated?** To assess a student’s success in the general education curriculum, it is important that a formalized communication system be recognized within the building for how information will be exchanged between general education and special education staff. This system could include the following strategies:
    - A consistent, single reporting form (preferably electronic that can be simultaneously edited and reviewed by all stakeholders rather than individual reporting systems)
    - Directives from building leadership that general education has responsibility to provide information as requested in a timely manner
    - Regularly scheduled meetings to discuss students currently being evaluated to determine eligibility or discontinuation of special education services

2. **When might a student no longer require direct or consult speech-language services due to their current placement?** When curriculum and interventions addressing language needs are embedded within their current programming, such as a student who is in a self-contained classroom, the student may not require direct or consult speech and language services due to the classroom's curriculum (we must ensure that a student's IEP goals align with the classroom curriculum) and their needs may be met by the student's setting (functional language within a functional classroom).
3. **How should we consider supporting students with speech-language needs within self-contained classrooms?** If the student's speech-language needs are being met through specialized instruction provided within the self-contained program, then speech-language services are not required. However, a SLP should consider supporting identified needs through providing support to school personnel as a supplementary aids and service to coach/collaborate on ensuring fidelity of speech-language skills within the program. Additionally, it is essential that if the student's environment or needs change, the team must consider reestablishing direct or consult services. Supporting data must be quantified with multiple data points within the PLAAFP demonstrating that the student does not need specialized instruction provided by the SLP and that the student's speech-language needs are being met through another service/program.
4. **Can a SLP support concerns for speech-language skills on the transition page?** A SLP should collaborate with the IEP Team to identify strengths and potential needs of the student as it relates to speech-language skills and transition planning. If these identified needs do not require speech-language related service, the IEP Team could address this as an activity within the transition page of the IEP. (e.g. a student that has pragmatic needs could consult with a SLP to support preparation for a job interview)
5. **When is articulation therapy appropriate at the secondary level?** Articulation therapy provided at the secondary level, could be considered if any or all of the following exist:
    - Adverse impact on educational performance is documented and needed for transition planning to meet graduation requirements or for post-secondary outcomes
    - The student is motivated to correct error sounds
    - Team recognizes and acknowledges that this requires removal from the general education curriculum and that direct instruction time will be affected

Selective Mutism

Selective Mutism (SM) falls within the category of Anxiety Disorders. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, the diagnostic criteria for selective mutism are as follows:

- The student shows consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g. at school), despite speaking in other situations.
- The disturbance interferes with educational or occupational achievement or with social communication.
- The duration of the disturbance is at least 1 month (not limited to the first month of school).
- The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
- The disturbance is not better explained by a communication disorder (e.g. child-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.

The main differential symptom between SM and other anxiety disorders, developmental disorders, or language-based disorders is that the student with SM can talk in certain situations, but is not able to use that same quality/consistency/volume of speech in other situations due to anxiety.

Evaluation

Evaluation and assessment of students with selective mutism is accomplished through a collaborative approach with an interdisciplinary team that may include a pediatrician, psychologist or psychiatrist, SLP, teacher, school social worker or guidance counselor, and family/caregivers.

Eligibility

Eligibility could be determined to fall within the disability categories of Other Health Impairment, Emotional Impairment, or Speech-Language Impairment. If the student does not qualify for an IEP, then consider whether a 504 plan would meet the student's needs.

Service

Initially, students may need social work-related service and should be in conjunction with mental health professionals when applicable. The main goal should be to lower anxiety, increase self-esteem and increase social confidence and communication. Emphasis should not be on getting a student to talk. Expectations for verbalization should be removed. With lowered anxiety, confidence, and the use of appropriate strategies and techniques, communication will increase as the student progresses from nonverbal to verbal communication.

Exit Considerations

A student would be exited from services when they no longer present with an impairment or if the impairment is no longer adversely impacting the student in the school setting.

Frequently Asked Questions on Selective Mutism

1. **Do all students with SM also have a speech or language impairment?** Some students with Selective Mutism have subtle speech and/or language abnormalities such as receptive and/or expressive language abnormalities and language delays. Others may have subtle learning disabilities including auditory processing disorder. In most of these cases, the students have inhibited temperaments (prone

to shyness and anxiety). The added stress of the speech-language disorder, learning disability, or processing disorder may cause the student to feel that much more anxious and insecure or uncomfortable in situations where there is an expectation to speak.

2. **What do you do if the student does not speak during the evaluation?** It is possible that a student with selective mutism may not participate in formal evaluation activities; such nonparticipation may manifest as lack of oral responses and use of nonverbal responses (e.g. pointing or gesturing.) This in itself is diagnostic information regarding the student's response to social communication. If this occurs, the SLP can use supporting information to determine the student's best communication in private settings. This may include audio or video recordings from home, which offer more information than parent/caregiver descriptions. When there is a clear discrepancy between the student's communication at home and their communication in public, this may not yield scores for traditional standardized measures of speech and language but is suggestive of the overarching problem of difficulty with social language.
3. **How does SM impact articulation, voice, and language?** Articulation, if it is able to be assessed, is typically normal in students with selective mutism. However, the presence of an articulation disorder may compound the anxiety of interacting with others. Some students with selective mutism have reported that their voice "sounds funny". The SLP may document vocal quality at the time of the initial evaluation and then reassess during intervention. Often, the altered vocal quality lessens as anxiety decreases. Receptive language skills are typically at normal levels or above normal in students with selective mutism. Subtle deficits in expressive language may be present and are theorized to be exacerbated by lack of experience in the expressive language domain.
4. **How does SM impact cognitive or academic abilities?** Cognitive and academic abilities are typically within normal limits in students with selective mutism; however, it can be challenging to evaluate them reliably. Difficulty responding using verbal and nonverbal responses, avoidance of interacting with unfamiliar adults, and slowness to respond can lead to lower test scores and misinterpretation of the student's ability, without consideration of anxiety as a factor in performance.
5. **How does SM impact social skills?** Pragmatic skills typically appear impaired outside the home and other familiar environments and, at times, may appear impaired in the home as well. Research is not clear as to whether or not students with selective mutism have pragmatic language deficits beyond avoiding communicating in certain circumstances outside the home setting. Social immaturity is not uncommon because the student with selective mutism has fewer social interactions and may lack social awareness. Students with selective mutism can display decreased nonverbal and verbal indicators of social engagement, such as proxemics, facial expressions, gestures, eye contact, turn taking, participation in joint activity routines, and joint attention. Home video samples are helpful in assessing social communication and variations across settings.

Appendix 1-A: MTSS/RtI Articulation Guidelines

Response to Intervention for Articulation Sample

	Tier I	Tier II	Tier III
Data-Based Level of Need	All students with: • no errors • developmental errors • errors that do not have adverse academic or social impact	Students with: • non-developmental errors and students appear highly stimulable • limited adverse academic or social impact	Students with: • more non-developmental errors and student appears highly stimulable • some evidence of adverse academic or social impact
Data-Based Length of Intervention	Minimal time: • preferred setting if development remains evident	Minimal time: • 4-12 weeks based on progress monitoring data • can be longer if progress is evident • no change in adverse impact	• 4-12 weeks based on progress monitoring data • adjustments are made to intervention delivery, grouping time, and materials • **if little to no progress is evident a REED should be considered for a special education evaluation**
Data-Based Level of Intervention	• no direct intervention from SLP • auditory bombardment materials for home intervention • consultation with classroom teacher	• direct instruction/intervention from teacher, interventionist, etc. • SLP consultation with classroom teachers and/or interventionists • home activities continue	• direct instruction/intervention from SLP for specific phoneme production intervention • SLP consultation with classroom teachers and/or interventionists • **if little to no progress is evident a REED should be considered for a special education evaluation**

Response to Intervention for Language Sample

	Tier I – Identified initial concern from teacher	**Tier II – Should result from specific universal assessment results and include 1 or more of the following**	**Tier III – Should result from specific universal assessment results and include 1 or more of the following**
Data-Based Level of Need	All students with: • limited concern that do not have adverse academic or social impact	Students with: • syntax/grammatical errors • difficulty following directions • understanding basic language concepts (positional, sequential, quantity) • WH questions • narrative language/story retell • pragmatics/reciprocal conversation • little or no adverse academic or social impact	Students with more intensive level of need • syntax/grammatical errors • difficulty following directions • understanding basic language concepts (positional, sequential, quantity) • WH questions • narrative language/story retell • pragmatics/reciprocal conversation • some evidence of adverse academic or social impact
Data-Based Length of Intervention	Minimal time: • preferred setting if development remains evident	Minimal time: • 4-12 weeks based on progress monitoring data • can be longer if progress is evident or no change in adverse impact	Minimal Time: • 4-12 weeks based on progress monitoring data • adjustments are made to intervention delivery, grouping time, and materials • **if little to no progress is evident a REED should be considered for a special education evaluation**
Data-Based Level of Intervention	• no direct student intervention from SLP • consultation with classroom teacher	• direct instruction/intervention from teacher, interventionist, etc. • SLP consultation with classroom teachers and/or interventionists	• direct instruction/intervention from interventionists/SLP phoneme production • SLP consultation with classroom teachers and/or interventionists • **if little to no progress is evident a REED should be considered for a special education evaluation**

Appendix 2-A: Input Forms – Speech Sound Production

Speech Sounds Teacher Input for K-2nd Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a speech sound disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.K.1/SL.1.1/SL.2.1 - Participate in collaborative conversations with diverse partners about topics and texts with peers and adults in small and larger groups.			
	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her production errors?			
Does this student appear frustrated or embarrassed because of his/her speech?			
Does the student's speech negatively affect oral participation in the classroom?			
Do peers tease the student about the way s/he talks?			
SL.K.6/SL.1.4/SL.2.4 – Speak audibly and express thoughts, feelings, and ideas clearly.			
	Yes	No	Sometimes
Do you have difficulty understanding this student?			
Do peers and other adults often misunderstand this student?			
Does the student's speech distract listeners from what s/he is saying?			
Can the student be understood when messages are IN context?			
Can the student be understood when messages are OUT of context?			
RF.K.1 - Demonstrate understanding of the organization and basic features of print. RF.K.2/RF.1.2 - Demonstrate understanding of spoken words, syllables, and sounds (phonemes). R.F.K.3/RF.1.3/RF.2.3 - Know and apply grade-level phonics and word analysis skills in decoding words. R.F.K.4/RF.1.4/RF.2.4 - Read emergent-reader texts with purpose and understanding (K). Read with sufficient accuracy and fluency to support comprehension (1-2).			
	Below Avg	Avg	Above Average
Does the student recognize and name all upper- and lowercase letters of the alphabet?			
Does the student demonstrate basic knowledge of letter-sound correspondences?			
Does the student know the spelling-sound correspondences for common consonant digraphs?			
Does the student recognize and produce rhyming words?			
Does the student count, pronounce, blend, and segment syllables in spoken words?			
Does the student isolate and pronounce the initial, medial, and final sounds in words?			
Does the student add, delete, or substitute individual sounds to make new words?			
Does the student have difficulty discriminating sounds and/or words from each other?			
Does the student make the same errors when reading aloud as s/he does when speaking?			
Does the student receive intervention support for reading?			
Does the student make spelling/writing errors that appear to be due to their speaking errors?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the speech sound skills of this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Appendix 2-A (Continued)

Speech Sounds Teacher Input for 3rd-5th Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a speech sound disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.3.1/SL.4.1/SL.5.1 – Engage effectively in a range of collaborative discussions with diverse partners on topics and texts, building on others' ideas, and expressing their own clearly. SL.3.4/SL.4.4/SL.5.4 – Report on a topic or text, tell a story or recount an experience…speaking clearly at an understandable pace.			
	Yes	**No**	**Sometimes**
Does the student avoid speaking in class because of his/her production errors?			
Does this student appear frustrated or embarrassed because of his/her speech?			
Does the student's speech negatively affect verbal participation in the classroom?			
Does the student's speech negatively affect oral presentations in the classroom?			
Does the student have an awareness of his/her speech errors?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student?			
Do peers and other adults often misunderstand this student?			
Does the student's speech distract listeners from what s/he is saying?			
Can the student be understood when messages are IN context?			
Can the student be understood when messages are OUT of context?			
Does the student self-correct his/her speech sound errors?			

RF.3.3/RF.4.3/RF.5.3 - Know and apply grade-level phonics and word analysis skills in decoding words. RF.3.4/RF.4.4/RF.5.4 - Read with sufficient accuracy and fluency to support comprehension. L.3.2/L.4.2/L.5.2 - Demonstrate command of the conventions of standard English…spelling when writing.			
	Below Average	**Average**	**Above Average**
Does the student have age-appropriate awareness of sounds in words and the ability to rhyme, segment, blend, and manipulate sounds in words?			
Does the student have difficulty discriminating sounds and/or words from each other?			
Does the student demonstrate knowledge of all letter-sound correspondences, including consonant digraphs?			
Does the student make spelling errors that appear to be associated with speaking errors?			
Does the student make the same errors when reading aloud as s/he does when speaking?			
Does the student receive intervention support for reading?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the speech sound skills of this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Speech Sounds Teacher Input for Middle School

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a speech sound disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.6.1/SL.7.1/SL.8.1 – Engage effectively in a range of collaborative discussions with diverse partners on topics and texts, building on others' ideas, and expressing their own clearly.
SL.6.4/SL.7.4/SL.8.4 – Present claims and findings...using adequate volume, and clear pronunciation
L.6.2/L.7.2/L.8.2 - Demonstrate command of the conventions of standard English...spelling when writing.

	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her production errors?			
Does this student appear frustrated or embarrassed because of his/her speech?			
Does the student's speech negatively affect verbal participation in the classroom?			
Does the student's speech negatively affect oral presentations in the classroom?			
Does the student have an awareness of his/her speech errors?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student?			
Do peers and other adults often misunderstand this student?			
Does the student's speech distract listeners from what s/he is saying?			
Can the student be understood when messages are IN context?			
Can the student be understood when messages are OUT of context?			
Does the student self-correct his/her speech sound errors?			
Does the student have difficulty discriminating sounds and/or words from each other?			
Does the student make spelling errors that appear to be associated with speaking errors?			
Does the student make the same errors when reading aloud as s/he does when speaking?			
Does the student receive intervention support for reading?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the speech sound skills of this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Speech Sounds Teacher Input for High School

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a speech sound disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.9-10.1/SL.11-12.1 – Initiate and participate effectively in a range of collaborative discussions with diverse partners on topics, texts and issues, building on others' ideas, and expressing their own clearly. L.9-10.2/L.11-12.2 - Demonstrate command of the conventions of standard English…spelling when writing.			
	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her production errors?			
Does this student appear frustrated or embarrassed because of his/her speech?			
Does the student's speech negatively affect verbal participation in the classroom?			
Does the student's speech negatively affect oral presentations in the classroom?			
Does the student have an awareness of his/her speech errors?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student?			
Do peers and other adults often misunderstand this student?			
Does the student's speech distract listeners from what s/he is saying?			
Can the student be understood when messages are IN context?			
Can the student be understood when messages are OUT of context?			
Does the student self-correct his/her speech sound errors?			
Does the student have difficulty discriminating sounds and/or words from each other?			
Does the student make spelling errors that appear to be associated with speaking errors?			
Does the student make the same errors when reading aloud as s/he does when speaking?			
Does the student receive intervention support for reading?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the speech sound skills of this student?

It is my opinion that these behaviors:

- ☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
- ☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Speech Sounds Parent Input

Student Name: ______________________ **Date of Birth:** ____________

Person Completing the Form: ______________________ **Date:** ____________

Is there a background of any significant medical history? (i.e. ear infections, tonsils & adenoids, allergies, snoring, tongue/lip tie, or delayed developmental milestones such as cooing/babbling, etc.)

What are your concerns regarding your child's articulation skills? Please check all that apply:

- ☐ Child deletes sounds when speaking
- ☐ Child distorts sounds when speaking (i.e., lisp)
- ☐ Child changes sounds when speaking
- ☐ Other:

	Yes	No	Sometimes
Does your child ever appear frustrated by his/her speech difficulty?			
Does your child avoid speaking due to his/her speech difficulty?			
Is it difficult for you to understand your child?			
Is it difficult for family members to understand your child?			
Is it difficult for unfamiliar listeners to understand your child?			
Do you have to repeat or interpret what your child said to others?			

	Yes	No
Has your child ever failed a hearing screening/evaluation? If yes, was the problem resolved? Please explain:		
Is there a language other than English that is spoken in the home? If yes, what language(s)?		
Is there a family history of speech difficulties? If yes, who?		
Do you feel your child's articulation difficulties impact him/her at home? If yes, please explain:		
Do you feel your child's articulation impacts him/her academically or socially at school? If yes, please explain:		

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Speech Sounds Student Input

Student Name: ______________________ **Grade/Homeroom:** ______________________

Please provide any relevant medical history? (i.e. ear infections, tonsils & adenoids, allergies, snoring, tongue/lip tie, or delayed developmental milestones such as cooing/babbling, etc.)

What are your concerns regarding your articulation skills? Please check all that apply:

- ☐ I delete sounds when speaking
- ☐ I distort sounds when speaking (e.g., lisp)
- ☐ I change sounds when speaking
- ☐ Other:

	Yes	No	Sometimes
Do you think you have a speech problem?			
Are you frustrated by your speech?			
Are you embarrassed by your speech?			
Do you avoid speaking because of your speech?			
Are you told that you are difficult to understand?			
Are you asked to repeat yourself often?			

How does your articulation difficulty impact you educationally?

How does your articulation difficulty impact you socially and/or vocationally?

What sounds do you think you need to work on?

What are your goals in speech therapy?

Additional comments?

Date completed: ______________________

Appendix 2-B: Input Forms – Fluency

Fluency Teacher Input for K-2nd Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a fluency/stuttering disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.K.1/SL.1.1/SL.2.1 - Participate in collaborative conversations with diverse partners about topics and texts with peers and adults in small and larger groups.
SL.K.6/SL.1.4/SL.2.4 – Speak audibly and express thoughts, feelings, and ideas clearly.
RF.1.4/RF.2.4 - Read with sufficient accuracy and fluency to support comprehension.

	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her disfluency?			
Does this student appear frustrated or embarrassed because of his/her disfluency?			
Does the student's disfluency negatively affect verbal participation in the classroom?			
Does the student's disfluency distract listeners from what s/he is saying?			
Does the student have an awareness of his/her disfluency?			
Does the student's disfluency negatively impact oral reading fluency?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student?			
Do peers and other adults often misunderstand this student?			
Do you notice any secondary behaviors when the student stutters? (i.e. hand flapping, head movements, eye blinks/reduced eye contact, change in breathing patterns, visible tension in their throat/jaw, etc)			
	Always	**Never**	**Sometimes**
The student stutters when s/he: speaks to the class			
shares ideas or tells a story			
answers questions			
talks with peers			
talks with adults			
reads out loud			
gets excited or upset			

How frequently does the student demonstrate disfluencies in speech?

☐ occasionally ☐ often ☐ consistently

What rate of speech does the student use when talking?

☐ slow ☐ average ☐ fast ☐ very fast

What environments does the student demonstrate disfluencies in?

☐ classroom ☐ lunchroom ☐ playground ☐ specials (PE, etc) ☐ hallways

Do you have any other observations or provide any accommodations due to the student's disfluency?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Fluency Teacher Input for 3rd-5th Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a fluency/stuttering disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.3.1/SL.4.1/SL.5.1 – Engage effectively in a range of collaborative discussions with diverse partners on topics and texts, building on others' ideas, and expressing their own clearly.
SL.3.4/SL.4.4/SL.5.4 – Report on a topic or text, tell a story or recount an experience…speaking clearly at an understandable pace.
RF.3.4/RF.4.4/RF.5.4 - Read with sufficient accuracy and fluency to support comprehension.

	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her disfluency?			
Does this student appear frustrated or embarrassed because of his/her disfluency?			
Does the student's disfluency negatively affect verbal participation in the classroom?			
Does the student's disfluency negatively affect oral presentations in the classroom?			
Does the student's disfluency distract listeners from what s/he is saying?			
Does the student have an awareness of his/her disfluency?			
Does the student's disfluency negatively impact oral reading fluency?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student in class due to disfluencies?			
Do you notice any secondary behaviors when the student stutters? (i.e. hand flapping, head movements, eye blinks/reduced eye contact, change in breathing patterns, visible tension in their throat/jaw, etc)			

	Always	Never	Sometimes
The student stutters when s/he: speaks to the class			
shares ideas or tells a story			
answers questions			
talks with peers			
talks with adults			
reads out loud			
gets excited or upset			

How frequently does the student demonstrate disfluencies in speech?

☐ occasionally ☐ often ☐ consistently

What rate of speech does the student use when talking?

☐ slow ☐ average ☐ fast ☐ very fast

What environments does the student demonstrate disfluencies in?

☐ classroom ☐ lunchroom ☐ playground ☐ specials (PE, etc) ☐ hallways

Do you have any other observations or provide any accommodations due to the student's disfluency?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance

☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Fluency Teacher Input for Middle School

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a fluency/stuttering disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.6.1/SL.7.1/SL.8.1 – Engage effectively in a range of collaborative discussions with diverse partners on topics and texts, building on others' ideas, and expressing their own clearly.
SL.6.4/SL.7.4/SL.8.4 – Present claims and findings…using adequate volume, and clear pronunciation

	Yes	No	Sometimes
Does the student avoid speaking in class because of his/her disfluency?			
Does this student appear frustrated or embarrassed because of his/her disfluency?			
Does the student's disfluency negatively affect verbal participation in the classroom?			
Does the student's disfluency negatively affect oral presentations in the classroom?			
Does the student's disfluency distract listeners from what s/he is saying?			
Does the student have an awareness of his/her disfluency?			
Does the student's disfluency negatively impact oral reading fluency?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student in class due to disfluencies?			
Do you notice any secondary behaviors when the student stutters? (i.e. hand flapping, head movements, eye blinks/reduced eye contact, change in breathing patterns, visible tension in their throat/jaw, etc)			
	Always	**Never**	**Sometimes**
The student stutters when s/he: speaks to the class			
shares ideas or tells a story			
answers questions			
talks with peers			
talks with adults			
reads out loud			
gets excited or upset			

How frequently does the student demonstrate disfluencies in speech?

☐ occasionally ☐ often ☐ consistently

What rate of speech does the student use when talking?

☐ slow ☐ average ☐ fast ☐ very fast

What environments does the student demonstrate disfluencies in?

☐ classroom ☐ lunchroom ☐ playground ☐ specials (PE, etc) ☐ hallways

Do you have any other observations or provide any accommodations due to the student's disfluency?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Appendix 2-B (Continued)

Fluency Teacher Input for High School

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a fluency/stuttering disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.9-10.1/SL.11-12.1 – Initiate and participate effectively in a range of collaborative discussions with diverse partners on topics, texts and issues, building on others' ideas, and expressing their own clearly.			
	Yes	**No**	**Sometimes**
Does the student avoid speaking in class because of his/her disfluency?			
Does this student appear frustrated or embarrassed because of his/her disfluency?			
Does the student's disfluency negatively affect verbal participation in the classroom?			
Does the student's disfluency negatively affect oral presentations in the classroom?			
Does the student's disfluency distract listeners from what s/he is saying?			
Does the student have an awareness of his/her disfluency?			
Does the student's disfluency negatively impact oral reading fluency?			
Do peers tease the student about the way s/he talks?			
Do you have difficulty understanding this student in class due to disfluencies?			
Do you notice any secondary behaviors when the student stutters? (i.e. hand flapping, head movements, eye blinks/reduced eye contact, change in breathing patterns, visible tension in their throat/jaw, etc)			
	Always	**Never**	**Sometimes**
The student stutters when s/he: speaks to the class			
shares ideas or tells a story			
answers questions			
talks with peers			
talks with adults			
reads out loud			
gets excited or upset			

How frequently does the student demonstrate disfluencies in speech?

☐ occasionally ☐ often ☐ consistently

What rate of speech does the student use when talking?

☐ slow ☐ average ☐ fast ☐ very fast

What environments does the student demonstrate disfluencies in?

☐ classroom ☐ lunchroom ☐ playground ☐ specials (PE, etc) ☐ hallways

Do you have any other observations or provide any accommodations due to the student's disfluency?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Fluency Parent Input

Student Name: ______________________ **Date of Birth:** ____________

Person Completing the Form: ______________________ **Date:** ____________

At what age did your child begin having difficulty speaking smoothly? ______________________

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

Below are some examples of stuttering/disfluencies. Please check all that you observe in your child:

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

	Yes	No
Have there been any changes at home which correspond to the start or increase in disfluencies? If yes, please explain:		
Is there a family history of stuttering? If yes, list the relationship to the child?		
Does your child have difficulty saying any sounds in particular? If yes, please describe:		
Does your child’s difficulty speaking seem to come and go? If yes, please describe:		
My child demonstrates disfluencies when: • angry		
• excited		
• answering questions		
• reading aloud		
• talking with peers		
• talking with adults		
• talking on the phone		
• singing		

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Fluency Student Input (K-4th Grade)

A – 19 Scale for Children Who Stutter

Susan Andre and Barry Guitar (1996) University of Vermont

Establish rapport with the child and make sure that he/she is physically comfortable before beginning administration. Explain the task to the child and make sure he/she understands what is required. Some simple directions might be used:

> "I am going to ask you some questions. Listen carefully and then tell me what you think:
> Yes or No. There is no right or wrong answer. I just want to know what you think."

To begin the scale, ask the questions in a natural manner. Do not urge the child to respond before he/she is ready, and repeat the question if the child did not hear it or you feel that he/she did not understand it. Do not reword the question unless you feel it is absolutely necessary, and then write the question you asked under that item.

Circle the answer that corresponds with the child's response. Be accepting of the child's response because there is no right or wrong answer. If all the child will say is "I don't know," even after prompting, record that response next to the question.

For the younger children (kindergarten and first grade), it might be necessary to give a few simple examples to ensure comprehension of the required task:

> a. Are you a boy? YES NO
> b. Do you have black hair? YES NO

Similar, obvious questions may be inserted, if necessary, to reassure the examiner that the child is actively cooperating at all times. Adequately praise the child for listening and assure him/her that a good job is being done.

It is important to be familiar with the questions so that they can be read in a natural manner.

The child is given one point for answers that match those given below. The higher a child's score, the more probable it is that he/she has developed negative attitudes toward communication. In our study, the mean score of the K through 4th grade stutterers (n=28) was 9.07 (SD=2.44), and for the 28 matched controls, it was 8.17 (SD=1.80).

Score one point for each answer that matches these:

1. YES	6. YES	11. NO	16. NO
2. YES	7. NO	12. NO	17. NO
3. NO	8. YES	13. YES	18. YES
4. NO	9. YES	14. YES	19. YES
5. NO	10. NO	15. YES	

Fluency Student Input (K-4th Grade)

A – 19 Scale

Susan Andre and Barry Guitar (1996) University of Vermont

Student Name: ______________________ **Grade/Homeroom:** ______________________

	Yes	No
1. Is it best to keep your mouth shut when you are in trouble?		
2. When the teacher calls on you, do you get nervous?		
3. Do you ask a lot of questions in class?		
4. Do you like to talk on the phone?		
5. If you did not know a person, would you tell them your name?		
6. Is it hard to talk to your teacher?		
7. Would you go up to a new boy or girl in your class?		
8. Is it hard to keep control of your voice when talking?		
9. Even when you know the right answer, are you afraid to say it?		
10. Do you like to tell other children what to do?		
11. Is it fun to talk to your dad?		
12. Do you like to tell stories to your classmates?		
13. Do you wish you could say things as clearly as the other kids do?		
14. Would you rather look at a comic book than talk to a friend?		
15. Are you upset when someone interrupts you?		
16. When you want to say something, do you just say it?		
17. Is talking to your friends more fun than playing by yourself?		
18. Are you sometimes unhappy?		
19. Are you a little afraid to talk on the phone?		

Date completed: ______________________

Fluency Student Input

Student Name: ______________________ **Grade/Homeroom:** ____________________

Please describe your speaking difficulty in your own words:

How long have you had this speaking difficulty? Has the problem changed since it first began?

	Yes	No
Have you previously been assessed for speech/language concerns? If so, please describe:		
Have you previously received any speech/language therapy? • If so, where and by whom? • For how long? • What was the focus of treatment?		
Have any other family members had speech/language problems? • If so, how was the person related to you? • What was the nature of the problem?		

How does stuttering affect your ability to participate in school activities? social activities?

How does stuttering affect your ability to interact with family members? with friends?

How does stuttering affect your willingness to talk/communicate? self-esteem/attitude toward self?

In what situations do you experience the greatest difficulty? least difficulty?

What factors seem to affect your fluency the most?

What else do you think we should know about you or your stuttering?

Date completed: ____________________

Appendix 2-C: Input Forms – Voice

Voice Teacher Input

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a voice disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

SL.K.1/SL.1.1/SL.2.1 - Participate in collaborative conversations about topics/texts with peers & adults in small & larger groups. SL.3.1/SL.4.1/SL.5.1/SL.6.1/SL.7.1/SL.8. – Engage effectively in collaborative discussions on topics/texts, building on others' ideas, & expressing their own clearly. SL.9-10.1/SL.11-12.1 – Initiate and participate effectively in collaborative discussions on topics/texts/issues, building on others' ideas, & expressing their own clearly. SL.K.6/SL.1.4/SL.2.4 – Speak audibly and express thoughts, feelings, and ideas clearly. SL.3.4/SL.4.4/SL.5.4 – Report on a topic or text, tell a story or recount an experience…speaking clearly at an understandable pace. SL.6.4/SL.7.4/SL.8.4 – Present claims and findings…using adequate volume, and clear pronunciation RF.1.4/RF.2.4 - Read with sufficient accuracy and fluency to support comprehension. RF.3.4/RF.4.4/RF.5.4 - Read with sufficient accuracy and fluency to support comprehension.		
	Yes	**No**
1. Does the student's voice stand out as being different from peers? If yes, circle all that apply: • hoarse • breathy • hypernasal • hyponasal • other:		
2. Does the student's voice interfere with his/her ability to communicate effectively in the educational setting?		
3. Are you observing the student excessively using any of the following behaviors? • loud talking		
• yelling/screaming		
• throat clearing		
• coughing		
• making unusual noises		
• talking too much		

How frequently are you observing the student demonstrating any of the behaviors listed in question 3?

☐ consistently ☐ occasionally ☐ rarely

How does the vocal concern impact social/emotional/academic functioning? Check all that apply:

☐ appears embarrassed ☐ appears frustrated ☐ withdraws from peers ☐ limits verbal participation ☐ been teased by peers

Describe any changes in the way his/her voice has sounded since the start of the school year:

Do you have any other observations or provide any accommodations due to the student's voice issues?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Voice Parent Input

Student Name: ______________________ **Date of Birth:** ____________

Person Completing the Form: ______________________ **Date:** ____________

Your input will help us understand your child's voice issues. Please check all that you observe in your child:

	Yes	No
Does your child's voice sound like that of other family members?		
Has your child had frequent ear infections?		
Does your child have a sore throat frequently?		
Does your child clear his/her throat frequently?		
Does your child have allergies?		
Does your child often breathe through the mouth?		
Does your child snore while sleeping?		
Does your child seem unusually tense when speaking?		
Does your child frequently yell or play loud games (i.e. car, gun, or animal noises)		
Does your child have any problems swallowing?		
Does your child often have heartburn or acid indigestion?		
Does your child consume caffeinated drinks?		
Does your child's voice sound hoarse?		
Does your child seem short of breath when speaking?		
Does your child's voice sound nasal (i.e. talks through his/her nose)?		
Does your child's voice sound denasal (i.e. stuffed up)?		
Does your child speak too quietly?		
Does your child seem to speak louder than necessary?		
Does your child speak too rapidly?		
Does your child have a pitch unusual for his/her age/sex?		
Does your child speak in monotone?		
Does your child have breaks in his/her voice?		
Does your child's voice sound worse in the morning?		
Does your child's voice sound worse in the evening?		
Is your child exposed to environmental factors like dust, mold, smoke, or air-borne chemicals?		
Is your child in sports or activities (i.e. choir, cheerleading, etc.) where he/she uses his/her voice loudly?		
Is your child frustrated by his/her speech difficulty?		

Has he/she had a serious injury to the neck, head, or chest? If yes, please describe and include dates:

Has he/she had any surgery to the lips, mouth, throat or ears? If yes, please describe and include dates:

Does your child's voice change during the day? If so, when is it better?

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Voice Student Input

Student Name: ______________________ **Grade/Homeroom:** ______________________

	Yes	No
Are you concerned about your voice (as being hoarse, raspy, or nasal)? If yes, please describe:		
Do you lose your voice often? If yes, please describe:		
Are you ever embarrassed by your voice? If yes, please describe:		
Do other people comment on your voice? If yes, please describe:		
Do you participate in activities that require you to use a loud voice (i.e. cheerleading, choir, etc.)?		
Do you participate in the following activities or behaviors? • excessive yelling/screaming		
• excessive talking or arguing		
• clearing your throat or coughing a lot		
• talking loudly		
• exposure to allergens (i.e. dust, pollen, fumes, etc)		
• alcohol use		
• cigarette smoking		
• drug use		

Rate your voice in the following situations:

	Better	Worse
Morning		
Afternoon		
Evening		
Weekend		
Spring		
Summer		
Winter		
Fall		
Home		
School		

How does your voice affect your ability to participate in school activities? social activities?

How does your voice affect your ability to interact with family members? with friends?

How does your voice affect your willingness to talk/communicate? self-esteem/attitude toward self?

What else do you think we should know about you or your voice?

Date completed: ______________________

Voice Conservation Index

Student Name: ______________________ **Grade/Homeroom:** ______________________

Please check the answer that is best:

	All The Time	Most of the time	Half the time	Once in awhile	Never
When I get a cold, my voice gets hoarse.					
After cheering at a ballgame, I get hoarse.					
When I'm in a noisy situation, I stop talking because I won't be heard.					
When I'm in a noisy situation, I speak very loudly.					
When I'm at home or school, I spend a lot of time talking every day.					
I like to talk to people who are far away from me.					
When I play outside with my friends, I yell a lot.					
I lose my voice when I don't have a cold.					
People tell me I talk too loudly.					
People tell me I never stop talking.					
I like to talk.					
I talk on the phone.					
At home, I talk to people who are in another room.					
I like to make car or other noises when I play.					
I like to sing.					
People don't listen to me unless I talk loudly.					

Date completed: ______________________

Appendix 2-D: Input Forms – Language

Language Teacher Input for K-2nd Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a language disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

RL.K.1/RL.1.1/RL.2.1/RI.K.1/RI.1.1/RI.2.1 - Ask and answer questions about key details in a text.
RL.K.2/RL.1.2/RL.2.2/RI.K.2/RI.1.2/RI.2.2 - Identify the main topic and retell key details of a text.
RL.K.3/RL.1.3/RL.2.3 - Describe how characters in a story respond to major events and challenges.
RI.K.4/RI.1.4/RI.2.4 - Describe the connection between a series of events, concepts, or steps in a text.
RL.K.4/RL.1.4/RL.2.4/RI.K.4/RI.1.4/RI.2.4 - Determine the meaning of words and phrases as they are used in text.
RL.K.9/RL.1.9/RL.2.9/RI.K.9/RI.1.9/RI.2.9 - Compare and Contrast characters or stories and identify basic similarities and differences between two texts.

	Yes	No	Sometimes	NA
Does the student have difficulty asking or answering wh- questions about a text?				
Does the student have difficulty identifying the main topic?				
Does the student have difficulty retelling a story with grade-appropriate story elements and key details?				
Does the student have difficulty describing things from the text?				
Does the student have difficulty using picture, phonetic, or context clues to determine the meaning of a word?				
Does the student have difficulty comparing and contrasting two or more ideas?				

SL.K.1/SL.1.1/SL.2.1 - Participate in collaborative discussions with diverse partners on topics and texts with peers and adults in small and large groups.
SL.K.2/SL.1.2/SL.2.2 - Ask and answer questions or recount and describe key ideas or details from a text read aloud or information presented orally.
SL.K.3/SL.1.3/SL.2.3 - Ask and answer questions about what a speaker says, to seek help, get information, or clarify something that is not understood.
SL.3.4/SL.4.4/SL.5.4 - Describe people/places/things/events, tell a story or recount an experience with appropriate facts and relevant, descriptive details.

	Yes	No	Sometimes	NA
Does the student have difficulty understanding discussions?				
Does the student have difficulty recalling words and information?				
Does the student have difficulty understanding concepts or grade-level material?				
Does the student have difficulty following directions?				
Does the student have difficulty asking and responding to questions during a discussion?				
Does the student have difficulty participating in classroom or group discussions?				
Does the student have difficulty talking about something they have read/know about so others can understand?				
Does the student have difficulty relating a story, event, or information in an organized, sequential manner? (without excessive revisions/repetitions)				
Does the student have difficulty describing people, places, things, ideas and events using specific vocabulary? (rather than "stuff," "like," "thing," "you know," "I mean")				
Does the student have difficulty using appropriate eye contact and loudness when speaking with others?				
Does the student have difficulty taking turns and staying on topic when speaking to others?				

L.K.1/L.1.1/L.2.1 - Demonstrate standard English grammar and usage when writing or speaking.
L.K.4/L.1.4/L.2.4 - Determine or clarify meanings of unknown and multiple-meaning words or phrases.
L.K.5/L.1.5/L.2.5 - Explore word relationships and nuances in meanings.

	Yes	No	Sometimes	NA
Does the student have difficulty using age-appropriate sentences and grammatical skills? (excluding differences related to cultural dialect)				
Does the student have difficulty completing written assignments?				
Are the student's written errors similar to his/her oral language errors?				
Does the student have difficulty understanding or using age-appropriate vocabulary?				

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the language skills of this student?

It is my opinion that these behaviors:

- ☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
- ☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Appendix 2-D (Continued)

Language Teacher Input for 3rd-5th Grade

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a language disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

RL.3.1/RL.4.1/RL.5.1/RI.3.1/RI.4.1/RI.5.1 - Ask and answer questions to demonstrate understanding of a text, referring to details in the text, inferencing.
RL.3.2/RL.4.2/RL.5.2 - Determine central message, how it's conveyed through key details, and summarize the text.
RI.3.2/RI.4.2/RI.5.2 - Determine the main idea of a text by using details to explain/support the main idea.
RL.3.3/RL.4.3/RL.5.3 - Describe characters in a story and explain how their actions contribute to the sequence or events.
RI.3.4/RI.4.4/RI.5.4 - Describe or explain the relationship between a series of events, concepts, or steps in a text.
RL.3.4/RL.4.4/RL.5.4/RI.3.4/RI.4.4/RI.6.4 - Determine the meaning of words and phrases as they are used in text.
RL.3.9/RL.4.9/RL.5.9/RI.3.9/RI.4.9/RI.5.9 - Compare and Contrast stories, themes, and topics; integrate information to write or speak about a topic

	Yes	No	Sometimes
Does the student have difficulty asking or answering questions about a text?			
Does the student have difficulty identifying the main ideas and important supporting details?			
Does the student have difficulty inferencing or answering questions where the answer isn't explicitly in the text?			
Does the student have difficulty with narrative texts? expository texts? Circle which one or both if applicable.			
Does the student have difficulty summarizing texts or ideas?			
Does the student have difficulty comparing and contrasting two or more ideas?			

SL.3.1/SL.4.1/SL.5.1 - Engage in collaborative discussions with diverse partners on topics and texts, building on others' ideas, and expressing their own clearly.
SL.3.2/SL.4.2/SL.5.2 - Determine the main ideas and supporting details of a text read aloud or information presented in diverse media and formats.
SL.3.3/SL.4.3/SL.5.3 - Ask and answer questions about information from a speaker.
SL.3.4/SL.4.4/SL.5.4 - Report on a topic or text, tell a story, or recount an experience with appropriate facts and relevant, descriptive details.

	Yes	No	Sometimes
Does the student have difficulty understanding discussions?			
Does the student have difficulty recalling words and information?			
Does the student have difficulty understanding concepts or grade-level material?			
Does the student have difficulty following directions?			
Does the student have difficulty asking and responding to questions during a discussion?			
Does the student have difficulty participating in classroom or group discussions?			
Does the student have difficulty talking about something they have read/know about so others can understand?			
Does the student have difficulty relating a story, event, or information in an organized, sequential manner? (without excessive revisions/repetitions)			
Does the student have difficulty describing people, places, things, ideas and events using specific vocabulary? (rather than "stuff," "like," "thing," "you know," "I mean")			
Does the student have difficulty using appropriate eye contact and loudness when speaking with others?			
Does the student have difficulty taking turns and staying on topic when speaking to others?			

L.3.1/L.4.1/l.5.1 - Demonstrate standard English grammar and usage when writing or speaking.
L.3.4/L.4.4/L.5.4 - Determine or clarify meanings of unknown and multiple-meaning words or phrases.
L.3.5/L.4.5/L.5.5 - Understand figurative language, word relationships, and nuances in meanings.

	Yes	No	Sometimes
Does the student have difficulty using age-appropriate sentences and grammatical skills? (excluding differences related to cultural dialect)			
Does the student have difficulty completing written assignments?			
Are the student's written errors similar to his/her oral language errors?			
Does the student have difficulty using sentence-level context as a clue to the meaning of a word or phrase?			
Does the student have difficulty using grade-level affixes or a known root word as a clue to the meaning of an unknown word?			
Does the student have difficulty understanding and expressing age-appropriate figurative language?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the language skills of this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Language - Teacher Input for Middle School

Student: ____________________ **Grade/Homeroom:** ____________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a language disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

RL.6.2-8.2; RI.6.2-8.2 Determine themes/central ideas, analyze development within text; create an objective summary. RL.6.3 -8.3 Describe/Analyze how story elements interact and characters responses. RI6.4-8.4; RL 6.4-8.4 Determine the meaning of words and phrases as they are used in text. RI 6.9 - 7.9 Compare and Contrast two authors.			
	Yes	**No**	**Sometimes**
Can the student identify the main ideas and important supporting details?			
Can this student summarize ?			
Can the student compare and contrast two or more ideas?			
SL 6.1-8.1 Engage and collaborate by discussing ideas and expressing own ideas clearly. SL 6.2-8.2 Explain and analyze main idea and supporting information. SL.6.3-8.3 Explain the points a speaker makes and determine reasons and evidence. SL 6.4-8.4 Speak with good sequencing, eye contact, volume.			
	Yes	**No**	**Sometimes**
Can the student talk about something they have read or know about so that others can understand?			
Can the student follow directions?			
Does the student use appropriate eye contact and loudness when speaking with others?			
Does the student take turns when speaking to others?			
Can the student describe people, places, things, ideas and events using specific vocabulary (rather than "stuff," "like," "thing," "you know," "I mean").			
Can the student retell a story or event in the correct order (without excessive revisions/repetitions)?			
L.6.1-8.1 Demonstrate standard English grammar and usage. L.6.4-8.4 Determine and clarify meanings of unknown and multiple-meaning words. L.6.5-8.5 Understand figurative language, word relationships, nuances in meanings.			
	Yes	**No**	**Sometimes**
Does the student use grammatically correct sentences?(excluding differences related to cultural dialect)			
Can the student provide synonyms and antonyms for words?			
Can the student explain figurative language like idioms, similes and metaphors?			
Does the student use context clues to identify unknown words or phrases?			
Can the student define multiple meaning words?			
Comprehends and responds to curricular questions?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the language skills of this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ____________________ **Date:** ____________________

Appendix 2-D (Continued)

Language - Teacher Input for High School

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a language disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

RL.9-12.2 ; RI.9-12.2 Determine themes/central ideas, analyze development within text; create an objective summary.
RL.9-12.3 Analyze how complex characters develop; impact of author's choices on develop story elements
RI9-12.4, RL9-12.4 Determine the meaning of words/phrases in text including figurative language; analyze impact & tone
RI 9-12.3 Discuss/Analyze how author presents ideas or events and draw conclusions

	Yes	No	Sometimes
Can the student identify the main ideas and important supporting details?			
Can this student summarize a literary text ?			
Can the student compare and contrast two or more ideas?			

SL 9-12.1 Engage in grade level discussion presenting ideas clearly and persuasively
SL9-12.3 Examine a speaker's point of view, reasoning, and evidence
SL9-12.4 Present ideas and information clearly, concisely and logically
SL 9-12.6 Adapt speech to a variety of context and tasks, including formal English

	Yes	No	Sometimes
Can the student talk about something they have read or know about so that others can understand?			
Can the student follow directions?			
Does the student use appropriate eye contact and loudness when speaking with others?			
Does the student take turns when speaking to others?			
Can the student describe people, places, things, ideas and events using specific vocabulary (rather than "stuff," "like," "thing," "you know," "I mean").			
Can the student retell a story or event in the correct order (without excessive revisions/repetitions)?			

L.9-12.1 Demonstrate standard English grammar and usage
L.9-12.4Determine and clarify meanings of unknown and multiple-meaning words
L.9-12.5 Understand figurative language, word relationships, nuances in meanings
L9-12.6 Learn and use academic and specific words for reading, writing, speaking and listening at the college/career readiness level

	Yes	No	Sometimes
Does the student demonstrate correct grammar when speaking and writing?(excluding differences related to cultural dialect)			
Can the student provide synonyms and antonyms for words?			
Can the student explain figurative language like idioms, similes and metaphors?			
Does the student use context clues to identify unknown words or phrases?			
Can the student define multiple meaning words?			
Does the student comprehend and respond to curricular questions?			

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in the classroom setting?

Do you have any other observations relating to the language skills of this student?

It is my opinion that these behaviors:

- ☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
- ☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ______________________

Language - Parent Input

Student Name: ____________________ **Date of Birth:** ____________

Person Completing the Form: ____________________ **Date:** ____________

Language(s) spoken in the home: ____________________

Is there a background of any significant medical history? (i.e. ear infections, tonsils & adenoids, allergies, snoring, tongue/lip tie, or delayed developmental milestones such as cooing/babbling, etc.)

Please describe your child's strengths:

	Yes	No	Sometimes
Does your child interrupt politely?			
Does your child start conversations appropriately and take turns in conversation?			
Does your child stay on topic in conversation and change topics appropriately			
Does your child use correct grammar?			
Does your child ask for clarification/help appropriately?			
Does your child use complete sentences?			
Is your child able to tell what happened in the recent past?			
Does your child use words to reject or deny information?			
Is your child able to use words to negotiate?			
Is your child able to use words to express feelings?			
Is your child able to tell a story in a sequence?			
Does your child have a similar vocabulary to children his/her age?			
Is your child able to follow 2-3 step directions?			
Is your child able to reword information/questions if not understood by listener?			
Does your child understand and remember school vocabulary?			
Does your child participate in conversations with friends?			
Is your child a good listener?			
Does your child have trouble thinking of the right word to say?			
Does your child have trouble saying what he/she is thinking and getting to the point?			

	Yes	No
Has your child ever failed a hearing screening/evaluation? If yes, was the problem resolved? Please explain:		
Is there a language other than English that is spoken in the home? If yes, what language(s)?		
Do you feel your child's language expression or comprehension difficulties impact him/her at home? If yes, please explain:		
Do you feel your child's language expression or comprehension difficulties impacts him/her academically or socially at school? If yes, please explain:		

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Language Student Input

Student Name: ________________ **Date:** ____________________ **Grade:** __________________

	Yes	No	It's OK / Sometimes
I like talking to adults.			
I like talking to friends.			
I like meeting and talking to new people.			
I like talking together with one or two people.			
I like talking with a group of people.			
I am friendly to many people.			
I am a quiet person but not afraid to talk to others.			
I like asking questions to get to know people.			
I like it when people ask me questions.			
I can ask my teachers questions easily.			
I like listening to others.			
I like to be able to talk a lot in a conversation.			
I would rather talk than listen.			
I like to wait until someone talks to me first.			
I need to get to know people first before I talk much.			
I will start a conversation with someone.			
I will respond to someone even if I don't feel like it.			
I know what to say to keep a conversation going.			
I stay on topic with the conversation.			
I look at people when we talk together.			
I use the right volume in talking with others.			
People can understand my speech and talking.			
I am confident about my speaking ability.			
I would like to talk with more friends.			
I think I talk well and do not need any speech help.			

In-Depth Family Socio-Cultural Interview

Resource copied from Oakland Schools Materials

Student Name: ______________________ **Date of Birth:** __________

Person(s) being Interviewed: ______________________ **Date:** __________

DEMOGRAPHIC INFORMATION

Who lives in the home with the student?

Name	Age	Birth Place/ Birth Country	Native Language	Years in Native Country	Places lived in US	Schooling (public, private, highest grade)	Language of Literacy

Do parents work? Where? How long have they maintained this job?

Has either parent had any formal English classes?

Who takes care of the student after school? What language is spoken?

What language(s) is/are written and read in the home?

How much contact does the family have with their native country? (trips, letters, telephone contact…)

Has the child ever lived away from the parents?

Where has the student attended school?

How many years of schooling has the student received in a language other than English?

In what language has the student been educated?

Does the student attend another school, community programs or tutoring? If so, what programs?

Does either parent have any history of learning problems?

What do the child's family members think about her difficulties?

LANGUAGE SURVEY MATRIX

To get a sense of the child or student's personal linguistic context and experience in the home, determine who speaks what language to whom, and how often. On the matrix below, list the names of all the people living in the home across the top (listing the student last) and then down the side of the matrix in the same order (again, listing the student last)

Listeners: *...to whom*

Talkers: This person speaks (name language).

1. Note any communication mismatches (e.g.: interactions where communication exchanges hampered because 2 communication partners don't share the same language)
2. Note the percentage of receptive language experience in each language available to the student
3. Note the percentage of expressive language experience in each language available to the student

Does the student show any language preference?

Does the student ever help interpret for other family members?

BIRTH & DEVELOPMENTAL HISTORY

Tell us about your pregnancy with your child (prenatal care, full term, complications with delivery, ...):

Did your child pass the newborn hearing screening?

What was your child's weight at birth?

How long did you have to stay in the hospital?

Were any follow-up visits to the hospital/doctor's office recommended?

How old was your child when he/she first began to:

- crawl? ________
- walk? _______
- talk? _______
- speak in complete sentences? _______

How does he/she compare to other children in your family?

Did anything about your child's development surprise you?

Does your child usually do things quickly or slowly?

Would he/she rather watch or participate in activities?

What concerns did you have as he/she was growing up?

DId you child have any major illnesses, injuries, lost consciousness, high fevers, ear infections, operations growing up?

Is he/she taking any medication now? In the past?

Has your child had his/her vision and hearing checked recently?

	Home/ Other Language	English	About Equal	Code Switching/ Mixed Code	Neither
What language does your child seem to understand?					
What language is your child able to hold a conversation in?					
Which language did your child first learn to speak?					
At what age did your child first speak in native language?					
At what age did your child first hear and speak English?					
Which language does your child speak when playing by him/herself?					
Which language does your child prefer when watching television?					
Which language does your child prefer when listening to the radio?					
Which language do you use when disciplining your child?					
Which language do you use when helping your child with homework?					
In what language does your child speak when he/she is hurt or upset?					
In which language are most of the print materials (books, magazines, newspapers) you receive in your home?					
Does anyone read to your child at home? If yes, in what language?					
Based on the above information, which seems to be the dominant language in your home?					
Which seems to be the dominant language of your child?					

PRIMARY (L1) LANGUAGE DEVELOPMENT

When did your child first learn to talk?

Were you ever concerned about your child's primary language development?

Did people have a hard time understanding your child before age 4?

Is the child's primary language development any different from your other children? How?

Describe the quality of your child's primary language…

- Does he/she speak in full sentences, or is speech short and choppy?
- Did he/she learn letters and numbers in your primary language?
- Do you clearly understand your child's primary language?
- Does your child understand you when you speak in your primary language?
- Does your child avoid talking in your primary language?

BEHAVIORAL & SOCIAL-EMOTIONAL SURVEY

How would you describe your child's behavior as an infant, toddler, young child, and now?

Is he/she able to follow household rules?

What responsibilities does he/she have at home?

What seems to motivate him/her?

What does he/she complain about most often?

What does he/she prefer to do in his/her free time?

How well does he/she sleep at night?

Does your child have any friends at school? At home?

What are your child's strengths?

EDUCATIONAL SURVEY

Did your child go to preschool or Head Start? Where?

What schools has he/she attended?

Has his/her attendance been regular or irregular? Were there any caps in educational experience or prolonged absences?

Does he/she need extra help with his/her schoolwork? Who provides this help?

What does he/she seem to enjoy most about school?

What is the most frustrating thing about school for him/her?

What is your child best at? (in school… at home…)

What does he/she struggle with the most?

What are you most proud of about your child?

What concerns you the most?

What are your hopes and dreams for him/her?

What do you think needs to be done at school to help him/her?

Is there anything else that we didn't ask that you think is important for us to know about your child?

Interviewer: ______________________

Date of Interview: _________________

Early Childhood - Teacher Input

Child's Name: ______________________ **Date of Birth:** __________

Teacher/Staff: ______________________ **Today's Date:** __________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if a speech and language impairment is present and adversely affects social, emotional, and/or educational performance.

LA.PK.4 -- Children grow in their capacity to use effective listening skills and understand what is said to them. LA.PK.4.2-- Show progress in listening to and following spoken directions. LA.PK.4.4-- Respond with understanding to speech directed at them. ELL.PK.1-- Demonstrate an increasing ability to comprehend or understand the English language at an appropriate developmental level				
	Yes	**No**	**Sometimes**	**Comments**
Does the child turn their head when their name is called?				
Can the child identify familiar objects and pictures (e.g., ball, shoe, dog/cat, cup, etc.)?				
Does the child follow simple one step directions (e.g.,come here, get your shoes, give me the ball)?				
Does the child follow 2+ step directions?				
Does the child follow directions that include words in, on, under, in front of?				
Does the child understand and answer simple questions (e.g., where is your toy, what's your name, who's turn is it)?				
Does the child understand simple stories?				
Do you have concerns with the child's understanding skills?				
LA.PK.3 --Children develop abilities to express themselves clearly and communicate ideas to others. LA.PK.3.1-- Use spoken language for a variety of purposes (e.g., to express feelings, to ask questions, to talk about their experiences, to as for what they need, to respond to others) LA.PK.3.5-- Speak in increasingly more complex combinations of words and in sentences ELL.PK.2-- Demonstrate an increasing ability to speak or use English at an appropriate developmental level.				
	Yes	**No**	**Sometimes**	**Comments**
Does the child exhibit any frustration with their communication skills?				
Does the child use social language (e.g., hi, bye, please, thank you)?				
Does the child use words to communicate their wants/needs (e.g., ask for help, get a snack)?				
Does the child have 50+ words?				
Does the child combine words into phrases/sentences? If yes, how many words per phrase/sentence, on average?				
Does the child take turns in conversation?				
Does the child ask simple questions (e.g., yes/no, wh-questions)?				
Does the child use pronouns correctly (e.g., I, she, he, they, my, etc.)?				
Do you have concerns with the child's talking skills?				
How does your child typically communicate with you (e.g., gestures, screams, words, phrases, sentences, etc.?)				
Please give examples of your child's longest words, phrases and/or sentences:				

LA.PK.3 --Children develop abilities to express themselves clearly and communicate ideas to others. LA.PK.3.3-- Experiment and play with sounds (e.g., rhyming, alliteration, playing with sounds, and other aspects of phonological awareness). ELL.PK.2-- Demonstrate an increasing ability to speak or use English at an appropriate developmental level.				
	Yes	**No**	**Sometimes**	**Comments**
Does the child get frustrated when they cannot communicate with you/peers?				
Do you have a hard time understanding the child? If yes, how much of the child's speech do you understand? (Circle: <10% 25% 50% 75% 100%)				
Can the child be understood when messages are IN context?				
Can the child be understood when messages are OUT of context?				
Does the child have definite beginning sounds (e.g., /k/ in cat)?				
Does the child have definite ending sounds (e.g., /t/ in cat)?				
Does the child simplify complex words (e.g., elephant)? If yes, please list examples:				
Please circle the sounds you have heard the child use: P (puppy) D (dog) K (cat) F (fish) W (water) S (sister) R (red) Th (this) B (baby) T (toad) G (go) V (vroom) Ch (chicken) Z (zip) L (lion) M (mommy) N (no) H (hi) Y (yes) Sh (sheep) J (judge) NG (wing)				

What adaptations, modifications, interventions, accommodations are/have you used to assist the child with communication in academic settings?

Do you have any other observations relating to the child's communication functioning within academic settings?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance

☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ____________________ **Date:** ________________

Please return this form to: ________________________ **by:** ____________

Early Childhood - Caregiver Input

Child's Name: ____________________ **Date of Birth:** ____________

Person Completing the Form: ____________________ **Relationship to child:** ____________

Language(s) spoken in the home: ____________________ **Today's Date:** ____________

Preschool/Daycare Experiences: (if applicable) ________________________________

Health/Medical Information: Is there any significant medical history (e.g., prematurity, diagnoses, tonsils/adenoids removed, medications, difficulty with feeding/swallowing, delayed developmental milestones, previous history of physical/ occupational/ speech therapy, allergies, ER visits/hospitalizations, etc.)? If yes, please describe:

Hearing Skills:

	Yes	No
Did your child pass their newborn hearing screening?		
Has your child had any ear infections? If yes, how many?______		
Has your child ever had their hearing evaluated? If yes, please describe:		
Does your child see an Ear, Nose & Throat (ENT) doctor? If yes, please answer: Doctor:__________________________ Office Name: ___________________________		
Do you have any concerns with your child's hearing skills?		

Motor Skills:

	Yes	No	Sometimes	Comments
Does your child navigate around the home with ease (e.g., no tripping, avoids running into furniture/people, climbs on/off adult-sized furniture)?				
Is your child able to pick up small objects (e.g., beads, small candy) with their fingers?				
Is your child a messy eater (e.g., lots of food on mouth/face, spills food off utensils)?				
Is your child able to attend to activities for longer durations of time?				
Do you have any concerns with your child's motor and/or sensory skills?				

Appendix 2-F (Continued)

Social/Play Skills:

	Yes	No	Sometimes	Comments
Does your child make eye contact with you when you call their name?				
Is your child interested in/play with a variety of toys?				
Does your child play with toys the way they are meant to be played (e.g., push a car, feed a baby, etc.)?				
Does your child enjoy play with familiar adults/caregivers?				
Does your child enjoy play with peers?				
Does your child take turns during their play?				
Can your child follow the rules of simple games?				
Do you have concerns about your child's play and/or social skills?				

Receptive Language (Understanding) Skills:

	Yes	No	Sometimes	Comments
Does your child turn their head to their name?				
Can your child identify familiar objects and pictures (e.g., ball, shoe, dog/cat, cup, etc.)?				
Does your child follow simple one step directions (e.g.,come here, get your shoes, give me the ball)?				
Does your child follow 2+ step directions?				
Does your child understand and answer simple questions (e.g., where is your toy, what's your name)?				
Does your child understand simple stories?				
Do you have concerns with your child's understanding skills?				

Expressive Language (Talking) Skills:

	Yes	No	Sometimes	Comments
Does your child have words for familiar objects/pictures and caregivers?				
Does your child use words to communicate their wants/needs (e.g., ask for help, get a snack)?				
Does your child have 50+ words?				
Does your child combine words into phrases/sentences? If yes, how many words per phrase/sentence, on average?				
Do you have concerns with your child's talking skills?				
How does your child typically communicate with you (e.g., gestures, screams, words, phrases, sentences, etc.?)				
Please give examples of your child's longest words, phrases and/or sentences:				

Articulation (Speech Intelligibility):

	Yes	No	Sometimes	Comments
Does your child get frustrated when they cannot communicate with you?				
Do you have a hard time understanding your child? If yes, how much of your child's speech do you understand? (Circle: <10% 25% 50% 75% 100%)				
Do other (less familiar) people understand your child? If yes, how much of your child's speech do they report understanding? (Circle: <10% 25% 50% 75% 100%)				
Does your child have definite beginning sounds (e.g., /k/ in cat)?				
Does your child have definite ending sounds (e.g., /t/ in cat)?				
Does your child simplify complex words (e.g., elephant)? If yes, please list examples:				
Please circle the sounds your child uses: P (puppy) D (dog) K (cat) F (fish) W (water) S (sister) R (red) Th (this) B (baby) T (toad) G (go) V (vroom) Ch (chicken) Z (zip) L (lion) M (mommy) N (no) H (hi) Y (yes) Sh (sheep) J (judge) NG (wing)				

What are your main concerns for your child?

What are your child's strengths and/or what are their interests?

Anything else you wish to disclose about your child?

Please return this form to: ______________________________ **by:** ______________

Autism Spectrum Disorder Evaluation Teacher Input

Student: ______________________ **Grade/Homeroom:** ______________________

Your observations and responses concerning the above student are an integral part of the special education evaluation process and crucial to help determine if an autism spectrum disorder adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, and vocational performance.)

Thank you for completing this form. Please mark N/A if the question does not apply to your student. Please provide details or examples, if possible.

Qualitative Impairment in Social Interaction
Marked impairment in the use of multiple non-verbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
In general, will the student look you or others in the eye, e.g. when he wants something?
Will the student nod their head for 'yes', shake their head for 'no', wave 'bye-bye' at appropriate times, point to indicate wants, use other gestures?
Does the student look at you when you start talking to him/her or when doing things with him/her?
Does the student gesture with hands when talking?
When interacting with others, does the student's facial expression match the social situation the student is in?
Does the student smile, frown, raise eyebrows, show a variety of facial expressions (can you tell how the student is feeling or what the student is thinking by facial expressions?)
Can you identify by observing the student's facial expressions and nonverbal behaviors when the student is happy, angry, anxious?
Please CHECK the following nonverbal behaviors that you have observed the student to consistently use: ___ Spontaneously points to items in the environment   _____ Establishes eye contact when speaking with others ___ Shakes head to indicate yes and no   _____ Uses hands while talking
Failure to develop peer relationships appropriate to developmental level.
When asked to work within a small group, is the student able to actively participate with peers?
Does the student offer to help peers?
Does the student have a best friend or does he associate with a peer group?
When observed at lunch, in the hallways, or during class, does the student "hang out" and socialize with others?
Any concerns with the student being teased by peers or difficulties being accepted by his/her peer group?
Is the student typically observed alone or with peers?
Does the student talk or try to join other studentren in their play?
How does the student respond if other studentren talk or try to play with him/her?
A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, pointing out objects of interest)
When interacting with other students, does the student initiate contact?
During passing time between classes or before class starts, does the student converse with peers? What does the student's behavior look like during this time?
Does the student share his/her interests with others or share enjoyment (i.e. smiling, laughing, remaining engaged in the interaction) with peers or teachers?
Have you observed the student to be able to share humor with others?
How does the student respond to praise?
Does the student offer to share things (toys or food) with you; and will the student offer to share things with other studentren?
At different times, does the student frown and pout, act embarrassed, look surprised or look happy and excited (show a range of emotion?)

Appendix 2-G (Continued)

How does the student share their feelings with you, e.g. their excitement after drawing a picture that the student really likes, and how does the student respond to praise?
Lack of social or emotional reciprocity
Does the student appear aware of the moods of others' around them by reading the non-verbal cues of others?
Does the student play games that require turn taking?
Is the student interested in games others want to play or topics of conversation others to talk about?
Does the student recognize how you are feeling? When you're sad or ill, will the student try to comfort you?
Does the student notice when others are upset or hurt?
Does the student realize certain things the student does bother others?

Qualitative Impairments in Communication
Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
How many words and gestures does the student use?
Does the student use words or gestures to indicate his/her wants (e.g. does the student point to indicate wants)?
How does the student usually let you know what the student wants or when the student needs something?
In individuals with adequate speech, marked impairment in the ability to initiate or sustain conversation with others
When approached by peers and adults, does the student respond to direct questions?
Is the student able to stay on topic during class discussions?
Can you have a conversation with him or her? For example, if you make a comment but don't ask a question, will the student say something in response?
Can the student take turns in a conversation or is it usually one-sided, e.g. does the student always want to talk about his/her favorite subject?
Is the student able to talk about a variety of topics?
Will the student start a conversation with you just to talk or chat, not to ask for something?
Does the student notice when you've lost interest in talking or does the student talk on and on?
Does the student interpret what you say literally or concretely, e.g. 'what's up' (what are you doing) or 'you must have springs in your shoes' (to jump that high) or 'hop to it' (hurry)?
How does the student let you know the student wants help in the classroom? Check all that apply: ___ Raises hand ___ Move to where the adult is to seek out help ___ Sits passively and waits for the adult to address him/her ___ Verbal request without raising hand ___ Other (please describe)
Stereotyped and repetitive use of language or idiosyncratic language
What word or name does the student use to refer to himself/herself?
Does the student sometimes mix up pronouns, e.g. you for I, the student for I?
Does the student say what you say right after (immediate echolalia)?
Does the student repeat the same phrase over and over?
Does the student use set phrases, e.g. things you may have said or that the student heard someone else say, such as from a TV show or movie (delayed echolalia)?
Does the student talk to himself/herself during play, or make nonsense noises or words to himself/herself during play (words that the student made up)?
Does the student seem to talk too loudly or too softly?
Does the student use the same tone of voice each time or have a sing-song pattern to his/her voice?
Is there ever a need to interrupt the student from continuing to talk because they have missed the cue to stop?
Does the student use any of the following speech and language patterns (Please check all that apply) ___ Tending to use odd phrases or saying the same thing over and over in almost the same way

___ Echolalia (exact repetition speech)
___ Delayed echolalia (exact or partial repletion of speech that is produced at a significantly later time after originally heard?)
___ Idiosyncratic speech (e.g., indirect ways of saying things, such as "hot rain" for "steam")
___ Use of formal speech or unusual advanced vocabulary that is discrepant from same-aged peers with similar cognitive profiles
___ Inconsistent or incorrect pronoun use (e.g. "you want a drink" instead of "I want a drink")

Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

When asked to write a creative story or to use imagination within an assignment is the student successful?

Restrictive Repetitive and Stereotyped Patterns of Behavior, Interests, and Activities
Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
Does the student have any special hobbies /interests that are unusual in their intensity or unusual for his/her age?
Does the student share this interest with others?
Does it seem at all compulsive or does it interfere with his/her doing things? For example, reading a book about a favorite topic when the student needs to complete work in class?
How does the student react if you try to change a favorite activity or topic of conversation?
Does the student have an unusually good memory for the details of special interest, family activities or vacations?

Restrictive Repetitive and Stereotyped Patterns of Behavior, Interests, and Activities continued
Apparently inflexible adherence to specific, nonfunctional routines or rituals
Are there things that the student seems to have to do in a very particular way or order, that is, rituals that the student has to do (e.g. putting things away in a special place or an order?)
Are there things the student insists that YOU as the teacher do in a specific way or order?
How does the student react if the student is unable to complete the whole sequence or is disrupted during the course of his/her actions?
How does the student react to changes in his/her schedule (e.g. school assembly canceled or changes in his/her environment)?
Stereotyped and repetitive motor mannerisms (e.g. hand and finger flapping or twisting, or complex whole-body movements)
Does the student have any mannerisms or odd ways of moving his/her hands or his/her body that look the same each time, e.g. flapping hands when excited, walking on toes, flicking his/her fingers, spinning or rocking his/her body, running in a circle?
Persistent preoccupation with parts of objects
Does the student ever collect or gather certain objects?
Does the student ever line things up or do the same thing over and over with them?
Does the student use toys or objects in unusual ways, e.g. repeatedly opens and closes doors to toy cars, touches most toys to his/her lips or mouths toys, holds objects very close to his/her eyes or looks out of the 'side' of his/her eyes at objects?
Does the student seem particularly interested in the sight, feel, sound, taste, or smell of things or people? (Check all that apply) ___ Sniffing objects ___ Feeling the texture of things ___ Looking at things for a long period of time ___ Licking or tasting objects to see how they feel or taste ___ Hypersensitivities to the environment/clothing ___ Comments on changes in the environment ___ Dislike of being too close to others ___ Frequently fidgeting ___ Staring

What adaptations, modifications, interventions, accommodations are/have you used to assist the student in the classroom environment?

Do you have any other observations relating to this student?

It is my opinion that these behaviors:

☐ **Do not** adversely affect social, emotional, vocational, and/or educational performance
☐ **Do** adversely affect social, emotional, vocational, and/or educational performance

Teacher Signature: ______________________ **Date:** ________________

Appendix 2-G (Continued)

Autism Spectrum Disorder Evaluation Parent Input

Child's Name: ______________________ **Date of Birth:** ______________

Person Completing the Form: ______________________ **Date:** ______________

Please mark N/A if the question does not apply to your child. Please provide details or examples, if possible.

Qualitative Impairment in Social Interaction
Marked impairment in the use of multiple non-verbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
In general, will your child look at you or others in the eye (e.g. when he/she wants something)?
Will your child nod their head for 'yes', shake their head for 'no', wave 'bye-bye' at appropriate times, point to indicate wants, use other gestures?
Does your child look at you when you start talking to him/her or when doing things with him/her?
Will your child turn their head to look at you when you call their name?
Will your child look where you point when you point to a toy or a picture in a book?
Does your child point to a toy or object to show you your child is interested in it?
Does your child smile, frown, raise eyebrows, show a variety of facial expressions (can you tell how your child is feeling or what your child is thinking by facial expressions)?
Does your child gesture with hands when talking?
Failure to develop peer relationships appropriate to developmental level.
Is your child interested in other children?
Does your child talk or try to join other children in their play (e.g. at the park, school, or daycare)? How does your child join another child or a group (e.g. start playing next to them)?
How does your child respond if other children talk or try to play with them?
How many friends does your child have? How many friends does your child play with regularly?
Does your child invite friends over to play and is your child invited to play at other children's houses?
What do they do when they play together (e.g. parallel play only, chase, video games, make-believe play)?
Are their relationships based primarily on their special interests?
Does your child have trouble participating in groups? Does your child have trouble following cooperative rules of games?
A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, pointing out objects of interest)
Does your child try to involve you in their play, in favorite activities, or does your child prefer to play by himself/herself?
How does your child try to engage you?
Does your child bring a toy or book to show you what he/she is doing?
How does your child respond to praise?
Does he/she offer to share things (toys or food) with you; and will your child offer to share things with other children?
At different times, does your child frown, pout, act embarrassed, look surprised, happy or excited (show a range of emotion)?
How does your child share their feelings with you (e.g. their excitement after drawing a picture that your child really likes)? How does your child respond to praise?

Appendix 2-G (Continued)

Does your child like to be held or cuddled? Does your child give hugs and kisses (does your child imitate you or spontaneously give a hug)?
Lack of social or emotional reciprocity
Will your child play a back and forth game or activity?
Does your child play other games that require turn taking?
Is your child interested in what game you want to play or what you want to do?
Does your child recognize how you are feeling, e.g. when you're happy, angry, or sad? When you're sad or ill, will your child try to comfort you?
Does your child notice when others are upset or hurt?
Does your child realize certain things he/she does bothers others?

Qualitative Impairments in Communication
Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
How many words and gestures does your child use?
Does your child use words or gestures to indicate their wants (e.g. does your child point to indicate wants)?
How does your child usually let you know what he/she wants or when your child needs something?
In individuals with adequate speech, marked impairment in the ability to initiate or sustain conversation with others
Can you have a conversation with your child? (e.g. if you make a comment but don't ask a question, will your child say something in response)
Will your child start a conversation with you just to talk or chat, not to ask for something?
Can your child take turns in a conversation or is it usually one-sided (e.g. does your child always want to talk about their favorite subject)?
Does your child notice when you've lost interest in talking or does your child talk on and on?
Does your child interpret what you say literally or concretely, e.g. 'what's up' (what are you doing) or 'you must have springs in your shoes' (to jump that high) or 'hop to it' (hurry)?
Stereotyped and repetitive use of language or idiosyncratic language
What word or name does your child use to refer to himself/herself?
Does your child sometimes mix up pronouns, e.g. you for I?
Does your child say what you say right after (immediate echolalia)?
Does your child repeat the same phrase over and over?
Does your child use set phrases (e.g. things you may have said or that your child heard someone else say, such as from a TV show or movie)?
Does your child talk to himself/herself during play, or make nonsense noises or words to himself/herself during play (words that your child made up)?
Does your child seem to talk too loudly or too softly?
Does your child use the same tone of voice each time or have a sing-song pattern to their voice?
Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
Will your child play games such as pat-a-cake or peek-a-boo; make hand gestures to familiar songs such as 'itsy-bitsy-spider'; fill in a word in a familiar song like 'wheels on the bus'?
Does your child like to 'pretend' or 'make-believe' when playing? (e.g. will your child pretend to talk on a toy phone or pretend to feed or take care of a doll or stuffed animal, will he dress up and 'make believe' your child is someone else?
Does your child pretend a toy is something else, e.g. a toy banana is a phone, or a block is a sandwich?

Restrictive Repetitive and Stereotyped Patterns of Behavior, Interests, and Activities
Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

What are your child's favorite toys and activities?
Does your child always play with toys in the same way (e.g. by lining up toy cars or sorting toys by color)?
Does your child have a special (all encompassing) interest in one toy, activity or subject (e.g. trains for flags) or an interest in unusual objects or topics (e.g. sprinkler systems, astrophysics)?
How does your child react if you try to change a favorite activity or topic of conversation?
Does your child have an unusually good memory for the details of special interest, family activities or vacations?
Apparently inflexible adherence to specific, nonfunctional routines or rituals
Does your child have rigid rituals or routines? (e.g. are there things your child has to do in a particular way or in an exact order every time at mealtime, bedtime, or during play)?
How does your child react if their routine is interrupted or your child can't complete it (e.g. a toy is broken or missing, your child has to sleep at a motel when on vacation, you drive a different way home)?
How does your child react to changes in their schedule (e.g. school assembly canceled) or changes in their environment (e.g. how the furniture is arranged at home or classroom, where your child sits at the dinner table)?
Does your child repeat certain activities over and over, (e.g. with objects (dropping or rolling, always carrying a specific object); cleaning (washing) hands; use of toilet paper; checking (appliances off, doors closed); counting (toys, money); or ordering (toys, clothes, towels in the bathroom)? Do these activities interfere with day-to-day function?

Restrictive Repetitive and Stereotyped Patterns of Behavior, Interests, and Activities continued
Stereotyped and repetitive motor mannerisms (e.g. hand and finger flapping or twisting, or complex whole-body movements)
Does your child have any mannerisms or odd ways of moving their hands or their body that look the same each time, (e.g. flapping hands when excited, walking on toes, flicking their fingers, spinning or rocking their body, running in a circle)?
Persistent preoccupation with parts of objects
Does your child mostly play with objects that light up or make sounds, objects that move or spin (e.g. wheels, fans, or running water)?
Does your child pay attention to only part of a toy (e.g. spinning the wheels of a car rather than driving it around on a 'make-believe' road)?
Does your child use toys or objects in unusual ways (e.g. repeatedly opens and closes doors to toy cars, touches most toys to their lips or mouths toys, holds toys very close to their eyes or looks out of the 'side' of their eyes at toys)?
Does your child have an attachment to unusual objects (e.g. string)?

Any previous testing for educational, emotional, or behavioral concerns?

Describe your child's special talents or strengths:

Composition of family members (siblings and birth order). Do any of their family members receive special help in school?

Any complications during pregnancy or after birth?

Describe your child as an infant (content/cuddly/fussy/etc) and a toddler (how did they handle frustration?)

When did your child start to walk, stand, smile, crawl, and say their first words?

Any major medical conditions, injuries, illnesses, etc?
Is your child currently taking any medications?
Any hearing or vision concerns?

When did you first start being concerned about your child?

What are your main concerns?

Please describe any additional concerns you have regarding your child (continue on the back of this page, if needed):

Appendix 2-H: Test Comparison

Language Assessment Comparisons

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Receptive-Expressive Emergent Language Scale-3rd ed. (REEL-3) Ages: Up to 3 years	Receptive and Expressive Language	None	Not reported	White 78%; Black 12%; Other 10%	Urban, Rural, Northeast, Midwest, South, West	SWD: 7%	Not Reported	Not Reported
Developmental Assessment of Young Children, Second Edition (DAYC-2) Ages: Birth-5	Cognition, Communication, Social-Emotional Development, Physical Development, and Adaptive Behavior	None	Not Reported	White (77%); Black (15%); Asian (3%); Two or more (4%); Other (1%); Hispanic (18%)	Northeast; South; Midwest; West	SWD: 7%	Communication Domain: Cut score 90: 75%	Communication Domain: Cut score 90: 84%
Preschool Language Scales, Fifth Edition (PLS-5) Ages: Birth-7	Semantics, morphology, syntax	Print Awareness, Alphabet Knowledge, Initial Sounds, Rhyming, Morphological Awareness	African American English, Appalachian English, Southern English, English Influenced By Chinese, English Influenced by Spanish	African American (11.6%), Asian (4%), Hispanic (18%), White (60.7%), Other (5.7%)	Northeast, South, Midwest, West	SWD: 6.2% Gifted: 0.4%	Total Language Score ≥-1 SD: 83% (from test manual) "Insufficient" (Leaders, 2013, p.6)	Total Language Score ≥-1 SD: 80% (from test manual) "Insufficient" (Leaders, 2013, p.6)
Structured Photographic Expressive Language Test - Second Edition, Preschool (SPELT-P2) Ages: 3-5	Morphology, syntax	None	African American English	African American (12.5%), White (72.8%), Hispanic (8.6%), Other (6.1%)	Midwest, South, West, East	SWD: 2.5%	Cut Score 87: 90% (Greenslade, 2009)	Cut Score 87: 100% (Greenslade, 2009)
Clinical Evaluation of Language Fundamentals Preschool, Third Edition (CELF-P3) Ages: 3-6	Semantics, morphology, syntax, pragmatics	Phonological awareness (ages 4-6); Pre-literacy rating scale (ages 3-6)	African American English, Southern English, Spanish-influenced English, Asian-influenced English	African American (13%), Hispanic (22%), White (56%), Other (7%), Asian (2%)	Midwest, Northeast, South, West	SWD: 7% Gifted: <1%	-1 SD, cut score 85: 96% -1.3 SD, cut score 80: 93% -1.5 SD, cut score 77: 89% -2 SD, cut score 70: 74%	-1 SD, cut score 85: 70% -1.3 SD, cut score 80: 81% -1.5 SD, cut score 77: 84% -2 SD, cut score 70: 96%
Test for Examining Expressive Morphology (TEEM) Ages: 3-7	Morphology	None	Not Reported	Not Reported	Fresno, California	SWD: 0	-2 SD: 90% (Merrell & Plante, 1997)	-2 SD: 95% (Merrell & Plante, 1997
Test of Language Development - Primary: Fifth Edition (TOLD-P:5) Ages: 4-8	Semantics, morphology, syntax	Phonology (supplemental): word discrimination, word analysis, and articulation	Not Reported	White (71%), Black/African American (13%), Asian/Pacific Islander (6%), American Indian/Alaska Native (3%), Two or more (7%)	Northeast, South, Midwest, West	SWD: 19% Gifted: 1%	Spoken Language -1 SD, cut score 85: 94% -1.3 SD, cut score 81: 91% -1.5 SD, cut score 78: 88%	Spoken Language -1 SD, cut score 85: 84% -1.3 SD, cut score 81: 85% -1.5 SD, cut score 78: 88%
Structured Photographic Expressive Language Test - Third Edition (SPELT-3) Ages: 4-9	Morphology, syntax	None	African American English	African American (16.1%), White (65.5%), Hispanic (11.2%), Other (7.2%)	Midwest, Northeast, South, West	SWD: 7%	Cut Score 95: 90% (Perona et.al., 2005)	Cut Score 95: 100% (Perona et.al., 2005)
Children's Communication Checklist-2 (CCC-2) Ages: 4:0-16:11	Semantics, syntax, pragmatics	None	Not Reported	African American (15.47%), Hispanic (16.96%), White (61.89%), Other (5.68%)	Northeast, Midwest, South, West	SWD: 20% Gifted: 7%	-1 SD: 89%	-1 SD: 97%

SWD=students with disabilities

Appendix 2-H (Continued)

Language Assessment Comparisons Continued

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Test of Integrated Language & Literacy Skills (TILLS) Ages: 6-18	Semantics, morphology, syntax, pragmatics	Phonemic Awareness, Reading Comprehension, Reading Fluency	AAE, Spanish-influenced English, Asian-influenced English	White (73%), Hispanic (10%), African American (10%), Asian (5%), Native American (1%), Other (1%)	Northeast, Midwest, South, West	SWD: 0	Ages 6;0-7;11 Cut Score 24: 84% Ages 8;0-8;11 Cut Score 34: 88% Ages 12;0-18;11 Cut Score 42: 86%	Ages 6;0-7;11 Cut Score 24: 84% Ages 8;0-8;11 Cut Score 34: 85% Ages 12;0-18;11 Cut Score 42: 90%
Comprehensive Assessment of Spoken Language, Second Edition (CASL-2) Ages: 3-21	Semantics, morphology, syntax, pragmatics	None	AAE, Southern English	Asian (2.8%), African American (14.4%), Hispanic (22%), Native Hawaiian /Pacific Islander (0.3%), American Indian/Alaska Native (0.4%), White (56.7%), Other (3.4%)	Northeast, South, Midwest, West	SWD: 0	-1 SD: 74%	-1 SD: 84%
Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5) Ages: 5-21	Semantics, morphology, syntax, pragmatics	Supplementary Ages 8-21; Reading Comprehension, Structured Writing	African American English, Southern English, Spanish-Influenced English, Asian-influenced English	White (56.8%), Hispanic (20%), African American (13.8%), Asian (3.6%), Other (5.9%)	Midwest, Northeast, South, West	SWD: 20%	-1.5 SD: 85% (from test manual) "Unacceptable" (Leaders, 2014, p.9)	-1.5 SD: 85% (from test manual) "Unacceptable" (Leaders, 2014, p.9)
Receptive, Expressive & Social Communication Assessment-Elementary (RESCA-E) Ages: 5-12	Semantics, morphology, syntax, pragmatics	Uses written multiple choices for some items	Not Reported	White (77.22%), Black/African American (13.09%), Asian American (3.88%), American Indian/Alaska Native (0.12%), Native Hawaiian/Pacific Islander (0.36%), Two or more ethnicities (5.09%), Not reported (0.24%)	North Central Northeast South West	Not Reported	Not Reported As per developers, not suitable for diagnostic purposes Provides an inventory of skills	Not Reported
Test of Language Development - Intermediate: Fifth Edition (TOLD-I:5) Ages: 8-17	Semantics, morphology, syntax	None	Not Reported	White (74%), Hispanic (25%), Black/African American (14%), Asian/Pacific Islander (4%), American Indian/Alaska Native (2%), two or more (6%)	Northeast, South, Midwest, West	SWD: 18% Gifted: 6%	Spoken Language -1 SD, cut score 85: 100% -1.3 SD, cut score 80: 91% -1.5 SD, cut score 78: 87%	Spoken Language -1 SD, cut score 85: 90% -1.3 SD, cut score 80: 94% -1.5 SD, cut score 78: 96%
Oral and Written Language Scales, Second Edition (OWLS-II) Ages: 3-21	Semantics, syntax, pragmatics	None	African American English	Not Reported	East, South, Midwest, West	Not Reported	Not Reported	Not Reported
Test of Narrative Language, Second Edition (TNL-2) Ages: 4:0-15:11	Narrative Comprehension and Production	None	Not Reported	White (78%), African American (14%), Asian/Pacific Islander (5%), Two or more (2%), American Indian/Eskimo/Aleut (<1%), Hispanic (22%)	Northeast, South, Midwest, West	SWD: 8%	Cut Score 92: 92%	Cut Score 92: 92%
Receptive One-Word Picture Vocabulary Test, Fourth Edition (ROWPVT-4) Ages: 2-95	Semantics	None	Not Reported	African American (12.8%), Asian American (3.4%), Caucasian (63.2%), Hispanic (18%), Native American (1%), Other (.3%), Not Reported (1.4%)	North Central, Northeast, South, West	SWD: 8.7%	Not Reported	Not Reported

SWD=students with disabilities

Appendix 2-H (Continued)

Language Assessment Comparisons Continued

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Expressive One-Word Picture Vocabulary Test, Fourth Edition (EOWPVT-4) Ages: 2-95	Semantics	None	Not Reported	African American (12.8%), Asian American (3.4%), Caucasian (63.2%), Hispanic (18%), Native American (1%), Other (.3%), Not Reported (1.4%)	North Central, Northeast, South, West	SWD: 8.7%	Not Reported	Not Reported
Peabody Picture Vocabulary Test, Fifth Edition (PPVT-5) Ages: 2.6-90+	Semantics	None	Not Reported	*Ranges by age* White (51.5-82.5%), African American (9.7-17%), Hispanic (4.1-25.5%), Asian (1.4-5.7%), Other (0.5-7.9%)	Midwest, Northeast, South, West	SWD: 3.7% Gifted: 0.8%	-1 SD cut score 85: 85%	-1 SD cut score 85: 83%
Expressive Vocabulary Test, Third Edition (EVT-3) Ages: 2.6-90+	Semantics	None	Not Reported	*Ranges by age* White (51.5-82.5%), African American (9.7-17%), Hispanic (4.1-25.5%), Asian (1.4-5.7%), Other (0.5-7.9%)	Midwest, Northeast, South, West	SWD: 3.7% Gifted: 0.8%	-1 SD cut score 85: 88%	-1 SD cut score 85: 83%
Montgomery Assessment of Vocabulary Acquisition (MAVA) Ages: 3:0-12:11	Semantics	None	Not Reported	White (63%/62%), African American (16%/17%), Hispanic (15%/16%), Other (6%/5%)	South, Northeast, North Central, West	SWD: 10%	Receptive -1 SD: 97% -1.5 SD: 100% Expressive -1 SD: 100% -1.5 SD: 83%	Receptive -1 SD: 100% -1.5 SD: 85% Expressive -1 SD: 100% -1.5 SD: 100%
Comprehensive Test of Phonological Processing | Second Edition (CTOPP-2) Ages: 4:0-24:11	Phonological Processing	Phonological awareness, phonological memory, rapid naming	Not reported	White (76%); Hispanic (16%); Black/African American (14%); Asian/Pacific Islander (2%); Two or more (4%); Other (4%)	Northeast, South, Midwest, West	SWD: <7%	Not reported	Not reported
The Assessment of Literacy and Language (ALL) Ages: Preschool-First Grade	Spoken Language, Listening Comprehension	Phonological Awareness, Alphabetic Knowledge, Print Awareness, Fluency	African American English	White (62%), African American (15%), Hispanic (18%), Other (6%)	N. Central, South, Northeast, West	SWD: 9.4%	-1 SD: 98% -1.5 SD: 86%	-1 SD: 89% -1.5 SD: 96%
A Language Processing Skills Assessment (TAPS-4) Ages: 5-21	Phonological Processing, Auditory Memory, Listening Comprehension	Discrimination, blending, deletion	Not reported	White/Caucasian (79.88%), Hispanic (20.12%), Black/African American (9.34%), Asian American (4.05%), American Indian/Alaska Native (0.94%), Native Hawaiian/Pacific Islander (0.25%), Two or more (5.54%)	N. Central, Northeast, South, West	SWD: 18.82%	Not reported	Not reported
Language Processing Test 3: Elementary (LPT 3) Ages: 5:0-11:11	Language Processing	None	Not reported	White (61%); Hispanic (18%); African-American (17%); Asian-American and others (4%)	Northeast, South, Midwest, West	Included students with language-learning disorders but not HI, ID, ED, LEP	Not reported	Not reported

SWD=students with disabilities

Appendix 2-H (Continued)

Pragmatic or Social Language Assessment Comparisons

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Test of Pragmatic Language Second Edition (TOPL-2) Ages: 6:0-18:11	Pragmatics	None	Not Reported	White (79%), Black/African American (13%), Hispanic (13%), Asian American, Pacific Islander (4%), Native American (1%), Two or more (2%), Other (1%)	Northeast, South, Midwest, West	SWD: 19% Gifted: 4%	Not Reported	Not Reported
Pragmatic Language Skills Inventory (PLSI) Ages: 5-12	Pragmatics	None	Not Reported	White (80%); Hispanic (16%); Black (10%); Other (10%)	Northeast, Midwest, South, West	SWD: 8% Gifted: 5%	Not Reported	Not Reported
IMPACT Social Communication Rating Scale Ages: 5-21	Pragmatics	None	Not Reported	White (60%); Black (16%); Hispanic (14%); Asian (5%); Other (5%)	Northeast, Midwest, South, West	SWD: 0	Cut scores of 77 or 78 (ranges according to age): 84-94%	Cut scores of 77 or 78 (ranges according to age): 84-96%
Clinical Assessment of Pragmatics (CAPs) Ages: 7-18	Pragmatics	None		White (77%), Black (11%), Hispanic (14%), Asian (4%), Other (7%)	Northeast, Midwest, South, West	ASD: 2% SLI: 3% Other: 10%	-1 SD: 100% -1.5 SD: 100% -2 SD: 90%	-1 SD: 85% -1.5 SD: 90% -2 SD: 97%
Social Language Development Test–Elementary: Normative Update (SLDT-E: NU) Ages: 6:0-11:11	Social Language	None	Not Reported	White (73%), African American (9%), Hispanic/Latino (13%), Asian and others (5%)	"It [sample population] included 1104 subjects from 47 states.""	"Students with IEPs for special services but who attend regular education classes were included."	Cut score 90: 82%	Cut score 90: 86%
Social Language Development Test – Adolescent: Normative Update (SLDT-A:NU) Ages: 12:0-17:11	Social Language	None	Not Reported	White (70%), Black (14%), Hispanic/Latino (13%), Asian and others (3%)	"It [sample population] included 834 subjects from 41 states."	"Students with IEPs for special services but who attend regular education classes were included."	Cut score 90: 71%	Cut score 90: 96%

SWD=students with disabilities

Speech Sounds Assessment Comparisons

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Diagnostic Evaluation of Articulation and Phonology (DEAP) Ages: 3:0-8:11	Articulation, phonology	None	Southern English, African American English, Spanish-Influenced English, other	White (59.38%), Hispanic (19.54%), African American (14.46%), Asian (3.85%), Other (2.77%)	Midwest, Northeast, South, West	SWD: 13.7%	**Articulation** -1 SD: 91% -1.5 SD: 81% **Phonological** -1 SD: 90% -1.5 SD: 83% **Oral Motor** -1 SD: 84%	**Articulation** -1 SD: 81% -1.5 SD: 84% **Phonological** -1 SD: 97% -1.5 SD: 97% **Oral Motor** -1 SD: 97%
Clinical Assessment of Articulation and Phonology-2nd edition (CAAP-2) Ages: 2.6-11:11	Articulation, phonology	None	Test designed for English articulation and phonology	White (81%), African American (13%), Other (6%), Hispanic (16%)	South, Northeast, Midwest, West	Not reported	For ages 3:0-6:6 -1 SD:87% -1.5 SD: 63%	For ages 3:0-6:6 -1 SD: 93% 1.5 SD: 97%
Arizona Articulation Phonology Test-4th ed. (Arizona-4) Ages:18 months-21 years	Articulation, phonology, intelligibility	None	African American English, Spanish-Influenced English	White (56.2%), Hispanic (20.2%), Black/African American (16.5%), Other (4.4%), Asian (2.1%), American Indian/Alaska Native (0.4%), Native Hawaiian/Pacific Islander (0.3%)	Northeast, South, Midwest, West	SWD: 7%	**Speech Sound Disorders:** **Arctic Word Score** Cut score of 78: 100% **Arctic Sentence Score** Cut score of 78: 90% Cut score of 85: 98% **Phonology Score** Cut score of 78: 92% **Phonological Disorder:** **Phonology Score** Cut score of 70: 93% Cut score of 78: 96% Cut score of 85: 100%	**Speech Sound Disorders:** **Arctic Word Score** Cut score of 78: 94% **Arctic Sentence Score** Cut score of 78: 95% Cut score of 85: 92% **Phonology Score** Cut score of 78: 93% **Phonological Disorder:** **Phonology Score** Cut score of 70: 97% Cut score of 78: 93% Cut score of 85: 88%
Photo Articulation Test. Third Edition (PAT-3) Ages: 3:0-8:11	Articulation	None	African American, HIspanic Population	White (77%), Black (19%), Native American (1%), Hispanic (8%), Asian (2%),	Northeast, North Central. Southwest, West, South	SWD: 11%	Not Reported	Not Reported
Structured Photographic Articulation Test. Third Edition – Featuring Dudsberry (SPAT-D III) Ages: 3:0-9:11	Articulation	None	AAE, Arabic-influenced English, Mandarin-Influenced English, Spanish-Influenced English, Taglog-Influenced English	White (64.1%), Hispanic (15.8%), African American (10.8%), Other (9.3%)	West, South, Northeast, Midwest	Not reported	-1 SD 3 years: 93% 4 years: 89% 5 years: 79% 6 years: 92% 7 & 8 years: 100% 9 years: 89%	-1 SD 3 & 4 years: 84% 5 years: 85% 6 years: 87% 7 years: 90% 8 & 9 years: 93%
Goldman-Fristoe Test of Articulation-3rd ed. (GFTA-3) Ages: 2:0-21:11	Articulation, intelligibility	None	African American English, Spanish-Influenced English, Asian-Influenced English	African American (11.4%), Asian (2.1%), Hispanic (22.3%), Other (7.1%), White (57.1%)	Midwest, Northeast, South, West	SWD: 20% Gifted: 6%	Sounds-in-Words -1 SD, cut score 85: 91% -1.5 SD, cut score 77: 87% -2 SD, cut score 70: 78%	Sounds-in-Words -1 SD, cut score 85: 81% -1.5 SD, cut score 77: 89% -2 SD, cut score 70: 98%

SWD=students with disabilities

Appendix 2-H (Continued)

Speech Sounds Assessment Comparisons Continued

Test	Area(s) Assessed	Literacy Areas (if any)	Dialect Considerations	Race/Ethnicity of Norming Sample	Norming by Geography	Norming by "Normalcy"	Sensitivity	Specificity
Articulation and Phonology Video Assessment Tool (VAT) Ages: 2-21	Articulation, phonology	None	Not reported	White (68%), Black (15%), Hispanic (11%), Asian (2%), Other (4%)	Northeast, Midwest, South, West	SWD: 0	Cut scores of 77 or 78 (ranges according to age): 87-94%	Cut scores of 77 or 78 (ranges according to age): 86-96%
Khan-Lewis Phonological Analysis, Third Edition, (KLPA-3) Ages: 2:0-21:11	Phonology *based on data from GFTA-3	None	African American English, Spanish-Influenced English, Asian-Influenced English	African American (11.4%), Asian (2.1%), Hispanic (22.3%), Other (7.1%), White (57.1%)	Midwest, Northeast, South, West	SWD: 20% Gifted: 6%	-1 SD, cut score 85: 93% -1.5 SD, cut score 77: 83% -2 SD, cut score 70: 67%	-1 SD, cut score 85: 83% -1.5 SD, cut score 77: 91% -2 SD, cut score 70: 98%
Hodson Assessment of Phonological Patterns (HAPP-3) Ages: 3:0-8:11	Phonology	None	Not Reported	White (76%), Black (16%), Other (8%)	Northeast, Midwest, South, West	SWD: 3%	Not Reported	Not Reported
Kaufman Speech Praxis Test for Children (KSPT) Ages: 2:0-5:11	Childhood Apraxia	None	Not reported	White (89%), Black (10%), Other (1%)	All children were from southeastern Michigan	"Disordered Sample": 263 children	Not Reported	Not Reported

Please use these definitions when reviewing the chart:	Area(s) Assessed refer to the specific areas the test developers report the test measures.	Literacy Areas refer to the specific areas of literacy the test developers report the test measures.	Dialect Considerations refer to the specific dialects that test developers provide optional scoring considerations for in the administration manual.	Normative Sample refers to the group of individuals whose performance data are used as a reference for evaluating individual test scores. The individual being evaluated should be represented in the normative sample for the test being used. Race/Ethnicity of Norming Sample refers to the sub groups that made up the normative sample for the test.	Geographic Residence refers to the areas of the country where individuals in the normative sample reside.	"Normalcy" of subjects refers to normative samples that included specific subpopulations that may alter the overall distribution of scores. Tests that included students with disabilities (SWD) and students identified as gifted are indicated in this column.	Sensitivity refers to the rate at which a test can correctly identify students with language impairments as having a significant deficit.	Specificity refers to the rate at which students who have typically developing language abilities are found by that test to have adequate language performance.

Appendix 2-I: Checklist for Reviewing Norm-Referenced Tests

Checklist for Reviewing Norm-Referenced Tests		
Name of Test:		Edition:
Reviewer:		Date:

Present ?		Criteria
Yes	No	Does the normative sample represent the most recent census data?
Yes	No	Is the normative sample large enough? (>100 subjects = reliable)
Yes	No	Is the normative sample representative of the student to be tested in terms of racial-ethnic and geographic status?
Yes	No	How accurate is the test in identifying students with language impairments, does the test meet the sensitivity standard of at least .80? (≥.9=good, .8-.89=fair, <.8=test should not be used)
Yes	No	How accurate is the test in identifying students with typical language skills, does the test meet the specificity standard of at least .80? (≥.9=good, .8-.89=fair, <.8=test should not be used)
Yes	No	Does the test-retest reliability meet standards of at least .80? (.9 or higher=best, .8-.9=okay, <.8=unsuitable)
Yes	No	Does the inter-examiner reliability meet standards of at least .80? (.9 or higher=best, .8-.9=okay, <.8=unsuitable)
Yes	No	Is it a valid measure for the planned assessment? (Does the theoretical model upon which the test is based represent currently accepted research?)
Yes	No	Do the test items or scoring procedures penalize students who are not speakers or Standard American English?
Yes	No	Does the test manual provide cautions in the use of age-equivalent scores?
Yes	No	Does the test provide valuable assistance in analyzing a student's communication skills?
Yes	No	Is this the most recent version of the test?

Appendix 3-A: Kent ISD 504 v IEP Comparison Chart

504	VS	IEP
Section 504 of the Rehabilitation Act of 1973	Governing Law	Individuals with Disabilities Education Act amended 2004
School, College, Career	Ages Covered	School Environment Birth through age 26
Student must have a disability AND the disability affects the student's ability to access the curriculum.	Eligibility	Student must qualify in one of the 13 categories of disability, AND disability affects the child's ability to access the curriculum.
Curriculum is not customized for the student. The student completes the same curriculum as students without disabilities with identified accommodations.	Customized Curriculum	The IEP must be an individualized plan that meets the needs of the student.
No requirements to review annually, yet it is encouraged.	Annual Review	Must be reassessed and requalified every 3 years.
No goals or progress monitoring.	Goals	Goals must be written, measurable and reviewed annually.
Accommodations are identified and provided to equal the playing field.	Accommodations	Students may review accommodations as part of the IEP process to access the curriculum/environment.
The student can have modified assignments. However, the student cannot have a completely different curriculum.	Modifications	The student can have modified assignments or modified curriculum. If determined through PLAAFP and as part of a specialized program.
The 504 plan includes accommodations and can include support from identified personnel, yet this does impact funding.	Services	The student is eligible to receive related services such as speech therapy, occupational therapy, social work, physical therapy etc. as determined through the IEP process.
504 protects students in federally funded colleges. Student may receive same accommodations, but the college decides what to provide.	College	IDEA does not protect the child in college. The child would receive protection under Section 504 instead.
Section 504 does not have specific guidelines to protect the rights of the parent and child.	Procedural Safeguards	IDEA has a clearly defined set of procedural safeguards that must be followed to ensure the rights of the parent and child that are determined through the IEP process.
The parent has a right to file a complaint with the Office of Civil Rights.	Recourse	There are specific mediation and due process procedures that can be followed to register and resolve complaints.

Appendix 3-B: Procedure Chart for Nonpublic Students

Special Education Procedure Chart for Nonpublic Students

For students who are **RESIDENT** in the public district where nonpublic school is located:			For students who are **NONRESIDENT** in the public district where nonpublic school is located:		
1. Preschool-12 evaluation; offer of FAPE at resident public school	2. **Eligible student** - parent declines FAPE, public district offers a Nonpublic Services Plan	3. **Eligible student** - parent declines all special education	1. K-12 evaluation; defer to resident district for pre-K and FAPE	2. **Eligible student** - parent declines resident district FAPE, public district of location offers a Nonpublic Services Plan	3. **Eligible student** - Parent declines all special education
• Public district of location is responsible for conducting preschool **and** K-12 special education evaluations. • Consents, evaluation, eligibility determinations, and plans are documented on typical special education forms. • If eligible, the public resident district must offer a FAPE (IEP for special education programs/services in the public school) to eligible resident nonpublic students. • Students who have shared time in the nonpublic school for core classes and in the public school for non-core classes require an IEP for all special education programs/services. • The resident district is not required to provide special education programs/services outside the resident district boundaries.	• **For eligible students only**, the parent may seek special education ancillary services-only at the nonpublic school by accepting/declining a Nonpublic Service Plan offered by the public district of location. If parent accepts, the public district is responsible for holding: ○ annual reviews of the plan ○ three-year redetermination Nonpublic Service Plan	• If all programs/services are declined, the public **district of location** still must offer a redetermination of eligibility at least every 36 months (*Redetermination of Eligibility for a Nonpublic School Student* form). • The public district of location **must maintain records** of all nonpublic students found eligible for special education, but whose parents declined special education.	• **Public district of location *is responsible for Child Find*** and conducting K-12 special education evaluations. ○ All preschool evaluations/ programs/services are the responsibility of the student's resident district. • Consents, evaluation, and eligibility determinations, are documented on typical special education forms. • If eligible, the public district of location has **no** responsibility to offer FAPE (IEP for special education programs/services in the public school) to nonresident nonpublic school students. ○ Nonresident nonpublic students needing K-12 IEP programs (FAPE) per the evaluation are referred to the resident public district. • The **district of residence *must provide an initial offer of FAPE*,** but is not required to provide special education programs/services within nonresident district boundaries.	• **For eligible students only**, the parent may seek special education ancillary services-only at the nonpublic school by accepting/declining a Nonpublic Service Plan offered by the public district of location. If parent accepts, the public district of location is responsible for holding: ○ annual reviews of the plan ○ three-year redetermination Nonpublic Service Plan	• If all services are declined, the public **district of location** still must offer a redetermination of eligibility at least every 36 months (*Redetermination of Eligibility for a Nonpublic School Student* form). • The public district of location **must maintain records** of all nonpublic students found eligible for special education, but whose parents declined special education.

Sample language documenting an initial offer of a free and appropriate public education (FAPE) when parent declines an IEP:

- "If {student's name} were to enroll in {resident public district}, goals/short-term objectives would be written in the following areas:" *{List areas}*
- "The following special education programs/services would be offered in the resident public district:" *{List recommended programs/services, frequency}*
- "The parent declines the district's offer at this time."

Appendix 4-A: Examination of Oral Peripheral Mechanism

EXAMINATION OF ORAL PERIPHERAL MECHANISM

Name:______________________________Date:____________Examiner: ________________________

1. **Facial Appearance** ____

2. **Lips**

Appearance ____

Habitual posture: ❑ Closed ❑ Parted_______

Mobility: ❑ Press ❑ Purse ❑ Retracts__________

3. **Jaw Mobility** Sufficient______Insufficient_______Excessive________

4. **Tongue**

Appearance at rest: ____

❑ Size Appropriate ❑ Too large ❑ Too small

❑ Protrusion ❑ Tremors ❑ Deviation

Mobility: ❑ Elevation ❑ Lateralization ❑ Licks lip with tongue ❑ Lingual Frenum

❑ Moves independently with jaw ❑ Sweeps palate from alveolar ridge

5. **Palate** Appearance of hard palate_________Length of soft palate__________

Mobility________________________Gag Reflex__________________

Closure evidently complete____

Uvula:_____________Length_________Mobility_______Bifid __________

6. **Diadochokineses**

Papapa – (avg. = 3-5 ½) __________

Tatata – (avg. = 3-5 ½) ___________

kakaka – (avg. = 3 ½ - 5 ½) _________

putuku – (avg. = 1-1 ¾) ___________

(Below=less than 1 per sec.) ________

(Above=more than 1 per sec.)________ (See instructions for assessment of diadochokinetic rate.)

7. **Tongue Thrust**

Does s/he swallow with teeth apart? ❑ Yes ❑ No

Can you see the tongue when s/he swallows? ❑ Yes ❑ No

If s/he swallows with the lips closed, can you see tensing of the chin? ❑ Yes ❑ No

8. **Dental observations**

Spacing______________Missing teeth_____________

Alignment: normal__________misaligned_____________spaced___________

Condition: good_____slight decay____moderate decay____excessive decay_____

Occlusion : normal______overjett______edge to edge______crossbite_______

9. **Breathing**

Mouth breather? ❑Yes ❑No

Other deviations noted: ____

Comments ____

____

Appendix 4-B: Phonological Processes Chart

Phonological Processes			
SUBSTITUTIONS	**DEFINITION**	**EXAMPLE**	**APPROX. AGE OF ELIMINATION**
Affrication	When a nonaffricate is replaced with an affricate	"cheap" for "sheep"	5:0
Backing	When alveolar sounds are substituted with velar sounds	"go" for "doe"	N/A
Deaffrication	When an affricate is replaced with a fricative or stop	"ships" for "chips"	4:0
Fronting	When velar or palatal sounds are substituted with alveolar sounds	"tup" for "cup"	4:0
Gliding	When a liquid is replaced with a glide	"wed" for "red" or "yion" for "lion"	5:0-6:0
Stopping	When a fricative or affricate is substituted with a stop consonant	"teep" for "sheep" or "pan" for "fan"	/f, s/ - 3:0 /z, v/ - 4:0 /sh, ch, j, th/ - 5:0
*Vocalization (vowelization)	When /l/ or /er/ sounds are replaced with a vowel	"appo" for "apple" or "papuh" for "paper"	3:0-4:0
ASSIMILATIONS	**DEFINITION**	**EXAMPLE**	**APPROX. AGE OF ELIMINATION**
Assimilation (Consonant Harmony)	One sound becomes the same or similar to another sound in the word	"bab" for "bad", "nan" for "can", "gog" for "dog"	3:0
Final Consonant Devoicing	When a voiced consonant at the end of the word is substituted with a voiceless consonant	"bat" for "bad"	3:0
Prevocalic Voicing	When a voiceless consonant in the beginning of the word is substituted with a voiced consonant	"gomb" for "comb"	3:0
SYLLABLE STRUCTURE	**DEFINITION**	**EXAMPLE**	**APPROX. AGE OF ELIMINATION**
Consonant Cluster Reduction	When a consonant cluster is reduced to a single consonant	"pane" for "plane" or "top" for "stop"	4:0-5:0
Final Consonant Deletion	When the final consonant in a word is left off	"toe" for "toad"	3:0
Initial Consonant Deletion	When the initial consonant in a word is left off	"unny" for "bunny"	N/A*
Weak Syllable Deletion	When the weak syllable in a word is deleted	"nana" for "banana"	4:0
Coalescence	When two phonemes are substituted with a different phoneme that has similar features	"foon" for "spoon"	N/A*
Epenthesis	When a vowel sound is added between two consonants, typically the uh sound	"bu-lue" for "blue"	N/A*
Metathesis	Two sounds or segments are transposed	"cimmanin" for "cinnamon"	N/A*
Reduplication	When a complete or incomplete syllable is repeated	"baba" for "bottle"	2:0

Note: *Norms vary widely in the literature and across individuals as reflected by the age ranges in the chart. Clinicians should not rely solely on the age of suppression for eligibility but rather use this as a guide when considering overall intelligibility*

***N/A indicates atypical phonological processes that are not considered developmentally appropriate at any age.**

References:

Peña-Brooks, A., & Hegde, M. N. (2015). Assessment and Treatment of Speech Sound Disorders in Children: A Dual-Level Text. Austin, TX: PRO-ED. Shipley, K. G., & McAfee, J. G. (2016). Assessment in speech-language pathology: A resource manual. Boston, MA: Cengage Learning.

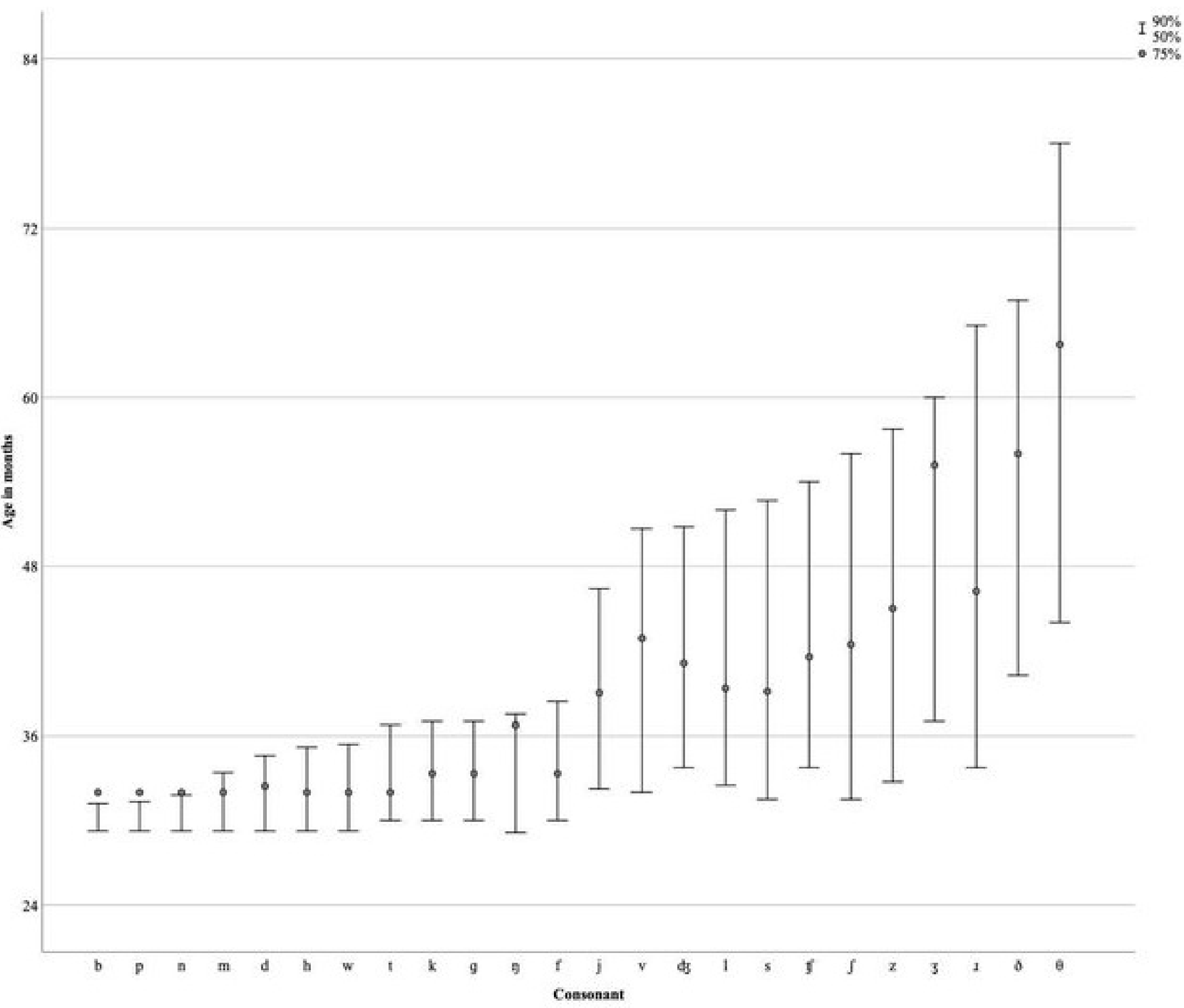
Bennett (11/85: 9/87) Adapted from Hodson (1980); Ingram (1981); Shribert & Kwiakowski (1981); Kahn (1982).

Learning English Consonants (United States)

Average age of acquisition of English consonants in the United States (50%, 75%, 90% criteria)

The review was based on 15 studies of 18,907 children speaking English in the United States (Crowe & McLeod, 2020).

This information supplements the review of consonant acquisition across 27 languages (McLeod & Crowe, 2018) and should be used alongside other information about children's speech acquisition; for example, typically developing 4- to 5-year-old children are usually intelligible, even to strangers (McLeod, Crowe, & Shahaeian, 2015).



Appendix 4-D: Speech Sound Production Severity Rating Scale

Speech Sound Production Severity Rating Scale

Student: ________ **School:** ________ **Grade:** ____ **Date of Rating:** ______ **DOB:** ______ **Age:** ____ **SLP:** ________

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

Instructions: 1. Do not include regional or dialectal differences when scoring.

2. Circle the score for the most appropriate description for each of the four categories, i.e., *Sound Production, Stimulability, Oral Motor, Intelligibility.*

3. Compute the total score and record below.

4. Circle the total score on the bar/scale below.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 **TOTAL SCORE:** ______

No disability | Mild | Moderate | Severe to Profound

Based on assessment data, this student scores in the *Mild, Moderate, or Severe* range on the rating scale for Speech Sound Production. ❑Yes ❑No

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

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

Tennessee Department of Education / Speech or Language Impairment Evaluation Guidance / November 2018

Appendix 4-E: Fluency Severity Rating Scale

Fluency Severity Rating Scale

Student: ________ School: ________ Grade: ____ Date of Rating: ______ DOB: ______ Age: ____ SLP: ________

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

Instructions: 1. Circle the score for the most appropriate description for each of these categories: *Frequency, Descriptive Assessment, Speaking Rate.*

2. Compute the total score and record below.

3. Circle the total score on the rating bar/scale below.

0 1 2 3 4 5 6 7 8 9 **TOTAL SCORE:** ____

No disability | Mild | Moderate | Severe

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

*This assessment provides documentation/supporting evidence of adverse effects of the Fluency Disability on educational performance. *Determination of eligibility as a student with a Speech/Language Impairment is made by the IEP team.* ❑Yes ❑No

Tennessee Department of Education / Speech or Language Impairment Evaluation Guidance / November 2018

Appendix 4-F: Voice Severity Rating Scale

Voice Severity Rating Scale

Student: ________ School: ________ Grade: ____ Date of Rating: ______ DOB: ______ Age: ____ SLP: ________

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

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

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

No disability | Mild | Moderate | Severe

Based on compilation of the assessment data, this student scores in the *Mild, Moderate, or Severe* range for Voice Disorder.

❑ Yes ❑ No

There is documentation/supporting evidence of adverse effects of the Voice Disorder on educational performance.

❑ Yes ❑ No *Determination of eligibility as a student with a Speech and/or Language Impairment is made by the IEP team.*

Tennessee Department of Education, Speech or Language Impairment Evaluation Guidance - November 2018

Appendix 5-A: Language Severity Rating Scale

Language Severity Rating Scale

Student: ______ School: ______ Grade: ____ Date of Rating: ______ DOB: ______ Age: ____ SLP: ______

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

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

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

No disability | Mild | Moderate | Severe

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

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

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

(BOTH STATEMENTS ABOVE MUST BE CHECKED **YES**)

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

Appendix 5-B: Language Chart

	Component	Problem	Characteristics	Potential Effect on Academics	Potential Effect on Socialization
CONTENT	Semantics (Meanings)	Comprehension; gets little meanings from spoken/written language	Has trouble categorizing Lacks specificity Overuses verbal fillers, e.g. "ah" "um" Talks around and switches topic Can't get point across (speech/writing) Hesitates Has word-find problems Can't understand/use multiple-meaning words and figurative language Has difficulty with space, time, and quantity concepts	Basic concept development Talking around the topic Inability to get point across (speech/writing) Reading comprehension (can't identify main idea, distinguish fact from opinion, predict/infer, etc.) Auditory comprehension of vocabulary (idioms, metaphors, etc.)	Stands out in the crowd Can't understand jokes Talks a lot but says nothing Is irritating Appears "spacey" Rotates poorly to peers
FORM	Phonology (Sounds)	Decreased speech accuracy/ intelligibility	Substitutes consonants Omits sounds Is difficult to understand	Phonics/word attack Auditory discrimination Listening skills Verbal volunteering Spelling	Is reluctant to participate Interacts poorly with peers and teachers Has low self-esteem
	Morphology (Structure of Words /word endings)	Oral/written grammar atypical for age	Incorrectly uses plurals, possessives, comparatives, etc. Has difficulty with subject/verb agreement Has poor comprehension Can't follow directions Uses pronouns inaccurately	Auditory comprehension (e.g. generalization from root word to suffixes/prefixes) Mathematics conceptualization (comparison/ story problems) Reading comprehension (doesn't pick up on tense markers) Written expression Spelling	Is reluctant to participate May disrupt class activity Has behavioral problems (e.g. withdrawal, acting out) Has low self-esteem
	Syntax (Sentence Structure)	Oral/written grammar atypical for age	Has improper sentence structure Forms run-on sentences Has difficulty understanding questions Can't follow directions Has poor comprehension Is confused with time concepts	Reading comprehension (e.g. passive transformations, directions, sequencing) Auditory comprehension (e.g. simple sentences, complex paragraphs) Mathematics problems Written expression Response to questions (frequently answers incorrectly, such as "what" for "who")	Can't comprehend abstractions (e.g. riddles and jokes) Has low self-esteem Relates poorly to peers Has behavioral problems Is reluctant to participate
USE	Pragmatics (Use and Purpose)	Inappropriate language/social behaviors	Violates conversational rules Violates personal space Interrupts frequently Makes odd, irrelevant comments Confuses listeners Has poor topic maintenance Can't interpret/use nonverbal cues Doesn't ask clarification questions	Is unable to do independent work Can't attend to discussion Makes excessive or infrequent requests for assistance Has poor conversational skills (e.g. blurts out comments, is insensitive to others, lacks tact) Has poor written expression skills (e.g. is not cohesive, doesn't provide sufficient information) Can't remain on the topic (speech/ writing) Has inadequate class preparation Has poor study skills	Interacts poorly with peers, teachers, and other adults Offends listeners Has behavioral problems Behaves immaturely Has few friends Can't alter behavior according to needs of a particular situation or setting Behaves inappropriately

Appendix 6-A: Determining Percent Delay for *Early On*

Child's Age in Months	20 Percent Delay If the child is functioning at the listed month or below, the child will be eligible for Early On	30 Percent Delay If the child is functioning at the list month or below, the child may be eligible for Early On MMSE	50 Percent Delay If the child is functioning at or below the listed month, the child may qualify for Early On MMSE under ECDD eligibility	Child's Age in Months	20 Percent Delay If the child is functioning at the listed month or below, the child will be eligible for Early On	30 Percent Delay If the child is functioning at the list month or below, the child may be eligible for Early On MMSE	50 Percent Delay If the child is functioning at or below the listed month, the child may qualify for Early On MMSE under ECDD eligibility
1	Any delay	2.8 weeks	2 weeks	**19**	15 months	13.25 months	9.5 months
2	Any delay	5.6 weeks	1 month	**20**	16 months	14 months	10 months
3	2 months	2.5 months	1.5 months	**21**	16 months	14.75 months	10.5 months
4	3 months	2.75 months	2 months	**22**	17 months	15.25 months	11 months
5	4 months	3.5 months	2.5 months	**23**	18 months	16 months	11.5 months
6	4 months	4.25 months	3 months	**24**	19 months	16.75 months	12 months
7	5 months	5 months	3.5 months	**25**	20 months	17.5 months	12.5 months
8	6 months	5.5 months	4 months	**26**	20 months	18.25 months	13 months
9	7 months	6.25 months	4.5 months	**27**	21 months	18.75 months	13.5 months
10	8 months	7 months	5 months	**28**	22 months	19.5 months	14 months
11	8 months	7.5 months	5.5 months	**29**	23 months	20.25 months	14.5 months
12	9 months	8.5 months	6 months	**30**	24 months	21 months	15 months
13	10 months	9 months	6.5 months	**31**	24 months	21.75 months	15.5 months
14	11 months	9.75 months	7 months	**32**	25 months	22.5 months	16 months
15	12 months	10.5 months	7.25 months	**33**	26 months	23 months	16.5 months
16	12 months	11.25 months	8 months	**34**	27 months	23.75 months	17 months
17	13 months	12 months	8.5 months	**35**	28 months	24.5 months	17.5 months
18	14 months	12.5 months	9 months	**36**	29 months	25.25 months	18 months

Adapted from: Michigan Department of Education. *Early On Reference Bulletin* No. 10. (Oct. 21, 2009)

Appendix 6-B: Infant/Toddler Speech & Language Evaluation Tools

Infant/Toddler Speech-Language Informal Evaluation Guideline	
Child's Name ______________________ **DOB:** __________ **Evaluation Date:** ____________	
Health/Medical Information	See Birth to 3 Hearing Development Screening (5-B cont.) ___ Prematurity/NICU stay ___ Delivery complications ___ Passed newborn hearing ___ Additional hospitalizations ___ Any diagnosis/allergies ___ Hx of ear infections ___ Additional doctors (e.g., neurology, ENT) ___ Medications ___ Abnormal developmental milestones ___ Feeding concerns Notes:
Prelinguistic Skills	___ Responsiveness to environment ___ Joint attention ___ Gesture use **Play Skills**: ___ Cause/effect play ___ In/out play ___ Functional play ___ Relational play ___ Self-directed play ___ Symbolic play Notes:
Parent-Child Interaction & Social-Pragmatic Function	___ Eye contact ___ Joint attention ___ Responsiveness to caregiver ___ Gaze shift ___ Affect shift ___ Communicative intent ___ Turn taking Notes:
Receptive Language Skills	___ Turns head to name ___ Understands key words (e.g., look!, no!, up, bye-bye) ___ Follows "give me" directions ___ Identifies named objects/pictures ___ Common objects ___ Body part ___ Clothing items ___ Follows single step directions ___ Understands action words (e.g., run, jump, eat, drink, etc.) ___ Understands preposition concepts (e.g., in, out, on) ___ Understands possessives (e.g., yours, my, his/hers) ___ Follows 2-step directions ___ Understands spatial concepts (e.g., under, behind) ___ Understands qualitative concepts (e.g., big, small, colors, etc.) Notes:
Expressive Language Skills	___ Coo/goo ___ Vocal play ___ Babbling ___ Representational gesture use (e.g., waving, pointing, up) ___ Imitation skills: ___ Play ___ Communicative gestures ___ Sounds ___ Words ___ Vocabulary count: _______ ___ Semantic function: ___ Ask for help ___ Label ___ Request ___ Get attention ___ Protest ___ Greetings ___ To comment ___ Mean length of utterance (MLU): ______ Notes:
Oral Motor/Motor Speech/Articulation Skills	___ Oral mechanism evaluation Notes: ___ Intelligibility rating :_____ ___ Vowel inventory:__________________ ___ Consonant inventory: ____________________ ___ Syllable shapes (e.g., CV, CVCV, etc.): Notes:

PROTOCOL SUMMARY: Tool: ____________ Score(s): ________ Age Equiv: ________ &ile: ________

Tool: ____________ Score(s): ________ Age Equiv: ________ &ile: ________

Appendix 6-B (Continued)

Mean Length of Utterance (MLU) Chart

Brown's Stage	Age in months	MLU range	Morphological Structure	Examples
Stage I	12-26	1.0-2.0	Stage I sentence types	•**Nomination** (that doggie) •**Negation** (no juice) •**Recurrence** (more cookie) •**Possession** (my baby) •**Attribution** (big ball) •**Locative** (cup table) •**Agent-action** (mommy sit) •**Action-object** (hit ball) •**Agent-object** (daddy truck)
Stage II	27-30	2.0-2.5	1) Present progressive (-ing endings on verbs) 2) in 3) on 4) -s plurals (regular plurals)	it going, falling off in box, cat in on tree, birdie on my cars, two ties
Stage III	31-34	2.5-3.0	5) Irregular past tense 6) -s possessive 7) Uncontractible copula (the full form of the verb 'to be' when it is the only verb in a sentence	me fell down Doggie's bone, Mommy's hat Are they there? Is it Emma?
Stage IV	35-40	3.0-3.75	8) articles 9) Regular past tense (-ed endings on verbs) 10) Third person regular present tense	a book, the book she jumped, he laughed he swims, man brings
Stage V	41-46	3.75-4.5	11) Third person irregular 12) Uncontractible auxiliary (the full form of the verb 'to be' when it is an auxiliary verb in a sentence) 13) Contractible copula (the shortened form of the verb 'to be' when it is the only verb in a sentence 14) Contractible auxiliary (the shortened form of the verb 'to be' when it is an auxiliary verb in a sentence)	she has, he does Are they swimming? She's ready. They're here. They're coming. He's going

- Researchers consider mastery of morphemes to be when the child uses the structure 90% of the time or higher.
- These stages were developed for native English speakers.

Kent ISD SLI guidelines committee June 2020

Adapted from:

Bowen, C. (1998). Brown's Stages of Syntactic and Morphological Development.

Retrieved from www.speech-language-therapy.com/index.php?option=com_content&view=article&id=33 on June 17, 2020..

Birth to 3 Hearing Development Screening Checklist

Child Name:________________ **Date Completed:**_________________

DOB:______________________

Birth to 3 Months:

Yes	No	
___	___	Does your child startle, awaken or cry at loud sounds?
___	___	Does your child turn to you when you speak?
___	___	Does your child smile when spoken to?
___	___	Does your child seem to recognize your voice and quiet down if crying?
___	___	When feeding, does your child start or stop sucking in response to sound?

4 to 6 Months:

Yes	No	
___	___	Does your child respond to "No" or changes in your tone of voice?
___	___	Does your child look around for the source of new sounds, e.g., the door bell, vacuum, dog barking?
___	___	Does your child notice toys that make sounds?
___	___	Does your child enjoy hearing his/her own sounds?

7 Months to1 Year:

Yes	No	
___	___	Does your child recognize words for items like "cup", "shoe", "juice"?
___	___	Does your child respond to requests like "Come here" or "Want more"?
___	___	Does your child enjoy games like peek-a-boo or pat-a-cake?
___	___	Does your child turn or look up when you call his or her name?
___	___	Does your child pay attention to music?
___	___	Does your child localize a sound source with accuracy?
___	___	Does your child imitate speech and non-speech sounds?

1 to 3 Years:

Yes	No	
___	___	Can your child point to pictures in a book when they are named?
___	___	Does your child point to a few body parts when asked?
___	___	Can your child follow simple commands and understand simple questions when said without gestures such as: "Roll the ball." "Kiss the baby." "Where's your shoe?
___	___	Does your child understand when called from another room?
___	___	Does your child understand you without needing frequent repetition?
___	___	Does your child continue to notice and localize sounds (telephone ringing, television sounds or knocking at the door)?
___	___	Does your child listen to TV or other media at the same volume as others?
___	___	Does your child acquire new words on a regular basis?

All Ages:

Yes	No	
___	___	Did your child pass the newborn hearing screen?
___	___	Has your child had an Audiology evaluation in the past year?
___	___	Do you have any concerns about your child's hearing?

Conditions associated with possible hearing loss:

___ repeated episodes of otitis media (ear infection), if so, how many and when _________________

___ prematurity	___ failed hearing screening (newborn/other)
___ cranio-facial anomalies	___ experienced head trauma
___ excessive noise exposure	___ exposure to ototoxic drugs
___ any serious illness (including high fever)	___ family history of hearing loss

Outcome:

___Child passed Audiology evaluation Date: __-__-__

___ A referral has been made for an Audiology evaluation

___ Child is being followed by ENT

___ An OAE hearing screen was completed Date: __-__-__

___ An OAE hearing screen is recommended

Adapted from Alvarez/Hearing Checklist-Early On/se, 10/15/99, Reformated: 6/8/05 Clinton County RESA, EOTTA

ASHA'S EARLY CHILDHOOD SPEECH/LANGUAGE DEVELOPMENT

BIRTH to ONE YEAR	
Hearing and Understanding	**Talking**
Birth-3 Months ● Startles at loud sounds ● Quiets or smiles when you talk ● Seems to recognize your voice. Quiets if crying	Birth-3 Months ● Makes cooing sounds ● Cries change for different needs ● Smiles at people
4-6 Months ● Moves eyes in direction of sounds ● Responds to changes in your tone of voice ● Notices toys that make sounds ● Pays attention to music	4-6 Months ● Coos and babbles when playing alone or with you ● Makes speech-like babbling sounds, like *ma*, *ba* and *mi* ● Giggles and laughs ● Makes sounds when happy or upset
7 Months-1 Year ● Turns and looks in the direction of sounds ● Looks when you point ● Turns when name is called ● Understands words for common items and people --words like *cup, truck, juice* and *mommy/daddy* ● Starts to respond to simple words and phrases, like "No," "Come here," and "Want more?" ● Plays games with you, like peek-a-boo and pat-a-cake ● Listens to songs and stories for a short time	7 Months-1 Year ● Babbles long strings of sounds like *mimi, upup*, and *bababababa* ● Uses sounds and gestures to get attention ● Points to objects and shows them to others ● Uses gestures like waving bye, reaching for "up" and shaking head "no" ● Imitates different speech sounds ● Says 1 or 2 words, like *hi, dog, dada, mama, and uh-oh.* This will happen around his the first birthday but sounds may not be clear

ONE to TWO YEARS	
Hearing and Understanding	**Talking**
● Points to a few body parts when you ask. ● Follows 1-part directions, like "Roll the ball" or "Kiss the baby." ● Responds to simple questions, like "Who's that?" or "Where's your shoe?" ● Listens to simple stories, songs, and rhymes. ● Points to pictures in a book when you name them.	● Uses a lot of new words. ● Uses *p*, *b*, *m*, *h*, and *w* in words. ● Starts to name pictures in books. ● Asks questions, like "What's that?", "Who's that?", and "Where's kitty?" ● Puts 2 words together, like "more apple," "no bed," and "mommy book."

TWO to THREE YEARS	
Hearing and Understanding	**Talking**
● Understands opposites, like go–stop, big–little, and up–down. ● Follows 2-part directions, like "Get the spoon and put it on the table." ● Understands new words quickly.	● Has a word for almost everything within their meaningful environment ● Talks about things that are not in the room. ● Uses *k*, *g*, *f*, *t*, *d*, and *n* in words. ● Uses words like *in*, *on*, and *under*. ● Uses two- or three- words to talk about and ask for things. ● People who know your child can understand him. ● Asks "Why?" ● Puts 3 words together to talk about things. May repeat some words and sounds.

Appendix 6-B (Continued)

THREE to FOUR YEARS	
Hearing and Understanding	**Talking**
• Responds when you call from another room. • Understands words for some colors, like *red*, *blue*, and *green*. • Understands words for some shapes, like *circle* and *square*. • Understands words for family, like *brother*, *grandmother*, and *aunt*.	• Answers simple who, what, and where questions. • Says rhyming words, like *hat–cat*. • Uses pronouns, like *I*, *you*, *me*, *we*, and *they*. • Uses some plural words, like *toys*, *birds*, and *buses*. • Most people understand what your child says. • Asks when and how questions. • Puts 4 words together. May make some mistakes, like "I goed to school." • Talks about what happened during the day. Uses about 4 sentences at a time.

FOUR to FIVE YEARS	
Hearing and Understanding	**Talking**
• Understands words for order, like *first*, *next*, and *last*. • Understands words for time, like *yesterday*, *today*, and *tomorrow*. • Follows longer directions, like "Put your pajamas on, brush your teeth, and then pick out a book." • Follows classroom directions, like "Draw a circle on your paper around something you eat." • Hears and understands most of what she hears at home and in school.	• Says all speech sounds in words. May make mistakes on sounds that are harder to say, like *l*, *s*, *r*, *v*, *z*, *ch*, *sh*, and *th*. • Responds to "What did you say?" • Talks without repeating sounds or words most of the time. • Names letters and numbers. • Uses sentences that have more than 1 action word, like *jump*, *play*, and *get*. May make some mistakes, like "Zach gots 2 video games, but I got one." • Tells a short story. • Keeps a conversation going. • Talks in different ways, depending on the listener and place. Your child may use short sentences with younger children. He may talk louder outside than inside.

Taken from ASHA's "How Does Your Child Hear and Talk?"
https://www.asha.org/public/speech/development/chart/

Appendix 6-C: Common Early Childhood Evaluation Tools

COMMON EARLY CHILDHOOD EVALUATION TOOLS		
Domain Area(s):	**Tool:**	**Age Range:**
Comprehensive Language Assessments:		
	MacArthur Bates Communicative Developmental Inventories	8 months to 36 months (3 years)
	Preschool Language Scale-5th ed. (PLS-5) *Preschool Language Scale-5th ed. Spanish (PLS-5 Span.)*	Birth to 7:11 years
	Receptive-Expressive Emergent Language Scale-4th ed. (REEL-4)	Birth to 36 months (3 years)
	Rossetti Infant Toddler Language Scale (Rossetti)	Birth to 36 months (3 years)
	Clinical Evaluation of Language Fundamentals-Preschool-3 (CELF-3)	3:0 years to 6:11 years
Receptive Language Assessments:		
	Receptive One-Word Picture Vocabulary Test- 4th ed. (ROWPVT-4)	2:0 years to 26+ years
	Peabody Picture Vocabulary Test-5th ed. (PPVT-5)	2:6 years to 26+ years
Expressive Language Assessments:		
	Expressive One-Word Picture Vocabulary Test -4th ed. (EOWPVT-4)	2:0 years to 26+ years
Articulation Assessments:		
	Goldman-Fristoe Test of Articulation-3rd ed. (GFTA-3) *Goldman-Fristoe Test of Articulation-3rd ed. Spanish (GFTA-3 Span.)*	2:0 years to 21:11 years
	Arizona Articulation Phonology Test-4th ed. (Arizona-4)	18 months to 21:11 years
	Clinical Assessment of Articulation and Phonology-2nd ed. (CAAP-2)	2 years to 11:11 years
	Structured Photographic Articulation Test-3rd ed. (SPAT-D3)	3:0 years to 9:11 years
Other Assessment Tools:		
	Bayley Scales of Infant and Toddler Development 4th ed. (Bayley-4)	16 days to 42 months
	*Developmental Assessment of Young Children-2nd ed. (DAYC-2)**	Birth to 5:11 years
	*Infant-Toddler Developmental Assessment-2nd ed. (IDA-2)**	Birth to 36 months (3 years)
	*The Carolina Curriculum of Infants-Toddlers with Special Needs**	Birth to 36 months
	*The Carolina Curriculum of Preschoolers with Special Needs**	24 months to 60 months (5 years)
	The Battelle Developmental Inventory for Young Children-3rd ed. (BDI-3)	Birth to 7;11 years
	The Brigance Inventory of Early Development (IED) III	Birth to 7 years
	Age-Anchoring Tools (e.g. MEISR)*	Specific to the protocol/testing battery

**This evaluation tool also includes subtests that assess across developmental domains: gross motor, fine motor, social-emotional, adaptive behavior, etc.*

Appendix 7-A: Articulation Considerations for English Learners

Analysis of the Informal and Formal Bilingual Articulation Assessment

Conduct informal and formal articulation assessment in English.
Train an interpreter to describe the articulation difficulties in the other language. Ask the interpreter for information about the syllable structure in the other language (CVC, CV, VC, clusters, etc.)
Search the web for www.accent.gmu.edu to obtain an IPA chart for the other language.
Search the Internet for information about the syllable structure in the other language (CVC, CV, VC, clusters,

↓

Determine the specific articulation errors that occur in English in single words and connected speech.
Ask the interpreter to list sounds in error in the other language.

↓

A phoneme is incorrect in English.

↓

Does the other language have the same phoneme?
Is the syllable structure the same?

→ Yes, the other language has the same phoneme. The other language has the same syllable structure.

↓

Does the student articulate this phoneme correctly in the other language?

→ No, the student does not articulate this sound or phonological process in the other language. Then the student may need accommodations and/or specialized teaching to acquire this phoneme. Developmental expectations need to be considered.

↓

Stimulability assessment may be helpful in refining goals and objectives and in developing specialized teaching objectives and strategies that may be helpful to the student.

→ Yes. Then the student will need to transfer this phoneme to English, as is expected for all ESOL students.

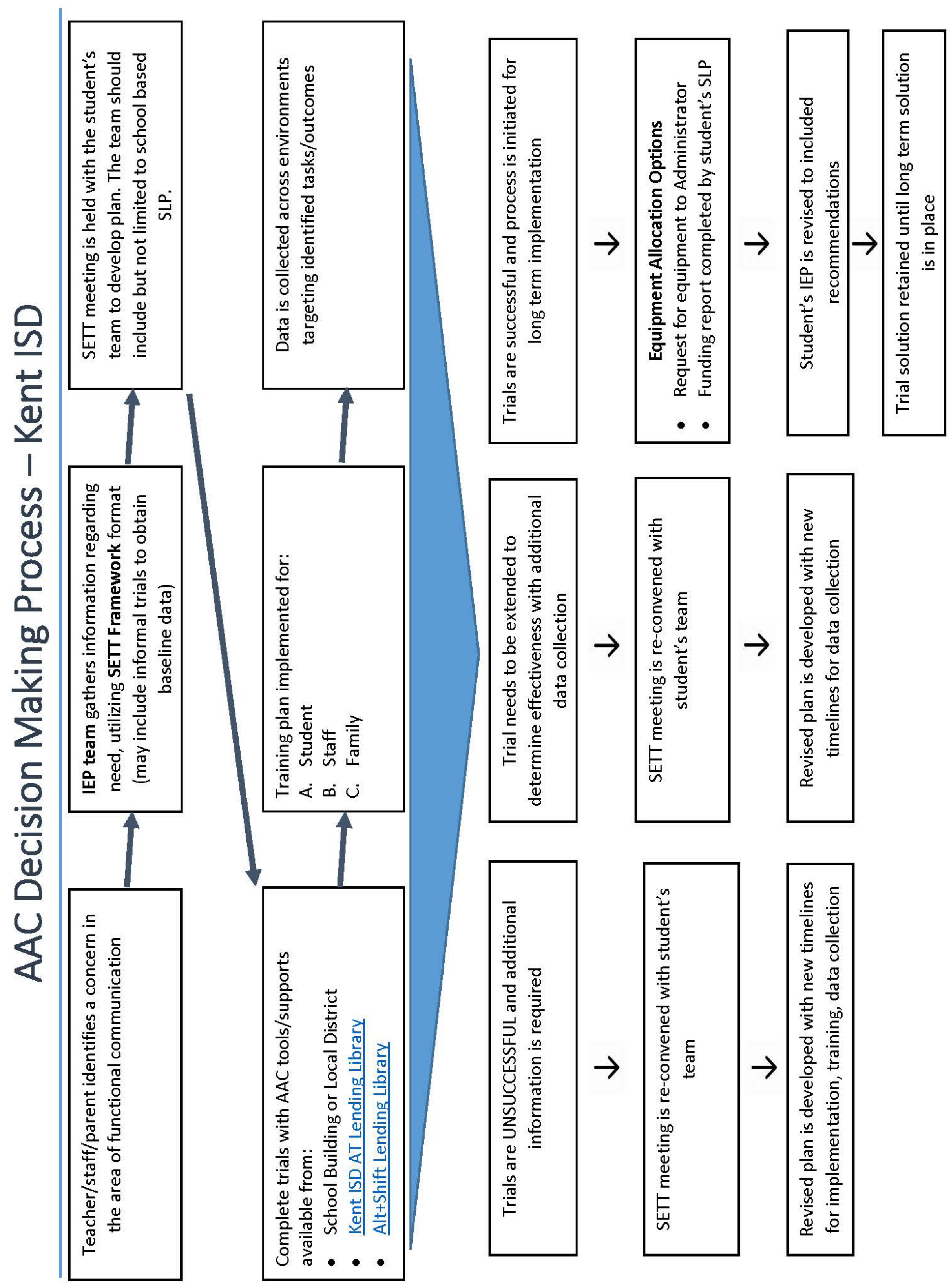
→ No, the other language does not have the same phoneme. Or, no, the syllable structure is not the same (e.g. few final consonants as in Spanish, no consonant clusters as in Turkish, etc.)

↓

Then the articulation error in English may reflect the influence of the other language on English. The student will need to learn this phoneme, as is expected for all ESOL students. No speech therapy objectives are needed to address this sound.

Courtesy of Claire Greenlea, Speech Language Pathologist, Richardson Independent School District, Richardson Texas

Appendix 8-A: AAC Decision Making Process



Appendix 8-B: Communication Bill of Rights

National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)

Communication Bill of Rights

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. Beyond this general right, a number of specific communication rights should be ensured in all daily interactions and interventions involving persons who have severe disabilities. To participate fully in communication interactions, each person has these fundamental communication rights:

1. The right to interact socially, maintain social closeness, and build relationships
2. The right to request desired objects, actions, events, and people
3. The right to refuse or reject undesired objects, actions, events, or choices
4. The right to express personal preferences and feelings
5. The right to make choices from meaningful alternatives
6. The right to make comments and share opinions
7. The right to ask for and give information, including information about changes in routine and environment
8. The right to be informed about people and events in one's life
9. The right to access interventions and supports that improve communication
10. The right to have communication acts acknowledged and responded to even when the desired outcome cannot be realized
11. The right to have access to functioning AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times
12. The right to access environmental contexts, interactions, and opportunities that promote participation as full communication partners with other people, including peers
13. The right to be treated with dignity and addressed with respect and courtesy
14. The right to be addressed directly and not be spoken for or talked about in the third person while present
15. The right to have clear, meaningful, and culturally and linguistically appropriate communications

For more information, go to NJC Website: www.asha.org/njc

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Romski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121–138.

Appendix 8-C: Home Use Agreement

Assistive Technology Home Use Agreement Form

School District Name:________________________

Loan of Assistive Technology Equipment and Accessories for Home Use Agreement

Student Name:	Contact:
School:	Contact Email:
Item Loaned:	Device ID:
Value of Loan:	Reason for Loan:

Terms of Agreement:

- Prevent loss or abuse of equipment and return items(s) in working order and good condition.
- Immediately notify agency representative
- Assume financial responsibility for replacement/repair of any items lost or damaged as a result of neglect or carelessness.
- Use equipment/software/apps for educational purposes only.
- Use the device for intended educational purpose only.
- To not modify the device in any manner without written consent of district personnel. This includes repair, maintenance, upgrading, loading or deleting of software/apps, and
- To not download any software/apps to any device (downloads are strictly prohibited).
- Add/edit vocabulary for communication under direction of district personnel only.
- Parent agreement and signature to local school district Student Internet Acceptable Use Policy.

Violation of any of the above policies can result in the immediate termination of the loan.

The device has been imaged and programmed by district personnel as of: ______________

Applicant assurance:
I certify that I am responsible for above terms and take responsibility for loaned equipment under these terms.

Authorized School Staff Signature	Printed Staff Name	Date
Parent Signature	**Printed Parent Name**	**Date**
Student Signature	**Printed Student Name**	**Date**

September 2016

Appendix 8-D: Kent ISD AT Consideration Guide

Assistive Technology Consideration Guide for IEP Teams

Student Name: ______________________________ Date: ______________________

Completed by (name and role): ____

____

Input received from student and/or family, caregiver or guardian: ☐ Yes

STEP 1:
Using the student's present levels of performance, in which general area(s) does the student experience difficulty completing instructional tasks:

☐ Writing/Written Composition	☐ Spelling	☐ Reading	☐ Math
☐ Study/Organizational Skills	☐ Hearing/Listening	☐ Oral Communication/Language	☐ Seating/Positioning/Mobility
☐ Activities of Daily Living	☐ Recreation/Leisure	☐ Prevocational/Vocational	☐ Other

With current supports:
☐ Student is demonstrating optimal progress and independence > **Move to STEP 3**
☐ Student is NOT demonstrating optimal progress and independence > **Move to STEP 2**

STEP 2:
A. Has assistive technology been tried to address the areas of need above?
☐ YES, the following tools have been tried:

Tool	Effective
	☐ yes ☐ no
	☐ yes ☐ no
	☐ yes ☐ No
	☐ yes ☐ No

☐ NO, assistive technology has not been tried.

B. **Move to STEP 3**

STEP 3: Consideration Outcomes
☐ AT is not needed to support attainment of student's IEP goals and objectives.
☐ AT is currently being used and is supporting optimal independence in the school environment.
☐ AT is being used, but is not sufficiently supporting optimal independence in the school environment.
The team has a plan for additional AT exploration or training the student and staff.
The team would like help with: ☐ Training ☐ SETT Process > **Move to STEP 4**

☐ The student is not using AT and may benefit from its use.
☐ The team has a plan for AT exploration including a SETT meeting.
☐ The team would like help with the SETT process > **Move to STEP 4**

STEP 4: SETT Process
Proceed to **SETT Document (Google Doc)** **SETT Framework (PDF)**
Proceed to **Full Consideration Guide**
Utilize **Resources Guide for Supports and Accommodations**

Appendix 9-A: ASD Evaluation Team Observation Form

<table>
<tr><th colspan="2">School-Age Evaluation Team Observation Form and Probe Questions</th></tr>
<tr><th>Reciprocal Social Interaction -
Probe Questions</th><th>Reciprocal Social Interaction -
Observation Notes</th></tr>
<tr><th colspan="2">* Required for ASD Eligibility in two of the following areas:</th></tr>
<tr><td>Nonverbal Behaviors
• Use eye contact to engage the conversational partner?
• Use facial expressions to match the situation?
• Gesture to engage and influence?
• Demonstrate consciousness of physical proximity?
Peer Relationships
• Interact with peers in activities appropriate to developmental level?
• Appear indifferent to peers?
• Engage in developmentally appropriate activities?
• Appear attuned to the subtleties of interactions with peers?
Spontaneous Sharing
• Approach or seek out another person?
• Approach another person to share something of interest?
Reciprocity
• Take turns during a conversation?
• Show empathy to match the mood of a peer?
• Exhibit tolerance of changes in the topic?
• Show an awareness of the partner's interests during conversation or play?</td><td><u>Evidence of Impact:</u>

<u>Evidence of No Impact:</u></td></tr>
<tr><th>Communication as it Relates to ASD -
Probe Questions</th><th>Communication as it Relates to ASD -
Observation Notes</th></tr>
<tr><th colspan="2">* Required for ASD Eligibility in one of the following areas:</th></tr>
<tr><td>Communicative Intent
• Respond to other people?
• Communicate to request or protest?
• Gesture or take the hand of an adult to direct the adult to a wanted item?
• Use eye gaze, vocalizations, facial gestures, signing, or pictures to indicate wants?
Pragmatics
• Provide sufficient background or reference information to the partner to understand and participate in a conversation?
• Use and react to nonverbal cues exhibited by others?
• Use vocabulary and knowledge base to express emotions/feelings in a variety of situations?
• Understand and use non-literal language (e.g., idioms or slang)?
• Discuss at length a single topic that is of little or no interest to others?
Stereotyped/Repetitive Use of Language
• Display atypical communication such as echolalia, perseveration, and pronoun reversals?
• Speak with a flat, emotionless voice or with exaggerated inflection?
• Repeatedly use a limited number of utterances?
Lack of Varied Play
• Play with toys as intended?
• Recognize the play repertoire of peers has changed?
• Participate in age-appropriate play?</td><td><u>Evidence of Impact:</u>

<u>Evidence of No Impact:</u></td></tr>
</table>

Appendix 9-A (Continued)

<table>
<tr><th>Restrictive, Repetitive, and Stereotypical Behaviors -
Probe Questions</th><th>Restrictive, Repetitive, and Stereotypical Behaviors -
Observation Notes</th></tr>
<tr><td colspan="2">* Required for ASD Eligibility in one of the following areas:</td></tr>
<tr><td>Preoccupation
● Exhibit an all-consuming, high interest in objects, topics, or themes beyond typical developmentally appropriate levels?
● Have a restricted or narrow range of interests, including unusual interests, as compared to peers?
● Show difficulty letting go of perseverative thoughts, activities, actions, or behaviors?
Inflexibility
● Use ritualistic actions or behaviors?
● Rigidity in routine, difficulty with change, and/or transitions?
● Display an insistence on sameness?
Stereotyped or Repetitive Motor Mannerisms
● Display repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, or chewing?
● Use self-injurious behavior?
Preoccupation with Parts of Objects
● Twirl, spin, and/or bang objects in a hyper-focused manner?
● Fixate on how an object works rather than its function?</td><td><u>Evidence of Impact:</u>

<u>Evidence of No Impact:</u></td></tr>
<tr><td colspan="2"><u>OTHER Relevant Impacting Factors</u></td></tr>
<tr><td colspan="2">* NOT Required for ASD Eligibility, yet may be relevant in determining supplemental aids & services, PLAAFP and goals/objectives development and programs and services</td></tr>
<tr><th>Response to Sensory Stimuli -
Probe Questions</th><th>Response to Sensory Stimuli -
Observation Notes</th></tr>
<tr><td>Visual/Sight
● Close eyes, squint, avoid visual stimuli?
● Throw items, stare intensely at objects, move objects/fingers in front of eyes?
Tactile/Touch
● Have clothing/food sensitivities?
● Overreact to unexpected touches? Desire to touch others or objects?
● Display poor hygiene? Have a need to fidget with objects?
Auditory/Hearing
● Cover ears? Avoid noisy environments? Overreact to unexpected sounds (e.g., fire alarms, barking dogs)? Prefer loud volume on electronics?
● Seek auditory input by creating noise (e.g., tap pencil, hum, vocalize)?
● Show no response or decreased awareness to auditory input (e.g., sounds, voices)?
Olfactory/Smell
● Plug nose? Smell things undetectable to others?
● Avoid certain odorous foods, people, and/or environments?
● Smell items – even those that typically do not have an odor? Sniff people?
Oral/Taste
● Gag? Vomit? Extremely limited diet? Refuse to try new foods?
● Prefer certain textures or temperatures of foods? Mouth and chew objects and clothing?
● Crave certain types of flavors of foods? Eat non-food items?</td><td><u>Evidence of Impact:</u>

<u>Evidence of No Impact:</u></td></tr>
</table>

Appendix 9-A (Continued)

<table>
<tr><td>Movement
● Avoid playground/gym activities? Avoid head movement?
● Toe walk? Spin? Swing? Bounce? Run in atypical fashion? Fidget? Move constantly?
Proprioceptive/Input to Joints and Muscles
● Fall off chair? Stomp feet?
● Display excessive or weak force on objects or people? Bang into people or objects?
● Prefer heavy work activities such as carrying heavy items?
● Wrap self tightly in blankets? Frequently hug with force?
● Loose grasp on pencil or writing/coloring tool?</td><td></td></tr>
<tr><td>Academic Engagement
Probe Questions
*Please note that Cognitive Assessments are not needed to determine ASD Eligibility. In fact, they are most often not an accurate representation of the student's ability</td><td>Academic Engagement
Observation Notes</td></tr>
<tr><td>Academic
● Is the student's disability impacting their academic skills and/or engagement</td><td><u>Evidence of Impact</u>

<u>Evidence of No Impact</u></td></tr>
<tr><td>Engagement
● Student's disability is impacting their ability to engage in their education</td><td><u>Evidence of Impact</u>

<u>Evidence of No Impact</u></td></tr>
<tr><td colspan="2">*Required for ASD Eligibility</td></tr>
<tr><td>Adverse Impact
● Student's disability is adversely impacting their social, behavioral, communication and is preventing them access to their general education curriculum/environment</td><td><u>Evidence of Impact</u>

<u>Evidence of No Impact</u></td></tr>
</table>

References & Resources

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