Sonoma County Special Education Local Plan Area (SELPA)
Program Guidelines for Speech Language Pathologists
(Adapted from Riverside County SELPA & Santa Barbara County SELPA)

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Introduction

These Language, Speech, and Hearing (LSH) Program Guidelines are part of a continuing process to utilize appropriate caseload selection and dismissal criteria within the Sonoma County (SELPA) and are recommended in order to provide appropriate, consistent, fiscally responsible, and quality LSH program services to the students of Sonoma County. These guidelines are to ensure the consistent use of best practices throughout the Sonoma County SELPA for the school-based Speech Language Pathologist (SLP).

These guidelines have been developed based on American Speech Language Hearing Association (ASHA) recommendations, California Speech-Language Hearing Association (CSHA) recommendations and the federal and state mandates for special education according to the Individuals with Disabilities Education Improvement Act (IDEIA, 2004). The format and much of the content was adopted from Riverside County SELPA's guidelines, ASHA's Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (2010, 2013, 2016) and CSHA position papers on caseloads.

Student Study/Student Success Team

General Information

The school based Student Study Team mission is to assist teachers, administrators, school staff, and parents with intervention strategies for dealing with the academic and social-emotional behavioral needs of general education students. Through this process, the team can recommend classroom supports, accommodations, modifications, and interventions which, when successfully implemented, will support a struggling child and possibly prevent the requirement for special education services. The school Speech and Language Pathologist (SLP) may act as a consultant when a Student Study Team perceives a child needs specific recommendations regarding language and/or speech needs. This process can be used for grades K-12. They have also been used successfully at the preschool and TK level to facilitate the development of emergent skills prior to a referral for Special Education assessment.

Specific to the area of speech and language, the Student Study Team can suggest interventions to support a child in the classroom. The team should consider the grade level content standards the child is struggling with as targets for intervention. The speech and language pathologist can then provide strategies to support language

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development and/or correct phoneme production based on the information shared at the SST meeting. Such suggestions could include support of a specific language concept or a demonstration or suggestion on how to accurately model correct production of a target phoneme through the use of the core curriculum instructional materials available within each general and special education classroom.

At a follow-up meeting, the Student Study Team will be presented with the progress monitoring data gathered by the classroom teacher and other site level staff. The Student Study Team will review this data along with any additional support and progress noted (e.g., information regarding health, family history, district and State assessment results, and linguistic levels for non-English speaking child).

Multi Tiered System of Supports/Response to Intervention^2

The Multi Tired System of Supports (MTSS) an integrated, comprehensive framework that focuses on CCSS, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students’ academic, behavioral, and social success.” (California Department of Education). The response to intervention (RTI^2) process is multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student need, frequent progress monitoring, and the use of student data to make educational decisions. MTSS/RtI^2 can be used for creating a well-integrated and seamless system of instruction and intervention guided by child outcome data.

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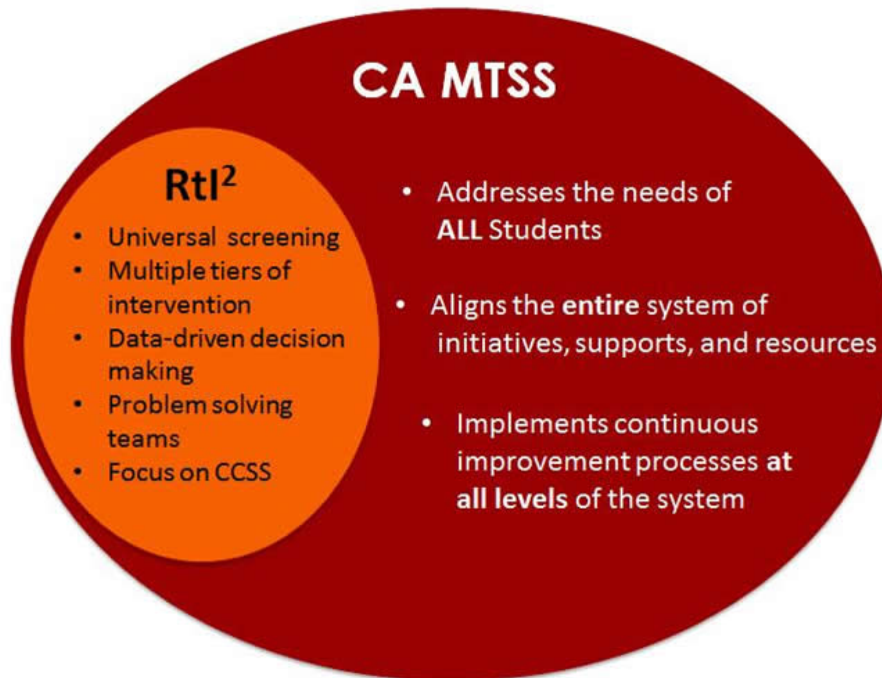

Speech-Language Pathologists (SLPs) can play a number of important roles within the MTSS/RTI model. They have the opportunity to provide diagnostic and intervention instruction within the general education and special education settings. Some fundamental shifts would need to occur for the SLP that is part of a MTSS/RtI^2 model. Assessment approaches and intervention models each have their unique challenges. SLPs working in MTSS/RtI^2 have a paradigm shift from measuring a “within child” deficit to a more contextual perspective based on measuring the child’s performance over time as the student participates within instructionally relevant interventions. The SLP involved with a MTSS/RtI^2 model will find their traditional role shifted and expanded in the areas of program design, collaboration and serving of individual students.

SLPs working in MTSS/RtI^2 models may need to acquire more instructionally relevant and contextually based procedures. SLPs would be required to use and understand student outcome data in order to participate in the instructional decision making for struggling students. The SLP will participate within the school community as an expert that provides both direct and indirect services to struggling students, disabled students and to the teachers and other educators working with the child in regards to language based literacy and learning difficulties.

To meet the challenges and opportunities that participating in a MTSS/RTI^2 model provides, SLPs will need to be familiar with and knowledgeable about various service

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delivery models, classroom-based interventions and how to work collaboratively with a multi-disciplinary team of educators. The SLP will also need to understand how, when and to what extent services, goals and progress monitoring can be accomplished by utilizing teachers, other related service providers, or speech-language pathology assistants (SLPAs). The SLP will find that they are more involved in the expanded role as facilitator and monitor of the student's instructional interventions rather than the direct provider of those interventions. Meeting the challenge of being involved in a MTSS/RTI^2 model is supported by ASHA's position on polices on literacy, workload, and the expanded roles and responsibilities in general of the SLP (additional technical assistance to responsiveness-to-intervention can be found at www.asha.org).

NOTE: If a school or district determines that they wish to utilize a pre-referral intervention model with SLPs these must be part of the School Site Plan or Local Education Area Plan (LEAP) delineating the role of the SLP within this model. Parents must be notified either through a Child Handbook or Enrollment Packet Notice.

The following information on program design, collaboration, and serving individual students comes directly from ASHA's paper, Responsiveness to Intervention: New Roles for Speech-Language Pathologists, November 2006

Please note that although the term RtI^{2}is being used, it aligns with the more current MTSS term.

Program Design. SLPs can be a valuable resource as schools design and implement a variety of RTI models. The following functions are some of the ways in which SLPs can make unique contributions:

- Explain the role that language plays in curriculum, assessment, and instruction, as a basis for appropriate program design
- Explain the interconnection between spoken and written language
- Identify and analyze existing literature on scientifically based literacy assessment and intervention approaches
- Assist in the selection of screening measures
- Help identify systematic patterns of student need with respect to language skills
- Assist in the selection of scientifically based literacy intervention

Collaboration. SLPs have a long history of working collaboratively with families, teachers, administrators, and other special service providers. SLPs play critical roles in collaboration around RTI efforts, including the following:

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- Assisting general education classroom teacher with universal screening
- Participating in the development and implementation of progress monitoring systems and the analysis of sudden outcomes
- Serving as members of intervention assistance teams, utilizing their expertise in language, its disorders, and treatment
- Consulting with teachers to meet the needs of students in initial RTI tiers with a specific focus on the relevant language underpinnings of learning and literacy
- Collaborating with other specialized instructional support personnel in the implementation of RTI models
- Assisting administrators to make wise decisions about RTI design and implementation, considering the important language variables
- Working collaboratively with private and community-employed practitioners who may be serving an individual child
- Interpreting screening and progress monitoring results to families · Helping families understand the language basis of literacy and learning as well as specific language issues pertinent to an individual child

Serving Individual Students. SLPs continue to work with individual students, in addition to providing support through RTI activities. These roles and responsibilities may include the following:

Conducting expanded speech sound error screening for K-3 students to track students at risk and intervene with those who are highly stimulable and may respond to intense short-term interventions during a prolonged screening process rather than being placed in special education

- Assisting in determining "cut-points" to trigger referral to special education for speech and language disabilities
- Using norm-referenced, standardized, and informal assessments to determine whether students have a speech - language disorder
- Determining duration, intensity, and type of service that students with communication disabilities may need
- Serving students who qualify for special education services under categories of communication disabilities
- Collaborating with classroom teachers to provide services and support for students with communication disabilities
- Identifying, using, and disseminating evidence-based practices for speech and language services or RTI interventions at any tier

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General Considerations for Diagnostic Evaluations

This section provides information about the Individuals with Disabilities Education Improvement Act (IDEIA) and Education Code eligibility requirements and assessment report guidelines.

Eligibility Requirements

IDEIA 2004/Part B regulations contain the definitions of the disability categories which qualify for services under the law. Speech and language impairment is listed as one of the categories included in IDEIA. Section 300.8 defines a child with a disability as:

(a) General. “(1)Child with a disability means a child evaluated in accordance with §§ 300.304 through 300.311 as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.”

When it is determined that a child manifests with one or more of the disabilities listed above, the assessment team must assess whether or not the disability rises to the level of qualifying for Special Education services.

Per Education Code 56333, “A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services. In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a language, speech, and hearing specialist who determines that such difficulty results from any of the following disorders:

(a) Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.
(b) Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.

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(c) Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and the listener.
(d) Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.
(e) Hearing loss which results in a language or speech disorder and significantly affects educational performance.

Determination of Need for Special Education Services

A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361. The decision as to whether or not the assessment results demonstrate that the degree of the child's impairment requires special education shall be made by the IEP team, including personnel in accordance with Education Code section 56341(b). The IEP team shall take into account all the relevant material which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education. (5 CCR § 3030 (a))

There are a number of factors to consider beyond the standardized assessment information when determining a child's need for Language and/or Speech services. Factors such as positive attitude, motivation, and environmental supports may diminish the impact of communication impairment. Therefore, even though the child may manifest challenges when given standardized test, if the functional communicative measures (i.e. language samples, narrative analysis, curriculum-based assessment, state performance assessment, observations, etc.) do not support adverse educational impact, the child may not be eligible for speech language services and/or related services. In such a case, the communication development and educational performance could be monitored by non-special education interventions within the school (e.g., SST review and Learning Centers).

Conversely, if the child performs well on the standardized tests but presents poor functional communication skills, the child may be found eligible. This decision could be based on the child's inability to use those skills deemed "appropriate" on the standardized test outside the test environment. This being said, eligibility in this case

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must be supported by authentic data collected over several environments (i.e., classroom, play situations). This discussion supports the caution by ASHA on using the discrepancy between language and intellectual ability as the sole criteria for a child to qualify for Speech and Language services.

For additional information, see: Identification, Referral, and Assessment

Guidelines for Entry and Exit

This section provides guidance on entry and exit decision making processes for the areas of articulation, fluency, voice, language, and auditory processing disorder.

NOTE: In all cases, there must be an IEP held following assessment to dismiss a child from Special Education.

Articulation

The following sub-headings are addressed herein: California Code of Regulations definitions of disability, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for articulation.

Definition: CCR §3030(11)(A)

(1)The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication AND attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, AND which adversely affects educational performance. NOTE: To meet special education eligibility, a student must meet all three conditions.

(2) A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

Evaluation Procedures. A referred child must be evaluated to determine if his/her production of speech significantly interferes with communication, attracts adverse attention, and adversely affects access to the curriculum.

1. No single score or product shall be used as the sole criterion for eligibility.
2. It is recommended that either:

   a. One formal test instrument and a minimum of one informal/formal probe or sampling procedure; or
   b. Two formal test instruments are used to consider eligibility.
3. These procedures shall document and describe the type, consistency and stimulability of the speech errors in varying contexts.
4. Complete an oral-peripheral evaluation and document/describe ability, rate, control and judgment of intelligibility.

Determination of Severity/Need.

Consider the following statements:
1. Phoneme productions which are at least one year delayed and errors which are not stimulable and are not in accordance with the developmental table for consonant sounds.
2. Has multiple sound errors which are characterized by consistent substitutions, omission, distortions, and/or additions when judged by position in word.
3. Demonstrates phonological rules or processes which are not commensurate with chronological age or in cases where the student's developmental age and ability is not commensurate.
4. Demonstrates intelligibility below age expectations with sound, syllable, or vowel reduction or distortion with attention to reduced intelligibility as speech rate increases.
5. Has an organic or physical anomaly which interferes with the acquisition of normal speech (e.g., hearing impairment, cleft palate, cerebral palsy) which may be addressed to their maximum level of skill, after which exit would be considered.
6. Is embarrassed or disturbed by his/her speech at any age as reported by parent/teachers/student as it relates to educational benefit of remediation.
7. Disrupts and/or interferes with access to the curriculum.

Additional Considerations. Additional factors to be considered in deciding whether to enroll a child in articulation therapy include:
1. Level of intelligibility
2. Level of maturation; ability to attend and focus; mutual attention
3. Stimulability
4. Organic or physical disabilities (e.g., dysarthria, apraxia, developmental anomalies, hearing impairment, cerebral palsy, cleft palate, dentition, etc.) Lateralization is always considered an atypical production.

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5. Full resources of the general education program have been considered and, when appropriate, utilized. This includes classroom modification and Response to Intervention (RtI^2)/MTSS.
6. Test instrument/procedures used:
    a. Are not racially, culturally or sexually discriminatory;
    b. Are provided and administrated in the pupil's primary language/mode of communication;
    c. Validated for purpose used;
    d. Given by trained personnel in conformance with instructions provided; ·
    e. Are tailored to assess specific areas and not a single intelligence quotient.
7. Status and effects of a cultural and/or linguistically diversified history and social environmental influence, if any, on speech production.
8. Factors related to phonological processes should be considered in the following order for remediation:

Initial Consonant Deletion	Consonant Cluster Reduction
Final Consonant Deletion	Postvocalic Devoicing
Prevocalic Voicing	Stridency Deletion
Weak Syllable Deletion	Gliding of Liquids
Fronting Stopping	Vocalization

NOTE There are several Articulation & Phonological Processing developmental charts available. Please work with your LEA to determine the one to be used by your LEA.

Dismissal Criteria for Articulation.

A child will be dismissed from articulation therapy when:
1. Articulation skills are commensurate with developmental age.
2. Correct production of the target behavior is reached with the speech sample reflecting criteria as designated on the IEP.
3. Production accuracy verified at 75% using assessment measures across therapy sessions or formal assessment.
4. Completion of an evaluation in all areas of suspected speech/language disabilities.
5. Student progress has been documented as a plateau for 2 years.
6. Parent requests dismissal with completion of Prior Written Notice.

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7. For additional considerations, see the "exiting" section Identification, Referral, and Assessment

Fluency

The following sub-headings are addressed herein: California Code of Regulations definition of fluency disorders, additional considerations, and dismissal criteria for fluency.

Definition. CCR 3030(11)(C) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

Additional Considerations.

1. When developing a case history, the clinician may want to obtain information regarding:
    a. Teacher report/interview
    b. Child's self report/interview
    c. Parent report/interview
    d. Development of child's disfluencies over time
    e. Any previous history of therapy
    f. Changes in dysfluent behavior based on the audience, context and/or setting (Remember there is a certain degree of normal non-fluent behavior in young children. If this is the case, parent/teacher education and periodic monitoring may be the more appropriate strategy).
2. Note the adverse effect on the child's educational performance in the following areas:
    a. Oral reading
    b. Oral participation
    c. Reaction of self, parents, teachers and peers
    d. Social emotional adjustment

Dismissal Criteria for Fluency.

General Considerations

1. He/she achieves the fluency goal as written on the IEP, and/or the student perceives him/herself to be a normal speaker.

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2. Student has failed to respond to intensive intervention over a three year period of remediation, following exposure to a variety of therapeutic techniques.
3. The student consistently demonstrates behaviors that are not conducive to therapy such as a lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP Team should reconsider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP Team may also explore alternative services or strategies to remedy interfering behaviors or conditions.
4. Other associated and/or handicapping conditions, for example, neurological impairments such as ADHD, Tourette Syndrome, or Down Syndrome prevent the student from benefiting from further therapy.

Dismissal Criteria for Fluency

1. The student's disability no longer negatively affects his/her educational performance in the regular education or special education program.
2. The student no longer meets the qualification criteria for a speech and language disorder under which he/she is receiving fluency therapy as a primary special education service OR the student no longer requires fluency therapy as a related/DIS service in order to benefit from his/her special education program.
3. The student's needs will be better served by an alternative program and/or service.
4. He/she graduates from high school.
5. In the case of a severely disabled student, he/she reaches the age of 22 years (age eligibility defined in California Special Education Programs A Composite of Laws 56026(A)).
6. Parents (or students over 18 years of age) refuse to allow the continuation of special education services.

Voice

The following sub-headings are addressed herein: California Code of Regulations definition of abnormal voice, descriptions of voice terms, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for voice.

Definition. CCR§3030(11)(B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

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Descriptions of Voice Terms:
Resonance – modification of energy/air as it passes through the three (3) cranial cavities: oral, nasal, pharyngeal.
Intensity – refers to loudness, volume, or projection.
Range – the distance between the child's lowest sustainable pitch to the highest sustainable pitch.
Air supply – having the ability to take a normal tidal inspiration followed by speech, overlaid on an adequately controlled expiration.
Rate – the number of words per minute spoken with a rate of 140-180 being regarded as satisfactory (average).
Pitch – optimum pitch is ¼ of the way from the bottom of the total pitch range; habitual pitch is the fundamental frequency most often used in everyday voice.

Evaluation Procedures. Each child must be evaluated using the following procedures:

1. A case history which includes relevant medical data and duration of voice challenge.
2. Medical clearance for therapy.
3. A formal evaluation which assesses: pitch, nasality, resonance, range, rate, air supply, and intensity.
4. Assessment of the child's perception of his/her voice, the parent's perception of the voice, and the concern of others.
5. Classroom observation.

Vocal Norms Normal Optimum pitch: Male – 1/3 from bottom of total range Female – 1/3 from bottom of total range plus two to three notes Loudness normal 70db

Mild: Inconsistent or slight deviation. Voice disorder is not noted by casual listeners. Student/Child may be aware of the problem. Moderate: Voice disorder is consistent and noted by casual listeners. Severe: There is a significant deviation in the voice. Voice disorder is noted by the casual listener. Parents are usually aware of the problem.

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Determination of Severity/Need.

A child will be recommended for voice therapy when:

1. Laryngeal involvement has been verified by the physician's laryngeal examination and the physician's subsequent referral has been received.
2. The evaluation reveals voice deviations in pitch, resonance, nasality, intensity or range.

Additional Considerations:

1. Children who are being treated at a hospital or clinic (repaired cleft palate or velopharyngeal insufficiencies) should be considered for therapy only after consultation with the facility, the child’s teacher, the parent, the physician, and the child.
2. No child should be enrolled in voice therapy over a period of years. The voice will either improve within a few months of therapy, or some procedure in addition to, or instead of, therapy is indicated.
3. Voice differences may be handled on a consultative basis and should be checked periodically. A voice difference is distinguishable variance in pitch, loudness, and quality, such as:
    a. Episodic pitch changes
    b. Acute laryngitis (e.g., screaming at sporting event, viral infection)
4. Children with allergies may be selected for direct therapy, but also may be considered for consultative services.

Dismissal Criteria for Voice

The child will be dismissed from voice therapy when:

1. The speech-language clinician’s professional judgment and evaluation indicates that the child’s voice is within normal limits as related to age and gender.
2. No improvement is demonstrated within a six (6) to twelve (12) month period of therapy. (NOTE: Voice therapy is a short-term intervention strategy). If no improvement is seen within three (3) months, the parent/guardian should be contacted and a recommendation for further medical consultation should be discussed.
3. Other associated physical conditions (e.g. velopharyngeal insufficiency, sensory deficits, and/or inadequate physiologic support for speech) prevent the child from benefiting from further therapy.

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4. Consistent use of inappropriate behaviors prevents the child from benefiting from further therapy.
5. Withdrawal is requested by the parent/guardian. An IEP team meeting should be called and the parent request documented along with the team recommendations on the IEP or amendment.

Language

The following sub-headings are addressed herein: California Code of Regulations definition of language disorder, descriptions of language terms, evaluation procedures, determination of severity/need, other considerations, and dismissal criteria for language.

Definition: CCR§3030(11)(D) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

(1) The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or

(2) The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of fifty utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the SLP shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

Description of Language Terms.

The form of language:

- Phonology is the sound system of a language and the rules that govern the sound combinations

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- Morphology is the system that governs the structure of words and the construction of word forms
- Syntax is the system governing the order and combination of words to form sentences and the relationships among the elements within a sentence; The content of language (semantics):
- Semantics is the system that governs meanings of words and sentences; The function of language in communication (pragmatics) in any combination:
- Pragmatics is the system that combines the above language components in functionally and socially appropriate communication.

Evaluation Procedures

1. A child must be evaluated using two or more standardized tests in one or more of the following areas of language development: Morphology, Syntax, Semantics, or Pragmatics. A language sample of 50 or more utterances is strongly recommended in addition to standardized tests used.
2. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan (i.e., language sample).
3. When evaluating for a language disorder, the following factors should be considered:
    a. Cognitive level of functioning
    b. Potential for change (based on data)
    c. Level of maturation
    d. Previous history in speech/language therapy
    e. Learned cultural and language differences
    f. Pragmatic language skills
4. The IEP team will consider all test results as well as observations and school success when eligibility is difficult to confirm.

Additional Considerations

Consider the following when deciding to recommend a child for continuance of or dismissal from language therapy:

1. If the student has made significant progress, consider reassessment for continued eligibility.
2. If the student has made good progress, evaluate/discuss whether direct therapy intervention is still deemed appropriate or whether a collaborative and/or

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consultative model may be sufficient to provide support necessary to continue progress on goals.
3. Ensure that upon assessment/reassessment the results as well as the interventions implemented, resulted in the achievement, improvement, augmentation, and/or compensation for targeted language behaviors in the areas of listening, speaking, reading, and writing when considering dismissal (ASHA, 1996c, ASHA, 2004, pg. 65).

Dismissal Criteria for Language

A student will be considered for dismissal from language therapy when:
1. The student demonstrates receptive and expressive language skills that are within 1 standard deviation of the mean.
2. The student demonstrates receptive and expressive language skills within the range expected for his/her mental age as supported by formal and/or informal assessments.
3. The student is performing at a predetermined level as designated by the IEP. This would be supported by current assessment and no other concern areas are identified.
4. The student uses his/her augmentative communication aid(s) appropriately, effectively and independently as supported by formal and/or informal assessments.
5. The student uses compensatory communication skills appropriately, effectively, and independently as supported by formal and/or informal assessments.
6. There is lack of progress in language skills within two (2) year time as evidenced by formal test results, therapy logs, observations, and/or other documentation. In this case, there must be clear evidence that all efforts have been made to modify goals and objectives and that all support have been consistently in place and accessed by the student.
7. The student's communication skills are best reinforced in the classroom setting. This decision is supported by #1 and #2.

General Exit and Dismissal Criteria

The IEP team shall determine dismissal from speech language services based on the determination that a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) has been provided and by meeting one or more of the following criteria established by ASHA (2004).

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1. 1. When upon reassessment, skills now defined as within normal limits or consistent with the student's premorbid status thus no longer require related services to benefit from the educational setting.
2. It is determined that a student has met the goals and objectives on the IEP.
3. The student's communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background or the conditions that qualified the child for services have been addressed or remediated to the extent that the child can function adequately in an alternative education program or in the general school program with or without accommodations or modifications for maximum educational benefit.
4. The student's speech, language, and communication skills no longer adversely affect the student's educational, social, emotional, or vocational performance.
5. The student who uses an augmentative or alternative communication system has achieved optimal communication across environments and communicative partners.
6. The IEP team feels that the child is not benefiting from Special Education services after a continuum of appropriate alternatives have been implemented according to documentation/data.
7. The student demonstrates behavior that interferes with improvement of participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
8. In the case of related services, the written documentation backed by data indicates little or no progress over a two – year period or skills have plateaued according to assessment/documentation/data. NOTE: This caveat is rarely the case for students whose cognitive abilities fall within the "normal" range. If you choose to exit a student based on this criteria, be sure that your documentation, including data, provides the requisite information to support this decision.
9. When the IEP team determines, based on the present levels of performance and current assessment, that the child no longer requires Speech and Language services in order to obtain educational benefit in the areas of academics, behaviors, and/or socialization.
10. When a student shows unwillingness to participate in a special education program, treatment attendance has been inconsistent or poor, efforts to address these factors have not been successful, and the IEP team determines the unwillingness is not due to the disabling condition.

For additional information on exit criteria, see: Identification, Referral and Assessment

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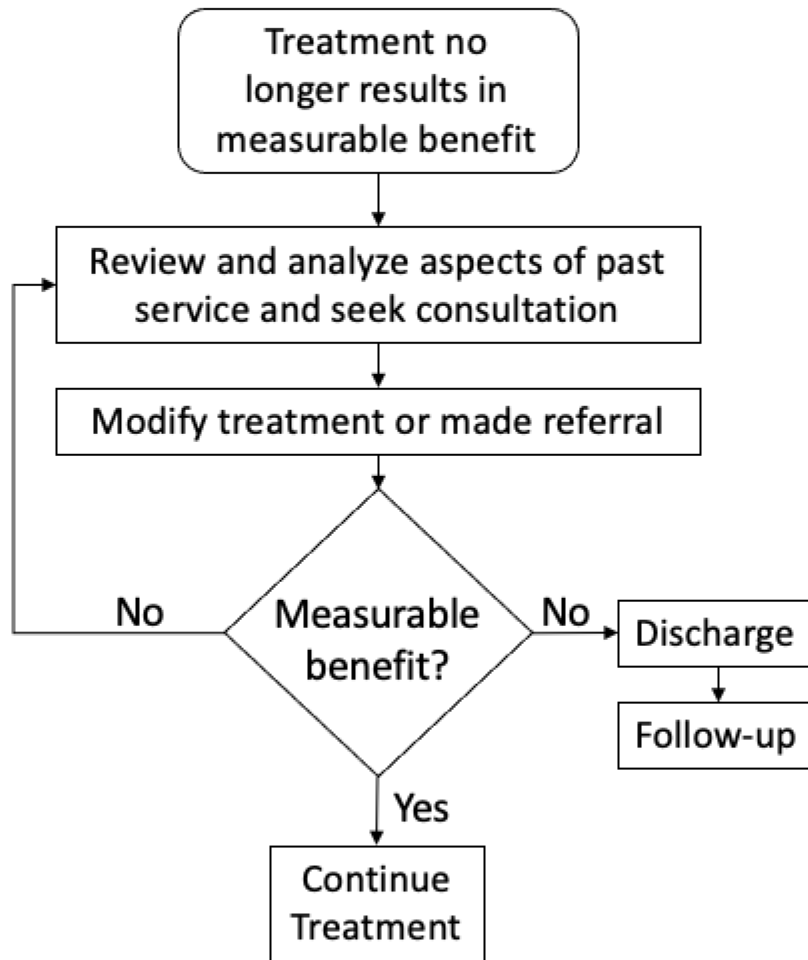

Figure 1. Discharge/Exit considerations when services and treatment no longer results in measurable benefits.

Additional Considerations

This section addresses assessment of African-American students, autism spectrum disorders (ASD), English language learners, culturally and linguistically diverse students, deaf/hard of hearing, and students with severe disabilities.

Assessment of Students Who are African American

See: Identification, Referral, and Assessment (Assessing Students Subject to Larry P. v. Riles)

Autism Spectrum Disorder

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It is the position of the American Speech-Language-Hearing Association (ASHA, 2006), adopted February 3, 2006, that speech-language pathologists play a critical role in screening, diagnosing, and enhancing the social communication development and quality of life of children, adolescents, and adults with autism spectrum disorders (ASD).

The core features of ASD, which are due to neurobiological factors, include impairments of: (a) reciprocal social interaction, (b) verbal and nonverbal communication, and (c) restricted range of interests and activities. As a result all individuals with ASD are challenged in the area of social communication. Many individuals with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems and all have needs in acquiring appropriate social use of communication. Therefore, the SLP's role is critical in supporting the individual, the environment, and the communication partner to maximize opportunities for interaction in order to overcome barriers that would lead to ever-decreasing opportunities and social isolation if left unmitigated.

Individuals with ASD should be considered for support and/or direct speech-language pathology services due to the pervasive nature of the social communication impairment, regardless of age, cognitive abilities, or performance on standardized testing of formal language skills. As mandated by the IDEA 2004, SLPs should avoid applying a priority criteria (e.g., discrepancies between cognitive abilities and communication functioning, chronological age, or diagnosis) and make individualized decisions on eligibility for services.

Suggested Roles for the SLP Include (but are not limited to):

- Assist in determining eligibility
- Assessment and intervention to embrace a broad view of communication, SLP should assess and enhance the following:
    - The initiation of spontaneous communication in functional activities across social partners and settings;
    - The comprehension of verbal and nonverbal communication in social, academic, and community settings;
    - Communication for a range of social functions that are reciprocal and promote the development of friendships and social networks;
    - Verbal and nonverbal means of communication, including natural gestures, speech, signs, pictures, written words, functional alternatives to challenging behaviors, and other augmentative and alternative communication systems;

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    - Access to literacy and academic instruction and curricular, extracurricular, and vocational activities.
- Working with families
- Collaboration and/or consultation within the multidisciplinary team to support all invested parties

NOTE: Formal assessment tools may not accurately detect problems in the social use of language and communication; eligibility may need to be based on clinical judgment and more informal, observational or non-standard measures of assessment.

Suggested Speech Service Delivery for Individuals with ASD

The broad impact of the social communication challenges and problems with generalization for individuals with ASD necessitates service delivery models and individualized programs that lead to increased active engagement and build independence in natural learning environments. The SLP should provide pull-out services only when repeated opportunities do not occur in natural learning environments or to work on functional skills in more focused environments. Because of the limited impact of pull-out services focused on discrete skills, SLPs should ensure that any pull-out services are tied to meaningful, functional outcomes and incorporate activities that relate to natural learning environments.

Evidenced Based Practices

The National Professional Development Center on Autism Spectrum Disorder (NPDC) was funded by the Office of Special Education Programs in the US Department of Education from 2007-2014. The work of the NPDC was a collaboration among three universities—the University of North Carolina at Chapel Hill, the University of Wisconsin at Madison, and the MIND Institute, University of California-Davis. The goal of the NPDC was to promote the use of evidence-based practices (EBPs) for children and youth with ASD, birth to 22 years of age. This was accomplished through a comprehensive professional development process at state and local levels.

What are Evidence Based Practices?

An evidence-based practice is an instructional/intervention procedure or set of procedures for which researchers have provided an acceptable level of research that shows the practice produces positive outcomes for children, youth, and/or adults with ASD.

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What EBPs have been identified?

The National Clearinghouse on Autism Evidence and Practice (NCAEP) recently released their new report identifying EBPs. The new report reviews literature published from 1990-2017 and identifies 28 EBPs and 10 manualized interventions that also met criteria. The list of EBPs is here.

For more information, see:
The National Professional Development Center on Autism Spectrum Disorder (NPD) website
California Autism Professional Training Information and Network (CAPTAIN)

1. Matrix of Evidence Based Practices
2. EBP Matrix Definitions - English
3. EBP Matrix Definitions - Spanish

Culturally and Linguistically Diverse Students

The school based SLP is faced with special challenges when determining if a culturally and linguistically diverse (CLD) student has speech and/or language disabilities. In Multicultural Students with Special Language Needs (3rd Edition, 2008), Roseberry McKibbin cautions that these students may be misdiagnosed if decisions are made based solely on the results of norm-referenced tests. She suggests that the following questions be considered when facing the assessment and service delivery decisions:

- Is the student a “typical” second language learner who is struggling because of limited proficiency in the language of instruction?
- What linguistic and/or sociocultural variables are playing a role in the student’s performance?
- Is the student’s performance in the first language similar to that observed among other students who have had similar cultural and linguistic experience?
- Does the student have a disability that affects his/her ability to acquire language skills?
- What service delivery model is most appropriate for the needs of the student?

Decisions for programming a CLD student is best made on dynamic, ongoing assessments of the student’s language-learning rather than on static assessment procedures in which test scores are obtained during one or two testing sessions. Language processing capacity (information processing skills), language sampling,

language usage, narratives and story-retelling and portfolios are all preferred methodologies to static assessment. (Roseberry-McKibbin, 2008)

Intervention Suggestions (Roseberry-McKibbin, 2008)

- Therapy must be linguistically appropriate for both the language community and the client's environment.
- Therapy should take into consideration the client's culture and reflect that culture.
- When working with groups the language dynamics of the bilingual individuals must be accounted for and be reflected in the therapy plan
- Dual language vs. concurrent bilingualism during therapy

Working with Teachers RTI and Push-In Model (Roseberry-McKibbin, 2008)

- Be conscious of calling on students who do not regularly volunteer
- Arrange the classroom to promote peer interaction
- Allow and encourage bilingual interaction
- Understand the importance of giving all students the opportunity to practice various forms of language (requests, negotiation, problem solving, and explaining concepts)
- Share materials between the SLP and teacher
- Use common topics in the classroom and during intervention
- Consider doing intervention in the classroom

Service Delivery Considerations (Roseberry-McKibbin, 2008)

1. Normal Language-Learning Ability: Adequate background, but may need bilingual education, sheltered English, and/or instruction in English as a second language
2. Normal Language-Learning Ability: Limitation of linguistic exposure and environmental experience, but may need bilingual education, sheltered English, instruction in English as a second language, and/or additional enrichment experiences (e.g., tutoring, RTI, etc.)
3. Language-Learning Disability: Adequate background and may need bilingual special education or English special education with as much primary language input and teaching as possible
4. Language-Learning Disability: Limitations of linguistic experience and environmental exposure and may need bilingual special education, English special education with primary language support, and/or additional enrichment experiences

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English Language Learners

As our population becomes more diverse, educators are developing and infusing alternative strategies to supplement the instructional methods used to meet the needs of our culturally and linguistically diverse child (Cheng, 1996). The knowledge of the linguistic rules of many dialects allows the SLP to assist the general and special education teachers with the instruction of these children. It is important that educational teams understand social dialects which are rule-governed linguistic systems which, if there are concerns, can be evaluated for language disorder versus a language difference.

A clear understanding of the points noted above is just the first step for the SLP when understanding the monolingual and bilingual language acquisition process. The SLP must become familiar with current norms for the phonological, morphological, syntactic, semantic and pragmatic development of child from limited English backgrounds. If possible, ASHA recommends consultation with a bilingual SLP, English as a Second Language (ESL) instructors, and/or directors within the district or the county office.

The school based SLP needs to (a) understand typical and developmental features of a student's primary language, (b) be able to identify the common English errors that are produced by speakers of this language, (c) understand that errors are differences not disorders, and (d) be able to determine that the student is exhibiting a disorder that would impact their performance in any language that they speak. Per ASHA (1999, p. 52), SLPs can provide the following supports/interventions:

- Assist child who is eligible for services to acquire the structure, meaning and use of English.
- Assist the classroom teacher in acquiring an understanding of the differences in the communication styles of limited English proficient children.
- Assist parents in obtaining skills to provide appropriate modeling and language stimulation activities.
- Refer child for additional services and/or programs as appropriate.

Definitions of Language differences, delays and disorders:

- Language Differences are a result of the normal process of second language (L2) development and its impact on L2 development. Primary language (L1) is developing normally.
- Language Delays suggest that language is developing in a sequential manner, however at a slower pace.

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- Language Disorders are characterized by deficits in the comprehension and/or production (content, form, use) of both L1 and L2. The language disorder is present in both languages the child uses.

Dialectal Differences:

- A dialect is a variation of a language spoken in a geographic region. Spanish dialects do differ significantly from each other even within the same country.
- ASHA (2003) issued a position paper on social dialects, which stated that no dialectal variety of English is a disorder or a pathological for of speech or language.
- Dialects exist in every language and each dialect has its own system and rules.

Bilingual Language Development:

Siegel and Garcia (2009) define Simultaneous language development as when a child initiates the development of two languages before the age of three and Sequential language development as a child begins to develop a second language after three years of age.

Cummins (1984) distinguishes between Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP).

- BICS - Basic Interpersonal Communication Skills: BICS involves language that is cognitively undemanding and context embedded.
    - It is the use of language to carry on basic conversations. For example, basic vocabulary, following simple directions, and understanding common phrases.
    - These skills can take up to 2 years to develop.
- CALP -Cognitive Academic Language Proficiency: CALP is language that is cognitively demanding and context reduced.
    - It is the use of language to learn academic information. For example, abstract concepts, understanding complex academic vocabulary, formal testing/writing and creating narratives.
    - These skills typically take 5-7 years to develop.

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Adolescents with Language Difficulties

- Frequently use gestures not words
- Speak in choppy sentences
- Use overly general words
- Give responses that are related but not on target
- Complain that the teacher talks too fast
- Do not participate in class discussions
- Use short utterances
- Mispronounce words
- Ask for repetitions
- Cannot call forth exact words when vocabulary is known
- Rarely ask questions
- Do assignments incorrectly or not at all

Possible Signs of Disorder or Delay

- Communication difficulties at home and with peers
- Inappropriate use of pragmatic (social) language
- Reliance on gestures to communicate
- Developing slower than siblings
- Imprecise vocabulary and grammar; poor sequencing skills
- Difficulty paying attention; asks for repetitions
- Overall communication skills are substantially poorer than those of peers

Shared Characteristic of English Language Students & Students w/ Learning Disabilities

Short Attention Span	Distractible	Daydreams
Appears Confused	Uses Gestures	Speaks Infrequently
Has poor pronunciation	Has poor vocabulary	Has poor recall
Has poor comprehension	Comments inappropriately	Has poor syntax
Speaks in single words and/or phrases	Confuses similar sounding words	Has difficulty sequencing ideas and events

NOTE: In English learners without disabilities, these characteristics will appear only when the second language is being used.

Characteristics of English Learner Students with Speech-Language Disorders

- Nonverbal aspects of language are culturally inappropriate
- Does not express basic needs appropriately
- Rarely initiates verbal interaction with peers

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- Responds inappropriately when peers initiate interactions
- Gives inappropriate responses
- Peers give indications that they have difficulty communicating with the student
- Replaces speech with gestures
- Shows poor topic maintenance
- Perseverates on a topic
- Needs to have information repeated often, even when the information has been modified

NOTE: English learner students with speech-language disorders will have these characteristics in both languages.

Per an AHSA presentation paper by Seitel and Garcia (2009), ASHA has established the following expectations for Bilingual Speech Language Pathologists and Audiologists:

- Must be able to speak their L1 and at least one other language with native or near native proficiency in lexicon, semantics, phonology, morphology/syntax and pragmatics.
- Ability to describe the process of normal acquisition of one or both languages in monolingual and bilingual individuals.
- Ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and disorders.
- Ability to apply intervention strategies for treatment of communication disorders in the client's language.
- Ability to recognize cultural factors which affect the delivery of services to the client's language community.

For additional information, see: Guidance for English Language Learners with Disabilities

Deaf/Hard of Hearing

SLPs can be called upon to support the communication development of students with hearing loss. The scope of service could include auditory training; speech reading; speech and language intervention secondary to hearing loss. Deaf and hard of hearing children have the same ability to learn as do hearing children but need access to linguistically rich environments in order to develop age appropriate communication skills.

The SLP may also be included in the assessment process of a student suspected or known to have a hearing loss. If the SLP suspects a student of having a hearing loss,

they should contact the appropriate district personnel to request a hearing assessment. Research studies have indicated that the earlier a child is identified as having a hearing loss and provided special services and a means of communication, the greater the chances are for that child to succeed later on.

For hearing impaired students on the SLP's caseload, the SLP may need to monitor, support, inspect and check amplification devices. Please remember that students with DHH services may require more support with daily and yearly transitions. Document the support within the IEP.

Severe Disabilities

When serving children with severe disabilities, there are several areas that need to be considered:

- Students must be provided speech and language services consistent with assessment results in the least restrictive environment, "regardless of age, handicapping conditions or functional level within a variety of settings" consistent with the results of an assessment. It is not enough to state that a student's language and cognitive skills are commensurate with abilities. The SLP must consider the functional and social aspects of the student's language as well.
- SLPs must look at the communication needs of the student within the context of facilitating adaptive behavior. To this end, the SLP must consider the five functional domains of functional academics, domestic, community, vocation, and recreation/leisure activities when identifying communication needs/goals.
- The SLP should consider providing services through direct, collaborative and/ or consultative methods depending on the needs of the student and the environment in which the target skills are best remediated.
- Focus on the most effective mode of communication based on the student's abilities, disabilities and communicative environment (i.e., speech/vocalizations, gesture, sign, alternative communication systems).
- Develop intervention procedures for the student's communication system which interfaces with the student's education, leisure, self-help, social, and vocational settings. This is to ensure the communication system meets the demands of the various environments in which the student is educated.

In reviewing the information above, the SLP as part of the IEP team, must consider which service model would be best. In some cases, a collaborative teaching strategy may meet the needs of a group of students with severe disabilities where others may need direct service.

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NOTE: Cognitive Referencing shall be used on a case by case basis depending on all the variables of the student. This will be determined on an individual basis by the IEP team.

Transition Planning

One of the most critical times in a child's life occurs when he/she "transitions" from preschool, elementary, secondary high school to post-secondary programs as well as from special education into general education. It is critical that the SLP assist the child and educational teams when transition is to be considered. Students identified as deaf or hard of hearing and those with an autism spectrum disorder will likely require more support and consideration to address these various transitions. As a member of the IEP team, the SLP can assist in the preparation of the child for the projected communication demands. When transition occurs between school settings, SLPs can work together to develop IEP goals to facilitate success. When considering transition out of special education, the SLP should work with the team to assure the child has the skills to facilitate positive experiences [EC 56345(10)(4)].

Infant Program to Preschool Program Transition
See: Sonoma County SELPA Early Start Program

Preschool to Kindergarten Transition

Preschool children identified as individuals with exceptional needs must be reassessed prior to transitioning from a preschool program to transitional kindergarten, kindergarten, or first grade (EC 56445). This reassessment may include standardized testing, criterion referenced testing, observation and/or review of records (34CFR §300.305). Personnel providing special education services to the child are responsible for completing this reassessment and writing a summary report. Whenever possible, the IEP team review meeting should include a kindergarten or first grade teacher to ensure that a smooth transition occurs. After enrolling in transitional kindergarten, kindergarten or first grade, the child's progress should be monitored to determine the need for continuing special education program services (EC §56445(c)).

Secondary Transition
See: Transition Planning

Service Delivery Considerations

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School-based SLPs must determine the most effective service delivery model to utilize based on the intensity and frequency of service that a child will need to make adequate progress toward their goals in the least restrictive environment (LRE). The delivery of services includes where and by whom the service is to be provided. It also must address the intensity and duration or “dosage” required for the student to make progress. These two considerations will need to be made based on assessment information and in light of evidence based practices for ensuring the availability of a free and appropriate public education (FAPE). To address both LRE and FAPE, the services included in the IEP should be determined on a case-by-case basis, with options of the full continuum of services available. Attendance of the student and/or service provider may need to be considered to ensure FAPE.

Service Delivery Model Definitions

Service delivery is a dynamic concept and changes as the needs of the students change. No one service delivery model is to be used exclusively. For all service delivery models , it is essential that time be made available in the weekly schedule for collaboration/consultation with parents, general educators, special educators and other service providers. SLPs now serve students through a variety of service delivery options. The type of service provided to a given student may consist of more than one model at a time and also may change over time. Levels of services and service delivery models should be individualized based on student’s educational needs. (e.g. Refer to Communication Severity Scales) Options include collaborative consultation, classroom based, traditional pullout service, self-contained program, community based, and/or a combination thereof (ASHA , 1993).

Collaborative Consultation: In this model, the SLP works together with the regular and/or special education teacher(s) and parents to facilitate a student's communication. This type of service could be provided prior to enrolling a student in speech-language services, as services are being provided, or while transitioning or following-up at the end of services. Consultation allows the benefit of shared planning and decision making. Some of the functions of the SLP could be: demonstration teaching, co-teaching, adapting instructional materials, providing materials to reinforce speech-language goals, collecting data on communication in the classroom, facilitating functional communication and socialization goals, and helping to integrate communication skills throughout the curriculum. The SLP may collaborate with the teacher and still provide separate services, collaborate on communication goals that will be taught within the classroom, or design home programs for parents to implement. It is

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essential that administrators allow regularly scheduled planning time for this collaboration to take place. Almost any student on the caseload would benefit from some collaborative intervention, which would not necessarily take the place of other service delivery models provided simultaneously.

Classroom-Based: This model has been referred to as integrated services, curriculum based, trans- or interdisciplinary, team teaching, or inclusive programming. It is similar to collaborative consultation, except the SLP provides more direct instruction in the classroom. Communication intervention is provided via curriculum content and contexts, thereby facilitating generalization of skills. It is important that the teacher and SLP collaborate on all aspects of planning, instruction and follow-up. This model may be especially appropriate when the SLP is serving several students from the same class. It is also helpful for working with students who, due to limited intellectual functioning, may not generalize well from one setting to another.

Traditional Pull Out Service: In this model, services are usually provided in the speech room; however the therapy may also occur in the classroom. Students may be served alone or in groups. The SLP is responsible for all aspects of programming, as well as for incorporating curriculum content. The pullout model can be especially helpful when a student is learning a new skill and needs more intensive instruction and supervised practice. It may also be appropriate for older students who feel stigmatized by treatment in the presence of classmates. Another time pullout can be helpful is when the regular classroom provides few opportunities for expressive communication. Students taught via this model do not need to use it exclusively throughout the course of their treatment. Consultation can be added when the service is first begun, once initial goals are met, or at any time in combination with the pullout program.

Self-Contained Program: A self-contained classroom would primarily be considered for students with severe or multiple communication disorders requiring intensive assistance. The SLP is the classroom teacher responsible for providing both academic and communication instruction. This model segregates students from their nondisabled peers, and therefore should only be used when appropriate instruction cannot be provided in the regular classroom. Use of trained speech-language support personnel may provide limited services under close supervision of a certified SLP. Limitations of their duties are specified by ASHA guidelines and state requirements. The use of support personnel should not result in an increase in caseload size.

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Community Based: Communication services are provided to students within the home or community setting. Goals and objectives focus primarily on functional communication skills.

Combination: The SLP provides two or more service delivery options (e.g. provides individual or small group treatment on a pull-out basis twice a week to develop skills or pre-teach concepts and also works with student within the classroom).

Least Restrictive Environment (LRE) is the only guidance that IDEA (2004) provides to the SLP. LRE does stipulate however “to the maximum extent appropriate, students with disabilities are educated with nondisabled students” (34CFR300.550). The implication is that an array of services and environments are to be considered in order to meet the learning needs of students with disabilities.

The federal regulations additionally stipulate that placement decisions are to be made on the student’s individual needs and not on the public agency’s needs or available resources. These considerations guide the school-based SLP to evaluate the choice of service delivery model, paying particular attention to maximizing student participation in the most natural environment (instructional) and to utilize activities relevant to curriculum to ensure the educational benefit of services. When looking at the Rowley decision model to provide support for students, whether the student is receiving support from other Special Education personnel should be considered in making decisions about service delivery.

Caseloads

For students in grades K-12, the average caseload for language, speech, and hearing specialists in districts, county offices, or special education local plan areas shall not exceed 55 cases, unless the local comprehensive plan specifies a higher average caseload and the reasons for the greater average caseloads (EC § 56363.3) and shall not exceed a count of 40 for language, speech and hearing specialists providing services exclusively to students between the ages of three and five years (EC § 56441.7(a)).

In reviewing several sources on caseloads, it is noted that one needs to remember that when a child qualifies for Speech and Language services it does not automatically mean that the SLP will be the primary provider of direct services. One idea for manageable caseloads presented in the CSHA position paper was for the SLP to determine if any other professional (or assistant) could facilitate the goals and

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objectives written for a particular student, or help in the monthly monitoring process(CSHA, 1995). This would support the need to discuss whether or not the goals identified could be included in the service provided by primary service providers such as SAI (special academic instruction) teachers. The SLP would be responsible for overseeing the design and implementation of the goals, and if determined appropriate by the IEP team, supervise staff.

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