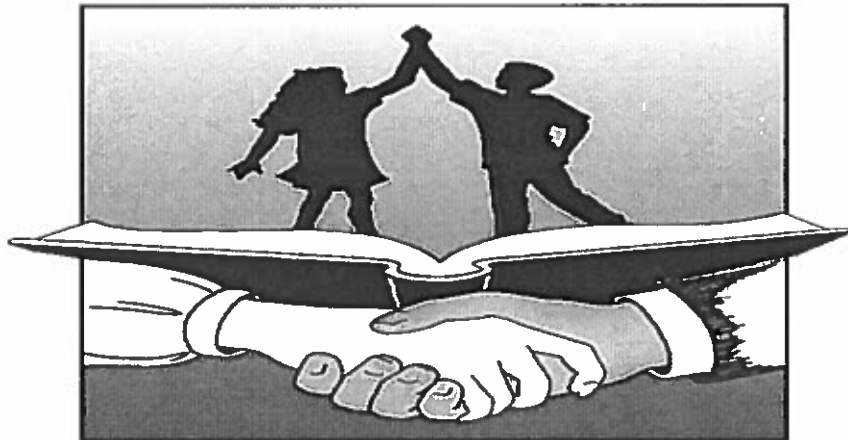


DRAFT

GALESBURG COMMUNITY UNIT SCHOOL
DISTRICT #205

932 Harrison Street Galesburg, IL 61401 (309)973-2020



**SPEECH/LANGUAGE Eligibility CRITERIA &
DISMISSAL CRITERIA**

DRAFT

June 2018

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SPEECH-LANGUAGE DISORDERS

A speech/language disorder must adversely affect the educational performance for the student to be eligible for special services. "Adverse effect" means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar peers.

SPEECH-LANGUAGE ENTRY CRITERIA

Entry/Continuation: Recommendation is based on existence of all of the following as determined by the Speech-Language Pathologist:

- Student has a communication disorder that is amenable to intervention.
- Student's cognitive/developmental "level" appears sufficient to acquire targeted skill(s) based on information available at this time,
- Student's deficit areas require the intervention (direct or indirect) of a Speech-Language Pathologist
- Student does not demonstrate adequate compensatory skills for deficit areas at this time.

SPEECH-LANGUAGE EXIT CRITERIA

Exit: A student is no longer eligible for Speech-language services when at least one of the following is determined:

- The disability no longer adversely affects academics as agreed upon by school personnel,
- The student has been found to have speech and/or language scores within one and a half standard deviations of the mean based on a recent evaluation
- The student's lack of motivation and participation prevents measurable progress toward meeting his/her goals.
- It is determined that goals and objectives can be met within the general and/or Special Education classroom.

- Documented lack of measurable progress despite implementation of a variety of strategies and techniques. The child has plateaued in his/her progress for a period of three years.
- The student has health issues (i.e., medical, dental, emotional issues) requiring services to be suspended or discontinued.
- The student has met all of his/her goals and objectives and no additional services are needed at this time.
- Student is capable of maintaining skills over an 18-week period after a reduction of speech-language support
- The parent requests exit from service

ARTICULATION/PHONOLOGY

The student with an articulation/phonological impairment is unable to produce sounds correctly in conversational speech. This impairment is typically characterized by the omission, distortion, substitution, addition and/or inaccurate sequencing of speech sounds. Errors are not related to culture or dialectal differences.

A student is not eligible for special education and related services in the area of speech and language (articulation/ phonological) impairment when:

- 1 Sound errors are consistent with developmental age or are within normal articulation development (see appendix A).
- 2 Articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, *physical disabilities or environmental, cultural or economic factors.
- 3 The articulation errors do not interfere with the student's ability to benefit from education.

*Disabilities that require medical intervention and whose errors are associated with dental/orthodontic abnormalities (this includes students whose speech is affected by a prosthetic device)

The IEP team may identify a child as having a speech impairment if the child meets the definition under 1 and meets any of the following criteria under 2 below:

1. The student demonstrates speech sound errors outside of the developmental guidelines (see appendix A)
2. There is an adverse effect on:
 - a. Academics or classroom communication due to decreased speech intelligibility (less than 80% intelligibility in connected speech). The child's peers or teachers are not able to understand him/her, therefore hindering oral presentations, oral reading, and the development of social relationships.
 - b. Sound/symbol development, spelling or reading skills related to distorted phonemes.
 - c. Socio-emotional development

FLUENCY

A fluency impairment is defined as the abnormal flow of verbal expression at times combined with negative attitudes and feelings about speech. It is characterized by an increase in atypical and typical disfluencies that may also be accompanied by tension and/or secondary characteristics (i.e. body movements, facial grimace, etc).

A student is not eligible for special education and related services in the area of speech and language (fluency) impairment when:

1. Disfluencies are part of normal speech development
2. Disfluencies do not interfere with the student's ability to benefit from education.
3. Rate is the only effected area.

The IEP team may identify a child as having a fluency impairment for special education and related services if they exhibit one of the following:

1. The student demonstrates 5-8% atypical disfluencies (sound syllable repetition, prolongation and blocks) within a speech sample of at least 200 syllables. Noticeable tension and/or secondary characteristics may or may not be present.
2. The student demonstrates 5-8% typical (word and phrase repetitions, interjections, revisions, unfinished words, hesitations) disfluencies within a sample of at least 200 syllables with one or more of the following:
 - a accompanied by audible and/or visual tension
 - b secondary characteristics
 - c negative attitudes and feelings about their speech

VOICE

A voice impairment is defined as any deviation in pitch, intensity, quality, or other attribute that consistently interferes with communication; draws unfavorable attention; adversely affects the speaker or the listener; or is inappropriate to the age, sex or culture of the individual. Voice quality may be affected by either organic or functional factors.

A student is not eligible for special education and related services in the area of speech and language (voice) impairment when vocal characteristics:

1. Are the result of temporary physical factors such as allergies, colds, abnormal tonsils/ adenoids, sinus problems, short-term vocal abuse or misuse, and maturation
2. Are the result of anatomic or physiologic deviations
3. Are the result of regional, dialectal or cultural differences
4. Do not interfere with the student's ability to benefit from the educational program
5. Are the result of socio-emotional development

The IEP team may identify a child as having a voice disorder if:

1. The student demonstrates deviant vocal behavior related to pitch, intensity, or quality inappropriate for the student's age or sex that is of concern to parent, student, physician and/or teacher. Frequency and consistency must be considered.

****A doctor's order (ENT Exam) is necessary before treatment can begin. A school based SLP cannot diagnose voice disorders.**

LANGUAGE

The student with a language impairment demonstrates impairment and/or deviant development of comprehension and/or use of a spoken symbol system. This includes: language form, language content and language use.

A student is not eligible for special education and related services in the area of language when:

1. Speech/language difficulties result from a second language, unless the child has a language impairment in his or her native language.
2. Language performance does not interfere with the student's ability to benefit from education.
3. Difficulties with auditory processing are without a concomitant documented oral speech or language impairment. It is important to note that auditory processing disorder (APD) is not a disability category under IDEA. *Auditory processing diagnoses can only be made by a certified audiologist.
4. Language performance is consistent with developmental norms as documented by formal and informal assessment data.
5. Language needs can be addressed:
 - a. Within the classroom setting (resource or general education setting).
 - b. Through modifications or accommodations made to the classroom environment.

The IEP team may identify a child as having a language impairment if:

1. The student demonstrates a deficit in receptive, expressive, and/or pragmatic language as measured by one or more comprehensive criterion referenced or standardized tests. A child must score at least one and a half standard deviations below the mean on standardized assessment or demonstrates a deficit as indicated by criterion referenced measures. (this translates to a standard score of 78 or below).

** Individual subtest scores may be used to indicate strengths and weaknesses, however, they may not be used to qualify students for speech and language services.

and

2. Clinical observations, informal assessment, and consultation with other school personnel are indicative of a language impairment that has an adverse effect on educational performance.

APPENDIX A

Normal Sound Acquisition

By 3 years of age:

- All vowels, m, n, h, p, b, w, t, d, j ("ya'l as in "yellow")

By 4 years of age:

- k, g, f, s, z (except interdental s, z)

By 5 years of age: • zh,

By 6 years of age:

- sh, ch, v, ng (as in 't ing'), l, dz ("j" as? in "jump"), Interdental s,

By 7 years of age:

- z, voiced /th/t voiceless /th

By 8 years of age:

- r, vocalic r ("er't)

****Lateralization of "s, z, sht zh, ch and dz" are typically not considered developmental and may be treated as soon as they are diagnosed dependent on age and stimulability.****

SPEECH/LANGUAGE ELIGIBILITY CRITERIA MATRIX

June 2018

	Mild	Moderate	Severe	Profound
	1 Service Del. Unit Min. 0 - 29 mpw	2 Service Del. Units Min. 30 - 44 mpw	3 Service Del. Units Min 45 - 59 mpw	5 Service Del. Units Min. 60+ mpw
SEVERITY OF DISORDER	Impairment <u>minimally</u> affects the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as teacher, parent, sibling, or peer.	Impairment <u>interferes with</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.	Impairment <u>limits</u> the individual's ability to communicate appropriately and respond in school learning and/or social situations. Environment and/or student concern is evident and documented.	Impairment <u>prevents</u> the individual from communication appropriately in school and/or social situations
FLUENCY	2 - 4% dysfluencies within a speech sample of a 100 words Majority of dysfluencies are less than 250 ms in duration. * No tension to minimal tension, secondary characteristics are absent * Disturbances in rate and/or prosody rarely interfere with communication * Student rarely chooses to avoid communicative opportunities * The student rarely makes decisions of daily life based on the possibility of stuttering	5 - 8% dysfluencies within a speech sample of a 100 words Majority of dysfluencies are less than 1 second in duration. * Noticeable tension and/or secondary characteristics are present * Disturbances in rate and/or prosody interfere with communication * Student often chooses to avoid communicative opportunities * The student often makes decisions of daily life based on the possibility of stuttering	9 - 12% dysfluencies within a speech sample of a 100 words Majority of dysfluencies are between 1 - 5 seconds in duration. * Extensive tension and/or secondary characteristics are present * Disturbances in rate and/or prosody usually interfere with communication * Student usually chooses to avoid communicative opportunities * The student usually makes decisions of daily life based on the possibility of stuttering	More than 12% dysfluencies within a speech sample of a 100 words * Majority of dysfluencies are greater than 5 seconds in duration. * Extensive tension and/or secondary characteristics are present and interfere significantly with communication * Disturbances in rate and/or prosody always interfere with communication * Student always chooses to avoid communicative opportunities * The student always makes decisions of daily life based on the possibility of stuttering

NOTE: Clinical judgement may necessitate modification of these guidelines

SPEECH/LANGUAGE ELIGIBILITY CRITERIA MATRIX

June 2018

<p>ARTICULATION/ HONLOGICAL PROCESSING DISORDERS</p>	<p>Intelligible over 80% of the time in connected speech.</p> <p>-----</p> <p>No more than 2 speech sound errors outside the developmental guidelines. Students may be stimuable for errored sounds.</p>	<p>Intelligible 50 - 80% of the time in connected speech.</p> <p>-----</p> <p>Substitutions and distortions</p>	<p>Intelligible 20 - 49% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Conasnant sequencing is generally lacking.</p> <p>Augmentative communication systems may be warranted.</p>	<p>Speech is unintelligible without gestures and cues, and/or knowledge of the context. Usually, there are additional pathological or physiological problems, such as neuromotor deficits or structural deviations. Augmentative communication systems may be warranted.</p>
<p>LANGUAGE</p>	<p>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 standard deviations below the mean standard score.</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance falls 2.0 standard deviations below the mean standard score.</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. (If standardized tests can be administered) Performance falls 2.5 standard deviations below the mean standard score. Augmentative communication systems may be warranted.</p>	<p>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.</p>
<p>VOICE</p>	<p>Voice difference including hoarseness, nasality, densality, pitch or intently inappropriate for the student's age is of minimal concern to parent, teacher, student or physician.</p> <p>NOTE Medical referral may be indicated</p>	<p>Voice difference is of concern to parent, teacher, student, or physician. Voice is not appropriate for age and sex of the student.</p> <p>NOTE Medical referral may be indicated</p>	<p>Voice difference is of concern to parent, teacher, student, or physician. Voice is distinctly abnormal for age and sex of the student.</p> <p>NOTE Medical referral is indicated.</p>	<p>Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech.</p> <p>NOTE Medical referral is indicated.</p>

NOTE: Clinical judgement may necessitate modification of these guidelines

Galesburg Community Unit School District #205
Speech & Language Impaired Eligibility Criteria
Communication Rating Scale: Language

Student: _____ DOB: _____

SLP: _____ Date: _____

	Non-Disabling	Mild	Moderate	Severe	Profound
Functional Assessment	0 Language skills are within expected range for cognitive level: ___Form/Structure ___Content/Semantics ___Use/Pragmatics	4 Language skills are mildly impaired for cognitive level: ___Form/Structure ___Content/Semantics ___Use/Pragmatics	6 Language skills are moderately impaired for cognitive level: ___Form/Structure ___Content/Semantics ___Use/Pragmatics	8 Language skills are severely impaired for cognitive level: ___Form/Structure ___Content/Semantics ___Use/Pragmatics	10 Language skills are profoundly impaired for cognitive level: ___Form/Structure ___Content/Semantics ___Use/Pragmatics
Standardized/Norm Referenced Assessments	0 Scores on standardized instruments are within 1-1½ SD's below the mean, or above the 7%, or SS above 78, or commensurate with cognitive level Early Childhood Play-Based Assessment: 0-8 month delay	3 Scores on standardized instruments are 1 ½ to 2 SD's from the mean, between 3%-6%, or SS between 71-78 Early Childhood Play-Based Assessment: 9-15 month delay	4 Scores on standardized instruments are 2-2 ½ SD's below the mean, between 1%-2%, or SS between 63-70 Early Childhood Play-Based Assessment: 16-22 month delay	6 Scores on standardized instruments are 2 ½ SD's below the mean, below 1%, or SS between 56-62 Early Childhood Play-Based Assessment: 23-30 month delay	8 Scores on standardized instruments are 3 SD's below the mean, below the 1%, or SS 55 and below (may not be able to use standardized instruments) Early Childhood Play-Based Assessment: 31+ month delay
Documented Intervention Strategies	0 Minimum of three related interventions have been implemented with positive results	1 Minimum of three related interventions have been implemented with no positive results	1 Minimum of three related interventions have been implemented with no positive results	1 Minimum of three related interventions have been implemented with no positive results	1 Minimum of three related interventions have been implemented with no positive results
Adverse Effect on Educational Performance*	0 No interference with academic and function in the educational setting	4 Minimally impacts academic and function in the educational setting	6 Moderately interferes with academic and function in the educational setting	8 Seriously limits academic and function in the educational setting	10 Prevents the individual from communicating appropriately in the educational setting
Total Score	0-7	8-12	13-17	18-27	28+
Recommended Tx Minutes	None	0-29 Minutes Weekly	30-44 Minutes Weekly	45-59 Minutes Weekly	60+ Minutes Weekly
Rating Scale	Non-Disabling	Mild	Moderate	Severe	Profound
Severity Rating	0	1	2	3	4

*A language disorder must adversely affect the educational performance for the student to be eligible for special services. "Adverse effect" means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar peers.

Entry/Continuation: Recommendation is based on existence of *all of the following* as determined by the Speech-Language Pathologist:

- ___ Student has a communication disorder that is amenable to intervention
- ___ Student's cognitive/developmental level appears sufficient to acquire targeted skill(s) based on information available at this time
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- ___ Student does not demonstrate adequate compensatory skills for deficit areas at this time

TEACHER INPUT ON STUDENT'S COMMUNICATION SKILLS

Student: _____ School: _____ Teacher: _____ Grade: _____

Your observations and responses concerning the above student will help determine whether a communication delay/disorder/deficit adversely affects educational performance. Please return the completed form to the Speech-Language Pathologist.

Is this student's communication reduced to the extent that you find it difficult to understand him/her?

Yes _____ No _____

If Yes, check appropriate description:

Occasional Difficulty _____

Frequent Difficulty _____

Considerable Difficulty _____

	Yes	Sometimes	No	N/A
Does this student appear frustrated or embarrassed because of his/her-communication skills?	_____	_____	_____	_____
Does the student avoid speaking in class or in other situations because of his/her communication skills?	_____	_____	_____	_____
Has this student ever expressed concern about his/her communication skills?	_____	_____	_____	_____
Do the student's communication skills distract listeners from what the student is saying?	_____	_____	_____	_____
Does the student have age-appropriate awareness of sounds in words and ability to rhyme, segment, and manipulate sounds in words?	_____	_____	_____	_____
Does the student have age-appropriate awareness of grammar and sentence concepts?	_____	_____	_____	_____
Does the student have difficulty answering basic questions or following classroom directions?	_____	_____	_____	_____
Does the student make spelling or writing errors that appear to be associated with speaking errors?	_____	_____	_____	_____

Elimination of Phonological Processes in Typical Development

by Bowen, C. (1998). Developmental phonological disorders: A practical guide for families and teachers. Melbourne: ACER Press. Grunwell, P. (1997) Natural phonology. In M. Ball & R. Kent (Eds.), The new phonologies: Developments in clinical linguistics. San Diego, CA. Singular Publishing Group, Inc.

PHONOLOGICAL PROCESS	EXAMPLE	GONE BY APPROXIMATELY
Pre-vocalic voicing	pig = big	3;0
Word-final de-voicing	pig = pick	3;0
Final consonant deletion	comb = coe	3;3
Fronting	car = tar ship = sip	3;6
Consonant harmony	mine = mime kittycat = tittytat	3;9
Weak syllable deletion	elephant = efant potato = tato television = tevision banana = nana	4;0
Cluster reduction	spoon = poon train = chain clean = keen	4;0
Gliding of liquids	run = one leg = weg leg = yeg	5;0
Stopping /f/	fish = tish	3;0
Stopping /s/	soap = dope	3;0
Stopping /v/	very = berry	3;6
Stopping /z/	zoo = doc	3;6
Stopping 'sh'	shop = dop	4;6
Stopping 'j'	jump = dump	4;6
Stopping 'ch'	chair = fare	4;6
Stopping voiceless 'th'	thing = ting	5;0
Stopping voiced 'th'	then = den	5;0

	Yes	Sometimes	No	N/A
Does the student self-correct communication errors (sounds, grammar, stutter, etc.)?	—	—	—	—
Does the student have reading problems due to articulation or language problems?	—	—	—	—
Does the student mispronounce words when reading words containing error sounds?	—	—	—	—
Does the student make grammatical errors while reading? (Leave off endings, change words, etc.)	—	—	—	—

Rate the impact of the student's communication skills on his/her social, emotional, academic and/or vocational functioning. Check one:

- does not interfere
- minimal impact
- interferes
- seriously limits

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

It is my opinion that these behaviors adversely affect the student's educational performance. YES ___ NO ___

If yes, provide explanation:

Classroom Teacher Signature _____

Date _____

SOURCES

American Speech-Language Hearing Association (2003). IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21.

Kahn and Lewis (2002). Phonological Analysis. Second Edition. Circle Pines, Maine: American Guidance Services

Grunwell, P. (1982). Clinical Phonology. Rockville, Maryland: Aspen Systems.

Illinois State Board of Education (2007). Speech-Language Technical Assistance Manual

Individuals with Disabilities Education Act Amendments (1997 and 2004). Washington, DC: U.S. Government Printing Office.

RESOURCES

- Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies, Position Statement and Technical Report
- Admission and Discharge Criteria in Speech Language Pathology (Guidelines)
- IDEA Part B Issue Brief: Individualized Programs and Eligibility for Services
- Relation of Developmental Skills to Service Eligibility - National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)
- Decision Making in Termination of Services - National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)
- Special Education Eligibility: When is a Speech-Language Impairment Also a Disability? *The ASHA Leader*, April 2011, Vol. 16, 12–15
- The Educational Relevance of Communication Disorders, *The ASHA Leader*, August 2010, Vol. 15, 20–21
- Evaluation and Eligibility for Speech-Language Services in Schools, SIG 16 *Perspectives on School Based Issues*, December 27, 2016, Vol. 1, 79–90
- Tips to D.E.V.I.S.E. a New Plan When Sessions Stall, *The ASHA Leader* blog, April 26, 2016
- Making Treatment Transition Easier for Clients, *The ASHA Leader* blog, March 23, 2017