

SPEECH/LANGUAGE CRITERIA & SERVICES IN SCHOOLS

2019-2020 Updates

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ROLES & RESPONSIBILITIES OF SLPS IN SCHOOLS

<https://www.asha.org/uploadedFiles/Roles-Responsibilities-SLPs-Schools-Poster.pdf> (ASHA, 2010)

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

Contrasted role from the clinical/medical model:

-In schools SLPs help teams determine eligibility (vs. diagnosis) based upon all available data collected during an evaluation (i.e. not just the speech-language data)

-the presence of speech or language impairment does not make a child eligible under IDEA

ROLES & RESPONSIBILITIES OF SLPS IN SCHOOLS

MO prior to July 30, 2019	MO after July 30, 2019
IDEA eligibility --separate S/L --cognitive referencing	New State Plan effective July 30, 2019 -removes cognitive referencing
Lack of MTSS/Rtl Implementation and workload approach	Move from a caseload approach (#s) to a workload approach that allows for MTSS/Rtl collaboration/consultation and wide variety of service delivery
Unique ECSE funding of SLP positions can restrict workload (challenge to provide MTSS/Rtl and do collaboration/consultation)	
Lack of SLP handbook/guidelines	MSHA led; currently available
Lack of use of support personnel	Increased recognition of SLP-A and alignment of other support personnel
Heavy articulation focus Pull Out Service Delivery	Move toward language/literacy focus Variety of service delivery

INITIAL ELIGIBILITY CRITERIA REVISIONS

Revisions for INITIAL eligibility criteria under IDEA (State Plan rules) for all 4 speech-language areas:

- Language
- Sound System
- Voice
- Fluency

Not eligibility criteria for re-evaluation and determination of continued need for special education

Not eligibility criteria for determination of need for speech-language as related service

- IEP teams determine the need for related services

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 to ensure educational impact/relevance.

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 or appropriately trained 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)

(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)

(4) 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 a 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)

(5) 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.

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 PK 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

MO 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

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.)

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

The 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.

REFERENCES: SSD & ACADEMIC OUTCOMES

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

The Effects of Speech Sound Disorders on Literacy Outcomes of School-age Children, Erin White-Canales, Adrienne McElroy-Bratcher, et. al., American Journal of Educational Research, 2015, Vol. 3, No. 10, 1270-1278.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2755217/>

When does speech sound disorder matter for literacy? The role of disordered speech errors, co-occurring language impairment and family risk of dyslexia, Marianna E. Hayiou-Thomas, et. al., J Child Psychol Psychiatry. 2017 Feb; 58(2):

197–205. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5297982/>

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.

MOVING TO BEST PRACTICES

- ❖ **Refocus on language/literacy**
- ❖ **Expand use of different service delivery models**
- ❖ **Provide robust general and special education services (MTSS/RTI/Speech Improvement)**
- ❖ **Change from caseload to workload approach**
- ❖ **Ensure SLP staff are appropriately credentialed**
- ❖ **Use qualified support personnel appropriately**

HOW DO WE REFOCUS ON LANGUAGE/LITERACY AND EXPAND USE DIFFERENT SERVICE DELIVERY MODELS?

New eligibility criteria plus implementation of MTSS/RTI and use of workload instead of caseload will provide first steps

Set goal of K-12 speech incidence rate for less than 1%

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

Participation on MTSS/RTI data teams, delivery of MTSS 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 . . .

TIPS FOR PROVIDING A SPEECH INTERVENTION PROGRAM AS REGULAR EDUCATION SERVICE

Special Education and Building Administrators need to be supportive

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 to allow for a workload approach

Many district started a stand alone program such as this prior to working within an MTSS/RtI framework. This can continue even if the district is working within MTSS/RtI framework and would be considered more of a Tier 3 intervention level after Tier 1 and Tier 2 supports are provided

SLP has the expertise to decide when to intervene – i.e., there are other factors to consider for therapeutic intervention other than the age level

TIPS FOR PROVIDING A SPEECH INTERVENTION PROGRAM AS REGULAR ED SERVICE (CONT.)

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 single sound 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/RtI

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.

Students can “float” in and out of this type of program many times if needed (i.e., /k/ in Kindergarten but seen again later for /r/ in 3rd grade)

TIPS FOR SPEECH AND LANGUAGE INTERVENTION GROUPS AS PART OF MTSS/RTI

SLPs work with school teams; 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 into the educational environment

- SLPs become a part of the data review team to work collaboratively rather than as a stand alone (silo)

Getting started - Provide speech/language interventions in Tier 1 through consultation mode - no direct SLP contact; suggestions to teachers and/or parent/guardian in the home

- Modeling of speech sounds
- Strategies to support intelligibility, fluency, etc.
- General language development supports/strategies

TIPS FOR SPEECH AND LANGUAGE INTERVENTION GROUPS AS PART OF MTSS/RTI (CONT. 1)

If Tier 1 strategies are not successful, SLP consults to provide a Tier 2 intervention which involves (1) a home program for parent to facilitate or (2) a classroom program that the teacher implements. Consideration by the SLP should be given as to:

- Specific materials and activities as well as training with respect to teaching the skill deficit
- Frequency and duration of practice sessions
- Progress monitoring tool (data collection)
- Allows the SLP to review data every 6-8 weeks
- Tier 2 interventions should have a provision for a fidelity check of the implementation of the intervention

TIPS FOR SPEECH AND LANGUAGE INTERVENTION GROUPS AS PART OF MTSS/RTI (CONT. 2)

If Tier 2 strategies are not successful, SLP can provide Tier 3 program which would involve serving student through a speech improvement type program (i.e., regular education services) for voice, fluency and articulation or the SLP could deliver a language intervention. A Tier 3 program would involve:

- Consideration of Missouri Designated Normative Data Chart for articulation; articulation intervention should also consider self-correction and carryover techniques
- More frequent, intensive sessions implemented with fidelity
- Allows for progressing monitoring and for the SLP review data every 6-8 weeks to make decisions about efficacy
- Tier 3 interventions should have a provision for a fidelity check of the implementation of the intervention

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/>

DEPLOYING QUALIFIED SLP STAFF

Speech/language is not the “sole purview” of the SLP within a school environment. Language/literacy is a core developmental/instructional area that many if 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, etc.

SLPs should be deployed to best utilize their training and expertise (majority of time should not be remediating 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.

USING QUALIFIED 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.

MISSOURI S/L HANDBOOK

MSHA received an ASHA State Association Grant in 2017. Handbook work group 2017-2018. Handbook purpose:

- Improve outcomes for children
- Increase consistency across state
- Ensure alignment with local, state, federal practices
- Ensure access to evidence-based practices

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Lives on MSHA website at www.showmemsha.org

DESE link in proposed State Plan Changes link: <https://dese.mo.gov/special-education/proposed-state-plan-changes-2019>

Includes Q&A -<https://dese.mo.gov/sites/default/files/webinar/documents/se-state-plan-part-b-speech-language-eligibility-criteria-q-and-a.pdf>

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QUESTIONS

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