Speech - Language Pathology Services
Township High School District 214
Scope of Practice Document

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2. Language and Speech Defined

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May 2011
District 214 Mission

Our Primary Mission is to help all students learn the skills, acquire the knowledge, and develop the behaviors necessary for them to reach their full potential as citizens who can meet the challenges of a changing society.

Our Secondary Mission is to provide residents with opportunities for life-long learning.

District 214 Vision

The District 214 vision embraces continuous improvement and includes:

Students who demonstrate...
* analytic capabilities;
* communication skills including reading, writing, speaking, listening, and numeracy;
* creative expression and educated response to the creative works of others;
* ethical judgment and decision-making ability;
* career and life planning skills;
* responsible citizenship;
* understanding of ways to participate in an interdependent world;
* problem solving skills;
* concern, understanding, and respect in social interactions;
* technology literacy;
* ability to develop and maintain wellness.

An environment in which people are...
* physically, psychologically, and emotionally safe;
* treated fairly and ethically;
* valued for their unique backgrounds and contributions.

Staff members who...
* are active, life-long learners committed to continuing professional and personal development;
* are leaders in instructional practices;
* create school work which engages and challenges students;
* are innovative, take risks, and share what is learned from successes and failures;
* are concerned, caring, and compassionate;
* cooperate as partners with parents and the community in the education of students;
* use student learning data to inform instructional decisions and practices.

A Board of Education that...
* provides high quality resources for students and staff;
* respects successful programs and practices;
* encourages continual improvement through risk-taking and innovation;
* cooperates and communicates as a partner with parents and the community in the education of students;
* celebrates student and staff success;
* promotes life-long learning;
* involves school and community members in decision-making processes.
Student Services
Mission and Vision Statement

Mission:
Our primary mission is to engage and empower all students to be successful in the educational environment by utilizing available resources and developing individual skills to meet the challenges of a global community.

Vision:
1. Encourage students to identify strengths and advocate for their needs.
2. Enhance positive relationships between students, staff, families, and community through open dialogue, advocacy, and problem solving efforts that minimize barriers.
3. Use innovation and technology to prepare students for an ever-changing global economy.
4. Seek innovative approaches to improve the services for students, families, and staff.
5. Create and maintain a safe and healthy environment conducive to learning.
6. Employ current best practices and apply scientifically supported, evidence-based data to make informed educational decisions.
Speech and Language Services Support Township High School District 214 Goals

Speech-Language Pathologists have a role in supporting students and teachers in the pursuit of excellence. Speech-Language services promote access to the curriculum and success on classroom and standardized assessments. Academic growth is enhanced by furthering the comprehension and expression of language to meet challenges dependent upon these skills. Language is the platform for acquiring information in the classroom. Oral expression and writing are the major avenues for demonstrating achievement. Ability to contribute verbally and in writing are enhanced. Direct teaching in executive functioning skills (e.g., organization, recall of information, how to learn, how to study) benefit students across the academic environment. Speech-Language Pathologists engage in a spectrum of service delivery that ranges from consultation with staff to direct service.

District 214 Speech Language Pathologists actively participate in meeting D214 Goals as described below:

a. Each NCLB subgroup’s average EPAS (Explore, Plan, Prairie State, ACT) growth will surpass that of the previous cohort by 10% annually in Reading, English, Math, and Science until growth from Explore to ACT exceeds six points.

SLP’s support this goal by providing services that build students’ vocabulary, reading comprehension and verbal expression.

b. Increased student success rate (as measured by a grade of A, B, or C) per course by at least five percentile points each year until the threshold of 95% is attained.

Speech-Language Pathologists support improved grades by providing services to target student IEP goals addressing skills that include but are not limited to comprehension, retrieval of information, and formulation/elaboration of thought.

c. The number of students enrolled in at least one AP course will increase over the previous year, as will the number of students taking at least one AP exam and the number of students earning a passing score on an AP exam, until at least 50% of all students have earned a score of three or higher on an AP final.

Accommodations and support increases a student’s performance level and likelihood of success in AP courses. Social skill development supports students who have the academic skills, but lack the social communication skills necessary for AP level success.
Language and Speech Defined
Language and Speech Defined

LANGUAGE[1]

Language is the brain's ability to create and manipulate symbols. For the Speech-Language Pathologist, the term language encompasses both comprehension and expression for the act of communication. Language includes a variety of sub-groups that support successful communication:

- **Phonology** is the sound system of language expressed via speech in individual and connected words.

- **Morphology** is the smallest unit of language that carries meaning (e.g., -ed as a marker for past tense).

- **Syntax** is the structure of connected words to form meaningful phrases.

- **Grammar** describes the culturally determined rules governing syntax.

- **Semantics** refers to the underlying meaning of words and phrases.

- **Pragmatics** describes language usage and the social aspects of communication including joint attention, intentionality, communicative gesturing, body posture, facial expressions, prosody, and vocal intensity.

- **Literacy** encompasses vocabulary knowledge and comprehension, encoding and decoding of individual and connected words, phonemic awareness, and the elaboration of thought for writing.

- **Cognition** includes attention, memory, sequencing, problem solving, and executive functioning.
SPEECH
Speech refers to the act of producing a series of sounds that blend to form words, phrases, sentences and conversation. An impairment in speech can reduce intelligibility or the ability to be understood by others. Speech disorders can include difficulty with the following:

- **Articulation or Speech Sound Disorders** [2] refer to the abnormal production of speech sounds. Errors may present as distortions, substitutions, deletions, or additions of sounds. Speech sound differences resulting from dialectal differences are not considered deviant.

- **Voice disorders** are characterized by abnormal pitch, quality, or intensity (i.e., volume) of voice.

- **Fluency disorders**, commonly referred to as stuttering, are characterized by a disruption in the continuity, smoothness, rate, and/or effort of speech production.

- **Feeding and Swallowing Disorders** refer to the difficulty an individual may have in safely chewing or swallowing food. In the educational setting, this is particularly relevant when students need assistance with feeding or are at risk to aspirate (allow food to enter lungs).


Speech - Language Services In the Schools

Speech and language services are designed to promote effective communication within the academic setting and in functional situations. Speech-Language Pathologists deliver services to students with identified speech and/or language disorders within the least restrictive environment in the school setting. As a member of the Student Services team, SLPs assist in developing interventions designed to help students meet District 214 and Illinois State performance standards. SLPs conduct individual screenings and assessments as needed. SLPs collaborate and consult with other professionals both in-district and outside of the district to further students' communication skills.

Please see the ASHA Professional Issues Statement titled Roles and Responsibilities of Speech-Language Pathologists in Schools\(^1\) for additional information.

Roles and Responsibilities of Speech-Language Pathologists in Schools

Ad Hoc Committee on the Roles and Responsibilities of the School-Based Speech-Language Pathologist


Index terms: schools, admission/discharge criteria, caseload, workload, service delivery models
doi:10.1044/policy.PI2010-00317
About This Document

This professional issues statement is an official policy statement of the American Speech-Language-Hearing Association (ASHA) and is a companion document to the position statement on the Roles and Responsibilities of Speech-Language Pathologists in Schools. It was developed by the Ad Hoc Committee on the Roles and Responsibilities of the School-Based Speech-Language Pathologist. Members of the Ad Hoc Committee were Barbara Ehren (chair), Frances Block, Catherine Crowley, Ellen Estomin, Sue Ann Goldman, and Susan Karr (ex officio). Vice President for Professional Practices in Speech-Language Pathology Brian Shulman (2006–2008) and Vice President for Speech-Language Pathology Practice Julie Noel (2009–2011) served as the ASHA monitoring vice presidents, with contributions from ASHA staff member Deborah Adamczyk. This document was approved by the ASHA Board of Directors (BOD 13-2010) in May 2010. This professional issues statement with its companion position statement replaces the 2000 ASHA document Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist.

Roles and Responsibilities

Driven by educational reform, legal mandates, and evolving professional practices, it is the position of the American Speech-Language-Hearing Association (ASHA) that the roles and responsibilities of speech-language pathologists (SLPs) listed below should provide the basis for speech-language services in schools to promote efficient and effective outcomes for students.

Critical Roles — SLPs have integral roles in education and are essential members of school faculties.

- Working Across All Levels — SLPs provide appropriate speech-language services in Pre-K, elementary, middle, junior high, and high schools with no school level underserved. (Note: In some states infants and toddlers would be included in school services.)
- Serving a Range of Disorders — As delineated in the ASHA Scope of Practice in Speech-Language Pathology and federal regulations, SLPs work with students exhibiting the full range of communication disorders, including those involving language, articulation (speech sound disorders), fluency, voice/resonance, and swallowing. Myriad etiologies may be involved.
- Ensuring Educational Relevance — The litmus test for roles assumed by SLPs with students with disabilities is whether the disorder has an impact on the education of students. Therefore, SLPs address personal, social/emotional, academic, and vocational needs that have an impact on attainment of educational goals.
- Providing Unique Contributions to Curriculum — SLPs provide a distinct set of roles based on their focused expertise in language. They offer assistance in addressing the linguistic and metalinguistic foundations of curriculum learning for students with disabilities, as well as other learners who are at risk for school failure, or those who struggle in school settings.
- Highlighting Language/Literacy — Current research supports the interrelationships across the language processes of listening, speaking, reading, and writing. SLPs contribute significantly to the literacy achievement of students with communication disorders, as well as other learners who are at risk for school failure, or those who struggle in school settings.
Providing Culturally Competent Services — With the ever-increasing diversity in the schools, SLPs make important contributions to ensure that all students receive quality, culturally competent services. SLPs have the expertise to distinguish a language disorder from “something else.” That “something else” might include cultural and linguistic differences, socioeconomic factors, lack of adequate prior instruction, and the process of acquiring the dialect of English used in the schools. This expertise leads to more accurate and appropriate identification of student needs. SLPs can also address the impact of language differences and second language acquisition on student learning and provide assistance to teachers in promoting educational growth.

Range of Responsibilities — SLPs help students meet the performance standards of a particular school district and state.

- **Prevention** — SLPs are integrally involved in the efforts of schools to prevent academic failure in whatever form those initiatives may take; for example, in Response to Intervention (RTI). SLPs use evidence-based practice (EBP) in prevention approaches.
- **Assessment** — SLPs conduct assessments in collaboration with others that help to identify students with communication disorders as well as to inform instruction and intervention, consistent with EBP.
- **Intervention** — SLPs provide intervention that is appropriate to the age and learning needs of each individual student and is selected through an evidence-based decision-making process. Although service delivery models are typically more diverse in the school setting than in other settings, the therapy techniques are clinical in nature when dealing with students with disabilities.
- **Program Design** — It is essential that SLPs configure schoolwide programs that employ a continuum of service delivery models in the least restrictive environment for students with disabilities, and that they provide services to other students as appropriate.
- **Data Collection and Analysis** — SLPs, like all educators, are accountable for student outcomes. Therefore, data-based decision making, including gathering and interpreting data with individual students, as well as overall program evaluation are essential responsibilities.
- **Compliance** — SLPs are responsible for meeting federal and state mandates as well as local policies in performance of their duties. Activities may include Individualized Education Program (IEP) development, Medicaid billing, report writing, and treatment plan/therapy log development.

Collaboration — SLPs work in partnership with others to meet students' needs.

- **With Other School Professionals** — SLPs provide services to support the instructional program at a school. Therefore, SLPs' unique contributions complement and augment those made by other professionals who also have unique perspectives and skills. Working collegially with general education teachers who are primarily responsible for curriculum and instruction is essential. SLPs also work closely with reading specialists, literacy coaches, special education teachers, occupational therapists, physical therapists, school
psychologists, audiologists, guidance counselors, and social workers, in addition to others. Working with school and district administrators in designing and implementing programs is crucial.

- **With Universities** — SLPs form important relationships with universities in which both the SLPs and the universities can benefit from shared knowledge and perspectives. Additionally, SLPs can serve as resources for university personnel and the university students whom they teach.

- **Within the Community** — SLPs work with a variety of individuals and agencies (e.g., physicians, private therapy practitioners, social service agencies, private schools, and vocational rehabilitation) who may be involved in teaching or providing services to children and youth.

- **With Families** — For students of all ages it is essential that SLPs engage families in planning, decision making, and program implementation.

- **With Students** — Student involvement in the intervention process is essential to promoting personal responsibility and ownership of communication improvement goals. SLPs actively engage students in goal planning, intervention implementation, monitoring of progress, and self-advocacy appropriate to age and ability level.

**Leadership** — SLPs provide direction in defining their roles and responsibilities and in ensuring delivery of appropriate services to students.

- **Advocacy** — To assume productive roles, SLPs must advocate for appropriate programs and services for children and adolescents, including reasonable workloads, professional development opportunities and other program supports. Because some of the roles SLPs assume may be new or evolving and may not be clearly understood by others, SLPs have a responsibility to articulate their roles and responsibilities to teachers, other school professionals, administrators, support personnel, families, and the community. They also work to influence the development and interpretation of laws, regulations, and policies to promote best practice.

- **Supervision and Mentorship** — SLPs play a vital role in inducting new professionals. They are involved with supervising student SLPs and clinical fellows, as well as in mentoring new SLPs. They also may supervise paraprofessionals.

- **Professional Development** — SLPs are valuable resources in designing and conducting professional development. Given their expertise in communication and language, SLPs have much to offer other educators, including administrators, teachers, other educational specialists, and paraprofessionals in the collaborative effort to enhance the performance of students in schools.

- **Parent Training** — SLPs are in a position to provide training to parents of students of all ages with regard to communication development and disorders. They may be especially helpful to families in creating a language- and literacy-rich environment

- **Research** — Federal law requires the use of scientific, research-based practices. It is important for SLPs in the schools to participate in research to generate and support the use of evidence-based assessment and intervention practices.
ASHA considers the factors listed below to be essential in implementing these roles and responsibilities.

- **Role and Responsibility Realignment** — The current educational context for speech-language services requires reflection on a possible realignment of existing roles and responsibilities to make maximum use of the SLPs’ expertise. SLPs and school systems can then carve out a set of roles and responsibilities that is manageable and efficacious for the diverse student body in today’s schools. Establishing workload priorities is crucial. Further, these roles and responsibilities should be viewed in the larger context of the array of programs and services provided to students, including those with disabilities, and in light of the responsibility for student achievement that all educators share.

- **Reasonable Workloads** — For SLPs to be productive in the many roles and responsibilities for which their expertise prepares them, they must have reasonable workloads. Therefore, school systems and SLPs themselves must make ethical and judicious decisions, consistent with legal mandates, about the services they provide. They must balance their scope of work to use their expertise most effectively and efficiently. New or expanded roles cannot merely be additions to an already full workload.

- **Professional Preparation** — SLPs must be fully prepared to meet the needs of the diverse student body they will be called upon to serve in the myriad roles and responsibilities outlined in this document. The range and complexity of student problems require at a minimum well-prepared, master’s level professionals with a strong knowledge base in speech-language/literacy development and speech-language/literacy disorder, as well as a strong skill set in diagnosis, intervention, and workload management at the pre-service level. New or expanded roles may require high quality professional development for SLPs already in the schools.

- **Lifelong Learning** — To keep abreast of changes in education and speech-language pathology, it is essential that SLPs seek out and be permitted to engage in continuing education experiences to update their knowledge base and hone their skills.

This policy statement serves as a guide to SLPs as well as policy makers and administrators in shaping the practice of speech-language pathology in schools. It also serves to guide pre-service and in-service educators in designing and conducting appropriate coursework and educational experiences for SLPs who will be or who are working in schools.

**Rationale**

Much has changed in education since the document, *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist* (ASHA, 2000), was published. School-based speech-language pathology is at a crossroads where SLPs seek to contribute significantly to the well-being and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice. It is essential that SLPs’ roles and responsibilities be redefined in light of substantive changes that have taken place in schools, as well as in the discipline of speech-language pathology. Changes in three arenas provide a rationale for the current roles and responsibilities articulated in the ASHA position statement and professional issues statement: (1) educational reform, (2) legal mandates, and (3) evolving professional practices, all of which are interrelated. In the following sections each of these three areas is addressed.
Roles and Responsibilities of Speech-Language Pathologists in Schools

Professional Issues Statement

with implications for services in schools, organized around the four categories of roles and responsibilities: critical roles in education, range of roles and responsibilities, collaboration, and leadership.

Educational Reform
Over the past decade, serious attention has been focused in our nation on widespread educational reform to meet the escalating demands for highly literate citizens who can compete in the world marketplace. Our nation's leaders have asserted that persistent gaps in achievement must be eliminated, graduation rates must increase, and dropout rates must decrease. Adding to the complexity of the situation are the changing demographics in our schools, with more students with diverse learning needs, which may be influenced by students' cultural and linguistic backgrounds. There is considerable pressure on educators to dramatically improve educational outcomes for all students to prepare them for postsecondary education and the workplace, with specific attention on literacy proficiency and achievement in the STEM disciplines (science, technology, engineering, and mathematics). Educational reform, in turn, has provided the impetus for legal mandates and evolution of professional practices. It provides a rationale for new and expanding roles and responsibilities of SLPs in schools. (See Table 1 for documentation of educational reform issues.)

Table 1. Educational Reform Issues.

| --- | --- |
A high school diploma cannot be the last educational stop. Jobs that require at least some postsecondary education will make up more than two-thirds of new jobs.

U.S. high school graduates are not prepared for the workforce or for college.


Call to reform: Public education is provided so that “all students learn to use their minds well, so that they may be prepared for responsible citizenship, further learning, and productive employment in our Nation's modern economy.”

Goals 2000: Educate America Act (P.L. 103-227, Sec. 102)

Key strategies for educational reform include
• paying close attention to transitional grades (elementary to middle or middle to secondary);
• establishing consistent, sustained mentoring relationships for students;
• designing small schools with focused, rigorous, relevant curriculum;
• implementing learning goals tied to learning standards;
• sustaining a cadre of well-trained teachers through ongoing professional development.

Implications for Services in Schools

Critical Roles in Education
With the challenge to raise the bar on attainment of educational goals, all educators in schools must share this responsibility. SLPs in the schools need to work in ways that contribute to the goals of educational reform to prepare students for the new job market and responsible citizenship. They need to be contributors at all educational levels, addressing a range of disorders with considerable attention to language and literacy goals and students who are culturally and linguistically diverse.

Range of Roles and Responsibilities
SLPs become key players in reform efforts in elementary and secondary schools by focusing on helping students with a wide range of speech–language-related problems to meet performance standards. Their work includes prevention, assessment, intervention, and program design efforts that are integrated within a school. The educational reform movement has ushered in a new era of accountability for student outcomes by all educators, thereby requiring a significant focus on data collection and analysis and compliance for the SLP.

Collaboration
The expansive nature of reform efforts requires all educators to work in partnership. Therefore, SLPs must work effectively and collegially with a number of different constituencies within the school and larger community, bringing to the effort the unique contributions for which their academic programs have prepared them. It is essential to work with administrators, teachers, and support services personnel to identify and meet student needs. Partnerships with parents/guardians and the students themselves are also a focus, with specific requirements driven by law. Partnerships with universities lay the foundation for a larger network of professionals participating in educational reform.

Leadership
In the context of educational reform it is important for SLPs to assume a leadership role in defining and articulating their roles and responsibilities and in ensuring delivery of appropriate services to students. They also are called upon to play a role with inducting new professionals and contributing to the evidence base in the discipline. They must themselves keep abreast of the changes reform brings, as well as design and conduct professional development and parent training when appropriate.

Legal Mandates
Multipronged efforts in educational reform have led to expansion of legal mandates that directly shape the roles and responsibilities of SLPs in the schools. These mandates arise from federal, state, and local laws and regulations as well as from court decisions. State and local policies must meet or exceed the federal mandates for education agencies to remain eligible for federal education funds.

The legal mandates set the parameters within which schools operate and school personnel function. Some of these legal mandates have been part of the law for decades, including those granting rights to every student to a free appropriate public education (FAPE) in the least restrictive environment (LRE). These rights have broadened the populations of students served in schools and have led to an
expansion of special education and related services. For example, schools now serve preschool students with disabilities from ages 3 to 5, with some also serving infants and toddlers.

Federal laws and congressional findings continue to intensify the focus on providing appropriate educational opportunities for students from culturally and linguistically diverse groups, students from low income families, and students who are English language learners (ELLs). Education agencies are under intense scrutiny to address academic achievement gaps for these students and to increase accuracy in disability determinations. A corresponding trend is to address the needs of students who may be at risk for academic failure before they are identified through the traditional comprehensive evaluation process as being a student with a disability.

Federal laws have moved strongly toward demanding accountability for student performance, with achievement on high stakes tests a hallmark for measuring student outcomes for all students. For example, for the first time in 2001, NCLB placed an emphasis on achievement of specific subgroups, that is, students who are economically disadvantaged, students from major racial or ethnic groups, students with limited English proficiency (LEP), and students with special needs (NCLB; PL 107-110, Title I, Part A, subpart 1, section 1111(2)(c)). Educators are responsible for helping all students meet those standards. Professionals working with students with disabilities are specifically charged with helping them access the general education curriculum.

One clear trend in legal mandates is the focus on parent involvement. Parents/guardians are no longer passive recipients of their children's schools' decision-making process. Instead they are active participants as their children move through the educational process. (See Table 2 for a chronology of key legal mandates.)

Table 2. Chronology of Key Legal Mandates.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Brown v. Board of Education (1954)</td>
<td>Landmark U.S. Supreme Court case. States may not deny an education to some students while providing it to others.</td>
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<tr>
<td>PARC v. Commonwealth of PA (1971)</td>
<td>Landmark U. S. Supreme Court case. Students with disabilities must be provided full access to public education.</td>
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<tr>
<td>Section 504 of the Rehabilitation Act of 1973</td>
<td>Federal civil rights legislation. Students who fall under section 504 are entitled to an education defined as “the provision of regular or special education and related aids and services that ... are designed to meet individual education needs of persons with disabilities as adequately as the needs of persons without disabilities are met...” [34 C.F.R. § 104.33(b)(1)]</td>
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<tr>
<td>Education for All Handicapped Children’s Act of 1975 (PL 94-142)</td>
<td>Federal education legislation. All students must be provided a free and appropriate public education (FAPE) in the least restrictive environment (LRE) [Sec. 300.101(c)(1)]</td>
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<tr>
<td>Roles and Responsibilities of Speech-Language Pathologists in Schools</td>
<td>Professional Issues Statement</td>
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<tr>
<td>Individuals with Disabilities Education Act Amendments of 1997 (IDEA, 1997 [PL 105-17]) Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004 [PL 108-446])</td>
<td>Federal education legislation reauthorizing PL 94-142 as IDEA 1997, then later as IDEA 2004, augmenting and amplifying requirements for students with disabilities, including</td>
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<td>• participation and achievement in the general education curriculum [Sec. 300.324(a)(4)(ii)];</td>
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<td></td>
<td>• assessments as nondiscriminatory, multidisciplinary, and determining disability rather than lack of instruction in reading or math or limited English proficiency (Sec. 300.304 through 300.311);</td>
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<td>• provision of early intervening services [Sec. 300.226(a)];</td>
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<td></td>
<td>• appropriate identification and support services to ELLs and minority students to achieve their potential [Sec. 300.304(c)(i)(ii)];</td>
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<td>• preparation for further education, employment, or independent living (Sec. 300.346);</td>
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<td>• supplementary aids and services in general education classes, in other education-related classes, and in nonacademic settings (Sec. 300.42);</td>
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<td></td>
<td>• provision of services for children with developmental delays or disabilities from birth through 5 (IDEA Part C).</td>
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<td><strong>No Child Left Behind Act of 2001 (NCLB; PL 107-110)</strong></td>
<td>A reworking of the Elementary and Secondary Education Act, NCLB has four major areas of reform:</td>
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<td>(1) increased accountability for states, school districts, and schools (Title I, Part A; Title I, Part E, Sec. 1501–1503);</td>
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<td>(2) greater participation and choice for parents/guardians and students, particularly those attending low-performing schools (Title I, Part A, Sec. 101);</td>
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<td>(3) more flexibility for states and local educational agencies in the use of federal education dollars (Title I, Part E, Sec. 1501–1503);</td>
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<td>(4) an emphasis on the use of scientifically based educational practices that work, especially in reading (Title I, Part A, Sec. 101).</td>
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<tr>
<td><strong>State laws and regulations enacted to implement the federal mandates</strong></td>
<td>To qualify for federal funds, states must ensure that their standards meet or exceed federal standards.</td>
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**Implications for Services in the Schools**

*Critical Roles in Education*

The expansion of the number of students with disabilities who are served in the schools means that SLPs must be able to serve those students, including those with severe disabilities. More students with autism, traumatic brain injury, and severe medical conditions may now be part of an SLP's workload. Further, the growing
emphasize on prevention of school failure through work with at-risk students presents another population with whom SLPs may play critical roles. SLPs contribute to educational equity by identifying and implementing appropriate assessment methodologies and approaches that lead to accurate disability determinations regardless of the students' cultural, linguistic, or socioeconomic backgrounds. Roles and responsibilities have to be redefined to accommodate this expanded scope.

Range of Roles and Responsibilities
Accountability within educational systems includes all professionals working within those systems. Therefore, SLPs must ensure that they assist the students with whom they work to meet performance standards and become productive members of society. To comply with legal mandates, SLPs must determine how students' academic strengths and weaknesses relate to speech, language, and communication disorders. To do this, SLPs collect relevant student data in various contexts, develop intervention plans, and provide services in collaboration with others to meet students' educational needs. Consistent with the federal mandate, a continuum of services must be designed to serve students with disabilities in the LRE.

As the communication and language experts in schools, SLPs can shed light on how linguistic, socioeconomic, and cultural differences may contribute to achievement gaps. SLPs may also provide insight on approaches to reducing disproportionate referrals of minority students to special education by accurately identifying whether student performance is reflective of a true disorder.

Collaboration
With regard to speech-language services for students with disabilities, federal statutes and regulations specify requirements for group processing and decision making. For example, IEPs must be developed by a team that includes parents/guardians and a general education teacher. However, even when specific collaborations are not required by law, compliance with legal mandates is a responsibility shared by all educators, with collaboration a key in successful implementation.

Leadership
In situations they encounter in schools, SLPs must know and understand how legal mandates affect practice. They may on occasion need to advocate for meeting the intent of the law and communicate effectively with others about the congruence of their practices with legal mandates. They may also need to mentor less experienced SLPs on interpretation of legal mandates.

Evolving Professional Practices
In the early years of school practice, provision of services focused on fluency, voice, and articulation disorders, with later inclusion of language disorders. Although these areas continue to be included within the SLP's roles and responsibilities, changing legal mandates and an expanded scope of practice for SLPs across settings has prompted a redefinition of work in the schools. Several professional practices may now be included as part of the SLP's workload that were not a typical part of their work when the 2000 ASHA guidelines were published. These areas include work with students who are medically fragile; work with those
with dysphagia; work with reading, writing, and curriculum; EBP; RTI; and telepractice. These five areas will be addressed as professional practices that have gained traction after 2000 and are continuing to evolve.

We should also note that several areas have grown in emphasis since the publication of the 2000 guidelines. These areas include augmentative/alternative communication, autism, cochlear implants, and traumatic brain injury. Growth in these areas as well has most assuredly had an impact on the roles and responsibilities of SLPs in schools.

ASHA has provided guidance over many years on a variety of these topics. Those policy documents that are most relevant to the roles and responsibilities that are defined in this professional issues statement are annotated in the Appendix.

**Medically Fragile Students**

One out of eight babies (12.8% of live births) was born preterm in the United States in 2006, representing an increase of more than 16% in preterm births in the United States between 1996 and 2006. In addition to medical problems, heightened risk of enduring disabilities, such as cognitive impairments, learning and behavioral problems, and vision and hearing loss are often present in preterm babies (March of Dimes, 2009). Children who were born prematurely often have complex medical conditions that affect speech and language development, including severe craniofacial anomalies, syndromes, chronic diseases, and neurological conditions (Andrews, 1999; Billeaud, 2003; Jackson & Albamonte, 1994). Some of the children will be considered medically fragile and many will have difficulty with feeding and swallowing.

Management of these students by qualified professionals from a number of fields, including speech-language pathology, will be necessary from early intervention throughout their school years. Legal mandates regarding education in the LRE means that medically fragile students will need support in general education classes (Power-deFur & Alley, 2008). Some medically fragile children with tracheostomies and swallowing and feeding deficits will need the services of school-based SLPs competent in the use of speaking valves and dysphagia therapy.

Medically fragile students are dependent on schools to ensure that their learning needs can be accomplished (Rehm, 2002). Long-term follow-up has demonstrated a tendency for decreased academic, neurodevelopmental, and growth-related outcomes for premature children and adolescents as opposed to children and adolescents who were delivered full term (Hack, 2006). Birth trends with medical breakthroughs that keep fragile children alive will mean that an increasing number of students with these problems will be served in the schools in the future and that they will participate in special education, which may include service in general education classrooms (Lefton-Greif & Arvedson, 2008; Rehm, 2002). Failure to thrive, which can result in language learning issues, may also occur in these medically fragile children (Swigert, 2004).
As more medically fragile children are educated in the schools, SLPs must take on roles and responsibilities that traditionally were considered those of medically based SLPs. For example, students may continue to attend school as they transition from tube to oral feeding, requiring the support of the SLP in the school (McKirdy, Sheppard, Osborne, & Payne, 2008).

**Dysphagia — Swallowing and Feeding**
IDEA supports the need for dysphagia therapy when it affects educational performance. ASHA's 2007 *Guidelines for Speech-Language Pathologists Providing Swallowing and Feeding Services in Schools* addresses this issue, providing conditions when therapy for swallowing and feeding disorders is educationally relevant and therefore the school districts' responsibility under IDEA. Conditions that would support the need for dysphagia therapy include (a) assurance of safety when eating to address the risks of choking and aspiration during oral feeding, (b) provision of adequate nourishment and hydration to support the attention needed to fully access the curriculum, threatened by (c) decreasing susceptibility to illnesses related to malnutrition and hydration to increase student ability to attend school, and (d) supporting students to learn skills that will enable them to participate in meal and snack time with peers safely and in an appropriate amount of time. In many of these situations, school-based SLPs will need to collaborate with medical teams to be effective and ensure the safety of their students (Lefon-Greif & Arvedson, 2008).

With students with medically and physically complex conditions, the SLP may be the school-based professional responsible for identifying dysphagia by means of mealtime observations during the school day (Calis et al., 2008). The SLP may be called upon to develop an administrative model for managing students with dysphagia and significant health and safety considerations (Homer, 2008).

**Reading, Writing, and Curriculum**
Literacy problems of children and adolescents are the subject of much discussion among educators and the public at large. The Alliance for Excellent Education (2009, p. 1) has pointed out the following statistics with regard to literacy performance:

- Only 29% of America's 8th-grade public school students meet the National Assessment of Educational Progress (NAEP) standard of reading proficiency for their grade level.
- Approximately 8 million of the 32.5 million students in 4th through 12th grade read below NAEP's minimum—or basic standards for their grade level.
- A mere 2% of all eighth graders read at an advanced level.
- Between 1971 and 2004, the NAEP scores of 17-year-olds showed no improvement. Further, the 2005 scores of 12th graders were generally lower than their counterparts in 1992.

Hence, increasing literacy concerns for all students shape education and therefore the context in which school SLPs function.

As early as 1973, Gruenewald and Pollack advocated that SLPs assume roles in assisting teachers with "reading readiness." They argued that "Our unique contribution to the educational team can be the analysis of speech, language, and
auditory learning upon which further symbolic and academic skills are built” (p. 121). Since that time numerous studies have explicated the relationships among the language processes of listening, speaking, reading, and writing (Bradley & Bryant, 1983; Engler & Thomas, 1987; Gillon & Dodd, 1995; Hiebert, 1980; Kroll, 1981; McConnaughy, 1985; Ruddell & Ruddell, 1994). Evidence exists of the association between language impairment and reading disability (Bishop & Adams, 1990; Lombardino, Riccio, Hynd, & Pinheiro, 1997; Scarborough & Dobrich, 1990; Silva, McGree, & Williams, 1983; Stoelhard, Snowling, Bishop, Chipchase, & Kaplan, 1998; Tallal, Curtiss, & Kaplan, 1989). Catts and Kamhi (1999) pointed out that language problems are a major component of almost all cases of reading disabilities, sometimes as cause (Catts, Fey, Zhang, & Tomblin, 1999) and at other times as consequence (Snow, Burns, & Griffin, 1998). Even in cases in which spoken-language problems are not evident, children with a history of reading problems may fail to develop higher level cognitive-linguistic skills (Cain & Oakhill, 1998; Stoelhard et al., 1998).

This reciprocity of language processes, together with the SLP’s expertise in language, among other related areas, provides a cogent rationale for why SLPs should attend to written language in addition to spoken language. The call for SLP involvement in reading and writing was issued by ASHA in the 2001 position statement on the *Roles and Responsibilities of SLPs With Respect to Reading and Writing in Children and Adolescents*. In that document SLPs were challenged to address reading and writing for students with communication disorders as well as to assume roles in reading and writing with other struggling learners. More recent studies continue to support the relationships among language processes (Bashir & Hook, 2009; Wise, Sevcik, Morris, Lovett, & Wolf, 2007) with professionals continuing to call for SLP involvement in reading and writing (Butler & Silliman, 2001; Ehren, 2006; Justice, 2006; Nelson & Van Meter, 2006; Wallach, 2008).

Clearly reading and writing are important areas of curriculum development in the schools. However, the bigger picture includes learning in all curricular areas, including math, science, and social studies, with reading and writing skills playing an essential role in the acquisition of knowledge in the other academic areas. Increased emphasis on high performance standards brought on by educational reform, as discussed earlier, has led to greater rigor in curriculum in today’s schools. Therefore, closing the achievement gap involves learning in all areas of curriculum.

The relationship between language and curriculum mastery has been discussed for many years (see Bashir, 1989, Culatta & Merritt, 1998, Miller, 1989, Nelson, 1989, Wallach & Butler, 1994). The knowledge and skills of SLPs in language provides the rationale for their involvement in supporting curriculum learning (Ehren, 2000, Farber & Klein, 1999, Roth & Troia, 2006). Further, the growing recognition among educators that language provides the foundation for all curriculum learning increases the need for SLPs to step forward and assist in this important arena (Ehren, 2002, Wallach, 2008).

**Evidence-Based Practice**

The idea that professional practice needs to be rooted in evidence has been a part of medical practice for many years (Porzolt et al., 2003; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). More recently, EBP has been applied to other
professions, including speech-language pathology (Dollaghan, 2004a, 2004b; Justice & Fey, 2004). “The goal of EBP is the integration of (a) clinical expertise, (b) best current evidence, and (c) client values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve” (ASHA, 2004, p. 1).

EBP involves a way of doing business, a template for professional practice that involves a decision-making process (Gillam & Gillam, 2006; Johnson, 2006). EBP incorporates many of the requirements for education in schools, including accountability for student outcomes and use of scientifically based practices required by NCLB and IDEA, as well as data-based decision making that forms the linchpin of schoolwide academic improvement efforts (Ehren, 2008).

However, as sensible as an EBP approach in the schools may be, it requires a major shift in thinking and practice among school SLPs.

Response to Intervention (RTI)
Response to Intervention (RTI) has been receiving widespread attention across the country (Batsche et al., 2005; Burns, Griffiths, Parson, Tilly, & VanDerHeyden, 2007; Fuchs & Deshler, 2007; Haager, Klingner, & Vaughn, 2007; International Reading Association Commission on RTI, 2009; Klingner & Edwards, 2006; Mellard & Johnson, 2007; Moore & Montgomery, 2008; National Joint Committee on Learning Disabilities, 2005; Schraeder, 2008). It is a framework for addressing the diverse learning needs of all students at a school to prevent failure and provide an alternative method for identifying students with learning disabilities. It is the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rate over time and level of performance to (3) make important educational decisions (Kurns & Tilly, 2008). Many different iterations of RTI exist, including an academic or behavioral orientation, or both. Some are literacy-focused; others have a more general problem-solving focus. Most iterations include a tiered approach to providing increasingly intense interventions to students who are struggling, with the focus on high quality core instruction.

The legal roots of RTI can be found in both IDEA (2004) and NCLB (2002). In IDEA, the permissive funding of early intervening services and the removal of the discrepancy formula requirement for identification of learning disabilities are key elements. The idea of early intervening services was rooted in recommendations of the President’s Commission on Excellence in Special Education (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2002), which called for an end to school district’s use of a “wait to fail” model of education. Specifically, a portion of IDEA funding may be available to address individual student learning needs through early intervening services, which may under certain circumstances support prevention efforts of RTI.

Another important element of IDEA 2004 that relates to RTI is that school districts are no longer required to use a discrepancy formula to determine the existence of a learning disability (LD): A local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning (IDEA 2004, Sec. 614, b, 6, A).
Further, response to scientifically based interventions may be used in
determination of LD as noted in the following statement: “In determining whether
a child has a specific learning disability, a local educational agency may use a
process that determines if the child responds to scientific, research-based
intervention as a part of the evaluation procedures” (Sec. 614, b, 6, B). Contained
within NCLB legislation are various components of the RTI framework, although
reference to RTI per se does not appear in the law. Among them are requirements
to improve the academic achievement of all students (NCLB, 2001, Sec. 1001[4],
p. 16), improve and strengthen accountability (NCLB, 2001, Sec. 1001[6], p. 16),
and provide scientifically based instructional strategies and challenging academic
content (NCLB, 2001, Sec. 1001[8] [9], p. 16).

From the onset of the RTI movement, professionals in the field of speech-language
pathology have identified important contributions of SLPs to the effort (Ehren,
2005; Ehren, Montgomery, Rudebusch, & Whitmire, 2006; Ehren & Whitmire,
2009; Justice, 2006). Both direct and indirect services may be included across all
tiers in an RTI process.

**Telepractice**

With the advance of technology and its distance learning capabilities, the practice
of speech-language pathology and audiology may include telepractice (Mashima
& Doarn, 2008). ASHA’s position is that telepractice is an appropriate model of
service delivery for the profession of speech-language pathology and may be used
to overcome barriers of access to services caused by distance, unavailability of
specialists and/or subspecialists, and impaired mobility (ASHA, 2005). ASHA’s
practice documents state that services provided over a telepractice medium must
be comparable in quality to face-to-face services (ASHA, 2005). Furthermore,
SLPs will need to acquire the necessary technical and clinical skills to practice
telepractice competently, ethically, and securely for the benefit of their clients and
families (ASHA, 2010).

Although in its infancy in terms of school practice, the use of technology to address
the problems of delivering services to students in rural or remote locations is
evolving within the United States and in other countries. Projects in Australia, the
United Kingdom, and Belfast, Ireland, have demonstrated that telepractice is a
promising treatment option for children with special needs and can be used to
support the delivery of speech-language therapy services in the schools (Rose et
al., 2000; Waite, Cahill, Theodoros, Busuttin, & Russell, 2006). A recent study
conducted in the United States (Grogan-Johnson, Alvarez, Rowan, & Creaghead,
2010) found that students made similar progress when services were provided
through videoconferencing and conventional face-to-face therapy. Satisfaction
surveys indicated that the students and parents had overwhelming support for the
telepractice service delivery model. SLPs practicing in school settings should
become familiar with telepractice as an alternative service delivery model, and
understand the legal and ethical issues associated with it, including state licensure,
reimbursement, privacy and confidentiality, competence, liability, and malpractice
issues (Denton, 2003). Practitioners need to also be aware of federal, state, and
local mandates related to telepractice.
Implications for Services in Schools

Critical Roles in Education
The many evolving practices in the field of speech-language pathology and in education generally have expanded the roles of SLPs in the schools. Some practices have been driven by technology; some have been driven by a changing population that includes at-risk students and medically fragile students; others have involved changing priorities, such as involvement in literacy and curriculum. SLPs must strategize how to provide services to the many students who need their help to succeed in school. Serving in these critical roles in the midst of a critical shortage is not possible without judicious decision making with regard to workload activities. SLPs in schools cannot merely add tasks or to their existing duties. Serious reflection on selection of students to serve, consistent with legal requirements, coupled with the use of alternative delivery models will be key to providing needed services.

Range of Roles and Responsibilities
Some of the biggest changes brought on by evolving practices are in the emphasis on curriculum and literacy acquisition and prevention activities with school-age students (such as in RTI initiatives). These foci have expanded roles to students not traditionally on the caseload. All of these changes that span a broader range of roles and responsibilities must be addressed with a redefinition of workload by SLPs in schools.

Collaboration
Work within the larger context of education, such as with literacy, curriculum, and RTI, requires close collaboration with other educators. As SLPs work to provide services in the classroom, finesse in working with classroom teachers becomes paramount. Collaboration with parents/guardians remains essential and the SLP must continue to establish strong partnerships with other support personnel, such as reading specialists, school psychologists, special education teachers, educational audiologists, and school administrators. More than ever, partnerships among school practitioners and university faculty are needed to promote research-based practice and practice-based research to help SLPs in schools meet the requirements of new and expanded roles and responsibilities.

Evolving professional practices may require SLPs to forge new roads in collaboration. For example, in working with medically fragile students, SLPs may need to collaborate with professionals who are not school-based, such as physicians and respiratory therapists.

Leadership
Evolving professional practices require that SLPs advocate for appropriate roles and responsibilities within expanded arenas and that they articulate those roles and responsibilities to others. They may also require continuing education for SLPs to update their skills in areas where they may not have received preparation.

References
Medically Fragile

Dysphagia — Swallowing and Feeding

Reading, Writing, and Curriculum


**Evidence-Based Practice**


**Response to Intervention**


**Telepractice**


### APPENDIX. ASHA Policy Documents Relevant to Current Roles and Responsibilities of SLPs in Schools

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<tr>
<th>Documents and Links</th>
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<tr>
<td><strong>Provision of Instruction in English as a Second Language by Speech-Language Pathologists in School Settings (1998)</strong>&lt;br&gt;www.asha.org/docs/html/PS1998-00102.html</td>
<td>Emphasizes that SLPs who do not have specific preparation and skills in English as a second language (ESL) should not provide instruction in ESL, but may collaborate with ESL instructors to help students in school settings.</td>
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<td><strong>Role of SLPs in Working With ESL Instructors in School Settings (1998)</strong>&lt;br&gt;Technical Report&lt;br&gt;www.asha.org/docs/html/TR1998-00145.html</td>
<td>With workloads increasingly representing students from culturally and linguistically diverse populations, this document helps SLPs determine their role in working with these students, as distinguished from the role of the ESL teacher.</td>
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<td><strong>American English Dialects (2003)</strong>&lt;br&gt;Technical Report&lt;br&gt;www.asha.org/docs/html/TR2003-00044.html</td>
<td>This document provides support to SLPs to make the distinction between a dialect and a disability to reduce the disproportionate referral of students to special education when the student speaks a dialect other than the one used in most classrooms, curriculum texts, and assessment instruments.</td>
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<td><strong>Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services (2004)</strong></td>
<td>Identifies the myriad areas of competency SLPs need to provide appropriate services to clients of varying cultural and linguistic backgrounds, especially with regard to assessment and treatment, including language and dialect acquisition history; cultural approaches to disability; the norms in the client's speech community that are used to determine whether a disorder exists; and various processes of second language learning such as language loss, language transfer, and interlanguage.</td>
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<td>Knowledge and Skills</td>
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<td><strong>Bilingual Speech-Language Pathologists and Audiologists: Definition (1989)</strong></td>
<td>Provides a definition of a bilingual SLP or audiologist and outlines the knowledge and skills needed to provide bilingual assessment and intervention services.</td>
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<tr>
<td><strong>Clinical Management of Communicatively Handicapped Minority Language Populations (1985)</strong></td>
<td>Recommends competencies for assessment and remediation of communication disorders of minority language speakers and describes alternative strategies that can be utilized when those competencies are not met.</td>
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<tr>
<td><strong>Cultural Competence (2005)</strong></td>
<td>This Issues in Ethics statement provides guidance so that SLPs and audiologists may provide ethically appropriate services to all populations, while recognizing their own cultural/linguistic background or life experience and that of their client/patient/student.</td>
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<tr>
<td><strong>Scope of Practice in Speech-Language Pathology (2007)</strong></td>
<td>This document delineates all of the different roles in which SLPs may function as they provide clinical services.</td>
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<tr>
<td><strong>Professional Performance Review Process for the School-Based SLP (2006)</strong></td>
<td>This document was specifically developed to assess the performance of school-based SLPs. It helps to fulfill mandates by NCLB and IDEA that teachers, administrators, and specialists, including SLPs, use evidence-based practice and adhere to accountability requirements.</td>
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<td>Guidelines</td>
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<td>Documents and Links</td>
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  www.asha.org/docs/html/TR2002-00236.html | This document provides facility recommendations in accordance with current legal and technological standards. It contains minimum requirements for creating optimal learning and assessment environments for students. It is designed to be a substantiating reference for use when building a new school, redesigning an existing structure, and/or advocating for improvement of facility work conditions. |
| **Code of Ethics (2010)**  
  www.asha.org/docs/html/ET2010-00309.html | Contains the fundamental principles of acceptable professional conduct and prohibitions. Provides guidance for school-based SLPs in typical and atypical school situations. |
| **Evidence-Based Practice in Communication Disorders: An Introduction (2005)**  
  Position Statement  
  Technical Report  
  Position Statement  
  Technical Report  
  Knowledge and Skills  
  www.asha.org/docs/html/KS2006-00075.html | Detailed information focusing on numerous aspects of diagnosis and treatment of autism spectrum disorders. Extensive references in each area including interfacing with families, specific resources for screening and diagnosis, including differential diagnosis. Includes evidence-based approach to effective treatment interventions. Emphasis on the role of the SLP throughout with this ever-increasing population in schools. |
| **Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication (2004)**  
  Position Statement  
  Technical Report  
  Knowledge and Skills  
  www.asha.org/docs/html/KS2002-00067.html | Detailed information highlighting augmentative and alternative communication (AAC), including considerations for AAC usage and cultural and linguistic differences. Specific references for assessment and treatment considerations, focusing on evidence-based practices. Focus on the role of the SLP working with AAC or possible AAC users. |
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<td><strong>Structure and Function of an Interdisciplinary Team for Persons With Acquired Brain Injury (2007)</strong>&lt;br&gt;Guidelines&lt;br&gt;www.asha.org/docs/html/GL2007-00288.html</td>
<td>Emphasizes the role of the SLP as a member of an interdisciplinary team addressing the needs of individuals with TBI. Includes a rationale for the team approach and a protocol for working with students with TBI in this way.</td>
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<tr>
<td><strong>Guidelines for Speech-Language Pathologists Providing Swallowing and Feeding Services in Schools (2007)</strong>&lt;br&gt;www.asha.org/docs/html/GL2007-00276.html</td>
<td>Includes a strong rationale for swallowing and feeding as a component of the role of a school-based SLP, with a focus on interdisciplinary decision making. Special emphasis is given to collaboration between medical and educational settings. Focuses on nutrition issues, medication issues, legal issues, and intervention programs to meet the needs of school-based SLPs in serving this population.</td>
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<tr>
<td><strong>Knowledge and Skills Needed by Speech-Language Pathologists Providing Services to Individuals With Swallowing and/or Feeding Disorders (2002)</strong>&lt;br&gt;www.asha.org/docs/html/KS2002-00079.html</td>
<td>Outlines the specific knowledge and skills needed by SLPs in all settings to provide services to individual with swallowing and/or feeding disorders. It is emphasized that knowledge and skills that apply to one population or age group are not presumed to be the knowledge and skills required for a different population or age group.</td>
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<tr>
<td><strong>Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Technical Report (2008)</strong>&lt;br&gt;www.asha.org/docs/html/TR2008-00290.html</td>
<td>Emphasizes that for children from birth up to age 3 years who are at risk for or who have developmental disabilities or delays, the role of the SLP is to assess communication function including feeding/swallowing skills.</td>
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<td><strong>Speech-Language Pathologists Providing Clinical Services Via Telepractice (2005)</strong>&lt;br&gt;Position Statement&lt;br&gt;www.asha.org/docs/html/PS2005-00116.html&lt;br&gt;Technical Report&lt;br&gt;www.asha.org/docs/html/TR2005-00152.html&lt;br&gt;Knowledge and Skills Needed by SLPs&lt;br&gt;www.asha.org/docs/html/KS2005-00077.html</td>
<td>These documents can orient school SLPs to the use of telepractice. While not a common practice in schools, as the role of the school-based SLP evolves, a telepractice delivery model may increase in usage. This is currently a successful model in more remote and rural school settings, and is certainly a model that may have wider applications of usage in a broader range of school settings.</td>
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Service Delivery in the High School Setting

Students receiving speech and language support as part of their Individualized Educational Plan (IEP), can receive their support through a variety of service delivery options. In striving to meet the IDEA mandate to educate students in the least restrictive environment, the following two service delivery models should be considered first:

- **Integrated** (Classroom-Based individual or small group)- In this service delivery model, an SLP enters a classroom during instruction time to target skills with a single student or group of students. With this model, the Speech-Language Pathologist may not be teaching to the entire class, but instead is supporting certain students in learning the curriculum.

- **Co-Teaching** - An SLP enters a classroom and helps deliver a lesson or part of a lesson. While the SLP may have one or more students on their caseload in the class, they target skills to the class as a whole.

Co-teaching and integrated approaches may be blended. In both models, students with and without a diagnosis of a speech-language impairment benefit from the SLPs presence in the classroom.

When in the professional judgement of the speech-language pathologist and team, a student’s needs cannot be serviced through an integrated or co-teaching models, the following model may be considered:

- **Individual or Group Pull Out** - Students work individually or in small groups with the speech-language pathologist away from their classroom setting. Therapy through pull out may pertain directly to work taking place in the classroom or work on addressing skill deficits that a student might have.
Providing Services to High School Students

The role of a speech-language pathologist in a high school setting is integral to a student’s academic success. As an expert in comprehension skills, expressive language skills, pragmatics, vocabulary development, and oral speech skills, the SLP is in a unique position to assist in the instruction of curriculum relevant material [Ehren 2009¹]. Decisions for therapy are driven by research-based interventions and data collection.

Cited below are research-based articles that are relevant to “best practices” for the SLP in the school setting.

Response-to-Intervention
SLPs as Linchpins in Secondary Schools
by Barbara J Ehren

see also
- Value-Added Roles of SLPs in RTI
- References

Many speech-language pathologists in schools are engaging in conversations in their school districts about response-to-intervention (RTI)—a multi-tiered approach to providing services and interventions to struggling learners at increasing levels of intensity—and some are playing crucial roles in the process. However, this involvement is mostly at the elementary school level. Although much of the writing and discussion in professional circles has centered on the approach with younger children, RTI also is relevant at the secondary level.

Educators still can prevent negative consequences of school failure in secondary schools, even for students experiencing achievement difficulties such as deteriorating self-efficacy, alienation, dropping out of school, involvement in anti-social behavior, and other ill effects (Ehren, 2008). As dialogue about RTI in middle, junior, and high schools increases across the country, SLPs need to be key players in the process. They should be integrally involved—and have the potential to be linchpins—in planning and implementing RTI initiatives at the school level. Such has been the case with SLPs in Virginia who are involved in a school-wide literacy project in middle and high schools.

Content Literacy Continuum Project

Virginia is in its fifth year of a state project to narrow the achievement gap—the difference between a student's achievement and grade-level expectations—in adolescents, including those
with disabilities. Part of this project involves promoting school-wide literacy in middle and high schools using the Content Literacy Continuum (CLC), a framework developed at the University of Kansas, Center for Research on Learning (KUCRL; Lenz & Ehren, 1999; Lenz, Ehren, & Deshler, 2005).

CLC is a comprehensive, school-wide framework that addresses the content literacy needs of students in middle, junior, and high schools. Content literacy—the listening, speaking, reading, and writing skills and strategies students need to learn in each of the academic disciplines—involves the packaging of research-validated literacy practices with tools of the Strategic Instruction Model (Deshler et al., 2001) as anchors and is organized around five levels of instruction/intervention that increase in intensity in response to diverse student needs (see Figure A [PDF]).

Two high schools and two middle schools in Hanover and Botetourt counties were selected for an initial demonstration project. Although the initiation of the project predated the national RTI movement, the CLC framework is fundamentally an RTI approach and is now articulated as such (Ehren & Deshler, 2009). CLC involves increasingly intense instruction for students who struggle, but its levels do not correspond to a numerical RTI tier:

**Level 1: Enhanced Content Instruction** addresses the mastery of critical content in academic subjects for all students utilizing the listening, speaking, reading, and writing access skills necessary to manipulate subject matter.

**Level 2: Embedded Strategy Instruction** focuses on student use of content literacy strategies to acquire, manipulate, and demonstrate knowledge in specific subjects.

**Level 3: Intensive Strategy Instruction** provides more intensive strategy instruction to master independent use of content literacy strategies.

**Level 4: Intensive Basic Skill Instruction** targets foundational language and literacy skills that students (usually below the fourth-grade reading level) must acquire to be successful learners.

**Level 5: Therapeutic Intervention** involves intensive intervention in language underpinnings for those students whose language impairment thwarts learning.

SLPs are integrally involved in all of the levels—not just CLC Level 5 ("intensive therapy")—and are, in fact, linchpins in the entire CLC framework.

**Full-Scale Support by SLPs**

An essential feature of SLP support in CLC is that it is neither place- nor time-bound. Within a given classroom situation, the SLP may actually provide supports in all five levels. The following scenario depicts such an example:

*A language arts teacher is teaching Proficiency in Sentence Writing Strategy* to a class of 28 sixth-graders, using a large-class instructional procedure (CLC Level 2).
Twelve of the students have difficulty learning the strategy and need more intensive, explicit instruction that can be managed in the language arts class by the teacher.

In the classroom, the SLP triages the language arts students through diagnostic teaching. In effect, she provides short-term Level 3 intensive strategy instruction for three weeks to the 12 students. After that short-term intervention, seven of the 12 are ready to be integrated into the large-group instruction, with some adaptations to instructional procedures. The SLP helps plan and model those changes.

The SLP identifies basic language/literacy skills that the five remaining students are lacking and provides instruction in that area (Level 4 services) for three additional weeks; after that period, three students are ready to be reintegrated into the language arts instruction with additional Level 4 intervention by a reading specialist.

The remaining two students need a more comprehensive evaluation to determine language impairment (LI). After evaluation they are identified as LI and are enrolled for Level 5 services (i.e., Curriculum-Relevant Therapy) delivered within the language arts classroom.

Workload Approach

The SLPs in Virginia did not conceptualize their roles with RTI as an add-on to their existing caseload—instead, they created a new workload to account for all the tasks involved in their significant RTI roles (see ASHA, 2002). Merely counting heads, as in a caseload orientation, would not accurately reflect the work that is involved in RTI. A workload approach involves scheduling activities carried out with and on behalf of students, and incorporates collaboration, consultation, and other indirect supports throughout the SLP's schedule.

The Virginia CLC Project workload approach includes the following key features:

- **With students**: screenings and observations, evaluations, 1:1 time for students (with and/or without an Individualized Education Program [IEP]), small groups of students (with and/or without an IEP), whole group instruction with SLP as sole instructor, whole group instruction with SLP as co-teacher
- **On behalf of students**: child study/eligibility/IEP meetings, referral discussions, IEP and other consult time with teachers (differentiated instruction, whole-class impact including students with and/or without IEPs), consults with other professionals, document preparation (evaluations/IEP/Medicaid), file reviews and scoring of curriculum-based measures, recording student data (report cards, daily logs, outside contacts), lesson plans
- **Other activities**: school meetings (PTA, faculty, department, committee), clerical (e-mails, making copies), leading staff professional development, lunch
Perceptions of Administrators

SLPs frequently express concerns that their principals do not understand what they do or appreciate the roles they can play in literacy initiatives. When SLPs are visible and active members of the school community and provide unique contributions to RTI, principals understand and acknowledge their importance to student success. However, SLPs must be proactive in shaping the perceptions of others about them and their work (Ehren & Whitmire, in press).

The SLPs in the Virginia CLC Project have been successful in articulating and demonstrating their value-added contributions to literacy and RTI. Donald Latham, principal of Liberty Middle School, a demonstration site, said that "the SLP is providing services not only to students identified for speech but has expanded services and expertise to meet the needs of all students who need assistance in the acquisition of language skills. In addition, the role of the SLP has expanded to a collaborative partnership with classroom teachers to improve literacy."

Vaneta McAlexander, principal of Central Academy Middle School, another demonstration site, noted the importance of changing delivery structures. "What a difference from the old model wherein a student had to miss class time, receive therapy in an artificial setting using curriculum that most times did not match the student's current content, and then have to generalize the information back into the regular classroom on his own," she said.

Seven Steps to Success

Over the past five years, the Virginia experience has identified some success factors for SLPs interested in assuming productive roles within secondary RTI initiatives:

1. Start small. Begin with and continue educating other staff about why SLPs are involved (communication=speaking, listening, reading, and writing). Begin by observing general education classrooms, especially in English, humanities, and language arts. Work with small groups, then ease into co-teaching. Review cumulative files to identify students struggling with high-stakes testing. Know your long-term goal and develop short-term goals to meet them. Revise, revise, and revise again based on success and challenges.

2. Self-educate. Become proficient in all aspects of literacy, as well as grade-level academic standards, so that you can make the connections between the language underpinnings and how they are affecting a student in the educational setting. Become familiar with teachers’ language. Know the specific content vocabulary being taught, how instruction is being presented, and time frames for instruction. It is critical for SLPs to be included in school-wide professional development regarding literacy and access for all students to the curriculum.

3. Volunteer your skills/services. Ask questions and learn how you can integrate your skills and services into the curriculum. Look at how homework, tests/quizzes, and content are being taught to determine how content can be "language-tweaked" for students who need help. Offer to be a part of the solution, rather than just the identifier of the problem. Ask to sit in on school meetings.
(department, grade-level, team, retention, etc.) to gain information on struggling students and help address concerns.

4. **Develop a game plan.** A plan can be revised, but it helps to know who is doing what, the purpose (why), time frames, and how will you determine if follow-up is needed. A written plan helps you be efficient and effective with your time, stay on task, and communicate better with teachers. Gain support from administration for the changes you propose before you communicate them to staff.

5. **Have regular contact with teachers and administrators.** Regular meetings with the same core staff help determine in a timely manner who needs intervention and how students are progressing. This contact allows a faster change in service delivery.

6. **Create a flexible daily schedule.** One option is to change your schedule every nine weeks so that you can be available for classrooms on a rotating basis. A rotating schedule means that the few students receiving Level 5 treatment may need to be seen at different times throughout the year. Another option is to provide classroom services Monday through Thursday with one day set aside for evaluations, make-up sessions, and 1:1 work. Another option is to change the schedule weekly and sometimes daily, driven by student needs.

7. **Cultivate building and district administrative support.** Commitment to the SLPs' role by these administrators is a key to the success of this model.

The take-away message from the Virginia CLC project is simple—it can be done! Not only can SLPs serve new and expanded roles in school-wide literacy efforts within an RTI context, they also can become linchpins of RTI at the secondary level. Regardless of the framework used in a particular school district, SLPs can create the kind of workload that supports an RTI initiative.

It is clear that administrative support is key, as is effective collaboration with teachers. However, most significant is the persistent, creative energy applied to the enterprise by SLPs who believe they can make a difference, then set about to make it happen.

*specific tools of the Strategic Instruction Model*

Kimberly McAllister, MS, CCC-SLP, a school-based SLP in Hanover County, Va., and Susan Trumbo, MS, a school-based SLP in Botetourt County, Va., also contributed to this article.

Barbara J Ehren, EdD, CCC-SLP, is professor and director of the doctoral program in language and literacy in the Department of Communication Sciences and Disorders at the University of Central Florida and is the former coordinator of the Virginia Content Literacy Continuum Project for the University of Kansas Center for Research on Learning. Contact her at behren@mail.ucf.edu.

Value-Added Roles of SLPs in RTI

In secondary RTI programs, SLPs' contributions should be those that they are uniquely qualified to provide and that offer added value to the RTI initiatives of a school (Ehren & Whitmire, in press). These value-added roles within the context of the Content Literacy Curriculum include direct intervention with students and work on their behalf, all based upon on close collaboration with general education teachers, special education teachers, support personnel (e.g., reading specialists), parents, and students (see Figure 1 [PDF]). These activities require the SLPs to reinvent speech-language services at their schools and employ a variety of alternative delivery structures. The SLP's role at various levels may take a variety of forms.

Level 1

- Be present in general education classrooms when new units are being introduced, and make sure that all students understand the connections being made to last/next units.
- Teach the language of connections on the Content Enhancement Routines* and the underlying language concepts as they relate to the content area.

Level 2

As students are able to integrate strategies into their classroom, provide short-term "zoom in" lessons to address those who struggle in generalization of that strategy (e.g., the LINCS Vocabulary Strategy* in science classes).

- Co-teach in English and humanities classes, embedding reading and writing learning strategies into the curriculum with supplemental instruction if needed (note that it is not always the same or "lower-functioning" students who need supplemental instruction).

Level 3

- Provide strategy instruction for small groups of students and/or co-teach a strategy to small groups of students (e.g., target small groups of sixth-graders twice a week for more intense instruction in Fundamentals of Paraphrasing* for nine weeks; co-teach Fundamentals of Sentence Writing,* Test Taking,* and Inferencing* strategies in classrooms and follow up with some smaller groups).
- Provide learning strategy instruction in reading and writing for six or nine weeks to those identified by a "triage" committee.

Level 4

- Coordinate instruction with special education teachers to ensure student development of the foundational decoding, fluency, and comprehension skills associated with literacy through specialized, direct, and intensive instruction.
• See mixed groups of general and special education students for a "Writing Underpinnings" weekly group, and a different group twice a week for STRUCTURE Your Reading.*
• Work with teachers who provide instruction using the Wilson and Read 180 programs to address the more intensive needs of some students.
• Provide "zoom-in" lessons for students who need more intensive work in components of STRUCTURE Your Reading* and LANGUAGE! when other teachers are using these programs (e.g., more intensive work on vocabulary, morphological markers, and paraphrasing).

Level 5

• Work with students who have Individualized Education Programs (IEPs) in and outside the classroom, based on ability to succeed at any given task in their classroom (pull-out only when in-class provision is insufficient or inappropriate).
• Work short term with students who do not have IEPs to determine if this more intensive approach resolves problems, or if diagnostic therapy determines that a comprehensive evaluation is warranted.

* specific tools of the Strategic Instruction Model

References


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THSD 214 Speech-Language Pathologists’ Responsibilities

The Speech-Language Pathologist develops and implements a comprehensive Speech-Language Program as part of the school's Special Education Program. The SLP works closely with parents, counselors, social workers, and school psychologists, general education teachers, special education teachers, and administrators to help students develop expressive and receptive language, improve voice, fluency, and articulation skills, and to develop alternative modes of communication.

Specific responsibilities include:

- **Case Study Evaluations** - Initial and 3 year re-evaluations are part of the responsibility of the speech-language pathologist. Components include:
  - Participation in domain reviews
  - Review of student records
  - Test administration
  - Obtaining and interpreting data
  - Eligibility determinations (please see Township High School District 214 Entry and Exit Criteria)
    - including decision to dismiss when appropriate
  - Service minutes determination

- **Service Provision**

- **RtI** - Speech-Language Pathologists provide RtI services and participate in problem-solving team meetings.

- **Consultation and collaboration with students, parents, school staff, and professionals in the community**

- **Administrative functions** -
  - Meetings (domain reviews, IEP Meetings, Eligibility Meetings, Intervention Team Meetings, Transition Meetings, General Staff Meetings, SLP Meetings)
  - Written Evaluations and develop IEPs
  - Progress notes on students
  - Medicaid billing

Please see the Township High School District 214 job description for Speech/Language Pathologist for further information.
TOWNSHIP HIGH SCHOOL DISTRICT 214

JOB TITLE: Speech/Language Pathologist

ORGANIZATIONAL UNIT: Student Services

ORGANIZATIONAL RELATIONSHIPS:

Reports to: Assistant Principal for Student Services
and/or Alternative School Program Director

QUALIFICATIONS: Illinois State Specialists Certificate (Type 10) or
(Type 73) with Master's Degree in Speech and
Language Pathology, or (Type 9) with speech/language
endorsement

LENGTH OF CONTRACT: Teacher Work Year F.T.E. 1.0

SALARY GRADE: Teacher's Salary Schedule

GENERAL RESPONSIBILITIES:

The Speech/Language Pathologist develops and implements a comprehensive Speech/Language Program
as part of the school's Special Education Program. The Pathologist works closely with parents, Student
Services and building staffs, and administrators to provide students with remedial services in the area of
expressive and receptive language, voice, fluency, and speech articulation, and other modes of
communication.

SPECIFIC DUTIES:

1. Establishes a screening and diagnostic process to determine eligibility for Speech/Language
   services under the special education laws.
2. Functions as a member of a multidisciplinary team for conducting case studies for potential special
   education students (includes Speech/Language/Hearing evaluations for identified students.)
3. Functions as a member of a multidisciplinary team to determine Speech/Language IEP goals for a
   Speech/Language only IEP or as a related service to special education students.
4. Provides therapy for students with speech or language IEPs on an individual, group or in-classroom
   basis.
5. Administers pre- and post-therapy measures. or intervention data.
6. Provides consultative and support services to students, parents, special education teachers and
   regular classroom teachers.
7. Maintains accurate speech, language, records and reports.
8. Collaborates with special education staff to ensure coordination of Speech/Language services with
   special education services and other related services.
9. Collaborates with NSSEO services to support students.
10. Works with junior high/middle schools to transition IEP's students to the high school.
11. Administers hearing screening test to students previously identified or referred.
12. Provides staff development opportunities for the school staff.
13. Other duties as determined by supervisor (A.P.S.S. or Program Director Assistant Principal for Student Services, Division Head, or Program Director).

BOE 5-25-00
Speech-Language Pathology Eligibility and Dismissal Guidelines
Township High School District 214

Township High School District 214 speech-language pathology services are designed to enhance a student’s ability to communicate effectively to further academic achievement and functional performance.

Township High School District 214 has adapted the American Speech-Language and Hearing Association (ASHA) guidelines for eligibility and dismissal as follows:

Eligibility decisions will be made based on the following criteria:

A. Speech-language impairment is determined by NSSEO criteria (revised 2006) and can include a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a student’s educational and/or functional performance.

B. A speech-language impairment has been identified then determined by the IEP team to have an adverse effect on educational and/or functional performance to the degree that specially designed instruction or related services and supports are needed to help the student make adequate yearly progress in the general education curriculum.

A student may be dismissed from speech-language services when they meet one or more of the following criteria:

1. Documentation supports that the student’s speech-language skills are within normal limits.

2. The student has a speech-language impairment; however, documentation indicates that the impairment does not interfere with his or her academic achievement or functional performance.

3. The student has a speech-language impairment that interferes with his or her educational and/or functional performance; however, the IEP team determines that speech-language pathology services are not necessary to meet these needs or to enable the student to benefit from special education.

4. The student has a speech-language impairment that interferes with his or her educational and/or functional performance; however, the student is unwilling to participate in services, treatment attendance has been inconsistent or poor, and documented attempts to refocus treatment have not been successful.

Each eligibility and dismissal decision must be made by the team considering all relevant factors for the particular student.

Speech-Language Pathology
Dismissal from Services due to Motivation
Worksheet

If attendance or participation in speech-language services is a problem, the following steps should be considered:

☐ SLP will have a conversation with student, review goals and purpose of treatment, and consider alternate service delivery models.

Date: ______________________

Attendance (when in school) over past 10 sessions: ______________

Action Steps (service delivery in classroom, reminder day before therapy, etc): ____________

☐ SLP will touch base with case manager and other relevant team members for suggestions and problem solving.

Date: ______________________

Team Members Present: __________________________________________

Attendance (when in school) since last meeting: ______________________

Action Steps: __________________________________________________

If different service delivery isn’t being considered, reason why: ________________

☐ SLP will meet with student and parent either (in person or over the phone):

Date: ______________________

Team Members Present: __________________________________________

Attendance (when in school) since last meeting: ______________________

Action Steps: __________________________________________________

Contract Agreement (state frequency and time frame): ______________________

Student Signature: __________________________________________

SLP Signature: ______________________________________________

Parent Signature (or verbal confirmation): __________________________

If all the steps are taken, the student is still unwilling to participate in speech-language services, and contract is not followed, dismissal is appropriate.
**ORAL LANGUAGE RATING SCALE LISTENING/ SPEAKING MIDDLE SCHOOL/HIGH SCHOOL (Copy: Student File)**

**Language/Cultural Background:**

**STUDENT:**

**DATE:**

**SCHOOL:**

**TEAM INPUT**

<table>
<thead>
<tr>
<th>ADVERSE EFFECT ON EDUCATIONAL PERFORMANCE: SOCIAL, EMOTIONAL, ACADEMIC (Use Language Team Input -Middle School/High School)</th>
<th>0 = 0 - 4</th>
<th>4 = 5 - 10</th>
<th>6 = 11 - 15</th>
<th>8 = 16 - 20</th>
<th>10 = 21 - 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interference with student's ability to communicate in school learning and/or other social situations</td>
<td>Minimally affects student's ability to communicate in school learning and/or other social situations</td>
<td>Interferes with student's ability to communicate in school learning and/or other social situations</td>
<td>Limits student's ability to communicate appropriately and respond in school learning and/or social situations</td>
<td>Seriously limits the student's ability to communicate appropriately in school and/or social situations</td>
<td></td>
</tr>
</tbody>
</table>

**INFORMAL ASSESSMENT**

(Use Clinical Judgment Form)

Check each area in each box. See page 22 for directions.

<table>
<thead>
<tr>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language skills are within expected range.</td>
<td>Language skills are minimally limited.</td>
<td>Language skills are moderately limited.</td>
<td>Language skills are significantly limited.</td>
<td>Language skills are seriously limited.</td>
</tr>
<tr>
<td>___ semantics</td>
<td>___ syntax/ morphology</td>
<td>___ pragmatics</td>
<td>___ paralinguistic aspects</td>
<td>___ semantics</td>
</tr>
</tbody>
</table>

**FORMAL ASSESSMENT**

For students unable to be formally tested use Alternative Functional Assessment, p. 43-45.

Not required for Pragmatics (See ASHA.org statement on p. 19 of Criteria.)

<table>
<thead>
<tr>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores are less than 1.0 S.D.</td>
<td>The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance falls 1.0 - 1.5 S.D. below the mean (16th - 10th%ile)</td>
<td>The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance falls 1.5 - 2.5 S.D. below the mean (9th - 3rd%ile)</td>
<td>The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance falls 2.5 S.D. below the mean (below 3rd%ile)</td>
<td>The student demonstrates a deficit in receptive, expressive or pragmatic language which prevents appropriate communication in school and/or social situations. Augmentative communication systems may be warranted.</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

| 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17+ |

**SERVICE DELIVERY**

| NON-DISABLING | 1 = 15-30 mpw | 2 = 31-60 mpw | 3 = 61-90 mpw | 5 = 91+ mpw |

**UNITS (IEP)**

| 1 = 60 - 120 mpm | 2 = 124 - 240 mpm | 3 = 244 - 360 mpm | 5 = 364 + mpm |

**NOTE:** Student may demonstrate language impairment but if there is no adverse effect he/she is not eligible for special education.

9/06 NSSEO

Language Rating Scale (Middle School High School)
Please Return to the Speech-Language Pathologist By: ____________________
Language/Cultural Background: _______________________________________

Team Input: Oral Language: Listening & Speaking (Middle & High School)

Student: ___________________________ Date: ___________________________
Team Member(s): ____________________ Grade/School: ____________________

**STUDENT IS ABLE TO:**

1. Speak at appropriate times. □ □ 4A
2. Use appropriate word order in sentences. □ □ 4B
3. Initiate, maintain, and end own/other's topics during a conversation. □ □ 4B
4. Express self effectively using organized, sequential thoughts (without excessive revisions/repetitions). □ □ 4B
5. Use specific vocabulary (rather than "stuff", "like", "thing", "you know", "I mean"). □ □ 4B
6. Use appropriate grammar (i.e., pronoun, plurals, possessives, etc.) excluding differences related to cultural dialect. □ □ 4B
7. Understand words and their meanings. □ □ 4A
8. Comprehend and respond appropriately to curricular questions. □ □ 1A, 4A
9. Understand time and sequences (i.e., routines, directions and information). □ □ 1A, 4A
10. Demonstrate adequate expressive vocabulary. □ □ 1A, 4B
11. Follow complex directions. (Improves with repetition: Yes or No) □ □ 4A
12. Understand causes of problem situation and generate verbal solutions. □ □ 4A, 4B
13. Paraphrase verbal information in sequential order. □ □ 1A, 4A, 4B
14. Give enough information so listener does not have to ask many questions. □ □ 1A, 4B
15. Understand humor, figurative language and multiple meanings. □ □ 4A
16. Demonstrate literal and/or inferential comprehension. □ □ 4A
17. "Read" nonverbal cues (facial expressions, body language, etc.). □ □ 4A
18. Use verbs appropriately (helping, tense, noun and verb agreement) excluding differences related to cultural dialect. □ □ 4B
19. Comprehend curricular concepts (i.e., math, science, social studies). □ □ 4A
20. Identify main idea of verbally presented material. □ □ 4A
21. Use appropriate word order in questions excluding differences related to cultural dialect. □ □ 4B
22. Communicate in complete sentences with grade appropriate length, complexity and variety. □ □ 4B

**PLEASE USE REVERSE SIDE FOR ADDITIONAL OBSERVATIONS.**

---

9/06 NSSEO
Team Input: Oral Lang M & HS

NSSEO Speech-Language Criteria
TEAM INPUT: Pragmatic Language (Pre K-12)
(Use grade related Oral Language grid.)

Student: ____________________________ Date: ____________________________
Team Member(s): ____________________ Grade/School: ____________________________

<table>
<thead>
<tr>
<th>STUDENT IS ABLE TO:</th>
<th>CONSISTENT WITH PEERS</th>
<th>DISCREPANT FROM PEERS</th>
<th>IL Standard</th>
<th>Referenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Match vocal tone to facial expression and body language.</td>
<td></td>
<td></td>
<td>4A, SEL2A</td>
<td></td>
</tr>
<tr>
<td>2. Comprehend gestures and facial expressions accurately.</td>
<td></td>
<td></td>
<td>5C, SEL2A</td>
<td></td>
</tr>
<tr>
<td>3. Use gestures and facial expressions accurately.</td>
<td></td>
<td></td>
<td>5C, SEL2A</td>
<td></td>
</tr>
<tr>
<td>4. Describe objects and/or events with salient details.</td>
<td></td>
<td></td>
<td>1A, 4B</td>
<td></td>
</tr>
<tr>
<td>5. State information upon request.</td>
<td></td>
<td></td>
<td>4A, 4B, 1CEC</td>
<td></td>
</tr>
<tr>
<td>6. Show awareness of listeners’ reactions.</td>
<td></td>
<td></td>
<td>4A, SEL2A</td>
<td></td>
</tr>
<tr>
<td>7. Understand social language of peers (humor, slang, idioms).</td>
<td></td>
<td></td>
<td>1A, 4A</td>
<td></td>
</tr>
<tr>
<td>8. Use appropriate greetings/social exchanges.</td>
<td></td>
<td></td>
<td>4A, 4B</td>
<td></td>
</tr>
<tr>
<td>9. Request objects, actions and information appropriately.</td>
<td></td>
<td></td>
<td>4B, 5A</td>
<td></td>
</tr>
<tr>
<td>10. Initiate and maintain topics appropriately.</td>
<td></td>
<td></td>
<td>4A, 4B</td>
<td></td>
</tr>
<tr>
<td>11. Organize and sequence ideas.</td>
<td></td>
<td></td>
<td>1B, 1C, 3B</td>
<td></td>
</tr>
<tr>
<td>12. Vary topic.</td>
<td></td>
<td></td>
<td>5A, 24A</td>
<td></td>
</tr>
<tr>
<td>13. Recognize another’s feelings and viewpoints.</td>
<td></td>
<td></td>
<td>24A, 32AEC</td>
<td></td>
</tr>
<tr>
<td>14. Recognize when someone is trying to get attention.</td>
<td></td>
<td></td>
<td>24A</td>
<td></td>
</tr>
<tr>
<td>15. Use utterances that are appropriate to topic/situation.</td>
<td></td>
<td></td>
<td>4B</td>
<td></td>
</tr>
<tr>
<td>16. Demonstrate appropriate physical proximity/posture.</td>
<td></td>
<td></td>
<td>4A, 4B</td>
<td></td>
</tr>
<tr>
<td>17. Appropriately get attention of listener.</td>
<td></td>
<td></td>
<td>4A, 4B</td>
<td></td>
</tr>
<tr>
<td>18. Repair communication breakdowns (i.e., misunderstandings) by rephrasing or revising message.</td>
<td></td>
<td></td>
<td>5C, 24A</td>
<td></td>
</tr>
<tr>
<td>19. Give sufficient information for understanding.</td>
<td></td>
<td></td>
<td>4B</td>
<td></td>
</tr>
<tr>
<td>20. Demonstrate appropriate turn taking.</td>
<td></td>
<td></td>
<td>4A, 4B, 5A</td>
<td></td>
</tr>
<tr>
<td>21. Ask for clarification.</td>
<td></td>
<td></td>
<td>4B, 24A</td>
<td></td>
</tr>
<tr>
<td>22. Use sufficient social language skills to interact successfully in a non-structured setting.</td>
<td></td>
<td></td>
<td>24A</td>
<td></td>
</tr>
<tr>
<td>23. Express his/her frustration in an appropriate manner.</td>
<td></td>
<td></td>
<td>4B, SEL2</td>
<td></td>
</tr>
<tr>
<td>24. Use effective eye contact when speaking or listening.</td>
<td></td>
<td></td>
<td>4A</td>
<td></td>
</tr>
<tr>
<td>25. Provide speaker with appropriate verbal or nonverbal feedback, when listening.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE USE REVERSE SIDE FOR ADDITIONAL OBSERVATIONS.

9/06 NSSEO
Team Input Pragmatic

NSSEO Speech-Language Criteria
Eligibility for Articulation

To accompany Speech-Language Pathology Eligibility and Dismissal Guidelines: Township High School District 214, district speech-language pathologists adopted NSSEO Criteria (revised '06). Each evaluation will include the Articulation Rating Scales and team input forms.

- The number of items indicated as discrepant from peers on the Team Input: Articulation will be averaged and circled on the rating scale.
- The speech-language pathologist will complete intelligibility, sound production, stimulability, and oral motor functioning sections based on NSSEO criteria.
- The scores (team input, intelligibility, sound production, stimulability, oral motor functioning) are then added together to determine severity in the total score box.
<table>
<thead>
<tr>
<th>TEAM INPUT</th>
<th>0 = 0 - 1</th>
<th>4 = 2 - 5</th>
<th>6 = 6 - 8</th>
<th>8 = 9 - 11</th>
<th>10 = 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERSE EFFECT ON INTELLIGIBILITY, EDUCATIONAL PERFORMANCE, SOCIAL/EMOTIONAL DEVELOPMENT (USE ARTICULATION TEAM INPUT - A1 or A2)</td>
<td>No interference with the student's ability to communicate in school learning and/or other social situations.</td>
<td>Minimally affects student's ability to communicate in school learning and/or other social situations.</td>
<td>Interferes with student's ability to communicate in school learning and/or other social situations.</td>
<td>Limits student's ability to communicate appropriately and respond in school learning and/or social situations.</td>
<td>Seriously limits the student from communicating appropriately in school and/or social situations.</td>
</tr>
<tr>
<td>INTELLIGIBILITY</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Connected speech is intelligible</td>
<td>Connected speech is intelligible over 80% of the time, although noticeably in error.</td>
<td>Connected speech is intelligible 50-79% of the time.</td>
<td>Connected speech is intelligible 20-49% of the time.</td>
<td>Connected speech is intelligible less than 20% of the time.</td>
</tr>
<tr>
<td>SOUND PRODUCTION (Use Articulation Profile) Cognates = 1 error sound</td>
<td>0 = 0 - 1</td>
<td>2 = 8 years or younger no more than 1-2 error sounds outside developmental guidelines</td>
<td>3 = 8 years or under: 3-4 error sounds outside developmental guidelines. Over 8 yrs: 1 - 3 error sounds.</td>
<td>4 = Students of any age with more than 4 error sounds outside developmental guidelines</td>
<td>5 = Speech is unintelligible without gestures and knowledge of the context so augmentative communication may be warranted.</td>
</tr>
<tr>
<td></td>
<td>No errors/1</td>
<td>8 years or younger no more than 1-2 error sounds outside developmental guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIMULABILITY (Error sound(s) outside developmental guidelines)</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Error sound(s) stimulable for correct production in several contexts</td>
<td>Error sound(s) stimulable in at least one context</td>
<td>Although not correct, error sounds more closely approximate correct production</td>
<td>Most error sounds are not stimulable for correct production</td>
<td>No error sounds are stimulable</td>
</tr>
<tr>
<td>ORAL MOTOR FUNCTIONING</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>The student produces oral motor movement(s) with ease</td>
<td>The student is able to produce oral motor movement(s) when concentrating</td>
<td>The student produces oral motor movement(s) with difficulty</td>
<td>The student produces oral motor movement(s) with great difficulty</td>
<td>The student cannot produce oral motor movement(s).</td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>0</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>SERVICE DELIVERY UNITS (IEP)</td>
<td>NON-DISABLING</td>
<td>1 = 15-30 mpw</td>
<td>2 = 31-60 mpw</td>
<td>3 = 61-90 mpw</td>
<td>5 = 91+ mpw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 = 60 - 120 mpm</td>
<td>2 = 124 - 240 mpm</td>
<td>3 = 244 - 360 mpm</td>
<td>5 = 364 + mpm</td>
</tr>
</tbody>
</table>

NOTE: STUDENT MAY DEMONSTRATE A SPEECH IMPAIRMENT, BUT IF THERE IS NO ADVERSE EFFECT, HE/SHE IS NOT ELIGIBLE FOR SPECIAL EDUCATION.

9/06 NSSEO
Artic Rating Scale student file

NSSEO Speech-Language Criteria
PLEASE RETURN TO THE SPEECH LANGUAGE PATHOLOGIST BY: ________
Language/Cultural Background: _________________________________________

TEAM INPUT: Articulation – Grades K - 12
Student: ___________________________ Date: ________
Team Member(s): _________________ Grade/School: _________________  

<table>
<thead>
<tr>
<th>Question</th>
<th>Most of the Time</th>
<th>Rarely</th>
<th>IL Standard Referenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is this student difficult to understand?</td>
<td></td>
<td></td>
<td>4B</td>
</tr>
<tr>
<td>If most of the time, check appropriate description:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) _____ occasionally (25% of the time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) _____ often (50% of the time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) _____ most of the time (75% of the time)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the child make errors in writing (spelling) as he/she does in</td>
<td></td>
<td></td>
<td>3A</td>
</tr>
<tr>
<td>speaking (ex. wabbit for rabbit)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student appear frustrated when speaking because of his/her</td>
<td></td>
<td></td>
<td>4B</td>
</tr>
<tr>
<td>articulation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the student appear to avoid speaking in class because of his/her</td>
<td></td>
<td></td>
<td>4B</td>
</tr>
<tr>
<td>articulation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are there obvious articulation errors when the student reads orally?</td>
<td></td>
<td></td>
<td>1A, 4B</td>
</tr>
<tr>
<td>6. Have others reported concerns about this child’s speech?</td>
<td></td>
<td></td>
<td>1A, 4A</td>
</tr>
<tr>
<td>7. Does the student’s articulation seem to limit social interactions?</td>
<td></td>
<td></td>
<td>4B</td>
</tr>
<tr>
<td>8. Does the student appear to be aware of his/her articulation?</td>
<td></td>
<td></td>
<td>4B</td>
</tr>
<tr>
<td>9. The student is unable to self correct his/her sound errors.</td>
<td></td>
<td></td>
<td>4B, 4A</td>
</tr>
<tr>
<td>10. Does the student’s speech call attention to itself and distract you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from the content of the message?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any additional observations?

__________________________________________

9/06 NSSEO
Team Input Articulation

NSSEO Speech-Language Criteria
Eligibility for Fluency

To accompany *Speech-Language Pathology Eligibility and Dismissal Guidelines: Township High School District 214*, district speech-language pathologists adopted NSSEO Criteria (revised ‘06). Each evaluation will include the Fluency Rating Scale and team input forms.

- The number of items indicated as discrepant from peers on the Team Input: Fluency will be averaged and circled on the rating scale.
- The formal assessment results are selected based on the percentage of disfluent words per minute.
- The speech-language pathologist selects the correct descriptive assessment.
- The score (team input, formal assessment, descriptive assessment) are then added together and the correct category is found in the total score box.
### FLUENCY RATING SCALE (COPY: STUDENT FILE)

<table>
<thead>
<tr>
<th>TEAM INPUT</th>
<th>DATE:</th>
<th>SCHOOL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERSE EFFECT ON INTELLIGIBILITY, EDUCATIONAL PERFORMANCE, SOCIAL/EMOTIONAL DEVELOPMENT (USE Fluency Team Input) Score: 1a to d = 1 point each 1e to j = 2 points each 2 - 9 = 1 point each for yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0  = 0 - 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No interference with the student's ability to communicate in school learning and/or other special situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  = 5-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimally affects student's ability to communicate in school learning and/or other special situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  = 10-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interferes with student's ability to communicate in school learning and/or other social situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  = 15-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limits student's ability to communicate appropriately and respond in school learning and/or social situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 = 20-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously limits the student from communicating appropriately in school and/or in social situations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMAL ASSESSMENT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 2% disfluency wpm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4% atypical disfluencies within a speech sample of at least 100 words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-8% atypical disfluencies within a speech sample of at least 100 words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-12% atypical disfluencies within a speech sample of at least 100 words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 12% atypical disfluencies within a speech sample of at least 100 words</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Descriptive Assessment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech flow and time patterning are within normal limits. Developmental disfluencies may be present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension and/or rate, and/or prosody - minimal interference with communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noticeable tension and/or secondary characteristics are present. Rate and/or prosody interferes with communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive tension and/or secondary characteristics are present. Rate and/or prosody limits communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive tension and/or secondary characteristics are present. Rate and/or prosody seriously limits communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL SCORE (MDC)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
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<tr>
<td>10</td>
<td></td>
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<td>11</td>
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<tr>
<td>12</td>
<td></td>
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<tr>
<td>13</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICE DELIVERY</th>
<th>NON-DISABLING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITS (IEP)</td>
<td>1 = 15-30 mpw</td>
<td>2 = 31-60 mpw</td>
</tr>
<tr>
<td></td>
<td>1 = 60 - 120 mpm</td>
<td>2 = 124 - 240 mpm</td>
</tr>
<tr>
<td></td>
<td>4 = 364 + mpm</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** STUDENT MAY DEMONSTRATE A FLUENCY IMPAIRMENT BUT IS NOT ELIGIBLE FOR SPECIAL EDUCATION IF THERE IS NO ADVERSE EFFECT.
Please Return to the Speech-Language Pathologist By: ________________
Language/Cultural Background: ________________________________

TEAM INPUT: FLUENCY

Student: ___________________________ Date: ___________________________
Team Member(s): ____________________ Grade/School: ___________________________

Your observations of this student’s ORAL communication skills will help determine if there is a fluency problem which adversely affects the student’s ability to communicate appropriately in school learning and/or social situations.

Fluency refers to the typical rate and rhythm of connected speech. When disruption occurs, this is known as disfluency/stuttering.

1. Check any of the following behaviors that you have noticed in this student’s speech:
   a) Revisions (starting and stopping and starting over again). [ ]
   b) Frequent interjections (um, like, you know). [ ]
   c) Phrase repetitions (and then, and then) [ ]
   d) Pauses or hesitates while speaking (“He ... went to the car.”) [ ]
   e) Word repetitions (we-we-we). [ ]
   f) Part word repetitions (t-t-take; mo-mom). [ ]
   g) Draws out certain sounds while speaking (noooooobody). [ ]
   h) Blocks (noticeable tension/no speech comes out) [ ]
   i) Unusual movements or characteristics (tension, head nods, eye movements, pitch changes). [ ]
   j) Abnormal breathing patterns. [ ]

Other: ____________________________________________________________

2. Do you listen to HOW the student is speaking rather than WHAT he/she is saying? YES NO 4A
3. Does this student avoid speaking in the classroom? YES NO 4B
4. Do classmates react to this student when he/she is disfluent? YES NO 4A,4B
5. If so, does this student have negative response to the peers’ reaction? (i.e. stops talking, more disfluency, withdraws) YES NO 4A,4B
6. Do you feel that student’s communication skills interfere with social interactions and peer relationships? YES NO 4B
7. Does the speaking rate of the student interfere with intelligibility of speech? YES NO 4B
8. Do you think this student is aware of his/her fluency problem? YES NO 4B,1A
9. Does the student disfluency impact his/her classroom performance? YES NO 4B

Do you have any additional observations?

________________________________________________________________________

9/06 NSSEO
Team Input Fluency

NSSEO Speech-Language Criteria
Eligibility for Voice

To accompany *Speech-Language Pathology Eligibility and Dismissal Guidelines: Township High School District 214*, district speech-language pathologists adopted NSSEO Criteria (revised ‘06). Each evaluation will include the Voice Rating Scale and team input forms.

- The number of items indicated as discrepant from peers on the *Team Input: Voice* will be averaged and circled on the rating scale.
- The speech-language pathologist will select the proper rating for pitch, intensity, quality, resonance, and descriptions of current physical condition.
- The score (team input, pitch, intensity, quality, resonance) are then added together and the correct category is found in the total score box.
<table>
<thead>
<tr>
<th>STUDENT:</th>
<th>DATE:</th>
<th>SCHOOL:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Team Input</strong></td>
<td><strong>Adverse Effect On Educational Performance:</strong> Social, Emotional, Academic, Vocational (Use Voice Team Input) Score: 1 point each for yes</td>
<td><strong>5 = 8 - 9</strong> Seriously limits student's ability to communicate appropriately and respond in school learning and/or social situations.</td>
</tr>
<tr>
<td><strong>PITCH</strong></td>
<td><strong>0 = 0 - 1</strong> No interference with student's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener (teacher, parent, peer).</td>
<td><strong>2 = 2 - 3</strong> Minimally affects student's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener (teacher, parent, peer).</td>
</tr>
<tr>
<td></td>
<td><strong>3 = 4 - 5</strong> Interferes with student's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener (teacher, parent, peer).</td>
<td><strong>4 = 6 - 7</strong> Limits student's ability to communicate appropriately and respond in school learning and/or social situations.</td>
</tr>
<tr>
<td><strong>INTENSITY</strong></td>
<td><strong>0 = 0 - 1</strong> Pitch is within normal limits.</td>
<td><strong>2 = 2 - 3</strong> There is a moderate raising or lowering of pitch for sex and age.</td>
</tr>
<tr>
<td></td>
<td><strong>3 = 4 - 5</strong> There is a moderate raising or lowering of pitch which may be intermittent.</td>
<td><strong>4 = 6 - 7</strong> There is a severe raising or lowering of pitch.</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td><strong>0 = 0 - 1</strong> Intensity is within normal limits.</td>
<td><strong>2 = 2 - 3</strong> There is a noticeably different in intensity which may be intermittent.</td>
</tr>
<tr>
<td></td>
<td><strong>3 = 4 - 5</strong> There is a noticeable difference in intensity which may be intermittent.</td>
<td><strong>4 = 6 - 7</strong> There is a severely noticeable, inappropriate increase or decrease in the intensity of speech.</td>
</tr>
<tr>
<td><strong>RESONANCE</strong></td>
<td><strong>0 = 0 - 1</strong> Quality is within normal limits.</td>
<td><strong>2 = 2 - 3</strong> There is a noticeably different in quality which may be intermittent.</td>
</tr>
<tr>
<td></td>
<td><strong>3 = 4 - 5</strong> There is a moderately noticeable, breathiness, glottal fry, harshness, hoarseness, tenseness, strident or other abnormal vocal quality.</td>
<td><strong>4 = 6 - 7</strong> There is a severely noticeable breathiness, glottal fry, harshness, hoarseness, tenseness strident or other abnormal vocal quality.</td>
</tr>
<tr>
<td><strong>DESCRIPTIONS OF CURRENT PHYSICAL CONDITION</strong></td>
<td><strong>0 = 0 - 1</strong> Nasality is within normal limits.</td>
<td><strong>2 = 2 - 3</strong> There is a moderately noticeable cul de sac, hyper or hyponasality, or mixed nasality.</td>
</tr>
<tr>
<td><strong>(NO RATING POINTS)</strong></td>
<td><strong>3 = 4 - 5</strong> There is a severely noticeable cul de sac, hyper or hyponasality, or mixed nasality.</td>
<td><strong>4 = 6 - 7</strong> There is a severely noticeable cul de sac, hyper or hyponasality, or mixed nasality.</td>
</tr>
<tr>
<td><strong>TOTAL SCORE (MDC UNITS (IEP))</strong></td>
<td><strong>5 = 8 - 9</strong> There is a profoundly noticeable breathiness, glottal fry, harshness, hoarseness, tenseness strident or other abnormal vocal quality.</td>
<td><strong>6 = 10 - 12</strong> Speech is largely unintelligible. Medical evaluation is indicated.</td>
</tr>
<tr>
<td><strong>NON-DISABLING</strong></td>
<td><strong>0 = 0 - 1</strong> No consistent laryngeal pathology; physical factors are temporary and may include allergies, colds, abnormal tonsils and adenoids, short term abuse or misuse.</td>
<td><strong>1 = 15 - 30 mwp</strong> <strong>2 = 31 - 60 mwp</strong> <strong>3 = 61 - 90 mwp</strong> <strong>4 = 91 + mwp</strong> <strong>1 = 60 - 120 mpm</strong> <strong>2 = 124 - 240 mpm</strong> <strong>3 = 244 - 360 mpm</strong> <strong>4 = 364 + mpm</strong></td>
</tr>
</tbody>
</table>

**NOTE:** Student may demonstrate voice impairment but if there is no adverse effect, he/she is not eligible for special education.

9/06 NSSEO
Voice rating scale

NSSEO Speech-Language Criteria
PLEASE RETURN TO THE SPEECH LANGUAGE PATHOLOGIST BY ____________

TEAM INPUT: VOICE

Student: ___________________________ Date: ______________

Team Member: _____________________ Grade/Program: ___________

Your observations of this student’s VOICE will help determine if there is a communication problem which adversely affects the student’s ability to communicate appropriately in school learning and/or social situations. (*Yes = 75% occurrence or higher.)

Please describe the quality (sound) of this student’s voice compared to his/her peers

   __ typical  ___ hoarse  ___ scratchy  ___ harsh  ___ breathy  ___ nasal  ___ tense

Other: __________________________________________________________

1. This student is unable to project loudly enough to be adequately heard in your classroom?

   Yes*  No       4B

2. Does this student have a tendency to lose his/her voice?
   If so, when? __________(i.e. end of day, lunch time, in Fall, hay fever season, after certain classes) Other: _______________

   Yes*  No       4B

3. Does this student use an unusually loud voice or shout a great deal?

   Yes*  No       4B

4. Does this student engage in an excessive amount of throat clearing or coughing?

   Yes*  No       4B

5. Does this student’s voice quality change throughout the day?

   Yes*  No       4B

6. Do you listen to HOW the student is speaking rather than WHAT the student is saying?

   Yes*  No       4B

7. Have any peers commented that the student’s voice sounds funny or tease this student because of his/her voice problem?

   Yes*  No       1A

8. When compared to peers, does this student’s voice sound too high or too low (pitch)?

   Yes*  No       4B

9. Does this student always sound like he/she has a cold or like he/she is talking through his/her nose?

   Yes*  No       4B

Do you have any additional observations? ____________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

9/06 NSSEO
Team Input Voice

NSSEO Speech-Language Criteria