Speech and Language Guidelines Eligibility and Exit Criteria Martha's Vineyard Public Schools Speech and Language Services

The Martha's Vineyard Speech-Language Pathologists have prepared these guidelines for the District, using the *Eligibility and Dismissal in Schools* statement from the American Speech and Hearing Association (ASHA) and have reviewed samples of entry-exit guidelines from several other sources.

The following guidelines were developed to provide a framework for making decisions, but the expertise and professional judgment of the Speech-Language Pathologist is vital in making the final prescription of what interventions will address the needs of the student.

Speech-Language services are a vital part of special education. The Speech-Language Pathologist is called upon to provide diagnostic and therapeutic services to children displaying needs in the area of communication disorders. Speech-Language Pathologists are responsible for prescribing the type and amount of services necessary to support the child's academic needs. Service delivery options include pullout, inclusion (classroom-based), consultation, Multi-Tier System of Supports (MTSS), individual, small group, and/or supervision of Speech Language Assistants.

The goal of providing services under the IDEA (2004) is to help students progress in the general education curriculum. If the student has difficulties that do not adversely impact their educational and functional performance, the student does not qualify for services under the IDEA (ASHA, 1999).

Academic performance is defined as the ability to access and benefit from the curriculum. Examples of academic impact are below average grades and inability to complete language-based activities vs. non-language based activities. Social performance is defined as the ability to interact with peers and adults. Examples of social/emotional impact are the student demonstrating embarrassment and/or frustration regarding their communication challenges, the student demonstrating difficulty interpreting communication intents or the student can not effectively communicate socially.

A child is not eligible for Speech and Language service if the determinant factor for eligibility is lack of accommodations and modifications in reading or math, or limited English proficiency and if that child does not meet the eligibility criteria under Section 300.7 of the IDEA, i.e., "...a speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance." (ASHA, 1999).

Definitions of Communication Disorders and Variations

As defined by the ASHA Ad Hoc Committee on Service Delivery in the Schools

A **communication disorder** is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

Massachusetts Department of Elementary and Secondary Education (DESE) defines an educational communication disorder as:

"The capacity to use expressive and/or receptive language is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: speech, such as articulation and/or voice; conveying, understanding, or using spoken, written, or symbolic language. The term may include a student with impaired articulation, stuttering, language impairment, or voice impairment if such impairment adversely affects the student's educational performance."

Speech Disorder: an impairment of the articulation of speech sounds, fluency and/or voice.

- An **articulation disorder** is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility. *See chart in appendix*
- A **fluency disorder** is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.
- A **voice disorder** is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or sex.

Language Disorder: an impairment of comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

Form

- **Phonology** is the sound system of a language and the rules that govern the sound combinations.
- **Morphology** is the system that governs the structure of words and the construction of word forms.
- **Syntax** is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.

Content

• **Semantics** is the system that governs the meanings of words and sentences.

Function

• **Pragmatics** is the system that combines the above language components in functional and socially appropriate communication.

Hearing Disorder: the result of impaired auditory sensitivity of the physiological auditory system. A hearing disorder may limit the development, comprehension, production, and/or maintenance of speech and/or language. Hearing disorders are classified according to difficulties in detection, recognition, discrimination, comprehension, and perception of auditory information. Individuals with hearing impairment may be described as deaf or hard of hearing.

Deaf is defined as a hearing disorder that limits an individual's aural/oral communication performance to the extent that the primary sensory input for communication may be other than the auditory channel.

Hard of hearing is defined as a hearing disorder, whether fluctuating or permanent, which adversely affects an individual's ability to communicate. The hard-of-hearing individual relies on the auditory channel as the primary sensory input for communication.

Communication Variations

- A. **Communication difference/dialect** is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language.
- B. **Augmentative and Alternative Communication (AAC)** systems attempt to compensate and facilitate, temporarily or permanently, for the impairment and disability patterns of individuals with severe expressive and/or receptive language disorders. Augmentative and alternative communication may be useful for individuals demonstrating impairments in gestural, spoken, and/or written modalities

<u>Eligibility</u>

Language: When interpreting assessment data for a student with a suspected disability in the area of language, it is recommended that one and one-half standard deviations (SD) below the population mean (approximately the 7th percentile, a Standard Score of 77 or below) be used as the threshold level for establishing the presence of a disability. This cutoff should be applied to composite scores of receptive and/or expressive measures, or to overall test scores, rather than individual subtests. Eligibility should not be determined solely by comparing a composite or overall score to the cutoff level of one and one-half standard deviations. First, evidence that the difference has an adverse effect on educational performance must be gathered and considered along with background information before a determination of eligibility can be made. Speech-Language Pathologists should consult with the School Psychologists to determine the need for academic and cognitive testing, or academic progress monitoring. Eligibility decisions will be made with consideration of the

psychological-educational testing. Language based learning disabilities may be sufficiently supported in the resource room.

| Communication Area | Does the student meet the criteria for a disability YES/NO N/A | Adverse Impact on Education and Social Interaction YES/NO | Comments |
|--------------------|---|--|----------|
| Language | | | |

Eligibility for Speech and Language services requires a "yes" in both columns.

Social Language/Pragmatics: It is recommended that both formal and informal measures be considered when determining eligibility for a social communication disability.

- One and one-half standard deviations (SD) below the population mean (approximately the 7th percentile, a Standard Score of 77 or below) will be used as the threshold level for establishing the presence of a social communication disability on formal tests of pragmatic language.
- Rating scales criteria results will also be considered.
- Social interaction within a social context should be observed and considered when determining eligibility.
- Students who are eligible for speech-language services in the area of social communication should not have social communication challenges that are secondary to emotional or attentional challenges.

| Communication Area | Does the student meet the criteria for a disability YES/NO N/A | Adverse Impact on Education and Social Interaction YES/NO | Comments |
|--------------------------------------|---|--|----------|
| Social Communication (Pragmatics) | | | |

Eligibility for Speech and Language services requires a "yes" in both columns.

Phonology/Articulation: Eligibility for speech and language services is determined by two or more of the following and has a documented impact on academic and/or social performance:

- One and one-half standard deviations (SD) below the population mean (approximately the 7th percentile, a Standard Score of 77 or below) on formal speech measures.
- Non-developmental nature of articulation or phonological errors, based on speech sound development information (see charts above)
- Reduced intelligibility in conversational speech that is atypical for their age.
- Oral-motor considerations
- Does not meet the criteria for one or more items on the MVYPS social observation checklist

*Eligibility for motor speech disorders (e.g., dysarthria and apraxia) and craniofacial anomalies (e.g., cleft palate) will be determined based on impact on academic performance and effective functional communication. Medical reports will be reviewed and considered as applicable.

| Communication Area | Does the student meet the criteria for a disability YES/NO N/A | Adverse Impact on Education and Social Interaction YES/NO | Comments |
|------------------------|---|--|----------|
| Phonology/Articulation | | | |

Eligibility for Speech and Language services requires a "yes" in both columns.

Fluency: Eligibility for a fluency disorder is defined by abnormal dysfluencies exceeding 4% in a speech sample of at least 150 syllables or words. For preschool students eligibility is defined by abnormal dysfluencies exceeding 10% in a speech sample of 150 syllables or words. On a case-by-case basis duration and physical concomitants will be taken into consideration for eligibility determination. With preschool aged children predictors of chronicity, such as age of onset, duration of dysfluencies, gender, type of dysfluency, and other concomitant speech/language disorders, will be considered when determining if therapy is warranted due to the high incidence of "spontaneous recovery."

| Communication Area | Does the student meet the criteria for a disability YES/NO N/A | Adverse Impact on Education and Social Interaction YES/NO | Comments |
|--------------------|---|--|----------|
| Fluency | | | |

Eligibility for Speech and Language services requires a "yes" in both columns.

Voice: An independent outside medical evaluation MUST be completed in all cases. Written recommendations for voice therapy MUST be obtained from an ENT specialist prior to the onset of voice therapy and the voice disorder must be affecting academic and/or social performance.

| Communication Area | Does the student meet the criteria for a disability YES/NO N/A | Adverse Impact on Education and Social Interaction YES/NO | Comments |
|--------------------|---|--|----------|
| Voice | | | |

Eligibility for Speech and Language services requires a "yes" in both columns.

Under IDEA 2004 a child must meet a two-prong test to be considered a child with a disability: (1) have one of the specified disabilities; and (2) because of the disability, have a need for special education. Eligibility should not be based solely on test scores, but must be considered along with evidence that the deficit is functionally significant. The Speech-Language Pathologist interprets test results and information from a variety of sources, including individual evaluations. It is within the Speech and Language Pathologist's scope of practice to make the final determination whether there is a communication disorder or delay.

Ruling Out Other Factors:

For the child to qualify under IDEA, all of the following factors must be ruled out:

- 1. Is the communication impairment related primarily to limited exposure to normal communication building experiences? Yes___ No___
- 2. Is the communication impairment related primarily to the typical process of acquiring English as a second language? Yes___ No___
- 3. Is the communication impairment related primarily to dialectical differences? Yes______No____
- 4. Is the communication impairment due to lack of academic exposure or instruction? Yes___ No___
- 5. Is the relative contribution of cognitive factors greater than communication factors? Yes___No___
- 6. Is the relative contribution of behavioral factors greater than communication factors? Yes___No___

For children with voice impairments:

- 8. Is the voice impairment of short duration (less than six weeks)? Yes___ No___
- 9. Is it related to unresolved upper respiratory infection or allergies that are not being actively treated by a physician? Yes___ No___

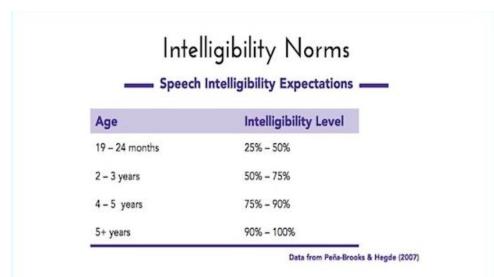
| The child meets the eligibility criteria for a speech-language disability. | Yes | No |
|--|-----|----|
| The team needs more information to make an eligibility determination. | Yes | No |

Dismissal Criteria

A student is eligible for dismissal from Speech and Language services if they **meet one or more of the following criteria**:

- The student's communication no longer adversely affects their academic or social performance. Yes___No___
- The student has met terminal goals and objectives in deficit areas. Yes___ No___
- The student's communication disorder is related to medical, neurological, physical, emotional, or developmental factors and is not considered amenable to intervention by the Speech and Language Pathologist at this time. Yes___ No___
- The student's cognitive/developmental level does not appear to be sufficient to acquire targeted skills at this time. Yes___ No___
- The student's deficit areas can be managed through classroom modifications, accommodations, or by another service provider. Yes___ No___
- The student has developed compensatory skills that are functional in the deficit area/s. Yes___ No___
- The student does not demonstrate motivation after reasonable modifications and after communication with the team and documented efforts. Yes___No___
- The student does not have the attentional and/or behavioral skills appropriate for intervention. Adaptations and other models of intervention have been tried and documented and there has been communication with the team. Yes___ No___
- The student has made little or no measurable progress over 1 year of consistent intervention. Adaptations and other models of intervention have been tried and documented and there has been communication with the team. Yes___No___
- The student demonstrates age appropriate and comparable skill levels to those of the same chronological age, gender, ethnicity, or cultural and linguistic backgrounds. Yes___No___

Appendix



| irth 1 y | and and the second s | years | 4 years | 5 years | 6 years | 7 years | 8 yea |
|----------|---|-------|-----------------|-------------|-----------|--|-------|
| | p,m,h,w,b | | | | | | |
| 1 | p,m,h,w,b | | _ | 1 | l l | | |
| · · | n | - 20 | | | | | |
| | n | A | 20 B | | | | 10 |
| | k | | 2 | | | | |
| 1 | k | | | | | | |
| 1 | g | | | | 1 | | ~~~ |
| | 4 | q | 35 | | - | | 3:3 |
| | d | | | | - | 1 | - 33 |
| | d | _ | | | | | |
| 1 | | t | | 1 | 1 | | - |
| | | | | - | - | - | 1 |
| | | | N 87 | ing | | | |
| | | | | ing | | | |
| | | r | <u> </u> | ing | | | 12 |
| | <u>x x x x x x x x x x x x x x x x x x x </u> | E. | 2 | 14 | 1 | - | 20 |
| - | <u> </u> | | | - | - | | |
| | | Y | 100 100 | - | | | |
| <u> </u> | | - | У | | 002 | | |
| <u> </u> | di di | _ | | | r | | 1.0 |
| | 2 | 1 | | 1 | r | | |
| | | _ | 1 | | | | |
| 1 | 1 | | | L | | 1 | |
| 8 | ž – ž | blen | ds (st, pl, gr, | etc.) | | | - 6, |
| | 12 | blen | ds (st, pl, gr, | etc.) | 1 | 1.5 | |
| | a | 2 | | | 8 | | 1 |
| | 0 | | | | 5 | | |
| | | | | sh, ch | | | 0.2 |
| S | 33 | | 3 | sh, c | h | | - 20 |
| | a (a) | - | 12. | | z | | |
| | J. D. | | 1 | | z | | |
| | <u> </u> | | | 3 | | | |
| | ă ă | | | | 1 | | 1 |
| | | | | v | | 10 | 127 |
| | | | | v | | | |
| | (4) (4) | | 10 | th (thun | nb) | | 223 |
| 1 | 2 D 1 1 | 1 | | the call of | th (the | - Cden | - |
| | | - | | | | | |
| | d d | | - | | th (that) | | 327 |
| | 35 55. | - | | | th (that) | the second s | 1 |
| 1.5 | | 1.1 | | | | zh (measure) | |

Articulation Development Chart

In the chart below, each solid bar indicates when children generally MASTER the specified sounds. This chart depicts a range of development and should only be used as a general guide.

* Adapted from Sander J. Speech Hearing Dis. 1972; Smit, et al J. Speech Hearing Dis. 1990 and the Nebraska-Iowa Articulation Norms Project



PHONOLOGICAL PROCESSES

Phonological processes are patterns of sound errors that typically developing children use to simplify speech as they are learning to talk. A phonological disorder occurs when phonological processes persist beyond the age when most typically developing children have stopped using them or when the processes used are much different than what would be expected.

| su | BSTITUTION | Definition | Example | Approx. age of elimination |
|----|------------------|---|--|---|
| | Backing | When alvoelar sounds, like /t/ and /d/, are substituted with velar sounds like /k/ and /g/ | "gog" for "dog" | Usually seen in more severe phonological delays. |
| | Fronting | When velar or palatal sounds, like /k/, /g/, and sh, are substituted with alveolar sounds like /t/, /d/, and /s/ | "tootie" for "cookie" | 3.5 yrs. |
| | Gliding | When /r/ becomes a /w/, and /l/ becomes a /w/ or y sound | "wabbit" for "rabbit" or "yeyo" for "yello" | 6 yrs. |
| | Stopping | When a fricative (like /f/ or /s/) or affricate (ch,j) is substituted with a stop consonant like /p/ or /d/ | "pan" for "fan" or "dump" for "jump" | /f/, /s/ by 3; /v/, /z/ by 3 1/2; sh, ch, j by 4 1/2; th gone by 5 $$ |
| | Vowelization | When the /l/ or er sounds are replaced with a vowel | "appo" for "apple" or "papuh" for "paper" | - |
| | Affrication | When a nonaffricate is replaced with an affricate (ch or j) | "joor" for "door" | 3 yrs. |
| | Deaffrication | When an affricate, like ch or j , is replaced with a fricative or stop like sh or \slash or \slash or $\slash\sl$ | "ships" for "chips" | 4 yrs. |
| | Alveolarization | When a nonalveolar sound is substituted with an alveolar sound | "tu" for "shoe" | 5 yrs. |
| | Depalatalization | When a palatal sound is substituted with a nonpalatal sound | "fit" for "fish" | 5 yrs. |
| | Labialization | When a nonlabial sound is replaced with a labial sound | "pie" for "tie" | 6 yrs. |
| | | - (1) | A CONTRACTOR OF THE OWNER | Approx, age |

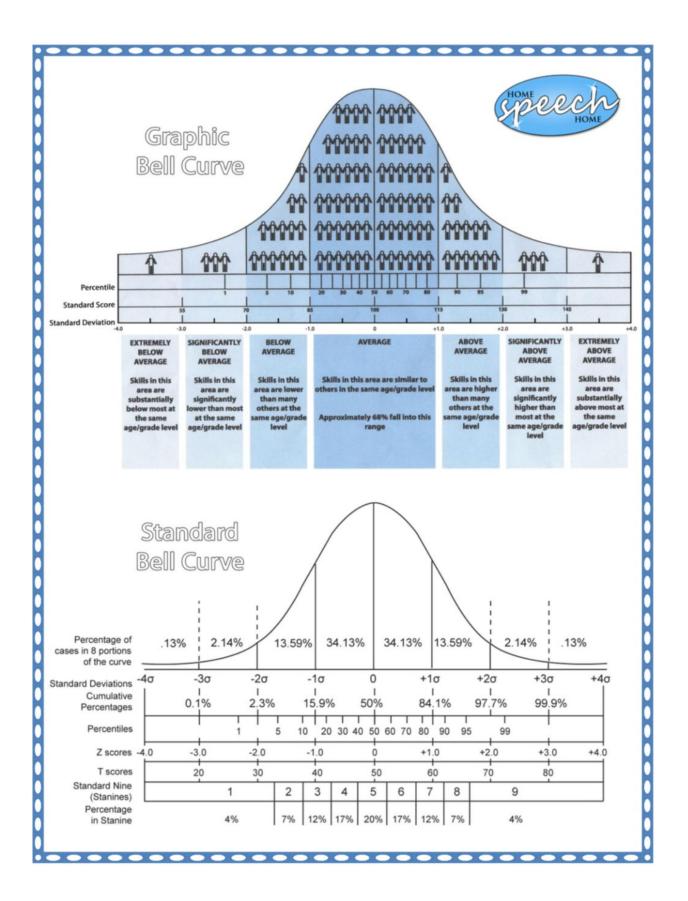
| SIMILATION | Definition | Example | of elimination |
|---------------------------|--|---------------------|-----------------|
| Assimilation | When a consonant sound starts to sound like another sound in the word | "bub" for "bus" | 3 yrs. |
| Denasalization | When a nasal consonant like /m/ or /n/ changes to a nonnasal consonant like /b/ or /d/ | "doze" for "nose" | 2.5 yrs. |
| Final Consonant Devoicing | When a voiced consonant at the end of a word like /b/ or /d/ is substituted with a voiceless consonant like /p/ or /t/ | "pick" for "pig" | 3 yrs. |
| Prevocalic Voicing | When a voiceless consonant in the beginning of a word like /k/ or /f/ is substituted with a voiced consonant like /g/ or /v/ | "gomb" for "comb" | 6 yrs. |
| Coalescence | When two phonemes are substituted with a different phoneme that still has similar features | "foon" for "spoon" | - |
| Reduplication | When a complete or incomplete syllable is repeated | "baba" for "bottle" | 3 yrs. |

| LLABLE STRUCTURE | Definition | Example | Approx. age of elimination | |
|----------------------------|---|---------------------|---|--|
| Cluster Reduction | When a consonant cluster is reduced to a single consonant | "pane" for "plane" | Gone by 4 yrs. without /s/, gone by 5 yrs. with /s | |
| Final Consonant Deletion | When the final consonant in a word is left off | "toe" for "toad" | 3 yrs. | |
| Initial Consonant Deletion | When the initial consonant in a word is left off | "unny" for "bunny" | Usually seen in more sever phonological delays. | |
| Weak Syllable Deletion | When the weak syllable in a word is deleted | "nana" for "banana" | 4 yrs. | |
| Epenthesis | When a sound is added between two consonants, typically the uh sound | "bu-lue" for "blue" | 8 yrs. | |

www.littlebeespeech.com

www.mommyspeechtherapy.com

Bleile, Ken M. (1995). Manual of Articulation and Phonological Disorders. San Diego, CA: Singular Publishing Group, Inc. Bowen, Caroline, (2011). Elimination of Phonological Processe in Typical Development. Linguisystems, (2008). Phonological Pattern Suppression by Age. http://www.linguisystems.com Hedg., MM. (2011). Pocket Guide Ko Assessment in Spech-Language Pathology (2nd Edition). San Diego, CA: Pena-Brooks, Adriana, & Hedge, M. N. (2007). Assessment and treatment of articulation and phonological disorders in children (2nd Edition). Austin, TX: PRO-ED.



MARTHA'S VINEYARD PUBLIC SCHOOLS SPEECH AND LANGUAGE DEPARTMENT SOCIAL OBSERVATION FORM

Two 10 minute observations in different settings. Note if the communication partners are familiar or unfamiliar.

Observation one: Setting: Communication Partners:

- 1) Does the student engage with peers? YES/NO
- 2) Is the student understood by peers and adults at an age appropriate level? YES/NO
- 3) Does the student contribute to classroom activities and discussions? YES/NO
- 4) Does the student show frustration or embarrassment surrounding his/her communication? YES/NO

NOTES:

Observation two: Setting: Communication Partners:

- 1) Does the student engage with peers? YES/NO
- 2) Is the student understood by peers and adults at an age appropriate level? YES/NO
- 3) Does the student contribute to classroom activities and discussions? YES/NO

4) Does the student show frustration or embarrassment surrounding his/her communication? YES/NO

NOTES: