

Kansas Guidelines for School-Based Speech-Language Pathologists

This document is provided as a guide. If any portion of this document conflicts with law or regulation, the law or regulation takes precedence.



<http://www.ksha.org/>

*Developed by the Kansas Speech-Language Hearing
Association Task Force*

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TABLE OF CONTENTS

Introduction . . . 1

Chapter 1: Roles and Responsibilities of School-Based SLPs . . . 2

Chapter 2: Child Find: Early Childhood Screening And General Ed Intervention . . . 4

Early Childhood Screening . . . 4

General Education Intervention . . . 4

Chapter 3: Initial Evaluation and Reevaluation: Procedural Requirements . . . 6

Speech and Language Impairment Defined . . . 6

Determining Disability and Educational Relevance . . . 6

Components of Assessment . . . 7

Speech Sound . . . 9

Voice . . . 10

Fluency . . . 11

Receptive Language . . . 12

Expressive Language . . . 13

Pragmatic Language . . . 14

Defining Speech-Language Services as Special Education or Related Services . . . 15

Exit Criteria . . . 15

Chapter 4: Development of the Individualized Education Program (IEP) . . . 17

Chapter 5: Speech-Language Services and Delivery Models . . . 18

Role . . . 18

Models . . . 18

Curriculum . . . 18

Scheduling . . . 19

Caseload and Workload . . . 20

Chapter 6: Assessment & Intervention for Culturally & Linguistically Diverse . . . 21

Considerations . . . 21

Training and Working With Interpreters/Translators . . . 22

Screening and Assessment Guides . . . 22

Interpretation of Results . . . 22

Basics to Providing Culturally Appropriate Intervention . . . 23

Resources . . . 23

Chapter 7: Assistive Technology and AAC . . . 28

Assistive Technology . . . 28

Augmentative and Alternative Communication . . . 30

Federal and State Regulations . . . 31

Additional Web Resources. . . 31

Chapter 8: Dysphagia . . . 33

Guideline . . . 33

Procedure . . . 33

Resources . . . 34

INTRODUCTION

Through the work and support of Kansas Speech–Language Hearing Association, the following guidelines were developed with three main purposes:

- (1) To support a focus on improved results for children with speech–language disabilities.
- (2) To assist school–based speech–language pathologists (SLPs) as they work to align clinical practice with state and federal legislation.
- (3) To ensure that SLPs have access to best practice information and resources in order to provide quality school–based services to children in Kansas.

This document is intended to be used in conjunction with the Kansas Special Education Services Process Handbook and your school district/cooperative guidelines.

While we have sought to provide guidance for SLPs in the school environment, this document is in no way intended to replace federal and state regulations, statutes, and guidelines. SLPs should use this document to assist them with understanding current federal and state laws in order to provide the best clinical support to children and families.

CHAPTER 1

Roles and Responsibilities of School-Based Speech-Language Pathologists

The school-based speech-language pathologist's roles and responsibilities are varied and fluid.

“The many evolving practices in the field of speech-language pathology and in education generally have expanded the roles of Speech-Language Pathologists (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 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.”

American Speech-Language-Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools* [Professional Issues Statement]. Available from www.asha.org/policy.

Roles and Responsibilities of School-Based Speech-Language Pathologists	
Prevention	<ul style="list-style-type: none"> • Provide pre-referral consultations and involved in various initiatives including screening and GEI.
Intervention	<ul style="list-style-type: none"> • Use EBP to select instruction and intervention appropriate to the age and learning needs of the student.
Assessment and Eligibility	<ul style="list-style-type: none"> • Conduct assessments in collaboration with others to identify students with communication disorders as well as determine need for services.
Individualized Education Plan	<ul style="list-style-type: none"> • Responsible for writing parts of the IEP (i.e., present levels of performance, goals, and rationale for services).
Data Collection and Analysis	<ul style="list-style-type: none"> • Gather and interpret data for individual students to monitor progress and overall program content and efficacy.
Documentation	<ul style="list-style-type: none"> • Responsible for maintaining records according to district, state, and federal requirements (i.e., IEP writing, Medicaid billing, daily treatment plan and therapy logs).
Collaboration	<ul style="list-style-type: none"> • In order to meet students' needs, SLPs may work with other school professionals, universities, community agencies, families, and students.
Supervision and Mentorship	<ul style="list-style-type: none"> • Participate in supervision of practicum students, clinical fellows, and paraprofessionals. Provide mentorship to novice SLPs.
Professional Development	<ul style="list-style-type: none"> • Responsible for improving and increasing capacity relating to issues within the profession.
Licensure	<ul style="list-style-type: none"> • Maintain current licensure requirements to legally practice.

American Speech-Language-Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools* [Professional Issues Statement]. Available from www.asha.org/policy.

CHAPTER 2

Child Find: Early Childhood Screening And General Education Intervention (GEI)

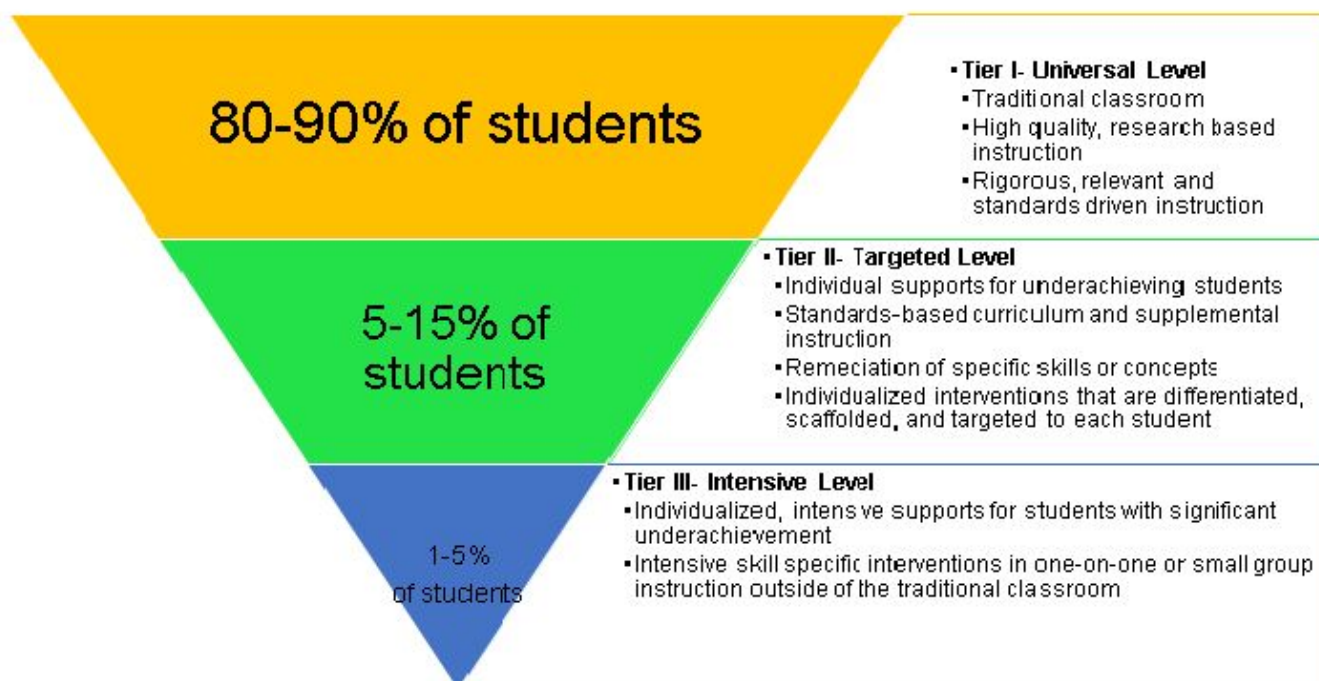
With the ongoing implementation of new laws and regulations, educators have been called upon to shift their focus from merely identifying children with disabilities to providing research-based general education interventions for all students who show a need in the school setting. The idea is that if we can provide support for students earlier within the general education classroom, we may better provide for the needs of all students. In keeping with meeting these needs, the state of Kansas utilizes Early Childhood Screening and General Education Interventions (GEI) to meet the needs of students who require resources beyond the classroom curriculum.

Early Childhood Screening

By law, school districts are required to have policies in place to identify children with exceptionalities who may require special education. Districts participate in Child Find activities by screening these students in order to determine the need for special education evaluation. In the early childhood setting, SLPs work alongside their colleagues to screen children between the ages of birth to five years in order to identify children with disabilities at an early age. In Kansas, school districts collaborate with Part C providers such as Infant-Toddler Services, Head Start, Parents as Teachers, and other early childhood providers to find and identify these children.

General Education Intervention

Many school districts in the state of Kansas utilize the Multi-Tiered Systems of Support (MTSS) model to provide a consistent system for screening and intervention. SLPs, therefore, have to develop processes and procedures to address the needs of students within this model. The American Speech-Language Hearing Association (ASHA) has recommended that SLPs be involved in all parts of the Response to Intervention (RTI) or MTSS process by completing screenings, participating in collaboration, creating classroom interventions, and identifying and utilizing evidence-based interventions for students who are identified as having needs that require tiered support (Ehren, Montgomery, Rudebusch, & Whitmire, n.d.). The tiered system provides support for students at all levels.



There are several steps to effectively meeting the needs of students through the GEI process. These steps may include:

- Referral of the student by a teacher or parent or self-referral by the student
- Review of existing data
- Screening and observation of the student by the SLP and other team members
- Determination of need for intervention
- Implementation of interventions
- Review of data throughout the course of intervention

The Kansas Special Education Process Handbook lists specific regulations and statutes that must be followed by school districts and personnel as they find and identify children in need of screening and intervention. For more information, see the chapter on Screening and General Education Intervention (Child Find) in that resource or via the following link: <http://www.ksde.org/Portals/o/SES/PH/PH-complete.pdf>

NOTE: General Education Interventions (GEI) look different for every child. Children will progress through this process at various rates. However, GEI should not be used to delay evaluation for special education.

CHAPTER 3

Initial Evaluation and Reevaluation: Procedural Requirements

The SLP plays a critical role in the assessment of students who are referred for an initial evaluation/reevaluation. An evaluation/reevaluation involves the use of a variety of assessment tools and strategies to gather relevant functional and developmental information to assist in determining if the child is eligible for special education.

The evaluation is twofold: (1) to determine if the child has an exceptionality; and (2) by reason thereof, has a need for special education and related services.

Speech and Language Impairment Defined

The Federal/State Definition, 34 CFR 300.7(110 and KAR 91-40-1(nnn), states:

“‘speech or language impairment’ means a communication disorder, including stuttering, impaired articulation, a language impairment or a voice impairment, that adversely affects a child’s educational performance.”

Determining Disability and Educational Relevance

To determine if the student has an exceptionality and has a need for special education or related services, SLPs in conjunction with the other evaluation team members must consider several factors. These factors include exclusionary criteria and the two prongs of eligibility. It is important for evaluation teams to remember there may be an issue of concern but special education services may not be required. SLPs working in Kansas schools are required to examine a student’s academic needs in light of the special education exclusionary factors (i.e., lack of appropriate instruction in reading, lack of appropriate instruction in math, limited English proficiency, and if the child does not otherwise meet the eligibility criteria as a child with an exceptionality).

The team also has to (1) determine if the child has an exceptionality, and (2) determine if the child has a need for special education. SLPs should refer to the eligibility indicators to guide these decisions (see: Kansas Special Education Eligibility Indicators, <http://www.ksde.org/Portals/o/SES/misc/iep/EligibilityIndicators.pdf>).

There may be times parents, doctors, or dentists believe a child needs services but the child is not eligible for special education speech-language services. Parents are usually responsible for paying for these expenses. However, while rare, at times district administrators may determine the district is responsible. If school personnel are not aware of private providers in the area, parents may contact the Kansas Speech-Language-Hearing Association (316-202-2288 or www.ksha.org) for referrals to private providers.

In order for a speech or language impairment to be considered a disability within an educational setting, it must exert an adverse effect on educational performance (i.e., progress in the general curriculum). The team determines what effect the impairment has on the student’s ability to participate in the educational process. The educational process includes pre-academic/academic, social-emotional, and vocational performance (ASHA, 1999). Remember, difficulties that do not “adversely impact the

child's educational performance" do not qualify the student for services (IDEA and Your Caseload, ASHA, 2003).

No one piece of data should serve as a gatekeeper for or against eligibility determination. Evaluation teams should ensure they are collecting relevant functional, and developmental information, including information provided by the parent.

Components of Assessment

1. Assessment Measures

Prong 1: Does the child exhibit an exceptionality?

Prong 2: Does the child need special education [specially designed instruction] and related services?

Problem Identification

Determine and articulate expectations and student's current performance; determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of performance and the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

SLPs should follow legal requirements to ensure that assessments are functional and relevant in order to evaluate the student's progress in the general classroom. The assessment tools used should align with current evidence-based research. SLPs should select assessment measures that:

- Account for cultural and linguistic bias
- Are appropriate for the student's age
- Match the stated purpose of the assessment tool to the reported needs of the student
- Describe the student's specific communication abilities and difficulties
- Elicit optimal evidence of the student's communication competence
- Describe functional, relevant communication tasks that impact learning and daily living
- Assess areas of communication relevant to literacy development
- Are reliable and valid indicators of children's communication abilities

2. Assessed Areas

The SLP is responsible for considering all areas related to speech and language when evaluating a child. This does not mean that a norm-referenced tool is necessary for each area of speech and language. SLPs are encouraged to evaluate each area using the most appropriate assessment measure in order to answer the two prong test of intelligibility.

Prong 1: Does the child exhibit an exceptionality?

Prong 2: Does the child need special education [specially designed instruction] and related services?

(Refer to the charts below for each area)

Speech Sound

Definition of speech sound disability:

Intelligibility levels and/or speech patterns that are below the performance of phonologically normal peers and interfere with successful verbal communication. The atypical production of speech sounds resulting from language (phonology), motor, or other issues.

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the areas of articulation and phonology, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Presenting in front of the classroom• Sharing knowledge in order to demonstrate learned skills• Classroom discussions• Participating in PE and music classes or activities that require increased breath support and control	Students may show deficits with: <ul style="list-style-type: none">• Being heard in a large classroom• Communicating wants and needs in a way that is understood• Participating in oral reading activities

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Voice

Definition of voice disability:

A voice disability is a disruption in one or more processes of respiration, phonation, or resonance that significantly reduces the speaker's ability to communicate effectively. It is not the direct result of cultural differences.

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the area of voice, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Decoding words while reading• Learning sound/letter correspondence• Spelling novel words• Phonological awareness• Correctly utilizing grammatical morphemes• Communicating academic needs between home and school	Students may show deficits with: <ul style="list-style-type: none">• Communicating wants and needs in an age-appropriate manner• Producing peers' and teachers' names• Making friends (i.e., initiating and maintaining conversations as well as appropriately gaining attention and expressing frustration)• Using appropriate table manners as a result of decreased oral motor control

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Note: SLPs should be sensitive to voice disorders indicating a potential health risk. In such situations, the SLP is encouraged to speak to the student's parents about the need for medical evaluation. This suggestion to parents should occur prior to any general education intervention and should be presented as a medical consideration rather than an educational need.

Fluency

Definition of fluency disability:

A disruption in the smooth flow of speech or a rate of speaking that significantly reduces the speaker's ability to participate within the learning environment.

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the area of fluency, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Reading fluently in groups or in front of the classroom• Sharing knowledge in order to demonstrate learned skills• Giving classroom presentations• Participating in oral classroom-based assessments	Students may show deficits with: <ul style="list-style-type: none">• Communicating wants and needs with others• Carrying on conversations with peers and adults• Maintaining positive peer relationships• Managing emotions and feelings related to social situations (i.e., anticipates increased stuttering during these situations)

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Receptive Language

Definition of a language disability:

A language disability is impaired comprehension and/or use of spoken, written, and/or other symbol systems that is impacting the student's ability to participate in the classroom environment. The disorder may involve, in any combination, the following:

1. The form of language (phonology, morphology, syntax);
2. The content of language (semantics); and/or
3. The function of language in communication (pragmatics).

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the area of receptive language, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Comprehending information presented in whole-class or group lessons• Comprehending information from text• Answering questions• Following directions• Recalling important details• Comprehending complex sentences• Making inferences• Learning and retaining new vocabulary• Solving math word-problems	Students may show deficits with: <ul style="list-style-type: none">• Carrying on conversations with peers and adults• Making and maintaining friendships

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Expressive Language

Definition of a language disability:

A language disability is impaired comprehension and/or use of spoken, written, and/or other symbol systems that is impacting the student's ability to participate in the classroom environment. The disorder may involve, in any combination, the following:

1. The form of language (phonology, morphology, syntax);
2. The content of language (semantics); and/or
3. The function of language in communication (pragmatics).

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the area of expressive language, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Sharing knowledge in order to demonstrate learned skills• Answering questions• Utilizing age-appropriate grammar• Putting words together to form complete sentences or thoughts• Putting thoughts into writing• Telling stories in sequence• Relating personal narratives in sequence	Students may show deficits with: <ul style="list-style-type: none">• Communicating wants and needs with others• Making and maintaining friendships• Sharing feelings• Generating specific vocabulary during conversations

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Pragmatic Language

Definition of a language disability:

A language disability is impaired comprehension and/or use of spoken, written, and/or other symbol systems that is impacting the student's ability to participate in the classroom environment. The disorder may involve, in any combination, the following:

1. The form of language (phonology, morphology, syntax);
2. The content of language (semantics); and/or
3. The function of language in communication (pragmatics).

Students with speech and language disabilities exhibit a number of deficits both academically and socially. When evaluating a student in the the area of pragmatic language, SLPs should consider how the student performs in the school setting in order to determine their educational need for specially designed instruction. The following chart may assist SLPs as they collect data throughout the evaluation.

Academic Impact	Social Impact
Student may have difficulty with: <ul style="list-style-type: none">• Appropriately gaining the attention of teachers in the classroom• Making appropriate and on-topic comments• Asking appropriate and on-topic questions• Participating in classroom discussions or small groups• Figurative language	Students may show deficits with: <ul style="list-style-type: none">• Communicating wants and needs with others• Making and maintaining friendships• Understanding the rules of games or social situations• Maintaining appropriate personal space with others• Understanding the thoughts and actions of others• Understanding humor of teachers or friends• Interpreting facial expressions• Turn taking (i.e., students may frequently interrupt others)

Through the course of the evaluation, determine and articulate expectations and student's current performance. Describe the student's current performance based on a review of existing data, especially their response to interventions during GEI, and determine if and what additional data are needed to answer these 3 questions:

- (1) What are the present levels of academic achievement and functional performance and what are the educational needs of the child?
- (2) Is the child a child with an exceptionality?
- (3) Does the child have a need for special education services that will support the child's progress in the general curriculum (participation in appropriate activities for the preschool child)?

Defining Speech-Language Services as Special Education Services or Related Services

While not legally mandated to designate a secondary exceptionality, SLPs may be asked to differentiate between speech/language impairment as a special education or related service. Speech and language services may be provided as special education or as related services. Policies vary from district to district.

Exit Criteria

Teams are required to determine exit criteria when initial eligibility is determined. Exit criteria must be individually determined for each student and must comply with federal and state requirements. If speech-language services are the only special education services being provided or if the student is being considered for exit from all special education services, a reevaluation is required before exit/dismissal from services.

Exit from speech or language services is determined when the unique skills of the speech-language pathologist are no longer required to address the speech or language needs of the student. Some students will continue to have communication goals that are being addressed in their classrooms or other special education settings. In order to exit a student, an eligibility meeting must be held.

1. The IEP team is responsible for determining the extent to which speech and language problems adversely affect educational performance. In the event that the speech-language difficulties do not produce such an effect, speech-language services should be discontinued (ASHA, 2000).
2. Assessment and evaluation of speech and language abilities must show the presence of significant speech-language needs. When progress monitoring, re-assessment or reevaluation do not show the presence of significant speech or language needs, speech-language services should be discontinued
3. The IEP team must determine that speech or language services provide reasonable educational benefit to each student receiving services. When a student fails to make progress, the IEP Team must then review the student's IEP to determine whether the goals for the student are appropriate and revise the IEP as needed to address any lack of expected progress towards the annual goals.

When determining exit from speech-language services, the following factors of students, both intrinsic and extrinsic, should be taken into **consideration**. These factors can include, but are not limited to:

Intrinsic Factors

- Capacity of student for change given the disability
- Presence of other disabilities where the student's communication needs may be met by other services and service providers
- Progress of the student during the past year(s)
- Short- and long-term communication needs
- Potential for regression if services are not maintained
- Medical or other conditions which lead to unstable performance

Extrinsic Factors

- Environmental situations
- Bilingual family and/or classroom
- School history (e.g., poor attendance, several transfers, retention, suspension)
- Duration of services across time (e.g., months, years)
- Continuity of speech-language services
- Intensity of speech-language services
- Models and setting of speech-language service delivery
- Focus of speech-language services
- Student attendance in speech-language therapy

CHAPTER 4

Development of the Individualized Education Program (IEP)

Every child who exhibits eligibility and need for special education services including speech-language services must have an individualized education program (IEP) developed to meet his/her individual needs.

Kansas has state statutes and regulations regarding IEPs. For more information, refer to the [Kansas Special Education Process Handbook](#), see chapter on IEP. The following topics are discussed in the link below:

- IEP Team
- Notice of IEP Team Meeting
- Using an IFSP Instead of An IEP
- When IEP/IFSP Must Be in Effect
- Development of the IEP
- Meeting to Review and Revise the IEP
- Transfer within State or from Out-Of-State
- Implementing the IEP
- Example Questions and Answers about the IEP

<http://www.ksde.org/Portals/o/SES/PH/PH-Cho4.pdf?ver=2015-01-30-144653-897>

CHAPTER 5

Speech–Language Services and Delivery Models

Role

One role of the SLP is to assist the IEP team in selecting, planning, and coordinating appropriate service delivery and various scheduling options throughout the duration of services. Recommendations regarding the nature (direct or indirect), type (individual or group), and location of service delivery (classroom, home, community, therapy room, live interactive video conferencing) are based on the need to provide a free appropriate public education for each student in the least restrictive environment that is consistent with the student's individual needs as documented on the IEP.

At times, SLPs may supervise SLP paraprofessionals/speech–language pathology assistants (SLPAs) who assist in providing services. At this time, services provided by SLP paraprofessionals/SLPAs are not reimbursed by Medicaid. For more information on the roles of SLP paraprofessionals/SLPAs see ASHA's resources at:

<http://www.asha.org/Practice-Portal/Professional-Issues/Speech-Language-Pathology-Assistants/>

<http://www.ksha.org/assets/currentregs7.pdf>

Curriculum

Services must be designed to support the student's involvement in the general education curriculum. The current Kansas curricular standards must be considered when planning and implementing an individualized program for students diagnosed with a speech–language impairment. The SLP must provide services that address the student's needs and are relevant to the curriculum. The SLP's knowledge regarding language and literacy development is a valuable asset to IEP teams when working in collaboration with other service delivery providers. The SLP may help develop strategies to enhance skills, provide services in collaboration with other educators, or provide direct services to children with speech–language impairments that negatively affect that individual's progress in the general education curriculum.

Models

The service delivery model must include the following components:

- who provides the service
- where the service is delivered
- the frequency and duration of the service

SLPs can use data that is collected while providing GEI and/or the evaluation process to assist them with making decisions related to the best service model for the individual student. Throughout the course of treatment, SLPs should collect ongoing data to determine the effectiveness of the service delivery model being used and make changes when necessary to ensure the student makes progress toward achieving his/her IEP goals. Service delivery models may include:

- Indirect model

- Classroom-based model
- Community-based instruction
- Pull-out
- Telepractice

Indirect provider roles are those in which the SLPs may assist the classroom teacher in identifying interventions for their students, either in addition to or in lieu of direct services by an SLP. This may involve helping school staff to analyze, adapt, modify, or create appropriate instructional material, as well as modeling use of interventions.

Classroom-based models are described as those in which SLPs provide speech/language intervention to individuals or to small groups of students in their general and special education classroom settings, or SLPs may team teach with general and special education classroom teachers using lessons and scaffolding that integrate speech/language intervention with instruction in the regular curriculum. The focus is on skills related to the classroom curriculum, such as vocabulary, sequencing steps of assignments, or paraphrasing main ideas. The carryover of specific speech/language skills to a variety of settings can also be targeted.

Community based instruction (CBI) involves supporting the communication skills necessary for individuals to live in communities and gain employment.

Pull-out involves providing speech-language intervention to individuals or to small groups in order to provide intense support for a short period of time.

Telepractice involves delivering speech-language therapy using a secure web-based video conferencing system. High definition audio and video and high speed internet access are necessary. The system used must be secure and encrypted. The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care and must be HIPAA compliant.

Scheduling

Scheduling should be clearly noted on the IEP regarding frequency, location, and duration with specific dates for implementation. SLPs should ensure that scheduling decisions are individualized and that parents, caregivers, and educators understand the basis for the model that is being implemented. The management information system (MIS) data requirements should not restrict local district options in providing appropriate, dynamic services to students.

The following descriptions of scheduling options are provided as examples, and should not be viewed as the *only* options. It is important to remember that options are considered so individual student needs can be met.

3:1 Model: Direct services are provided for 3 weeks, followed by indirect services provided for 1 week.

Cyclical Schedule (e.g., Block scheduling): Direct services are provided for a specified period of time followed by a similar time of indirect services (e.g., 9 weeks of direct intervention, followed by 9 weeks of indirect services).

Flex Schedule: The frequency, amount, and type of services vary based on student progress toward IEP goals and/or changing classroom demands. This can be done in either a weekly or monthly fashion. Such as, if appropriate to meet the student

needs and with parent consent, a block of time can be set aside weekly or monthly, rather than specific times per week.

Receding Schedule: Initial service involves intense amounts of direct services, which is then reduced over time based on the student's needs.

Weekly Schedule: Direct services are provided for a specific number of times per week for the duration of the IEP.

Quick 5: Direct services are provided throughout the week in quick bursts of 5 minutes per day.

Caseload and Workload

The IEP team should consider the workload activities needed by the student on their caseload when determining scheduling needs. Caseload is defined as the number of students the SLP serves; workload is defined as ALL activities required and performed by SLPs in their daily activities.

According to ASHA's 2014 Schools Survey (ASHA, 2014), "The increases in responsibilities of SLPs necessitates the shift to a workload approach if SLPs are to continue to add value to the students' classroom experiences. In order to establish an appropriate caseload, a workload analysis must be conducted. This allows education agencies to take into consideration how much time is available in the SLP's school day, week, or month to determine the number of children who can be adequately and appropriately served."

Please use the following link to analyze factors related to caseload and workload:
<http://www.asha.org/practice-portal/professional-issues/Caseload-and-Workload/>.

Information is also available to assist the SLP to advocate for this type of approach to manage caseload size in order to better meet student needs from KSHA and ASHA.

CHAPTER 6

Assessment & Intervention Considerations for Culturally & Linguistically Diverse (CLD) Populations

It is important to keep in mind that cultural and linguistic diversity does not constitute a language disorder. As opposed to a language difference, a language disorder is present when a child's language deficit adversely affects a child's social, psychological, or emotional functioning across environments and languages. Bilingual assessment services include identification of language use (i.e., the language the student is exposed to most of the time) and language proficiency.

Considerations

At-risk factors and behaviors (i.e., red flags) that may indicate a bilingual student may have a speech-language impairment include but are not limited to:

- Poor comprehension in the native language
- Lack of communicative efforts both verbally and nonverbally in the native language with family members and peers of similar background
- Poor pragmatic effect with peers of similar background
- Significant differences from siblings who are not experiencing difficulties in the native language and may be progressing quickly in the acquisition of the second language
- Parental concern for the child's communication abilities
- Difficulty learning both languages, even with adult assistance
- Family history of language/learning disabilities
- Slower development than siblings
- Idiosyncratic error patterns
- Language performance unlike others with similar cultural/linguistic experiences
- Difficulty interacting with peers
- Difficulty with language in many routines

These red flags have been adapted from resources provided by www.bilingualistics.com.

Basic Interpersonal Communication Skills (BICS) is a social language which involves the context-embedded language that is learned within two years of exposure to a new language.

Cognitive Academic Language Proficiency (CALP) is academic language which involves the context-reduced language that generally takes 5-7 years to develop to a level that is comparable to native speakers.

BICS/CALP Gap: This is a gap in language ability caused by the difference in timing in the acquisition of social and academic language, which is often misleading in terms of true language ability (Roseberry-McKibbin & Brice, 2003).

The clinical significance of this gap is that children with "fully English proficient" status on oral language proficiency tests (based on social language) should not be assessed with standardized tests that measure academic language.

Children with proficient social language are still developing academic language, therefore, most standardized tests are biased against them.

Silent Period: This is a period during the process of acculturation in which children may speak very little as they focus on listening and comprehension, much like a newborn or infant. Older children may experience this for a few weeks or months; younger children may experience it for a year or more (Roseberry-McKibbin & Brice, 2003)

Training and Working With Interpreters/Translators

http://thespeechstop.com/doc/bilingual/May%20I%20Have%20a%20Word_Optimal%20Use%20of%20Interpreters.pdf

The SLP may need to access the help of an interpreter or translator. The following is one reference: *Tips for SLPs Evaluating in Languages They Do Not Speak: Optimal Use of Interpreters*

Screening and Assessment Guides

The main goal of assessment is to distinguish a language difference from a language disorder. The assessment of a multicultural individual must be a multi-step process that includes a variety of measures in diverse contexts. Flowcharts used with permission from www.bilingualistics.com have been included at the end of this chapter to help guide this process.

Data collection may include the following components:

- Language dominance measure
- Case history information gathered from the family to determine all the languages to which the child is exposed
- Teacher(s) questionnaires
- Classroom observation(s)
- Criterion-referenced and/or dynamic testing
- Standardized testing (culturally valid measures that are normed for the population being tested; if it's not appropriate to report the standard scores, it is acceptable to use standardized assessments as a descriptive measure of strengths and weaknesses without reporting scores)
- Speech and/or language samples
- Non word repetition tasks (NWRT) – as discussed in the January 2017 *Language, Speech, and Hearing Services in Schools* journal article by Graciela Arias and Jennifer Friberg, *Bilingual Language Assessment: Contemporary Versus recommended Practices in American Schools*. This article can be downloaded from <http://lshss.pubs.asha.org/> (search for title and authors).

Interpretation of Results

- The main question to be asked in the decision-making process is whether or not the individual's speech and/or language differ from that of normally developing peers in the home community.
- SLPs should rule out errors that appear to be the result of first language/dialectal interference and/or developmental in nature.
- Speech and language errors or patterns of error that are consistent in **both** languages are likely to indicate a true disorder.
- Standard scores should not be reported for standardized or translated tests,

unless they have been normed for that specific cultural group. Instead, strengths and weaknesses should be described.

Basics to Providing Culturally Appropriate Intervention

- It is optimal to incorporate the child's native language into intervention when possible, and this can include the use of interpreters and/or family members. Keep in mind that the first language foundation is crucial for continued development in both languages, therefore, it is not advisable to recommend that parents stop speaking the home language with their child.
- Include parent/family members as much as possible via appropriate training and coaching.
- Collaborate with teachers and paraprofessionals to promote academic success.

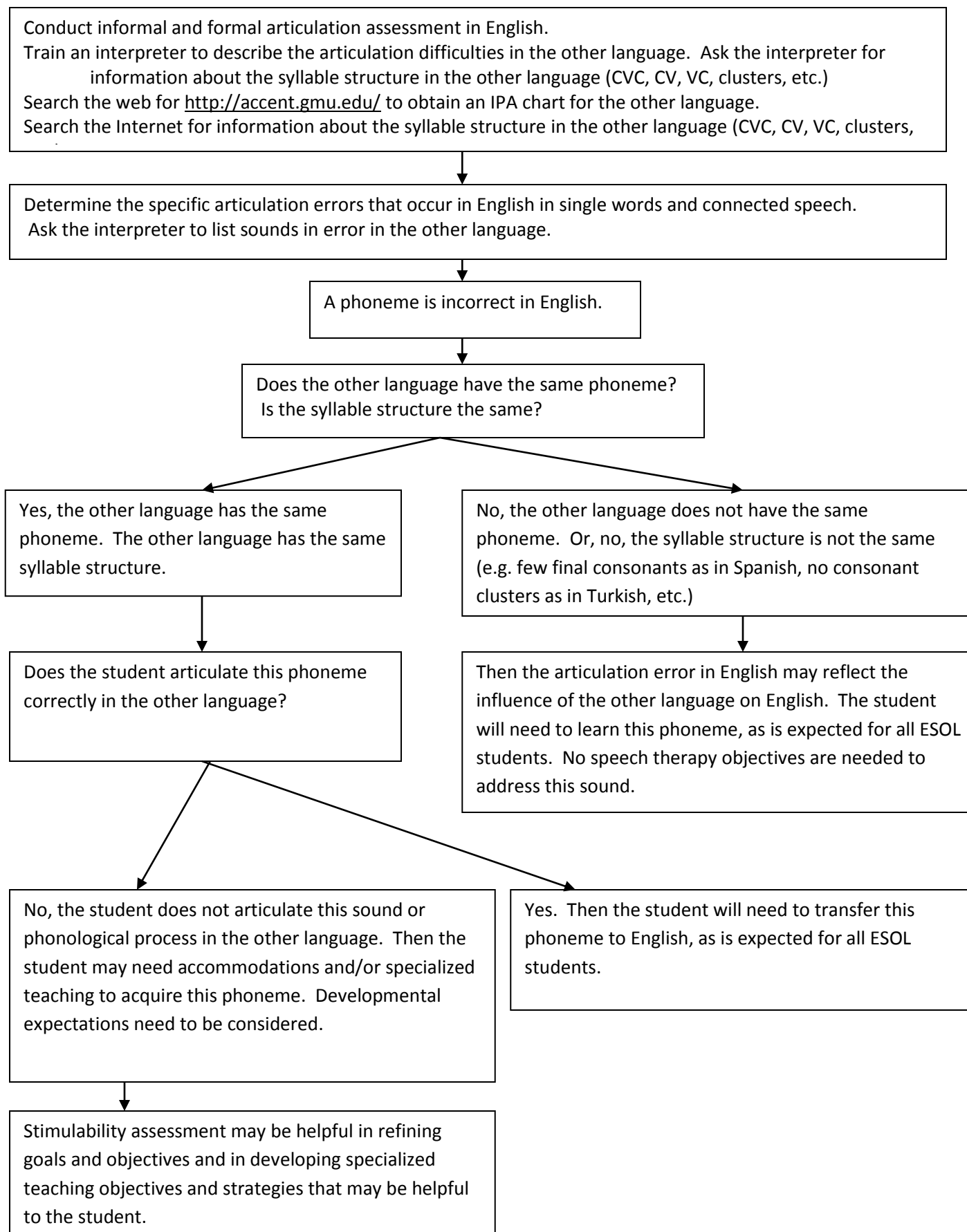
Resources

<http://www.asha.org/Practice-Portal/Speech-Language-Pathologists/>

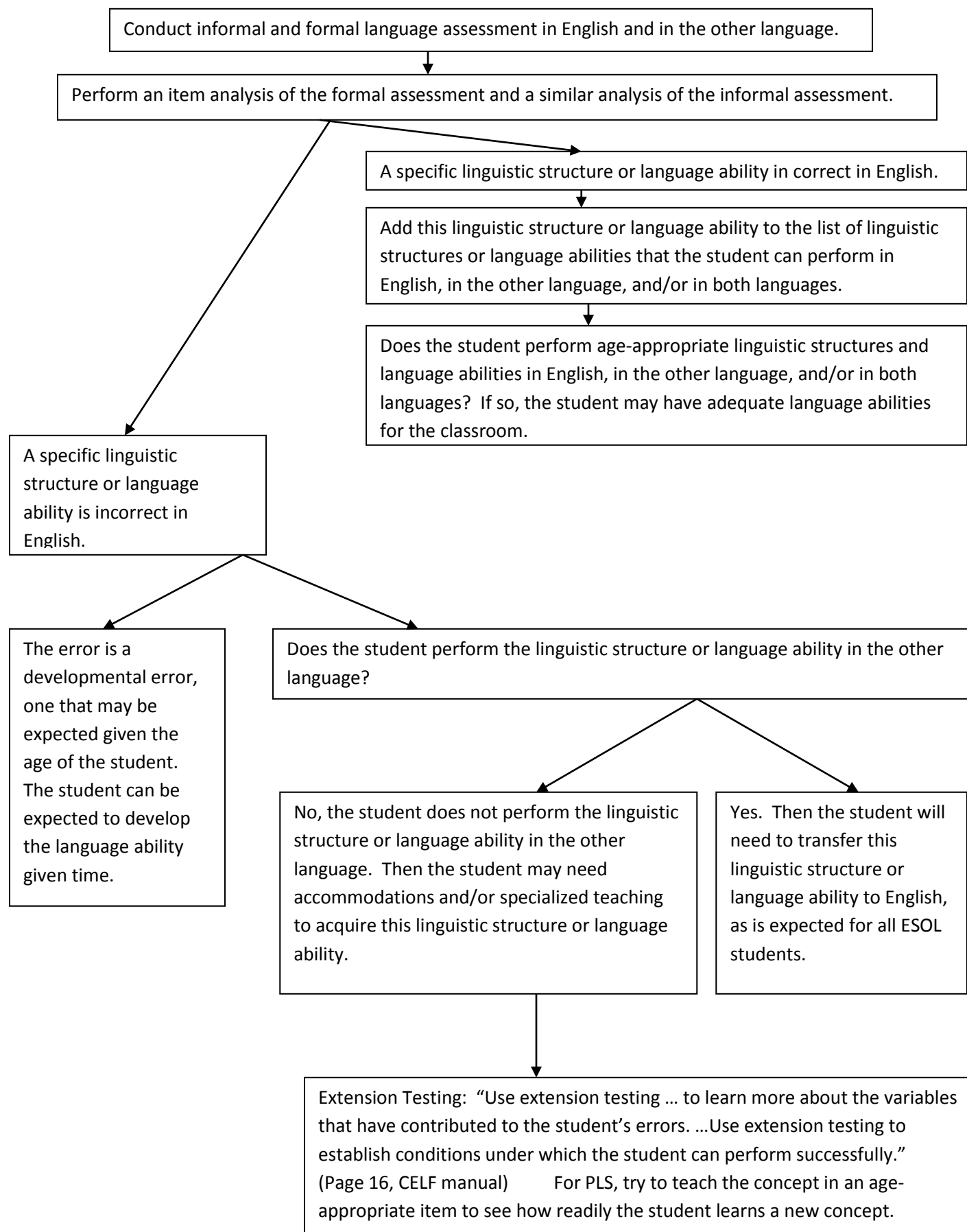
<https://bilingualistics.com/>

<http://thespeechstop.com/index.php?page=helpful>

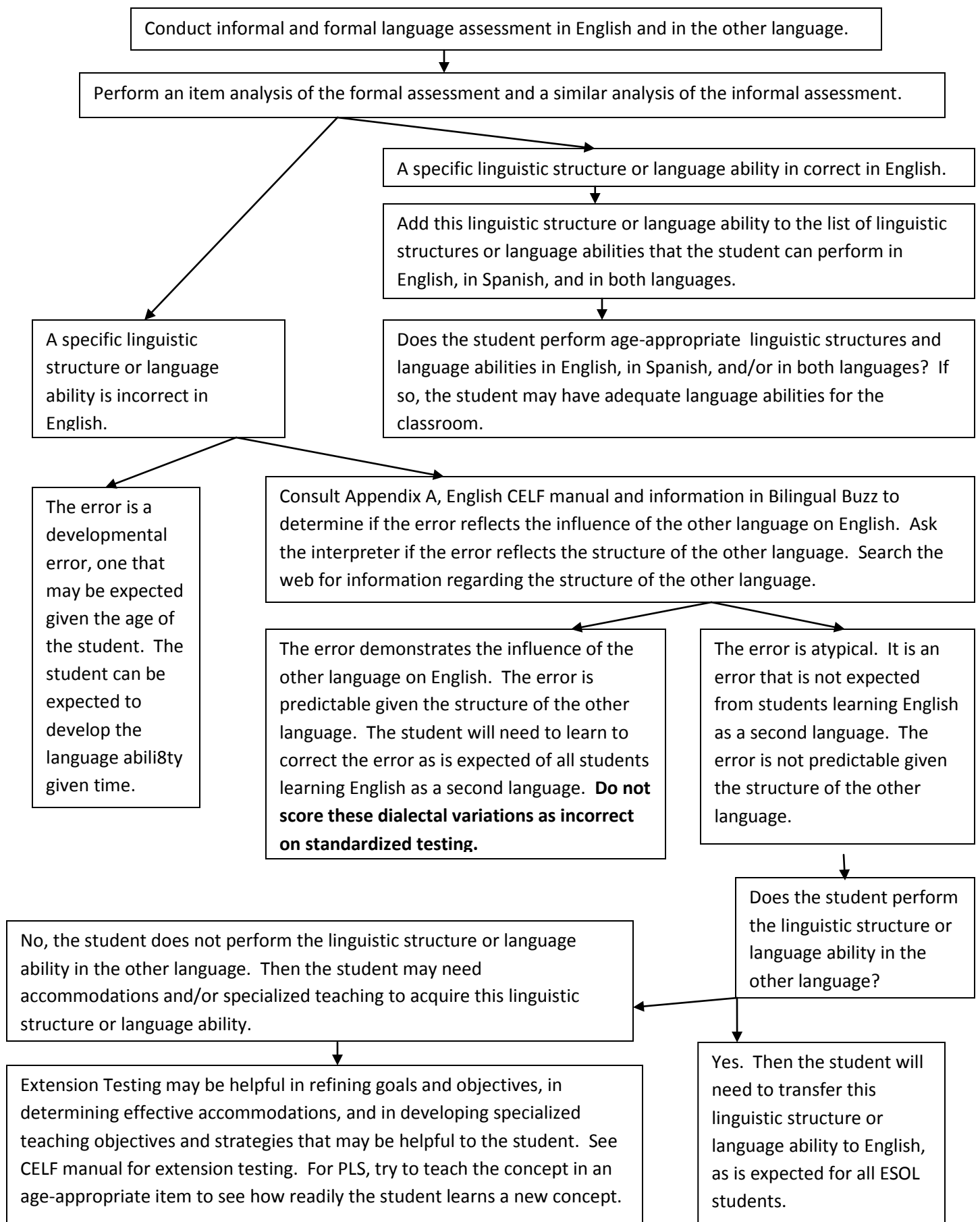
Analysis of the Informal and Formal Bilingual Articulation Assessment



Analysis of Informal and Formal Bilingual RECEPTIVE Language Assessment Results



Analysis of Informal and Formal Bilingual EXPRESSIVE Language Assessment



Apples To Apples

The following milestones are expected for all children, regardless of home language

Building Blocks for Speech

- 0-1 month – crying and vegetative sounds
- 1-6 months – cooing, laughter, squealing, growling
- 4-6 months – marginal babbling
- 6-8 months – reduplicated babbling
- 8-10 months – variegated babbling
- 8-12 months – echolalia
- 9-12 months – phonetically consistent forms
- 9-12 months – jargon

Speech Intelligibility

- For parents: (Lynch, Brookshire & Fox, 1980)
 - 18 months - ~25% intelligible
 - 2 year olds - 50-75% intelligible
 - 3 year olds - 75%-100% intelligible
- For unfamiliar listener: (Flipsen, 2006)
 - 18 months - ~25% intelligible
 - 2 year olds - ~50% intelligible
 - 3 year olds - ~75% intelligible
 - 4 year olds - 100% intelligible

Building Blocks for Language

- 0-1 month – crying and vegetative sounds
- 2-3 months eye gaze
- 6-9 months-- joint attention
- 9-12 months -- using gestures
- 12-15 months--following simple commands
- 18 months – symbolic play, pretend play
- 24 months – sequencing of activities
- 36 months – episodic play

Language Trajectories

- Bilingual children develop early vocabulary at the same rate as monolingual children (Pearson, 1993).
- Early language milestones are similar (single words, lexical spurt, 2-word phrases) (Pearson and Fernandez, 2001).
- Conceptual scores are similar (Pearson, 1998).

Vocabulary Development

- 12 months – first words (usually labeling familiar objects, and actions in child's environment)
- 15 months - 4-6-word vocabulary
- 18 months – 20-50-word vocabulary
- 24 months – 200-300 word vocabulary
- 36 months - roughly 1000 words
- Overextensions (calling all men Dada)
- Underextensions (calling a tiger Kitty)

CHAPTER 7

Assistive Technology and Augmentative and Alternative Communication

Federal and state laws require an individualized education program (IEP) to consider whether a child needs assistive technology devices and services. When considering technology and student needs, the broader term assistive technology may be used to address technology needs in all skill areas while the term augmentative and alternative communication may be used to specifically address technology needs for communication. This special considerations section is divided into parts. The first part addresses assistive technology and the second part addresses augmentative and alternative communication.

Assistive Technology (AT)

As defined in IDEA 2004, assistive technology devices are “...any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities”. (Authority 20 U.S.C. 1401(1))

As defined in IDEA, an assistive technology service is “...any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device”. As stated in IDEA, assistive technology services are provided to assist in the *selection, acquisition, and use* of an assistive technology device. (Authority 20 U.S.C. 1401(2))

1. Tools for Gathering and Organizing Data

The Student Environment Tasks Tools Framework (SETT): The SETT Framework provides users with a place to start. There may be additional questions and information which need to be addressed, based on the individual needs of the student. However, the questions will generally relate to one of the areas of the SETT Framework. SETT forms and further description of the SETT Framework are available from Joy Zabala’s website. <http://www.joyzabala.com>

The Assistive Technology Resource Guide (2013) by OCALI is a resource guide on the assistive technology (AT) decision-making process.

http://www.ocali.org/up_doc/AT_Resource_Guide_2013.pdf

2. Assessment Tools

The Wisconsin Assistive Technology Initiative (WATI) Assistive Technology Assessment Guide uses a set of questions that provides the user with specific information and ideas on pertinent areas to consider in conducting an assessment of a student’s need for assistive technology.

<http://www.wati.org/content/supports/free/pdf/WATI%20Assessment.pdf>

The Georgia Project for Assistive Technology (GPAT) outlines the assistive technology considerations for students with disabilities and provides resource guides and a checklist for AT considerations. <http://www.gpat.org>

The Oregon Technology Access Program (OTAP) provides training, information, technical assistance and resources regarding the uses of technology for children with disabilities. This includes the Assistive Technology Extended Assessment Plan.
<http://www.otap-oregon.org/>
<http://www.douglasesd.k12.or.us/sites/douglasesd.k12.or.us/files/File/otap/at-docs/AT-Extended-Assessment-Plan.pdf>

Assistive Technology Internet Modules (ATIM) provides high-quality information and professional development on assistive technology (AT) for educators, professionals, families, persons with disabilities, and others. Each module guides you through case studies, instructional videos, pre- and post-assessments, and glossary.
<http://www.atinternetmodules.org>

3. Considering Solutions

When considering the most appropriate AT solution, the team should select the option that most appropriately meets the student's needs. When considering assistive technology solutions, it is important to feature match. This process involves matching the features of tools and strategies to the student's unique strengths, abilities and needs.

The SETT Scaffold for Tool Selection (Feature Match)

- <http://www.joyzabala.com/Documents.html>

The SETT Scaffold for Consideration of AT Needs

- http://www.joyzabala.com/uploads/Zabala_SETT_Scaffold_Consideration.pdf

The WATI Assistive Technology Consideration Guide looks at specific tasks, whether the student is able to complete the task with special strategies/accommodations or assistive technology tools, and the possible assistive technology to be tried.

- https://iris.peabody.vanderbilt.edu/wp-content/uploads/modules/at/pdfs/at_04_link_WATI.pdf

The WATI Assistive Technology Assessment Checklist provides possible assistive technology options that are arranged by the task for which it be utilized.

- <http://www.wati.org/content/supports/free/pdf/form/Checklist-Form.pdf>

The GPAT Assistive Technology Consideration Resource Guide provides a framework for identifying relevant tasks within instructional areas as well as appropriate accommodations, modifications, and technology solutions.

The GPAT Assistive Technology Guide:

- <http://www.gpat.org/Georgia-Project-for-Assistive-Technology/Documents/Consideration/GPAT%20AT%20Consideration%20Process%20Guide.pdf>

Keep in Mind: Assistive Technology for one student may just be technology for another.

Augmentative and Alternative Communication (AAC)

“Augmentative and alternative communication (AAC) is an area of clinical practice that attempts to compensate (either temporarily or permanently) for the impairment and disability patterns of individuals with severe expressive communication disorders (i.e., those characterized by severe impairments in speech-language, reading, and writing).”
<http://www.asha.org/NJC/AAC/>

If communication is not functional, an AAC system should be considered.

1. AAC: Knowledge and Skills for Service Delivery

Information discussing the roles, knowledge base, and skills necessary for SLPs to provide a continuum of services to individuals with limited natural speech and/or writing can be found at the following link: <http://www.asha.org/policy/KS2002-00067/>.

2. Assessment

AAC assessment and intervention is a dynamic process. The goal of the initial assessment is to design an initial system to meet the AAC user’s current needs and abilities. The assessment process does not stop at this point; it is continually refined as the intervention is implemented and the users become familiar with the AAC techniques. There are many tools available to gather information for an AAC assessment. Careful consideration needs to be made regarding the needs of the student when selecting tools for assessment.

In the second phase of the assessment, a communication system must be developed that will support the user as they prepare to transition to new settings. The final phase of the assessment must help maintain an AAC system that meets the changing needs and abilities of the user. The amount of follow-up necessary will depend on the stability of the users abilities and life-style. (Beukelman & Mirenda, 1992).

3. Team Collaboration Skill Development

No one professional is involved in an AAC assessment. It is a team process. Quality Indicators for Assistive Technology (QIAT) includes quality indicators, intent statements, and common errors for eight areas important to the development and delivery of assistive technology services. The eight areas include: Consideration of AT Needs, Assessment of AT Needs, AT in the IEP, AT Implementation, Evaluation of Effectiveness of AT, AT in Transition, Administrative Support for AT, and AT Professional Development. In addition, a set of self-assessment matrices have been developed for all of the Quality Indicators. These Matrices are designed to allow individual service providers and school districts to assess their current practices and

plan for improvement. <http://www.qiat.org>

Assistive Technology Internet Modules (ATIM) provides high-quality information and professional development on assistive technology (AT) for educators, professionals, families, persons with disabilities, and others. Each module guides you through case studies, instructional videos, pre- and post-assessments, a glossary, and much more. ATIM modules are available at no cost from: <http://www.atinternetmodules.org>.

Federal and State Regulations

Federal and state regulations are available on the KSDE special education website at: <http://www.ksde.org/Agency/Division-of-Learning-Services/Early-Childhood-Special-Education-and-Title-Services/Special-Education/Legal-Special-Education/Kansas-Special-Education-Process-Handbook>

Additional Web Resources

AT/AAC Consideration and Assessment Resources:

Wisconsin Assistive Technology Initiative: <http://www.wati.org/>

Georgia Project for Assistive Technology: <http://www.gpat.org>

Oregon Technology Access Program: <http://www.otap-oregon.org/>

Texas Assistive Technology Network: <http://www.texasat.net>

Joy Zabala SETT Framework: <http://www.joyzabala.com/>

Team Resources and Resources for Continued Education:

Quality Indicators for Assistive Technology: <http://www.qiat.org/>

Assistive Technology Internet Modules: <http://www.atinternetmodules.org>

Resources for Lending Devices:

Assistive Technology for Kansans: <http://atk.ku.edu/>

OCCK: <http://www.occk.com/>

Assistive Technology Tool Resources:

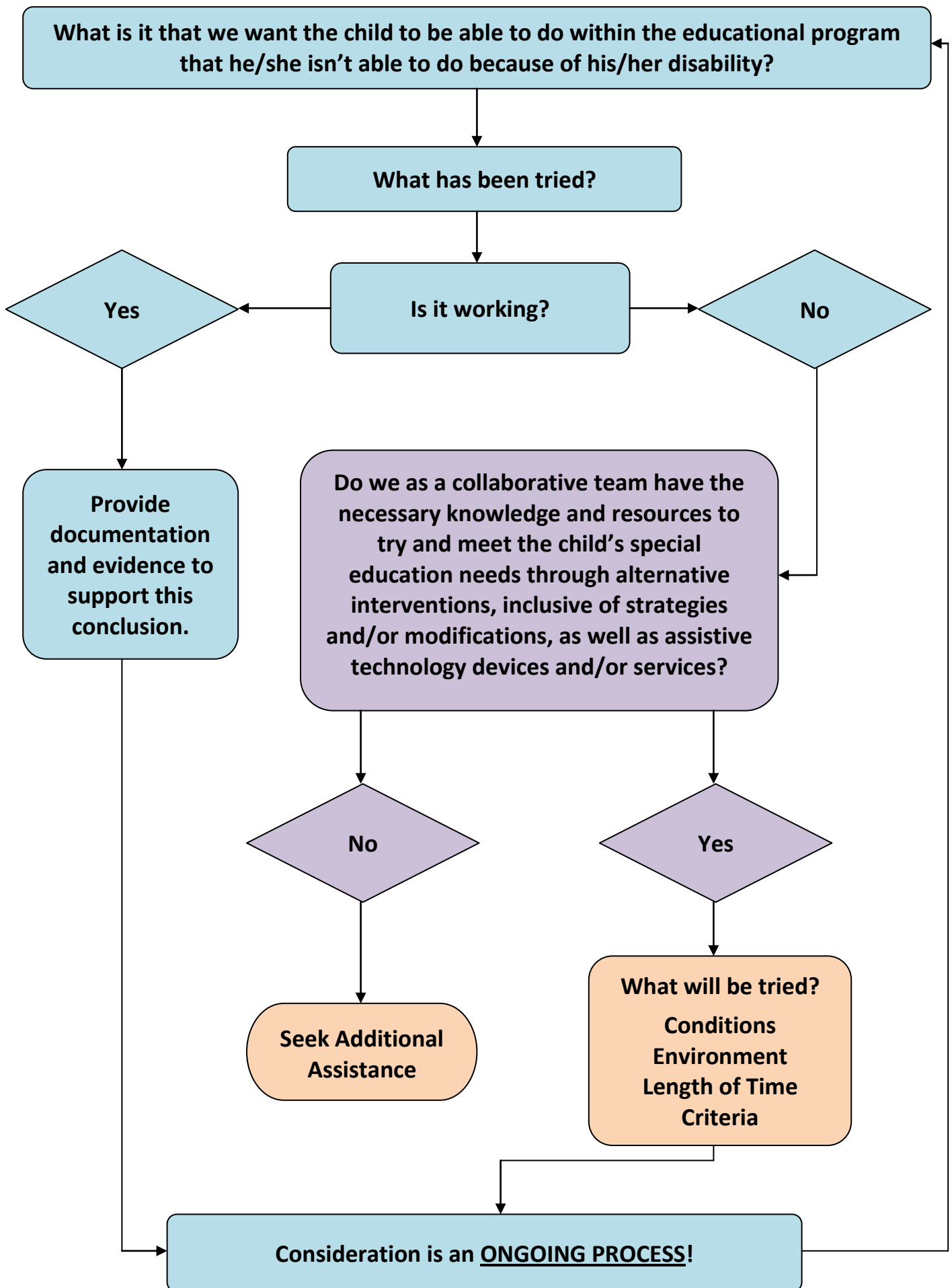
AbleData: <http://abledata.com/>

Call Scotland: <http://www.callscotland.org.uk/downloads/posters-and-leaflets/>

UDL Tech Toolkit: <http://udltechtoolkit.wikispaces.com/>

KSDE DI Toolkit: <https://sites.google.com/site/ksdetasndiz/home>

Gail Van Tatenhove: <http://www.vantatenhove.com/papers.shtml> – Core Vocabulary



CHAPTER 8

Dysphagia

The Individuals with Disabilities Education Act (IDEA) guarantees the delivery of free and appropriate public education to all eligible children from birth to age 22. Students are eligible for special education services when they have disabilities that fall within one of the IDEA categories of disability and, as a result, need special education and related services to benefit from their educational program (IDEA, 2004). Educational programs should be customized to meet each student's unique needs in a way that is "reasonably calculated to enable the child to receive educational benefits" (Board of Education of the Hendrick Hudson Central School District v Rowley, 458 U.S.176, 204 [1982]). Students with feeding and swallowing problems (dysphagia) often present with unique and highly complex needs associated with management of their dysphagia that, if not properly managed, can have a negative effect on their ability to access an appropriate education.

Guideline

Although dysphagia is not a disability category under IDEA, a child with dysphagia may be considered "other health impaired" if the dysphagia results in limitations in strength, vitality and alertness, preventing the child from appropriately participating or attending school. In such cases, a child with dysphagia may be entitled to receive special education and related services if the need for such services is established through a comprehensive evaluation. A medical diagnosis is needed. If the parents do not already have one, a medical evaluation should be included in the request to perform a comprehensive evaluation.

The student's IEP team (including the SLP, OT, PT, and nurse) should consult with other team members of the school team (food services, paraprofessionals), parents/guardians, attendant care and outside medical providers to determine the nature of the services to be provided. These supports and services should allow the disabled child to remain in school during the day in order to provide the student with meaningful access to education. The school SLP or other team members can assist with the implementation and monitoring of the dysphagia treatment plan as prescribed by the student's physician.

Procedure

The SLP's role could include: screening and gathering diagnostic information, communication and collaboration with caregivers, staff training and education, and the implementation and monitoring the medically prescribed dysphagia treatment plan.

When a student is referred for feeding or swallowing difficulty, the SLP could complete a new global screening. The screening may include: gathering pertinent history from caregivers, collecting data regarding oral motor and swallow function, and conducting a structured observation at a meal or snack. A screening checklist may be used at the discretion of the SLP.. The school dysphagia team's role may include: development and implementation of the feeding protocol at school, data collection and monitoring of the feeding protocol, staff training and education, collaboration with caregivers (parents, physician, medical or private SLP, consulting SLP, school staff, etc.) and development of student skills. Alterations to the established feeding protocol beyond the current

dysphagia treatment plan, such as changes in liquid or diet consistencies, will be prescribed by the physician.

Resources

Bailey, R.L., Lugg, E.T. (2009). Avoiding Disputes in School-Based Management of Students with Dysphagia: Five Key Strategies. Retrieved from <http://div13perspectives.asha.org/content/18/3/97.abstract>

Logemann, J. A. (1998). *Evaluation and Treatment of Swallowing Disorders*, 137, 241-242. Austin, Texas: Pro-Ed.

Maryland State Department of Education. (2011). Division of Special Education/Early Intervention Services Feeding and Swallowing Policies and Procedures. Retrieved from www.marylandpublicschools.org

Sinden, N.L. (2009). *Dysphagia in the Schools: The Role of the Speech Language Pathologist*. Feeding Team Conference. Retrieved from www.rsoi.org/documents/Sinden