

SPEECH/LANGUAGE CRITERIA & SERVICES

Lightning Round For Administrators

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ASHA Position Statement 2010

SLP Roles and Responsibilities in the Schools

- Critical Roles
 - *Working across all levels*
 - *Serving a range of disorders*
 - *Ensuring educational relevance*
 - *Providing unique contributions to the curriculum*
 - *Highlighting language/literacy*
 - *Providing culturally competent services*
- Collaboration (with school and all other stakeholders)
- Range of Responsibilities (includes prevention)
- Leadership (includes supervision)

<https://www.asha.org/uploadedFiles/Roles-Responsibilities-SLPs-Schools-Poster.pdf>

Best Practice in SL Services

- 1. Eligibility determinations focus on adverse educational impact**
 - New LI criteria will refocus on different type of student*
 - New speech criteria will focus beyond developmental age*
 - Elimination of “professional judgement” will support team decision-making*
- 2. Quality SL services are comprehensive & educationally relevant**
 - Continuum of general/special education services are available*
 - MTSS/RTI includes robust speech/language interventions*
 - Service focus is on language/literacy (NOT articulation)*
 - A variety of service models are available, traditional pull-out and push-in services, consultation, collaboration, etc.*
 - A workload approach is used instead of a caseload approach*
- 3. Appropriately trained staff implement SL services**
 - Consultation is available to support staff who implement SL services*
 - Support personnel are appropriately trained and supervised*

Missouri Challenges to Best Practices

- Past IDEA eligibility criteria (separate speech from language, cognitive referencing)
- Eligibility and service focus on articulation rather than language/literacy (including foundational reading skills like phonemic awareness)
- Inconsistent MTSS/RTI implementation across the state, limited use of RTI for eligibility determinations, and even more limited inclusion of SLPs in MTSS or RTI
- Unique and restrictive ECSE funding that discourages best practices for speech/language
- Lack of handbook/guidelines for best practices in schools
- Limited appropriate use of support personnel

Missouri 5-21 Child Count Data

5K-21	Lang	Speech	Speech %
2018	8,657	17,922	67.43%
2017	9,200	18,191	66.41%
2016	9,604	18,087	65.32%
2015	9,883	18,098	64.68%
2014	10,029	18,439	64.77%
2012	10,196	19,791	66.00%
2010	10,442	21,419	67.23%
2009	10,636	22,110	67.52%
2008	10,631	23,712	69.04%
2007	10,979	24,924	69.42%

Missouri Preschool Child Count Data

3-5PK	Lang	Speech	SL Total	YCDD
2018	143	3,926	4,069	8,115
2017	168	3,655	3,823	8,397
2016	172	3,464	3,636	8,318
2015	154	3,434	3,588	7,883
2011	214	3,166	3,380	7,451
2006	202	3,055	3,257	7,140
2004	NA	NA	2,865	8,442
2002	NA	NA	1,588	8,264
2001	NA	NA	791	8,070

Missouri Child Count Trend Summary

- Speech (almost all sound system disorder) consistently is the majority of K-12 SL child count rather than language
- Add to these numbers those students with articulation errors served as non-special education interventions and the level of K-12 SLP resources focused on speech production is large
- Across the country, K-12 SLP time is more focused on language/literacy interventions with a direct nexus to academic achievement
- PK speech (almost all sound system disorder) continues to increase compared to YCDD which has been stable for a many years

Speech (SSD, Voice & Fluency)

A “bad fit” with IDEA procedures

- There is no research evidence that articulation errors impact academic achievement (Schuele, 2004 & Taps Guidelines)
- Identifying adverse impact as a social-emotional deficit means there should be a related intervention (e.g. counseling) NOT just speech intervention
- They typical time to change a sound error is 15-20 hours (Jacoby et al, 2002 and Taps Guidelines)
- Not all speech errors/differences are remediable. Lack of progress under IDEA typically triggers an IEP review to consider more or different services or a change of placement – NOT dismissal from special education.

Article: **Special Education Eligibility: When Is a Speech-Language Impairment Also a Disability?** Lissa Power de Fur, April 2011, ASHA Leader

Language Impairment

A language impairment is present when a comprehensive communication assessment documents all of the following:

(1) The language impairment adversely affects the student's educational performance as documented by lack of response to evidence based interventions designed to support progress in the general education curriculum.

Intent is to ensure RTI, MTSS type general education interventions have been implemented before consideration for IDEA eligibility. Apply to all SL eligibility criteria.

Can be curricular interventions (e.g. reading) and/or speech-language specific interventions. The dyslexia screening protocols and interventions implemented in response should be helpful.

Can be implemented by any appropriate provider, teacher, para, SLP-A, SLP, etc.

Language Impairment (cont. 1)

(2) The student's overall language functioning is significantly below age expectations as measured by two or more composite standard scores on standardized language assessments. The composite language score reflects both receptive and expressive language function in a single standard score.

Significantly below is defined as 1.75 standard deviations below the mean for students who are kindergarten age eligible and older.

A public agency may accept a composite score allowing for the standard error of measurement when the criterion is met on the other composite score.

The agency may adopt written procedures for utilization of reasonable variances that enable a student to meet the standard score criterion in highly unique situations such as English Learners.

Language Impairment (cont. 2)

- New straight deficit of 1.75 SD below the mean replaces cognitive reference comparison or discrepancy metric for K-12 students. IQ scores no longer required.
- Requires 2 overall language composite scores below the new criterion. Overall scores include both global receptive and expressive language – NOT scores in discreet areas (e.g. semantics or syntax).
- Allows for some variance in meeting 1.75 criterion level including SEM and unique situations such as EL students.

Language Impairment (cont. 3)

Young child with a developmental delay criteria (communication area) shall be used for eligibility determinations for children who are 3 to 5 years of age but not yet kindergarten eligible.

Continues use of YCDD deficit levels of 2 SD in area of communication or 1.5 paired with another developmental area for eligibility of children aged 3-5 (not yet K eligible).

This is NOT a change from current language criteria which also uses the 2.0 deficit level for children not yet K eligible.

Language Impairment (cont. 4)

(3) The student consistently displays inappropriate or inadequate language that impairs communication in the student's educational environment as documented by structured qualitative procedures such as a formal language sample, classroom observations, curriculum based assessments, teacher/parent checklists/interviews or other clinical tasks.

Intent is to have authentic assessment beyond normed referenced scores that documents language impairment that adversely impacts educational performance in the school environment.

Language Impairment (cont. 5)

(4) The language deficit is not primarily the result of dialectal differences or second language influence.

Unchanged – although this exclusion remains challenging to implement related to EL students.

Sound System Disorder

A Sound System Disorder, which includes articulation and/or phonology, is present when:

(1) The Sound System Disorder adversely affects the student's educational performance as documented by lack of response to evidence based interventions designed to support progress in the general education curriculum,

Intent is to ensure general education interventions have been implemented before consideration for IDEA eligibility. Can be provided by any appropriate provider including SLP, SLP-A, etc.

Sound System Disorder (cont. 2)

(2) The student exhibits a significant delay of at least one year in correct sound production based on state designated normative data in the table below after administering a single word test and/or a sentence/phrase repetition task and a connected speech sample with consideration given to the type of error recorded (substitutions, omissions, distortions, and/or additions). These errors may be described as single sound errors or errors in phonological patterns.

However, If the student does not exhibit a significant delay of at least one year in correct sound production, but there are multiple errors in the sound system which are collectively so severe that the student's speech is unintelligible, the public agency may establish the student as having a sound system disorder.

Sound System Disorder (cont. 3)

(3) the sound system disorder is not a result of dialectal differences or second language influence.

Criterion moved to one year beyond norms plus required lack of response to intervention via non-special education services to ensure student requires “special instruction” for IDEA eligibility.

Professional judgement eliminated, replaced with student speech is “unintelligible”. Can be documented as inability to communicate basic wants and needs impacting all environments; likely causing measurable deficits in other areas (social/emotional, developmental, academic, etc.)

Voice Impairment

A voice impairment is present when a comprehensive communication assessment documents all of the following :

(1) the voice impairment adversely affects the student's educational performance as documented by lack of response to evidence based interventions designed to support progress in the general education curriculum,

(2) the child consistently exhibits deviations in pitch, quality, or volume;

Voice Impairment (cont. 2)

(3) the student's voice is discrepant from the norm as related to his/her age, sex, and culture and is distracting to the listener;

(4) the voice impairment is not the result of --

- a medical condition that contraindicates voice therapy intervention;
- a temporary condition such as: normal voice changes, allergies, colds, or other such conditions; or
- a dialectal difference or second language influence.

Intent for schools to establish policy to address medical clearance for voice therapy.

Fluency Impairment

A fluency impairment is present when a comprehensive assessment documents all of the following:

- (1) the fluency impairment adversely affects the student's educational performance as documented by lack of response to evidence based interventions designed to support progress in the general education curriculum,
- (2) the student's fluency is significantly below the norm as measured by speech sampling in a variety of contexts and impairs communication in the student's educational environment as documented by structured qualitative procedures such as classroom observations, curriculum based assessments, teacher/parent checklists/interviews, or other clinical tasks.

Fluency Impairment (cont. 2)

(3) the student consistently exhibits one of the following symptomatic behaviors of dysfluency:

- sound, syllabic, or word repetition;
- prolongations of sounds, syllables, or words;
- avoidance;
- blockages; or
- hesitations

Intent is to have authentic assessment beyond any numeric data that documents fluency impairment that adversely impacts educational performance in the school environment.

Best Practice #1

Eligibility determinations focus on adverse educational impact

- Implementing the new eligibility criteria with fidelity will support this best practice
- K-12 speech incidence rate on child count should be less than 1% with new criteria and robust non-special education interventions
- Eventually if the focus actually shifts away from articulation, speech/language eligibility criteria might be able to be unified so that phonology is included as the 5th area of language.

Best Practice #2

Comprehensive & Educationally Relevant SL Services

How do we do MTSS/RTI for SL?

- Special Education and Building Administrators must be supportive
- Response to Intervention or General Education Speech Services – do not think of this as adding to the current duties of an SLP but rather a re-organization of the current workload
- Many districts utilize a form letter asking for parent permission for students for a speech improvement plan type of program (or other name) to address speech production errors
- Speech Improvement Program should be facilitated by an SLP – this type of program is more intensive and representative of a Tier 3 intervention level of MTSS
- SIP type program students should receive services that are fast paced, drill based (10 minutes or less usually), progress should be monitored and the SLP determines dismissal, breaks, etc.

Speech and Language Intervention Groups as part of MTSS/RTI

- Don't go it alone; work within the district's focus and initiatives with respect to MTSS/RTI and slowly increase knowledge base for MTSS to understand how speech/language fits in
 - *Become a part of the data review team*
 - *Think about dyslexia screening and how SLP phonemic awareness expertise can be used for interventions*
- Start small through consultation mode - provide Tier 1 suggestions to teachers and/or parent/guardian in the home
 - *Modeling of speech sounds*
 - *Strategies to support intelligibility, fluency, etc.*
 - *Supporting teachers on phonemic awareness activities*

Speech and Language Intervention Groups as part of MTSS/RTI – Tier 2

If Tier 1 strategies are not successful, SLP consults to provide a Tier 2 intervention which involves a home program for parent to facilitate or a classroom program that the teacher facilitates that specifies activities and materials as well as:

- *Frequency of practice sessions*
- *Duration of practice sessions*
- *Progress monitoring tool*
- *Allows the SLP to review data every 6-8 weeks*

Speech and Language Intervention Groups as part of MTSS/RTI – Tier 3

If Tier 2 strategies are not successful, SLP can provide a Tier 3 program which would involve serving student through a speech improvement type program (i.e., regular education services). The program would involve:

- *Consideration of Missouri Designated Normative Data Chart*
- *Frequent drill/practice, intensive sessions (10 minutes or less)*
- *Addressing self-correction and carryover techniques from the beginning of the program*
- *Allowing for progressing monitoring and for SLP review of data every 6-8 weeks to make decisions about efficacy*

Tier 3 Speech Intervention Implementation Procedures

- Tier 3 speech intervention is typically used for:
 - *Sound error(s)*

Districts can establish guidelines for use of MO norms to determine when to intervene (e.g. at developmental norms for Tier I or II and beyond developmental norms for Tier III)
 - *Fluency difficulties*
 - *Voice differences (with medical clearance)*
- Tier 3 speech intervention can be provided by the SLP along with other potential support staff especially for drill and generalization.
- Screening information (along with a determination that no disability is suspected) guides the interventions.
- Most districts use a general permission form prior to implementing Tier 3 speech interventions. This is not required but helps ensure parents are informed.

Tier 3 Speech Intervention Service Procedures

- Typical time to change a speech production difference is 15-20 hours (Jacoby et. al., 2002). Correct placement is essential to progress. (Secord, 2007). This supports focused, time-limited intervention with clear outcome goals (e.g. 75-85% accuracy) for ending Tier III level interventions.
- Mass practice is essential to speech production progress (Skelton, 2004). Each student should produce a minimum of 150 correct productions a session; home practice is essential. Teachers, parents, support staff, older students, etc.) can guide additional practice time.
- Districts typically inform parents when Tier 3 services are ending and what if any other interventions will be implemented.
- If at anytime a disability is suspected (there is concern about adverse educational impact and the need for specialized instruction to progress in general education) - then a special education evaluation should be considered.

How do we change from caseload to workload?

- Workload Model is an option for speech language services delivery. This model provides direct speech language services to some students for three consecutive weeks, and indirect services for one week. Prior to the beginning of school, each Speech-Language Pathologist will be provided with a schedule of which week are direct and indirect for the school year.
- To accommodate the Workload Model, all speech/language minutes on IEP's get calculated monthly. During the IEP meeting with parents, the Speech-Language Pathologist needs to explain the Workload Model and how it benefits the student.

Before getting started with Workload Approach

Before documenting and analyzing your workload, it is helpful to:

- Identify a comprehensive set of speech-language pathologist (SLP) roles and work activities
- Obtain time estimates for workload activities
- Consider Individuals with Disabilities Education Act (IDEA) mandates
- Consider best practices in school-based speech-language pathologist

Workload Implementation Guide:

- Identify a Comprehensive Set of SLP Roles and Work Activities
- 1) Direct services to students, including instruction, intervention, and evaluations
- 2) Indirect services that support students' education programs
- 3) Indirect activities that support students in the least restrictive environment and in the general education curriculum
- 4) Activities that support compliance with federal, state, and local mandates and activities that result from membership in a community of educators

<https://www.asha.org/SLP/schools/Workload-Calculator/>

How do we refocus on language/literacy and expand use different service delivery models?

Use new eligibility criteria, implementation of MTSS/RTI and use of workload instead of caseload will provide first steps

Set goal of SLP time split almost evenly between providing special education/related services and general education services including:

Participation on MTSS/RTI data teams

Delivery of MTSS/RTI interventions

Push-in to core instruction conduct/model targeted activities like phonemic awareness

Consultation with general and special education teachers

Make sure SLPs know it is not their responsibility to “fix” every bad /r/ and /s/ they hear . . .

Best Practice #3

Appropriately trained staff deliver SL services (SLPs)

- Speech/language is not the “sole purview” of the SLP within a school environment. Language/literacy is a core developmental and instructional area that many of not most general and special education staff should address in some way.
- SLPs should be available to provide consultation, supervision and support to any other staff implementing SL interventions as part of core instruction, tiered interventions, special education,
- SLPs should be deployed to best utilize their in-depth training and expertise (which is not treating simple articulation errors).
- SLPs must be licensed by the Board of Healing Arts unless they hold a “stand alone” DESE certificate (issued a long time ago). DESE discontinued issuing an SLP certificate on 8/1/2019. All new SLPs will work under their license only and will be part of PEERS. SLPs with a DESE certificate will keep the certificate and will be part of PSRS.

Best Practice #3

Appropriately trained staff deliver SL services (Support Personnel)

- SLP assistants should be effectively utilized and deployed as support personnel based on district needs.
- SLP assistants can provide services in any setting (schools, hospitals, etc.) to any type of student/client and do not need any special “approval”.
- SLP assistants are registered by the Board of Healing Arts and the activities allowable and prohibited along with supervision requirements are provided by statute and rule.
- The speech implementor model is an annual “exception” process established by DESE Special Education to allow delivery of mandatory speech/language IEP services when an SLP or SLP-A cannot be hired.

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Questions

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