LANGUAGE/SPEECH EVALUATION, ELIGIBILITY DETERMINATION, AND DISMISSAL

Mississippi Policies and Procedures Regarding Children with Language/Speech Disorders under IDEA 2004

Draft 3/16/11
Screening should be conducted by a health care professional.

The hearing screening shall consist of pure tone screening at 1000, 2000, and 4000 Hz or Speech Reception Threshold at 25dB. The clinician may screen 6000 and 8000 Hz at 25dB and 500 Hz at 30dB at his or her discretion.
HEARING SCREENING GUIDELINES

- At risk children should be rescheduled 7 calendar days for a second screening.
  - At-risk" is:
    - failure to pass one or more frequencies (1000, 2000 or 4000 at 25db) or SRT at 25 dB in at least one ear OR
    - Tympanometry results reveal:
      - middle ear pressure outside the range of 200 and +50 mm H2O or
      - excessively stiff or flaccid tympanogram in either ear.

- If the initial hearing screening was conducted using automated audiometry, the second screening shall consist of traditional pure tone screening.
HEARING SCREENING GUIDELINES

- When the child cannot be conditioned for screening, a quantitative description of hearing must be completed by
  - an individual who works with the child,
  - has knowledge of the child’s hearing
  - and is trained in recognizing developmentally appropriate hearing behavior.

- A screening of a child’s hearing by a licensed or certified audiologist or otolaryngologist
  - shall consist of a protocol deemed appropriate for the individual child and
  - will determine if the child is at risk of having a hearing impairment.
HEARING EVALUATION GUIDELINES

For a child who fails hearing screening
- A statement of adequate hearing by an audiologist or otolaryngologist is sufficient.

If a child’s hearing ability cannot be formally determined by a licensed or certified audiologist or otolaryngologist, but there is evidence that a disability exists:
- MET can continue with the comprehensive assessment and eligibility determination while taking the results of the audiological assessment into consideration.
  - Use appropriate assessment tools and methods.
  - Report any deviations from standard assessment procedures.
HEARING EVALUATION
GUIDELINES

An evaluation of a child’s hearing by a licensed or certified audiologist or otolaryngologist

– shall include all of the components of a complete hearing evaluation to be used in determining the eligibility of Hearing Impairment as defined in MDE Policies.
It is imperative that the SLP follow all of the MDE Special Education policies and procedures when conducting an evaluation. Including but not limited to:

- 300.8 and 300.39
- 300.304 through 300.311
- Special Education Eligibility Determination Guidelines

Please refer to information provided by the American Speech-Language-Hearing Association for best practices.
An SLP may conduct a language/speech screening for assessment, including:

- observation(s),
- a review of records, data and other information specific to the student to determine if further language/speech assessment is warranted
- administration of a published and/or non published screener(s) and other screening methods such as non-word repetition tasks, rapid word recall tasks, checklist(s), etc.

The MET will include an SLP when further language/speech assessment is needed.
GENERAL LANGUAGE/SPEECH PROCEDURES

- An SLP **must** be a part of MET when a child exhibits language difficulties as a result of any of these suspected disabilities:
  - Autism
  - Developmentally Delayed
  - Hearing Impairment (if applicable)
  - Language/ Speech Impairment
  - Specific Learning Disability
  - Traumatic Brain Injury
LANGUAGE/SPEECH EVALUATION REQUIREMENTS

A. A statement as to whether the child’s communication difficulties are due to cultural/dialectical differences, maturational development, lack of stimulation in the child’s environment, lack of educational instruction, and/or limited English proficiency.

B. Results of a hearing screening and any follow-up hearing evaluation information.

C. Observation of communication in the classroom or current setting and/or report of the child’s communication effectiveness from the classroom teacher or childcare provider.
D. Parent interview/report on communication.

E. Report of child’s overall performance in the classroom or current setting.

F. Standardized testing instrument(s) completed by an SLP.

G. Additional assessment completed by an SLP to include, but not be limited to:
   - criterion-referenced language measures,
   - curriculum-based language assessments, and/or
   - assessment of overall communicative ability.
H. Formal and/or informal assessment of communication in conversational speech.

I. Documentation of the adverse impact that communication has on educational, social/behavioral or vocational performance:
   - Oral performance
   - Listening/comprehension
   - Pre-literacy/literacy
   - Pre-writing/writing
   - Pragmatic interaction with peers and adults
   - Reaction-self, peers, and/or others
   - Future vocational performance and/or implications
   - For preschool children, how communication affects the child’s participation in appropriate activities.
LANGUAGE/SPEECH EVALUATION REQUIREMENTS

- All of the components A-I and a summary of the evaluation results should be included in the language/speech report or language/speech report section.

- The entire report should be included with the eligibility determination report and be provided to the parent.
In addition to the components A-I listed for all language/speech evaluations, the fluency evaluation shall include:

- A description of the types of dysfluencies.
- Documentation on the severity of the dysfluencies.
- Documentation of any secondary characteristics.
- Documentation of when and where the dysfluencies occur.
Voice

In addition to the components A-I listed for all language/speech evaluations, the voice evaluation shall include:

- An oral-peripheral examination.
- Documentation that a 10 calendar day interval between measures was observed (the measures may be the same but must be approximately 10 days apart).
- Formal or informal measures including observation during or prior to the assessment process.
- Documentation of a physical examination/voice evaluation conducted by the appropriate medical specialist.
Articulation/Phonological Processes

In addition to the components A-I listed for all language/speech evaluations, the articulation evaluation shall include:

- Documentation of an oral-peripheral examination.
- Documentation of the level of intelligibility based on:
  - A standardized measure or
  - Conversation or elicited speech throughout the evaluation.
- Documentation of stimulability.
- If the child does not respond to a formal articulation test, conduct an articulation inventory including sounds in the child’s repertoire and phonemes elicited through imitation.
Articulation/Phonological Processes

- For moderate or more severe articulation, an assessment of phonological processes may be warranted.

- Phonological processing disorders can be assessed using standardized testing instruments.

- The processes exhibited by the child should be identified, documented, and described in the language/speech evaluation.
Articulation/Phonological Processes

- Phonological processes include, but are not limited to:
  - Voicing Processes
  - Deletion Processes
  - Fronting Processes
  - Syllable Processes
  - Phoneme Processes

- Note: If a child presents with a phonological processing disorder, this may be an indicator of a language disorder, and further assessment in language may be warranted.
Language

- When a parent, district personnel, another agency or TST (Teacher Support Team) suspects that a student has a communication (language) disability a request should be made for an evaluation.

- Interventions for communication including language are not required for eligibility determination.

- An SLP may be a member of the MET, and shall complete the language evaluation.

- Refer to Memo from OSEP
  http://www.mde.k12.ms.us/special_education/pdfs/RT_I_Memo_1-21-11.pdf
In addition to the components A-I listed above, the language evaluation shall include:

- Documentation of the type of language deficit, including but not limited to:
  - Morphology
  - Syntax
  - Semantics
  - Pragmatics, and/or
  - Phonology
Language

After gathering assessment data, including the data from the components A-I listed above,

– if more data is needed to determine eligibility, a dynamic assessment approach should be undertaken during the 60 day timeline.
Language Dynamic Assessment

- The teacher, teacher assistant, or other trained personnel works with the student individually or in a small group in an educational environment (general education classroom).

- The data is analyzed and discussed with the teacher weekly.

- If little or no progress is made, observations should be made to assure the methods are being effectively implemented, with adjustments made as needed.

- If little or no progress is being made this information should assist in eligibility determination.

- If progress is being made, gradually reduce support while data is kept and analyzed each week.
Language

- The dynamic assessment information and data will be included in the SLP’s report or the SLP’s portion of the report which will assist in eligibility determination.
Language

- For students where the evidence does not indicate the need for language/speech eligibility but continued support is needed, alternative models may address the student’s needs.

- At various times throughout the ‘at risk’ child’s education continued support in general education, additional district resources and/or alternative service delivery methods may be required.
In the instance when an obvious communication (language) deficit is suspected, the parent, public agency (i.e., teacher, speech-language pathologist, administrator, etc.), or Teacher Support Team (TST)

shall make a written request for a multidisciplinary evaluation team meeting.

LANGUAGE INTERVENTIONS ARE NOT REQUIRED!
LANGUAGE ENHANCEMENTS

- Language enhancements benefit students who display language deficits but do not meet the criteria for an obvious language referral due to other factors (exposure, cultural background, etc.).

- When decisions are made regarding the need for language enhancements for at-risk children, the information should be reviewed with or by an SLP as part of TST.
  - Children at-risk for language disorders should be identified through screenings by an SLP.
  - Evaluation/Eligibility Frequently Asked Questions, #21
Language enhancement documentation should follow a dynamic assessment approach:

- Use a screening method to determine a student’s area of strengths and weaknesses.

- Select a specific skill to target for a short time period (2-4 weeks).

- Document the student’s progress towards the targeted skill(s). (This serves as progress monitoring documentation.)

- If little or no progress was made, referral to the MET is warranted.
LANGUAGE ENHANCEMENTS

The length of the enhancement should be determined by TST, but within 6 weeks the team should be able to make a determination.

If progress is made then, based on the data, the enhancement may be continued and gradually reduced in frequency and intensity.

A child who is at risk may require
- continued support in general education and general education resources
- alternative service delivery methods
When a student is considered at risk,
- an SLP may be a member of TST, and **oversee** and **design** the intervention conducted by the teacher, teacher assistant, and/or interventionist.
- When a student is suspected of having a language disorder a referral for assessment should be made!
As part of a comprehensive assessment for a child suspected of having autism, the language speech evaluation shall be completed by a licensed speech-language pathologist.

In addition to the components A-I listed above, the language/speech evaluation shall include:

– Documentation of prosody – a statement that unusual/usual prosody was observed is sufficient
If a child suspected of having a developmentally delayed exhibits language weaknesses, then the SLP should determine if further language assessment is warranted based on language/speech screening, observation, and/or review of data.

When a language/speech evaluation is warranted, the evaluation shall include all of the components of A-I above.
Other Disabilities

- **Specific Learning Disability**
  - When a language/speech evaluation is warranted, the evaluation shall include all of the components of A-I above.

- **Other Health Impaired**
  - Children with complex medical conditions that involve motor control and swallowing may need a consult with an SLP.
  - The MET or IEP committee shall determine whether a child needs an SLP consultation in the area of swallowing when a complex medical condition exists.

- **Augmentative/Alternative Communication:**
  - An augmentative/alternative communication evaluation shall always be considered and documented as part of a comprehensive communication assessment.
ALTERNATIVE SERVICE DELIVERY MODELS

- An alternative delivery model guided by the SLP in inclusive settings could be helpful for addressing deficits in students whose language/speech difficulties have no adverse impact.

- Training is imperative not only for SLPs, but also for general educators, special educators, and administrators.

- SLPs can design interventions for children with mild language/speech deficits.
  - SLPs can train parents, teachers, teacher assistants, and/or other professionals in strategies for improving language/speech skills.
SLPs should shift from a “caseload” mentality, in which an SLP strictly looks at the number of students on a caseload, to a “workload” mentality, in which the SLP looks at how much “work” each individual student demands.

This shift means that every child is NOT going to receive “30 minutes, 2 times per week” for a model of service delivery.

The amount of service delivery time should be made on an individual basis.

As particular skills are acquired, changes may be needed in the location, type, frequency, or duration of the therapy services.
Caseload vs. Workload

- For more information on the caseload vs. workload approach, visit ASHA’s website at [www.asha.org](http://www.asha.org).
- Examples and Worksheets for the Workload Analysis Approach [http://www.asha.org/slp/schools/examples](http://www.asha.org/slp/schools/examples)
- Caseload/Workload [http://www.asha.org/slp/schools/resources/schools_resources_caseload.htm](http://www.asha.org/slp/schools/resources/schools_resources_caseload.htm)
- School Services Frequently Asked Questions [http://www.asha.org/slp/schools/school_serv_FAQ.htm#3](http://www.asha.org/slp/schools/school_serv_FAQ.htm#3)
Dismissal Criteria for Language/Speech:

- Students should be dismissed from Language/Speech therapy when one of the following criteria is met:
  - a. they no longer have a disability and/or
  - b. they no longer require language/speech services due to their disability.

- Procedures should include:
  - a) a review of the IEP
  - b) review of current data to determine adverse educational impact
  - c) administration of assessments/evaluations when appropriate
  - d) interviews with teachers, parents, and therapists
  - e) observations across settings
Dismissal Criteria for Language/Speech:

- If testing is warranted, the parent must receive WPN and Procedural Safeguards and parental consent must be obtained in writing for further evaluation.

- If the IEP Committee determines that a change in services is needed (dismissal or other change), the IEP must be revised to reflect the change.

- If the IEP Committee suspects the child no longer has a disability, reevaluation procedures should be followed.
Dismissal Criteria for Language/Speech

The IEP committee determines that Language/Speech services are no longer warranted due to:

– 1. The student no longer meets the eligibility criteria for language/speech services due to mastery of IEP goals/objectives.

– 2. The student’s communication no longer has an adverse educational impact on educational, social/behavioral or vocational performance.
The IEP committee determines that Language/Speech services are no longer warranted due to:

- 3. The student’s progress has plateaued or has shown a lack of progress, and the student no longer benefits from language/speech services.
  - Documentation of lack of progress should be shown on the IEP’s report of progress.
  - Students can demonstrate lack of progress due to:
    - Limited physical, mental, or emotional ability to self-monitor communication
    - Poor attendance
    - Lack of motivation
    - Limited potential for a significant change in communication skills
Dismissal Criteria for Language/ Speech

The IEP committee determines that Language/ Speech services are no longer warranted due to:

- 4. The student no longer requires language/speech services due to his/her disability.
  - Skills are being monitored and maintained by others in the student’s environment.
  - Skills are being addressed by others in the student’s environment (i.e. special education teacher(s), para-professional(s), general education teacher(s), etc)
There are dismissal criteria in the procedures to provide guidance, and there are many resources available from ASHA’s website, including:

- School Services Frequently Asked Questions
  [http://www.asha.org/slp/schools/school_serv_FAQ.htm#7](http://www.asha.org/slp/schools/school_serv_FAQ.htm#7)

- Eligibility and Dismissal Criteria including "Adverse Affect"
  [http://www.asha.org/slp/schools/prof-consult/eligibility.htm](http://www.asha.org/slp/schools/prof-consult/eligibility.htm)

- Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies

- Roles and Responsibilities of Speech-Language Pathologists in Schools:

- Eligibility Decisions and Dismissal Versus Continued Eligibility:
  [http://www.asha.org/slp/schools/prof-consult/EligibilityExcerpt.htm](http://www.asha.org/slp/schools/prof-consult/EligibilityExcerpt.htm)

- Admission/Discharge Criteria in Speech-Language Pathology
Do we use cognitive referencing (higher ability) for articulation, voice, fluency or language?

- Under the new MDE policies, cognitive referencing, or higher ability level, is no longer needed to determine if a child is eligible for language/speech. Determination of eligibility for language/speech services should be based on an assessment that includes:
  - Observation in various school settings
  - Teacher and parent input
  - Curriculum Based Language Assessment
  - Criterion referenced test(s)
  - Language sample(s)
  - Formal assessments yielding standard scores.

- The communication needs, demands, and educational impact academic, social and/or vocational settings must be considered. The eligibility determination should be based on the preponderance of the data.

- ASHA does not support the use of cognitive referencing, as research has shown that some language abilities can actually surpass IQ. For further information on cognitive referencing research, please refer to ASHA’s website at: http://www.asha.org/slp/schools/prof-consult/cog-ref.html.
Do we still use norms?

- For articulation eligibility, normative data refers to articulation norms from standardized instruments and/or current research.
- Recent research has moved away from using formal norms for articulation.
- Normative data are just one small component of a comprehensive assessment that includes:
  - **Articulatory stimulability**
  - **Conversational speech intelligibility**
  - **The academic, social/behavioral, and vocational impact of an articulation disorder on the child's educational performance**
- Most of the time performance on a standardized assessment will be sufficient to show a child is below same age-level peers (i.e., Standard Score <85).
- An exception would be a child with a normal range standard score (85-115) whose intelligibility decreases in conversation, indicating a possible language problem.
How do we use models without cognitive referencing and still not put every child in therapy, such as those who do not need an SLP to improve?

- Whether or not a child needs language/speech therapy should be an IEP Committee decision based on the individual child’s communication needs.

- If a child’s communication adversely impacts performance in academic, social/behavioral, and/or vocational settings, and it appears that the child needs language/speech services to benefit from their special education services, then the child should receive language/speech therapy.

- Refer to the aforementioned ASHA resources for further guidance in eligibility decision making.
With rulings for autism, hearing impaired, traumatic brain injury, specific learning disability (oral expression, listening comprehension), and developmentally delayed, is language required as a separate ruling?

- For these eligibility categories a separate language ruling is **NOT** required for a child to receive language services from an SLP.

- The MET can decide to include language as a separate ruling.

- Regardless of the eligibility determination, the addition of language therapy goals should be an IEP committee decision, and the SLP **should** be a member of the IEP committee if the team decides to add language goals.
I just reviewed the policies and noticed the 1.5 standard deviation delay in language. Does that now apply to all age groups and not just 3-5 year olds?

- The 1.5 standard deviation (SD) delay applies to language eligibility determinations for all ages.
- Standardized measures are only one component of a comprehensive evaluation that uses **multiple** measures to assess language, including:
  - **Criterion-reference measures**
  - **Curriculum based assessments**
  - **Conversational language samples**
  - **Teacher/parent input**
- The eligibility determination should then be based on the **preponderance of the data**.
- A child may not meet the 1.5 standard deviation criteria on a standardized measure of assessment, but if the preponderance of the evidence shows that the child has a language disorder, then the child should be ruled eligible.
Are we looking at 1.5 SD on articulation as well?

- The 1.5 standard deviation delay does **NOT** apply to articulation.

- Any evidence that a child’s articulation errors are below age-appropriate peers, including data gathered from standardized assessments, articulatory stimulability, conversational speech intelligibility, and the educational impact of an articulation disorder on the child's performance should be used in determining if a child is eligible for an articulation eligibility.
What about a child who is non-verbal or whose language impairment is so severe that you cannot condition or assess stimulability?

- Sometimes you will be unable to assess stimulability in children who are low functioning and/or nonverbal.
- The SLP should document that "the examiner could not assess stimulability due to the child's low level of language skills."
- When a measure of stimulability is unobtainable, the data indicate the child's difficulties involve more than articulation, and likely include significant language difficulties as well.
- If all data consistently support a disability, you could rule the child for **Language Impairment and Articulation**, or you could rule **Language Impairment** and include both **language and articulation** skills on the IEP, if the IEP committee determines those are the child's educational needs.
I've been looking at the policies and procedures, and there has been no mention of apraxia.

- Apraxia is a complex disorder that is not addressed in the federal guidelines as a separate and distinct language/speech disability.

- While a child cannot receive an eligibility of “apraxia” under the MDE IDEA Policies, the child can be eligible as a child with a Language/Speech Impairment.

- The SLP can consider apraxia as a cause of the language/speech problem, and use clinical judgment in selecting the appropriate therapy methods.
When you identify children with developmental delays, Significant Cognitive Deficits, Orthopedic Impairments, etc. who have difficulty eating lunch at school because of sucking, chewing and/or swallowing problems, who addresses the difficulties?

- Conducting dysphagia therapy is not always deemed appropriate for educational SLPs, and adverse educational impact must be established.
- When a child with a complex medical condition has swallowing issues that require the child to receive accommodations for feeding, the SLP may need to be consulted.
- For more information on which medical conditions may have concomitant swallowing issues and appropriate services in schools, visit ASHA’s website at www.asha.org.
- Resources available from ASHA include:
  - School Services Frequently Asked Questions http://www.asha.org/slp/schools/school_serv_FAQ.htm#2
  - Dysphagia Services in the Schools http://www.asha.org/slp/schools/prof-consult/dysphagia-services.htm
How in depth should the reporting of articulatory stimulability be on the assessment team report?

- Articulatory stimulability is not required to be very in depth.
- Most articulation tests have a stimulability section that can be completed for documentation.
- A simple statement of the specific phonemes that were stimulable and in what positions will be sufficient, with the accompanying stimulability documentation (i.e., an articulation test portion, a phoneme checklist, etc.).
Should only the age appropriate misarticulated sounds be reported or should all misarticulated sounds be reported?

- All misarticulated sounds should be reported even though some errors may be age appropriate at the time of assessment.
- Reporting all sound errors provides a more complete picture of the child's disorder, including adverse educational impact and educational needs to be addressed on the IEP.
What is the reason for the stimulability requirement now, what are you looking for, and will that make a difference on eligibility?

- Both assessment and eligibility are multifaceted, and should not rely solely on one piece of data or test scores alone.
- Articulatory stimulability should be one portion of a comprehensive assessment that includes standardized measures, observations in various environments, parent and/or teacher reports, and conversational speech analyses.
- Stimulability should always be a part of a comprehensive articulation assessment, as it shows the child's potential prognosis for therapy.
- It does not carry any more weight than any other portion of the evaluation.
- Some examples of when stimulability would affect eligibility include, but are not limited to:
  - When a child has single error phoneme, such as /t/ for /k/ in initial position only. This sound would be considered emerging, and eligibility may not be deemed appropriate at that time.
  - When a child's articulation errors have little effect on intelligibility.
  - When educational impact due to articulation errors is minimal.