Kentucky Eligibility Guidelines

Revised

for students with speech or language Impairment

Division of Exceptional Children Services
Office of Special Instructional Services
Kentucky Department of Education

EVERY CHILD
PROFICIENT & PREPARED FOR SUCCESS
KENTUCKY DEPARTMENT OF EDUCATION

Kevin Noland, Interim Commissioner
Kentucky Department of Education

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FOREWORD

The original *Kentucky Severity Rating Scale for Speech-Language (KSRS)*, developed in 1985 and revised in 1987, established a method for gathering information to determine eligibility of students with a communication disorder for special education and related services. It further assisted users in determining the severity or impact of the disorder in the educational setting. In 1993, the *Kentucky Eligibility Guidelines for Communication Disabilities (KEG)* expanded upon the original documents to assist the local education agencies (LEAs) in the appropriate implementation of special education programs and related services for students with communication disabilities.

The *Kentucky Eligibility Guidelines for Students with Speech or Language Impairment - Revised (KEG-R)* updates the guidelines to assist LEAs in the processes and procedures related to:

- conducting a communication assessment;
- determining the presence of a communication disability and eligibility for special education and related services, and
- establishing a framework for providing speech and language services as a related service for students having a primary disability other than communication.

The *KEG-R* is no longer referenced in the *Kentucky Administrative Regulations (707 KAR* Chapter 1*)*. The 2002 revision of the *KEG* provides a systematic method for ensuring that all Kentucky Administrative Regulations pertinent to eligibility have been met and that there is consistency across the state.

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The Division for Exceptional Children Services would like to express their sincere appreciation to the KEG-R Work Group for their time and expertise in completing this document, with special thanks to Reanna Saling for her extended efforts in the final editing.

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PURPOSE

The *Kentucky Eligibility Guidelines for Students with Speech or Language Impairment-Revised (KEG-R)* was developed to assist the Admissions and Release Committee (ARC) in evaluation and eligibility determination for students suspected of having a speech or language impairment that adversely affects educational performance. Use of the *KEG-R* provides the ARC with discrete and clear evaluation information regarding the extent and nature of a child's communication disability. When combined with the child's present level of performance, this information will aid the ARC in developing an individual education program (IEP) that includes appropriate annual goals and short-term objectives or benchmarks.

The purposes of the KEG-R are to:

- Determine initial eligibility of a student with a speech and/or language impairment in the areas of speech sound production and use, language, fluency and/or voice;
- Provide suggested assessment guidelines, example forms and *Communication Rating Scales* for use throughout the evaluation process;
- Provide a systematic format for the organization and presentation of functional and formal assessment information for documenting adverse effect of a communication disability on educational performance; and
- Provide guidelines for the provision of speech and language services as a related service, for implementation of the IEP for a child with a disability in a category other than speech or language impairment.

Purpose for which the KEG-R is not intended:

The KEG-R is not designed nor intended to address the many issues related to design and delivery of speech-language services. Program design and provision is not within the scope of this document.

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FAPE
AND ACCESS TO THE GENERAL CURRICULUM

Program of Studies/General Curriculum

The *Individuals with Disabilities Education Act* (*IDEA) Amendments of 1997* and *Kentucky Administrative Regulations* emphasize the participation of students with disabilities in the general curriculum. This is a key factor in ensuring appropriate educational opportunities for all students. This provision is intended to ensure that each student's IEP includes services, supports, and extensions (accommodations, specially designed instruction, and related services) needed for success in the general education curriculum.

The general education curriculum for the Commonwealth of Kentucky was clearly defined in 1990 with enactment of the *Kentucky Education Reform Act (KERA). KERA* not only has had a significant impact on expectations and outcomes for all students, but also on overall academic content to be included in the classroom curriculum for student achievement of Kentucky's six (6) Learning Goals and fifty-seven (57) Academic Expectations (see Appendix A). Based on the underlying assumption of *KERA* that "all students are capable of learning" the *Program of Studies for Kentucky Schools, Grades Primary-12, (Revised 1998),* 704 KAR 3:303, was developed to specify the minimum content and skills required for high school graduation, as well as primary, intermediate, and middle level public school programs.

In order to provide a free and appropriate public education (FAPE), knowledge of the curriculum and core content for assessment is critical for identification of communication skills needed for a student with disabilities to progress in the general education setting. A student's IEP should represent a prioritized set of skills and objectives, services, supports and extensions (accommodations and specially designed instruction) that learners with diverse needs require in order to successfully participate in curricular activities. A critical element in the provision of speech and language services delivered by speech-language pathologists and speech-language pathology assistants is the instructional alignment of goals and objectives with academic expectations, content standards, and school curricula.

"Free appropriate public education (FAPE)" means special education and related services that:

a) are provided at public expense, under public supervision and direction, and without charge;

b) meet the standards of the Kentucky Department of Education included in 707 KAR Chapter 1 and the Program of Studies, 704 KAR 3:303, as appropriate;

c) include preschool, elementary school, or secondary school education in the state; and

d) are provided in conformity with an individual education program (IEP) that meets the requirements of 707 KAR 1:320. 707 KAR 1:002 Definitions

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In addition to the *Program of Studies for Kentucky Schools, Grades Primary-12 (Revised 1998*), several other documents authored by the Kentucky Department of Education (KDE) and Kentucky educators have been developed as a means to guide instruction in Kentucky classrooms. These documents serve as excellent resources for speech-language pathologists and speech-language pathology assistants in determining the skills needed by students with disabilities to insure their success in accessing and progressing in the general education curriculum. These documents include the following:

- The Program of Studies for Kentucky Schools/Grades Primary-12 (Revised 1998)
- Implementation Manual for the Program of Studies
- Core Content for Assessment
- Transformations: Kentucky's Curriculum Framework
- Teaching All Students in Kentucky Schools (TASKS)

See Appendix A for additional information regarding these documents.

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ADVERSE EFFECT ON EDUCATIONAL PERFORMANCE

One of the most critical elements to be obtained from a student's evaluation information is the documentation of whether the student's disability adversely affects him/her within the educational setting. Specifically, adverse effect is the extent to which a student's disability affects the student's progress and involvement in the general curriculum as provided in the *Kentucky Program of Studies* or, in the case of preschool students, how the disability affects the child's participation in appropriate activities.

Adverse effect is evident when a student's disability negatively impacts the student's:

- involvement and advancement in the general education program;
- education and participation with other students with or without disabilities;
- participation in extracurricular and other non-academic activities.

Documentation of adverse effect is a critical element in the determination of eligibility for the provision of speech-language services when speech or language impairment is the primary disability.

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ELIGIBILITY REQUIREMENTS

The *KEG-R* provides a systematic format for the assessment of speech or language impairment. The information gained through the assessment process may be used by the ARC to determine:

- Eligibility for Speech-Language Services as a Primary Disability
- The Need for Speech-Language Therapy as a Related Service
- Continued Eligibility for Speech-Language Services

It also provides significant information for the ARC in identifying a student's instructional needs to be addressed in the IEP.

A. Eligibility for Speech-Language Service as a Primary Disability

Assessment data must provide information for two purposes:

- to determine whether a communication disorder or condition is present;
- to determine whether the disorder or condition has an adverse effect on educational performance.

"Speech or language impairment" means a communication disorder, including stuttering, impaired articulation, a language impairment, a voice impairment, delayed acquisition of language, or an absence of language, that adversely affects a child's educational performance. 707 KAR 1:002

Assessment data must be comprehensive in order to provide information regarding a student's functioning across several parameters. Therefore, a variety of formal and functional evaluation measures may be needed to provide the ARC with sufficient information for an eligibility determination as well as program planning.

Formal assessment (standardized testing) provides quantifiable data regarding the existence of a speech-language impairment while functional assessments (e.g., observations, teacher and/or parent interviews) further verify the results of the formal assessment Functional assessments also provide information regarding the student's ability to participate and progress in the general curriculum.

Assessment tools and strategies shall be used that provide relevant information that directly assist and are used in the determination of the educational needs of the child. As part of an initial evaluation, if appropriate, or as part of any reevaluation, the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including

a) evaluations and information provided by the parents;

b) current classroom-based assessments and observations; and

c) observations by teachers and related services providers.
707 KAR 1:300, Sect 4 (14) (c)

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Using this evaluation information, the ARC then must determine if the findings verify that there is an "adverse effect on educational performance" that requires specially designed instruction (SDI).

> *Specially designed instruction means adapting as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the child with a disability and to ensure access of the child to the general curriculum included in the Program of Studies. 707KAR 1:002*

The *KEG-R* assists in documenting the degree and nature of the student's communication disorder and the extent to which it impedes the student's ability to participate and make progress in the general curriculum. After completing the assessment process in each area of suspected communication disability, the *KEG-R* scoring process gives speech-language pathologists a systematic format for presenting assessment information to the ARC. The ARC will then make a determination of eligibility as a student with speech-language impairment.

> *"Adverse effect" means that the p0rogress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. 707 KAR 1:002, Sect 1.(2)*

B. The Need for Speech-Language Therapy as a Related Service

Related services are services required to "*assist a child with a disability"* to benefit from special education. This assumes the child has already been determined to be eligible for special education services in one of the other categorical or non-categorical areas.

Therefore, the evaluation process for the provision of speech-language therapy as a related service does **not** require determination of eligibility using the Communication Rating Scales. It is important to note that although completion of the rating scale(s) is not required when considering the need for speech-language services as a related service, it will provide valuable information for IEP development and program planning.

> ***"Related services," means transportation and such developmental, corrective, or supportive services as are required to assist a child with a disability to benefit from special education.***
>
> *It includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in students, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also means school health services, social work services in school, and parent counseling and training. 707 KAR 1:002 (51)*

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For students who are already deemed eligible to receive special education services under another area of disability (e.g., specific learning disability), the ARC must determine if other services (e.g., speech-language therapy as a related service) are necessary to **assist the child with a disability to benefit from special education**. The ARC, as part of the original evaluation process, should have identified areas of concern related to communication skills requiring further assessment. These areas of concern should be described under Present Level of Performance in the student's IEP. To verify the nature and extent of problems related to speech or language the ARC must use data from formal and functional assessment of communication skills. The ARC will use this evaluation information to determine the type and amount of speech-language service needed in order to appropriately implement the student's IEP.

For instance, if a child has been determined to have a mild mental disability, and the evaluation information also identifies problems in the area of speech sound production or use, then the ARC must have sufficient information to determine if the speech sound production or use problems are severe enough to prevent the child from benefiting from the other aspects of their special education program. If so, the ARC must determine the nature and extent of the related speech-language services to be provided to support successful implementation of the IEP.

C. Continued Eligibility for Speech-Language Service

The ARC must reconvene annually to review student progress and present level of performance information. During the annual review, the ARC will determine whether a student needs continued provision of speech-language services and, if appropriate, will revise the Individual Education Program. Every three years the ARC must re-determine eligibility by assessing whether the student still has an educational disability that requires the continued provision of speech-language services either as a primary disability or as a related service. This means there still needs to be documentation of adverse affect on educational performance, if the student's speech-language impairment is the primary disability. If the student is receiving speech-language as a related service, the ARC must document continued need for this service.

According to 707 KAR 1:300, Section 4 (16), "If for purposes of reevaluation, the ARC determines that no additional data are needed to determine whether or not the child continues to be a child with a disability, the LEA shall notify the child's parents

a) of that determination and reasons for it; and

b) *the right of the parents to request an assessment to determine whether, for purposes of services, the child continues to be a child with a disability. 707 KAR 1:300, Section 4 (16)*

1. Continued Eligibility When *Speech or Language Impairment* is the Primary Disability

At least every 3 years, the ARC must review current performance data and, if necessary, update the student's evaluation information, to determine whether the student continues to meet eligibility guidelines for speech or language impairment.

The ARC may determine through a review of existing performance data (e.g., progress data on IEP goals and objectives) that the student continues to have a speech-language impairment that causes an adverse effect on educational performance and that no additional formal or informal assessment is required. If, however, the data is unclear or insufficient to make an eligibility determination, the ARC will need to conduct a more comprehensive assessment to determine if the student still has a speech-language impairment and is in need of continued services.

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2. Continued Need for Speech-Language Therapy as a Related Service

The ARC may review reevaluation data and determine that a student continues to have a disability in another categorical area (e.g., Mild Mental Disability, Learning Disability) or non-categorical area (e.g., Developmental Delay). The ARC must review existing evaluation data to determine the need for the continued provision of any related services, such as speech-language therapy. If this decision cannot be made because existing data is insufficient or inconclusive, additional data from formal and/or functional assessments (e.g., specially designed tasks) must be collected. It is important to note that if the student's parent(s) requests a formal assessment, the ARC will comply.

The LEA shall not be required to conduct a reevaluation, if after review of the existing data, the ARC determines no reevaluation is necessary to determine whether the child continues to be a child with a disability, unless the parent requests the reevaluation.
707 KAR 1:300, Section 4 (17)

A LEA shall ensure a reevaluation, which may consist of the review described in (18), is conducted at least every three (3) years to determine:

a) the present levels of performance and educational needs of the child,

b) whether the child continues to need special education and related services; and

c) whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum. 707 KAR 1:300, Section 4 (18)

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RELEASE/DISMISSAL FROM SPEECH-LANGUAGE SERVICES

When determining whether or not a student is a candidate for release or dismissal from speech-language services, the ARC must determine if the student is no longer in need of specially designed instruction and related services. While current and comprehensive evaluation and performance data needs to be available for review by the ARC to make this decision, this does not mean that a full and formal evaluation is always needed. Current data must be sufficient to determine whether the student no longer has a speech-language disability that causes an adverse effect on his/her educational performance or his/her ability to benefit from special education. The ARC may decide that current performance or assessment data and IEP progress data provides enough information to make that decision. If this information does not clearly indicate that there is no longer an adverse effect on educational performance or the need for speech-language services as a related service, more extensive and formal evaluation may be needed to make a conclusive decision. It is important to note that the ARC must accommodate any parental requests for additional assessment prior to determining a student no longer has a speech-language disability or requires speech-language therapy as a related service.

> *A LEA shall evaluate a child with a disability in accordance with this administrative regulation before determining that the child is no longer a child with a disability.*
> *707 KAR 1:300, Section 4 (18)*

Some possible factors to consider which may support an ARC decision for dismissal are as follows: (Adapted from *IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21*; American Speech-Language Hearing Association, 1999)

1. The child has met all the IEP objectives in language and/or speech areas and no additional errors warrant intervention.
2. Extenuating circumstances such as medical or dental problems warrant discontinuation of services temporarily or permanently.
3. The disorder no longer has an adverse effect on the student's educational performance.
4. The child no longer needs special education or related services to participate in the general curriculum.

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Considerations for Release from Speech-Language Services

A student should be considered for release from speech-language services when one or more of the following occur:

The student has met all speech and/or language objectives on his/her IEP, and no additional concerns in the area of communication are presently noted.

The parent requests release and/or revokes consent for services.

> Note: If ARC committee members believe release from services will be educationally detrimental to the student, the ARC should consult with their DOSE to consider the appropriateness of due process proceedings.

Specially Designed Instruction (SDI) no longer results in measurable benefits, despite documented use of a variety of appropriate approaches and/or strategies.

Student has developed compensatory/functional skills that allow him/her to access the general curriculum and to participate within his/her educational program.

Student's deficit areas can be managed through classroom accommodations and/or modifications.

Student's deficit areas can be managed by another service provider (S/L is no longer needed as a related service).

The student no longer needs speech-language therapy as a primary or related service in order to access and/or participate in the general curriculum.

<u>Note</u>: Before a student is released from services and determined to no longer be a child with a disability under IDEA, the LEA must re-evaluate the student according to state and local re-evaluation procedures.

A re-evaluation is not required if the student is graduating with a regular high school diploma or if the student has exceeded the age eligibility for FAPE under state law.

Additionally, a re-evaluation may not always be necessary in order to release a student receiving speech-language services as a related service, under the following conditions: the ARC is being held prior to the student's 3-year re-evaluation date AND the ARC has sufficient information to make a decision that speech-language services are not needed in order for the student to access and benefit from his/her educational program.

The ARC may consider 'suspension' of services for a brief period of time, due to special circumstances during which time speech-language services may be contraindicated (i.e., following palatal surgery, during serious illness, during extensive orthodontic work). Documentation of the ARC decision to suspend services should be made on the *Conference Summary* form. An ARC must be re-convened prior to re-instatement of services.

The ARC must document all discussion, data and evidence used to reach the decision to release a student from services. (It is suggested that the *ARC Conference Summary* form be used for this purpose.)

COMMUNICATION DIFFERENCE/DIALECT

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 an impairment of speech or language (ASHA, 1993).

Students for whom English is a second language and those who demonstrate dialectal variations may demonstrate a disorder in their primary language. Collaboration with an interpreter or translator may be necessary when assessing students for whom English is a second language. Standardized assessment may need to be adapted for test/cultural bias and paired with comprehensive observations, teacher interviews, and family interviews (using an interpreter, if needed) in order to lay the foundation for assessment of a language difference versus a language disorder. **Communication behavior that interferes with interactions or calls attention to itself within the student's primary language group may indicate the presence of a speech or language impairment**.

"Native language" means, if used in reference to an individual of limited English proficiency, the following:

a) the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child;

b) in all direct contact with a child (including evaluation of the child), the language normally used by the child in the home or learning environment; or

c) for an individual with deafness or blindness, or for an individual with no written language, the mode of communication that is normally used by the individual (e.g., sign language, Braille, or oral communication). 707 KAR 1:002 (40)

"Speech or language impairment" means a communication disorder, including stuttering, impaired articulation, a language impairment, a voice impairment, delayed acquisition of language, or an absence of language, that adversely affects a child's educational performance.
707 KAR 1:002 (60)

Differences in communication skills (e.g. dialectal differences or English as a Second Language) do **not** constitute communication disabilities under *IDEA*. While students with these differences may benefit from intervention to enhance their educational experiences, the speech and language differences, in and of themselves, are not impairments and may not be considered a disability related to the communication processes. Therefore, students who exhibit only communication differences are excluded from application of these eligibility guidelines.

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ASSISTIVE TECHNOLOGY

All eligible students receiving specially designed instruction through an IEP must be considered for assistive technology.

> *IDEA requires that "each public service agency shall ensure that assistive technology devices or assistive technology services, or both…are made available to a child with a disability if required as part of the child's: a) special education; b) related services; or c) supplementary aides and services." 707 KAR 1:290 Section 7*

While parameters of "consideration" are not specifically defined in the law, it is considered best practice to address this issue through incorporation of an ARC team member with knowledge or experience in the field of assistive technology.

> *An assistive technology device is defined as "any item, piece of equipment, or product system, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of students with disabilities." (IDEA, P.L. 105-17, 707 KAR 1:230).*
>
> *An assistive technology service "means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device."(IDEA, P.L.105-17, Section 1401 (a) (26)*

Specific assistive technology used to enhance a student's natural communication falls within the category of augmentative communication. Consideration of the need for augmentative communication devices or services is the responsibility of a speech language-pathologist trained or experienced in this specialized field.

For students with significant communication disorders, augmentative communication may be the primary mode of communication. Assessment of the student's communication abilities requires the inclusion of this communication modality in the assessment process. In order to effectively assess a student's abilities, adaptation of testing materials may be needed to allow the student to respond through non-standardized methods such as eye gaze, gesture or manual sign, symbol or text based communication, a speech generating device, etc.

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ASSESSMENT PROCEDURES

for

Speech Sound Production and Use,

Language, Fluency and Voice

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Speech Sound Production and Use

A speech sound disorder is a disorder of the phonological system and/or its articulatory aspect. The disorder is characterized by speech that is difficult to understand or that calls attention to the speaker's production of speech.

An evaluation of speech sound production and use includes, but is not limited to:

1. administration of a standardized norm-referenced measure, and
2. functional procedures which assess use of speech sounds in conversation.

Speech sound disorders may be assessed and treated as:

1. phonetic or articulation disorders: speech sound errors are motorically based (the ability to produce a target sound is not within the person's repertoire of motor skills).
2. phonemic or phonological disorders: speech sound errors are considered to be linguistically based and result from a rule system different from the adult model.

The *Communication Rating Scale: Speech Sound Production and Use* encompasses observations of phonetic/articulatory production and/or the phonological system to rate proficiency in speech sound production and use. Students for whom this rating scale is appropriate are those who may have functional speech sound disorders, dysarthria, apraxia, etc.

The components that must be assessed to determine if a student has a speech sound disorder and is eligible for special education and related services, as listed in the *Communication Rating Scale: Speech Sound Production and Use* are:

1. intelligibility of connected speech;
2. data from standardized test(s);
3. the error types characterized on a range from common to atypical;
4. structure and function of the speech mechanism as it affects speech sound production;
5. adverse effect of the speech sound disorder on educational performance.

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Adverse Effect on Educational Performance

> *"Adverse effect" means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. 707 KAR 1:002, Sect 1 (2)*

A speech sound disorder must adversely affect educational performance for the student to be eligible for special education and related services. That is, documentation must show how the disorder affects the student's involvement and progress in the general curriculum. Affected areas may include:

- social interaction
- behavior
- emotional development
- academic performance
- vocational performance
- participation in classroom activities and discussions

For preschoolers, documentation must show how the disability affects the student's participation in developmentally appropriate activities.

Adverse effect on educational performance must be documented in writing. Behavior observations and/or teacher/parent interviews are often used to document adverse effect. Observation should focus on the behavior(s) of concern within a functional setting in which the behavior occurs, such as classroom, small group setting or special class setting. The following forms may be used to gather and document information from observations or interviews:

Teacher/Parent Interview: Speech Sound Production and Use (see page 20)
Teacher/Parent Interview: Preschool (see Appendix B , page 64)
Communication Behavior Observation Form (see Appendix C, see page 67)

For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

Additional sources of data may include:

- teacher(s)' and/or parent(s)' written responses to specific questions about the student's targeted behavior(s);
- written documentation of observations by others specifically trained in observation techniques and methods (e.g., teacher, psychologist, principal, psychometrist, guidance counselor)
- work samples (e.g., spelling tests, portfolios)

Special Assessment Considerations: Speech Sound Production and Use

Judging Severity of Error Type

If speech sound productions are analyzed traditionally, (e.g. omissions, substitutions, distortions) most common errors generally involve substitutions of earlier developing sounds for similar, later developing sounds. These errors are usually considered less severe. Substitution errors most commonly involve a change in one distinctive feature, not two or more features. For example, when /t/ is substituted for /s/, only the manner feature is in error; when /θ/ is substituted for /s/, only the place feature is in error. These common errors would typically indicate a less severe disorder. If, however, /b/ is substituted for /s/, the error would involve changes in 3 features: manner, place, and voicing. This error would indicate a more severe disorder.

Omissions are generally considered more unusual than substitutions and are typical of more severe disorders. Distortions of an unusual nature (e.g. lateral air emission on /s/) often represent a more severe error type than more common, frontal distortions.

The table below from Byrne and Shervanian (1977) lists the most frequent substitutions made by students with disorders of speech sound production and use.

Most Frequent Phonemic Substitutions

Substitution	Example
/w/ for /r/ or /l/	wɛd/red; wæmp/lamp
/θ/ or /t/ for /s/	b∧θ /bus; b∧t/bus
/ ð / or /d/ for /z/	ðibrə/zebra; dibrə/zebra
/f/ for /θ/	f∧m/thumb
/d/ for / ð / or /g/	dɪs/this; do/go
/t/ for /k/	tæt/cat
/b/ for /v/	bælɪntaɪn/valentine
/s/ for /ʧ/ or /ʃ/	sɪp/chip; su/shoe
/l/ for /j/	lɛs/yes

The substitutions listed above would likely be rated 3 for error types in the *Communication Rating Scale: Speech Sound Production and Use*. Substitutions involving 2 or more feature changes would probably be rated 4 for error type. Numerous omissions resulting in a limited inventory of sounds would typically be rated 5 for error type.

In process analysis of speech, those students whose speech patterns are typical of the speech of younger students are generally assumed to have a less severe disorder (Weiss, Gordon, and Lillywhite, 1987) than students who evidence unusual processes, or processes that are qualitatively different from those used by younger students. Khan-Lewis (1986) suggested that deletion of initial consonants, glottal replacement and backing to velars are "non-developmental" phonological processes.

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Hodson and Paden (1983) classified phonological processes by levels from 0 to 3 (see table below). Those at level 0 are considered to have the most influence on intelligibility, with successive levels having less influence.

Deficient Patterns According to Levels *

Level 0
- Omissions
  - Obstruents and liquids (less frequently, glides and nasals)

Level I
- Omissions
  - Syllabics
  - Prevocalic singletons, usually obstruents (sometimes sonorants)
- Postvacalic singletons, usually obstruents (sometimes nasals)
  - Cluster deletion
- Major place substitutes
  - Fronting of velars
  - Backing
- Glottal replacement
- Voicing alterations
  - Prevocalic voicing
  - Prevocalic devoicing
- Miscellaneous patterns
  - Reduplication
- Vowel Deviations
- Idiosyncratic (child-specific) rules

Level II
- Omissions
  - Cluster reduction
  - Strident phonemes, especially in clusters
- Major phonemic substitutes
  - Stopping
  - Liquid gliding
  - Vowelization

Level III
- Nonphonemic alterations
  - Tongue protrusion (including both frontal lisp and dentalization)
  - Lateralization
- Major phonemic substitutes
  - Affrication or deaffrication
  - Minor place shifts (including "th" shifts, palatalization or depalatalization)
- Voicing alterations
  - Devoicing of final obstruents

**From Hodson, B, and Paden, E.: Targeting Intelligible Speech. San Diego, College Hill Press, (1983).*

Several authors have noted that idiosyncratic phonological rules such as sound preferences and gliding of fricatives contribute greatly to lack of intelligibility and are often indicative of increased severity.

A 6-year-old, who exhibits processes typical of a student of a younger age, such as stopping and fronting, might be rated 3 for error type. A 4-year-old, exhibiting deletion of final consonants and stopping of glides, might be rated 4 for error type. A student who exhibits deletion of initial consonants, reduplication, and deletion of final consonants might be rated 5 for error type.

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Exclusions

A student with a suspected disorder of speech sound production and use is not eligible for special education and related services when:

1. severity rating values fall within the normal range (non-disabling = 0)

2. speech sound differences are due to
   - limited English proficiency
   - dialectal differences

     Note: Such students may be eligible for speech-language services when a disorder exists in their native language or in their dialectal form of English. See page 10 for information regarding *Communication Difference/Dialect.*
   - tongue thrust is unaccompanied by significant speech sound errors

3. the speech sound errors do not interfere with educational performance

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ASSESSMENT PROCEDURES FOR SPEECH SOUND PRODUCTION AND USE DISORDERS

Review Hearing, Vision and Communication Screening

Collect and Assess Conversational Speech Samples

Assess Oral Motor Structure and Function

Administer Standardized Test of Articulation or Phonology

Document Adverse Effect

Complete *Speech Sounds Production and Use Assessment Summary*

Complete *Speech Sound Production and Use Rating Scale* and Assign a Severity Rating

Complete *Communication Written Report*

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Assessment Checklist for Speech Sound Production and Use Disorders:

- ☐ Review documentation of hearing and vision status.
- ☐ Review information from the communication screening to consider the possibility of a disorder in other area(s), for example, language, fluency and voice.
- ☐ Engage the student in conversational speech to assess intelligibility and phoneme production patterns in connected speech.
- ☐ Examine oral/motor structures and function.
- ☐ Administer a standardized test of articulation or phonology.

  Note: When the SLP completes the "Sound System" section of the *Communication Rating Scale: Speech Sound Production and Use*, it should be noted that not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section of the rating scale should only be marked after the standard score or percentile is compared to the standard deviation using the test manual for the specific test administered.
- ☐ Conduct behavior observations and/or other informal measures to validate test results, make intelligibility judgment, and assess adverse effect.

  For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.
- ☐ Complete the *Speech Sound Production and Use Assessment Summary*.
- ☐ Complete the *Communication Rating Scale: Speech Sound Production and Use* and assign a severity rating.

  Gather all assessment data and relate it to each of the components on the *Communication Rating Scale: Speech Sound Production and Use*. Circle the appropriate scores within each component area to correspond with the assessment data.

  - ✔ See *Special Assessment Considerations: Speech Sound Production and Use (p.15)*
  - ✔ Do not include regional or dialectal differences.

  Total the values assigned to each component area, adding comments when appropriate. Assign a corresponding Speech Sound Severity Rating of 0 - 3.

  Note: All data from functional and standardized assessments are compiled and used to complete the *Communication Rating Scale: Speech Sound Production and Use.* This constitutes the speech-language pathologist's recommendation to the ARC regarding whether there is a speech sound disorder and whether there is indication of an adverse effect on education. The ARC makes final determination of eligibility.
- ☐ Complete the *Communication Written Report* (see Appendix D) and attach the *Speech Sound Production and Use Assessment Summary* and completed *Rating Scale.*

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Teacher/Parent Interview: Speech Sound Production and Use

Student: _____ **D.O.B.:** _____

Respondent: _____ **Grade/Program:** _____

Primary Language: _____ **SLP:** _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
1.	Do you understand the student's speech in normal conversation?					
2.	Do the student's peers understand him/her in normal conversation?					
3.	Does the student appear to be free of frustration (crying, anger, refusal to repeat, etc.) if misunderstood?					
4.	Does the student answer questions and participate in discussions?					
5.	Do you feel the student is outgoing?					
6.	Do peers accept the student's speech and not comment to the student, each other, or you about his/her speech?					
7.	Does the student actively engage in social interactions with peers?					
8.	Can you listen to what the student is saying without being distracted by his/her speech?					
9.	Does the student's speech allow for participation and progress in activities? Please explain any difficulties below.					
10.	Does the student's speech allow for participation/progress in the general curriculum? Please explain any difficulties below.					

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

_____

_____

_____ _____ _____

Respondent's Signature **Title** **Date**

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SPEECH SOUND PRODUCTION AND USE ASSESSMENT SUMMARY

Student: _____ D.O.B.: _____ C.A.: _____

SLP: _____ Grade/Program: _____ Date: _____

1. INTELLIGIBILITY

a. Clinician's judgment of connected speech intelligibility:

____ intelligible
____ occasionally unintelligible and/or noticeably in error
____ frequently unintelligible.
____ unintelligible or only intelligible when the listener has knowledge of the context.

b. Connected speech was judged during:

___ conversation with clinician ___ classroom observation ___ other: _____

2. SOUND SYSTEM

Standardized test(s) administered /Date/ /SD/ /Percentile/ /SS/

1. _____

2. _____

Comments: _____

3. ERROR TYPE

a. Sound errors or phonological processes typical of a child of younger age (list): _____

_____

b. Unusual or atypical sound errors or phonological processes (list): _____

_____

c. Phonetic Inventory (an X indicates that the sound is not present in any context):

☐ **p**encil	☐ **t**oe	☐ **f**an	☐ **s**end	☐ **th**in	☐ k**ey**	☐ p**a**th	☐ wh**o**	☐ b**oy**
☐ **b**e	☐ **d**uck	☐ T**V**	☐ **z**oo	☐ **th**en	☐ b**i**b	☐ h**o**p	☐ n**u**t	☐ c**ow**
☐ **m**an	☐ **g**o	☐ **r**un	☐ **sh**ip	☐ **j**ump	☐ ch**ai**r	☐ d**o**g	☐ h**ea**d	☐ w**ay**
☐ **n**ose	☐ **k**ite	☐ h**er**	☐ **ch**ip	☐ plea**s**ure	☐ b**e**d	☐ t**oe**	☐ ag**ai**n	☐ n**o**
☐ **h**ouse	☐ **l**eaf	☐ **w**et	☐ ri**ng**	☐ h**a**t	☐ f**oo**t	☐ b**ye**	☐ **y**es	

Comments: _____

4. SPEECH MECHANISM STRUCTURE AND/OR FUNCTION

___ adequate for speech ___ significantly affects speech
___ mildly affects speech ___ inadequate for speech

Comments: _____

5. INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.):

_____

_____

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Student: _____ D.O.B.: _____ Grade/Program: _____

SLP: _____ Date: _____

COMMUNICATION RATING SCALE: SPEECH SOUND PRODUCTION AND USE

	Non-disabling	Mild	Moderate	Severe
Intelligibility	0 Connected speech is intelligible.	4 Connected speech is occasionally unintelligible and/or noticeably in error.	6 Connected speech is frequently unintelligible.	8 Connected speech is unintelligible or only intelligible when listener has knowledge of the context.
Sound System See *NOTE	0 Scores on standardized instruments are within 1 1/3 SD's below the mean or above the 9th percentile.	3 Scores on standardized instruments are 1 1/3 to 1 2/3 SD's below the mean or from the 9th to the 5th percentile.	4 Scores on standardized instruments are 1 2/3 to 2 SD's below the mean or from the 4th to the 2nd percentile.	6 Scores on standardized instruments are 2 or more SD's below the mean or below the 2nd percentile.
Error Types	0 No significant errors are present. Differences may be typical or recognized dialectal patterns.	3 Productions reflect common phonological processes or sound errors.	4 Productions reflect atypical phonological processes or sound errors.	5 Productions reflect a limited phonetic inventory and/or numerous atypical phonological processes.
Speech Mechanism Structure and Function	0 Structure and/or function are adequate for speech.	2 Structure and/or function difficulty mildly affects speech.	4 Structure and/or function difficulty affects speech.	5 Structure and/or function are inadequate for speech.
Adverse Effect on Educational Performance	0 No interference with performance in the educational setting.	4 Minimally impacts performance in the educational setting.	6 Moderately interferes with performance in the educational setting.	8 Seriously limits performance in the educational setting.
Total Score	0 – 10	11 - 17	18 - 25	26 - 32
Rating Scale	Non-disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

Comments: _____

_____

* NOTE: Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

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Language

A language disorder, defined broadly, includes impaired ability to understand or use language as well as same-age peers of the same community. The disorder may involve

- the form of language (phonology, morphology, syntax);
- the content of language (semantics); and/or
- the use of language in communication (pragmatics).

A comprehensive language evaluation examines a child's skills in the areas of listening and speaking as related to a suspected language disorder, across form, content and use. The evaluation determines the student's ability to:

1. understand and interpret language;
2. use appropriate language to successfully communicate in a variety of situations and for a variety of purposes.

The *Communication Rating Scale: Language* is appropriate for students who have specific language impairment, or who have a language disorder secondary to Autism, cognitive impairment, Attention Deficit Disorder, auditory processing skill deficits, Central Auditory Processing Disorder, Traumatic Brain Injury, Hearing Impairment, or other related conditions.

The components that must be assessed to determine if a student has a language disorder and is eligible for special education and related services, as listed in the *Communication Rating Scale: Language* are:

1. functional assessment measures across form, content and use;
2. administration of a standardized/norm-referenced test(s);
3. adverse effect of the language disorder on educational performance.

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Functional Assessment

Observation and analysis of the student's language skills within his/her everyday contexts and environments provide essential information about language strengths and possible area(s) of weakness. Information gained within functional settings and contexts may be used not only as partial documentation of a language disorder, but also to learn more about the patterns/areas of the language disorder and to assist in intervention planning. Functional data should also be used to validate the results of standardized tests.

While not inclusive of all possibilities within the school and home settings (especially for preschoolers), some examples of sources of functional assessment are listed below:

Language sampling/narratives

The informal language sample may be a key component of the functional assessment for preschool and/or severely language delayed students. Analysis of the language sample to validate standardized assessment data relies upon the use of developmental scales in the areas of phonology, morphology, syntax, semantics and pragmatics. For older students, an oral narrative may be an appropriate tool for functional analysis.

Classroom observation

The speech-language pathologist should observe how the student's language disorder affects his/her involvement and progress in the general curriculum (*Program of Studies*). This informal assessment of the student's language skills may be used to validate the results of standardized tests. It may also help to support a teacher's description of the student's communicative behaviors.

The observation should assess how well the student is able to follow classroom routine, interact with his/her teachers and peers, respond to and participate in classroom discussion or other activities needed to progress in the general curriculum.

Teacher/parent interviews

Information gathered from parents and/or teacher(s) about the student's language performance in familiar settings can be used by the speech-language pathologist to verify the student's language performance.

Criterion referenced activities (e.g., student telling a story)

Criterion referenced measures indicate ability with respect to specific skills. Such measures aid in the understanding of a student's abilities and needs by complementing findings from norm-referenced measures, and by providing a means of describing the student's strengths and needs in terms of actual performance

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Review of written products (work samples, portfolios entries, etc.)

Assessment of specific language skills within the context of academic tasks using the curriculum provides performance-based data to verify information gained from standardized instruments.

Language tasks to probe for specific skills

Valuable assessment information may be gathered from clinician-generated activities using functional tasks with curricular materials.

For preschoolers, or students in environments different from the traditional classroom, additional information related to social interaction, behavior, and emotional development may be obtained through observation(s) of the student within a small group or age appropriate setting (e.g., preschool program, daycare, community, vocational/technical program, home).

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Standardized/Norm-Referenced Tests

Relevant assessment instruments should be used which are both comprehensive and specific to identified areas of weakness. For example, if a comprehensive test of language indicates a weakness in semantics, an additional test of word understanding and/or use may be appropriate.

Assessment data is used to document a language disorder by comparing a student's *actual* language functioning levels with the *expected* levels of language performance of similar age peers in the same community. Specifically, the *expected language* performance as determined by norm-referenced data of standardized tests is used as a comparison point with the measured level of *actual language* performance on standardized tests. This information can be used to determine a significant discrepancy indicative of a language disorder.

NOTE: *Identification of a language disorder and consideration of eligibility for special education and related services, is* ***NOT*** *based on a discrepancy determined by a comparison of mental ability and language ability. While it is generally acknowledged that mental ability and language ability are closely related, their exact relationship and effect upon each other are unclear. For additional information, see the following:*

Assessment Considerations: Comparison of Language with Mental Ability (page 28)

Adverse Effect on Educational Performance

> *"Adverse effect " means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. 707 KAR 1:002, Sect 1.(2)*

A language disorder must adversely affect educational performance for the student to be eligible for special education and related services. That is, documentation must show how the disorder affects the student's involvement and progress in the general curriculum. Affected areas may include:

- social interaction
- behavior
- emotional development
- academic performance
- vocational performance
- participation in classroom activities and discussion

For preschoolers, documentation must show how the disability affects the student's participation in appropriate activities.

Adverse effect on educational performance must be documented in writing. Behavior observations and/or teacher/parent interviews are often used to document adverse effect. Observation should focus on the behavior(s) of concern within a functional setting in which the behavior occurs, such as classroom, small group setting, or special class setting. The following forms may be used to gather and document information from observations or interviews:

- *Teacher/Parent Interview: Language (see page 33)*
- *Teacher/Parent Interview: Preschool (see appendix B, page 64)*
- *Communication Behavior Observation Form (see Appendix C, page 67)*

For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

Additional sources of data may include:

- teacher(s)' and/or parent(s)' written responses to specific questions about the student's targeted behavior(s);
- written documentation of observations by others specifically trained in observation techniques and methods (e.g., teacher, psychologist, principal, psychometrist, guidance counselor);
- work samples (e.g., portfolios, written reports)

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Special Assessment Considerations: Language

Comparison of Language with Mental Ability
(ASHA, 2000, pp. 16 & 17)

The practice of excluding students with language problems from eligibility for services when language and cognitive scores are commensurate (i.e., cognitive referencing) has been challenged and criticized for more than a decade for several reasons:

1. Such comparisons are made based on norm-referenced tests which:

   a. tend to focus on narrow aspects of language such as receptive vocabulary, rather than broader aspects such as pragmatics or discourse;

   b. do not include valid, technically adequate, age-appropriate tools to assess all aspects of language for all age levels; and

   c. many times lack adequate reliability or validity.

   Norm-referenced intelligence tests may actually reflect factors such as cognition, achievement, ethnicity, and motivational factors. Therefore, conclusions based solely on these norm-referenced tests are likely to be inaccurate.

2. Cognitive referencing is based on the assumption that cognitive skills are prerequisites for language development, and that intelligence measures are a meaningful predictor of whether a child will benefit from language services.

   Research results in recent years have challenged this assumption. In fact, language may surpass cognition, particularly for individuals with mental retardation. Language intervention has been shown to benefit children whose cognitive levels were commensurate with their language levels, as well as children whose cognitive levels exceeded their language levels.

3. Scores across tests having different standardization populations and different theoretical bases cannot validly be compared. It is psychometrically incorrect to compare language test scores with test scores that measure other abilities.

4. There are no "pure" measures of either verbal or nonverbal abilities. Children with language difficulties exhibit problems with nonverbal tasks that could affect their IQ scores, thereby leading to a convergence of test scores.

5. Cognitive referencing for children with cultural differences will be adversely affected by the linguistic bias, format bias, and content bias prevalent in many formal tests.

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Exclusions

A student with a suspected language disorder is not eligible for special education and related services when:

1. severity rating values fall within the normal range (non-disabling = 0)

2. language differences are due to:
   - limited English proficiency
   - dialectal differences

     Note: Such student's may be eligible for speech-language services when a disorder exists in their native language or in their dialectal form of English. See page 10 for information regarding *Communication Difference/Dialect* .

3. language performance does not interfere with educational performance

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ASSESSMENT PROCEDURES FOR LANGUAGE DISORDERS

Review Hearing, Vision and Communication Screening

Collect and Assess Conversational Language Samples

Assess Oral Motor Structure and Function

Administer Standardized Test of Language

Document Adverse Effect

Complete *Language Assessment Summary*

Complete *Language Rating Scale* And Assign a Severity Rating

Complete *Communication Written Report*

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Assessment Checklist for Language Disorders:

☐ Review documentation of hearing and vision status.

☐ Review information from the communication screening to consider the possibility of a disorder in other area(s), for example, speech sound production and use, fluency and voice.

☐ Gather data regarding the child's communication functioning in the educational/developmental setting. It is suggested that this be initiated prior to the standardized assessment to assist in the selection of appropriate test(s).

☐ Administer relevant standardized/norm-referenced tests, which are both comprehensive and specific to identified areas of weakness.

Note: When the SLP completes the "Standardized/Norm-Referenced Assessment" section of the *Communication Rating Scale: Language*, it should be noted that not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should be marked only after the standard score or percentile is compared to the standard deviation using the test manual for the specific test administered.

☐ Collect any additional documentation needed to assess adverse effect of the language disorder on the student's educational performance.

For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

☐ Complete the *Language Assessment Summary*.

☐ Complete the *Communication Rating Scale: Language* and assign a severity rating.

Gather all assessment data and relate it to each of the components on the *Communication Rating Scale: Language*. Circle the appropriate scores within each component area to correspond with the assessment data.

- ✔ See *Special Assessment Considerations*: *Language* (page 28).
- ✔ Do not include regional or dialectal differences.

Total the values assigned to each component area, adding comments when appropriate. Assign a corresponding Language Severity Rating of 0 - 3.

Note: All data from functional and standardized assessments are compiled and used to complete the *Communication Rating Scale: Language*. This constitutes the speech-language pathologist's recommendation to the ARC regarding whether there is a language disorder and whether there is indication of an adverse effect on education. The ARC makes final determination of eligibility.

☐ Complete the *Communication Written Report* (see Appendix D) and attach the *Language Assessment Summary* and completed *Rating Scale.*

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Teacher/Parent Interview: Language

Student: _____ **D.O.B.:** _____

Respondent: _____ **Grade/Program:** _____

Primary Language: _____ **SLP:** _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
1.	Does this student listen to a story or presentation as appropriately as his/her peers do?					
2.	Does the student follow directions for participation and transitioning between activities?					
3.	Does the student exhibit appropriate knowledge of basic concepts as compared to his/her peers?					
4.	Does the student appear to comprehend questions asked in discussions?					
5.	Does the student ask questions for clarification or further information when he/she does not understand?					
6.	Does the student follow the class/home routine?					
7.	Does the student demonstrate understanding of the intent of the message?					
8.	Does the student use sentences as long and complex as his/her peers?					
9.	Does the student tell stories and explain events or actions as appropriately as his/her peers?					
10.	Does the student answer questions as appropriately as his/her peers?					
11.	Does the student answer questions as quickly as his/her peers?					
12.	Does the student explain and elaborate during curriculum-related discussions?					
13.	Does the student recall names of known items and people quickly and efficiently (word finding)?					
14.	Does the student recall information from a book read?					

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Teacher/Parent Interview: Language

Student: _____

D.O.B.: _____

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
15.	Does the student use language relevant to the situation?					
16.	Does the student use appropriate language to successfully communicate in a variety of situations for a variety of purposes?					
17.	Does the student interact appropriately with the teacher and/or family members?					
18.	Does the student informally communicate with the teacher and/or family members as compared to peers?					
19.	Does the student interact appropriately with peers?					
20.	Does the student initiate, maintain, and terminate conversations appropriately?					
21.	Does the student establish and maintain appropriate social relationships?					
22.	Do the student's communication skills allow for participation and progress in activities? Please explain below.					
23.	Do the student's communication skills allow for participation and progress in the general curriculum? Please explain below.					

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

_____

_____

_____

_____ _____ _____

Respondent's Signature **Title** **Date**

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LANGUAGE ASSESSMENT SUMMARY

Student: _____ D.O.B.: _____ C.A.: _____

SLP: _____ Grade/Program: _____ Date: _____

1. FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:

Measure Used:	Findings:

2. STANDARDIZED/NORM-REFERENCED TEST RESULTS:

	Non-Disabling	**Mild**	**Moderate**	**Severe**
Standard Deviation	X	-1 1/3 to –1 2/3	-1 2/3 to -2	-2 or more
Percentile	above the 9th	9th to 5th	4th to 2nd	below the 2nd
Name of test(s)/subtest(s) *Record Standard Score(s) in appropriate severity level.*				

3. ADDITIONAL ASSESSMENT INFORMATION:

_____

_____

_____

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Student: _____ D.O.B.: _____ Grade/Program: _____

SLP: _____ Date: _____

COMMUNICATION RATING SCALE: LANGUAGE

	Non-disabling	Mild	Moderate	Severe
Functional Assessment	0 Language skills are within expected range. __ Form/structure __ Content/semantics __ Use/pragmatics	4 Language skills are mildly impaired. __ Form/structure __ Content/semantics __ Use/pragmatics	6 Language skills are moderately impaired. __ Form/structure __ Content/semantics __ Use/pragmatics	8 Language skills are severely impaired. __ Form/structure __ Content/semantics __ Use/pragmatics
Standardized/ Norm-referenced Assessment See * NOTE	0 Scores on standardized instruments are within 1 1/3 SD's below the mean or above the 9th percentile.	3 Scores on standardized instruments are 1 1/3 to 1 2/3 SD's below the mean or from the 9th to the 5th percentile.	4 Scores on standardized instruments are 1 2/3 to 2 SD's below the mean or from the 4th to the 2nd percentile.	6 Scores on standardized instruments are 2 or more SD's below the mean or below the 2nd percentile.
Adverse Effect on Educational Performance	0 No interference with performance in the educational setting.	4 Minimally impacts performance in the educational setting.	6 Moderately interferes with performance in the educational setting.	8 Seriously limits performance in the educational setting.
Total Score	0 – 7	8 - 12	13 - 17	18 - 22
Rating Scale	Non-disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

Comments: _____

_____

_____

* NOTE: Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

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Fluency

A fluency disorder is a disorder of the flow or smoothness of speech beyond what is considered typical. The disorder may be characterized by abnormalities in the behavioral dimensions of speech production (i.e., rate, rhythm, continuity, and effort used to produce speech). These abnormalities in speech production are often accompanied by affective (emotional) and cognitive symptoms that may have an adverse effect on successful student participation in educational, social and/or vocational activities.

Fluency disorders are identified by a process of differential diagnosis. An evaluation of fluency includes, but is not limited to:

1. assessment of observable behavioral components, including but not limited to repetitions, prolongations, sustained articulatory posturing, schwa replacement, physical concomitants, rhythm, rate, and physical effort.

2. assessment of any affective (emotional) components that may accompany the disorder including fear, anxiety, frustration, embarrassment, guilt, shame and helplessness related to communication.

3. assessment of any cognitive components that may accompany the disorder, including verbal avoidance, situational avoidance and negative impact on self-confidence and/or self-image.

The *Communication Rating Scale: Fluency* encompasses observations of conversational fluency. Students for whom this rating scale is appropriate are those who may have abnormal timing and flow of conversational speech.

The components that must be assessed to determine if a student has a fluency disorder and is eligible for special education and related services, as listed in the *Communication Rating Scale: Fluency* are:

1. frequency of dysfluencies;
2. type(s) of dysfluencies;
3. phonatory arrest or sustained articulatory posture;
4. speech sound prolongations;
5. schwa replacement for intended vowel;
6. physical concomitants (secondary characteristics/struggle behaviors);
7. awareness and emotional reaction to dysfluencies;
8. avoidance behaviors and peer reactions to dysfluencies;
9. adverse effect of the fluency disorder on educational performance.

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Adverse Effect on Educational Performance

> *"Adverse effect" means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. 707 KAR 1:002, Sect 1 (2)*

A fluency disorder must adversely affect educational performance for the student to be eligible for special education and related services. That is, documentation must show how the disorder affects the student's involvement and progress in the general curriculum. Affected areas may include:

- social interaction
- behavior
- emotional development
- academic performance
- vocational performance
- participation in classroom activities and discussions

For preschoolers, documentation must show how the disability affects the student's participation in developmentally appropriate activities.

Adverse effect on educational performance must be documented in writing. Behavior observations and/or teacher/parent interviews are often used to document adverse effect. Observation should focus on the behavior(s) of concern within a functional setting in which the behavior occurs, such as classroom, small group setting or special class setting. The following forms may be used to gather and document information from observations or interviews:

- *Teacher/Parent Interview: Fluency (see page 44)*
- *Teacher/Parent Interview: Preschool (see Appendix B , page 64)*
- *Communication Behavior Observation Form (see Appendix C, see page 67)*

For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

Specific examples of how a fluency disorder may adversely effect educational performance include:

- below grade level performance in academics
- difficulty with language based activities
- difficulty communicating information orally
- listener difficulty in understanding the student's verbalizations
- difficulty initiating, maintaining or terminating verbal interactions
- teasing by peers
- social situation avoidance
- negative emotional reactions such as fear, anxiety, and embarrassment
- difficulty participating verbally in classroom, vocational or extracurricular activities

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Additional sources of data may include:

- teacher(s)' and/or parent(s)' written responses to specific questions about the student's targeted behavior(s);
- written documentation of observations by others specifically trained in observation techniques and methods (e.g., teacher, psychologist, principal, psychometrist, guidance counselor)

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Special Assessment Considerations: Fluency

Because fluency disorders are multidimensional in nature, more than just speech sampling and analysis must be used to diagnose a fluency disorder. A variety of assessment tools and strategies must be used to determine the presence or absence of behavioral, affective and cognitive symptoms. A fluency evaluation must include observations of the student in communicative situations in which communicative stress is varied. Efforts must be made to determine whether behavioral, affective, or cognitive symptoms have an adverse effect on educational performance.

Behavioral components of the disorder may include presence of the following observable behaviors*:*

- Repetition of linguistic elements (listed from least to most disabling)
  - whole multisyllabic word repetitions (e.g., "I want, I want to play.")
  - whole monosyllabic word repetitions (e.g., "I can, can sing.")
  - part-word syllable repetitions (e.g., "I eat spa-spaghetti.")
  - part-word speech sound repetitions (e.g., "I can k-k-k-kick the ball.")
- Prolongation of speech sounds
- Sustained articulatory posturing (i.e., position of the articulators may be correct for production of the speech sound but posture is held for an abnormal length of time)
- Blockages or abnormal restriction of air or voicing, including phonatory arrest
- Silent pauses
- Broken words (e.g., "It was won *(pause)* derful.")
- Substitution of the schwa vowel for the intended vowel
- Interjections
- Pitch rise (typically present toward the end of a prolongation or linguistic sequence)
- Physical concomitants/struggle behaviors accompanying moments of stuttering (e.g., facial grimaces or tremors; leg, arm, or body movements; poor eye contact or eye blinking; production of extraneous distracting sounds such as sniffing or clicking sounds)
- Abnormal rhythm, continuity, physical effort, or rate of speech
- Difficulty initiating, maintaining or terminating vocalizations or verbalizations

Affective components include communicative stress and negative emotional reactions that may accompany the disorder, for example:

- Fear
- Anxiety
- Frustration
- Embarrassment
- Guilt
- Shame
- Helplessness

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Cognitive components that may accompany the disorder may include:

- Verbal avoidance (e.g., word substitutions, revisions, starters, postponements, circumlocution)
- Situational avoidance (e.g., avoidance of feared situations such as answering aloud in class, making class presentations, participating in class or group discussions)
- Negative impact on self-confidence, and/or self-image, that negatively affects academic performance or participation in vocational development or social activities

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Exclusions

A student with a suspected disorder of fluency is not eligible for special education and related services when:

1. severity rating values fall within the normal range (non-disabling = 0)

2. fluency difference is related to normal development

3. dysfluencies do not interfere with educational performance

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ASSESSMENT PROCEDURES FOR FLUENCY DISORDERS

Review Hearing, Vision and Communication Screening

Collect and Assess Samples of Communicative Behaviors in Structured and Unstructured Situations

Assess Oral Motor Structure and Function

Document Adverse Effect

Complete *Fluency Assessment Summary*

Complete *Fluency Rating Scale* and Assign a Severity Rating

Complete *Communication Written Report*

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Assessment Checklist for Fluency Disorders:

- ☐ Review documentation of hearing and vision status.
- ☐ Review information from the communication screening to consider the possibility of a disorder in other area(s), for example, articulation, language and voice.
- ☐ Collect and assess samples of communicative behavior in structured and unstructured communicative situations.
- ☐ Examine oral/motor structures and function.
- ☐ Conduct behavior observations and/or other informal measures to validate the presence or absence of behavioral, emotional and/or cognitive symptoms of a fluency disorder, and to assess adverse effect.

  For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

- ☐ Complete the *Fluency Assessment Summary*.
- ☐ Complete the *Communication Rating Scale: Fluency* and assign a severity rating.

  Gather all assessment data and relate it to each of the components on the *Communication Rating Scale: Fluency*. Circle the appropriate scores within each component area to correspond with the assessment data.

  - ✔ See *Special Assessment Considerations: Fluency (p. 39)*

  Total the values assigned to each component area, adding comments when appropriate. Assign a corresponding Fluency Rating of 0 - 3.

  Note: All data from functional assessments is compiled and used to complete the *Communication Rating Scale: Fluency.* This constitutes the speech-language pathologist's recommendation to the ARC regarding whether there is a fluency disorder and whether there is indication of an adverse effect on education. The ARC makes final determination of eligibility.

- ☐ Complete the *Communication Written Report* (see Appendix D) and attach the *Fluency Assessment Summary* and completed *Rating Scale.*

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Teacher/Parent Interview: Fluency

Student: _____ **D.O.B.:** _____

Respondent: _____ **Grade/Program:** _____

Primary Language: _____ **SLP:** _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
1.	Does the student verbalize appropriately?					
2.	Does the student verbalize effortlessly?					
3.	When verbalizing, are the student's facial and body movements appropriate?					
4.	Does this student readily participate in class discussions or activities that require speaking in front of groups?					
5.	Do you accept the student's pattern as adequate?					
6.	Do peers accept the student's pattern as adequate?					
7.	Do you understand the student's verbal intent without difficulty?					
8.	Does this student readily participate in conversation with peers? Please explain below.					
9.	Does the student's speech allow for participation/progress in the general curriculum? Please explain below.					

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

_____

_____

_____

_____ _____ _____

Respondent's Signature **Title** **Date**

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FLUENCY ASSESSMENT SUMMARY

Student: _____ D.O.B.: _____ C.A.: _____

SLP: _____ Grade/Program: _____ Date: _____

1. BEHAVIORAL COMPONENTS

a. Frequency of dysfluencies: _____/per 100 words produced in conversational context

b. Type(s) of dysfluencies observed:

___ whole multisyllabic word repetitions
___ whole monosyllabic word repetitions
___ part-word syllable repetitions
___ part-word speech sound repetitions
___ rephrasing or revision of sentences
___ pitch rise
___ abnormal rhythm, continuity, rate or effort
___ interjections
___ broken words
___ blocks/phonatory arrest
___ silent or audible prolongations
___ pauses

c. Blocks/phonatory arrest/sustained articulatory posture observed:

___ no ___ yes: average duration of ___ seconds

d. Speech sound prolongations observed: ___ no ___ yes: average duration of _____ seconds

e. Schwa replacement for intended vowel observed: ___ no ___ yes

f. Physical concomitants (secondary characteristics/struggle behaviors) observed:

___ none perceived
___ only noticeable to trained observer
___ noticeable to casual observer
___ distracting or obvious to the listener

Description of behavior(s): _____

_____

2. AFFECTIVE COMPONENTS

a. Student awareness and emotional reaction to dysfluencies:

___ not aware
___ occasionally aware
___ often aware
___ always aware

b. Student emotional reaction to dysfluencies:

___ not concerned
___ mildly frustrated
___ negative emotions are often observed/reported
___ negative emotions are frequently observed/reported

3. COGNITIVE COMPONENTS

a. Verbal or situational avoidance behaviors:

___ none observed or reported
___ occasionally observed or reported
___ frequently observed or reported
___ consistently observed or reported in numerous situations

b. Peer reactions to dysfluencies:

___ appear unaware
___ aware; some teasing noted/reported
___ frequent teasing noted/reported
___ considerable teasing requires strong adult intervention

4. ADDITIONAL ASSESSMENT INFORMATION :

_____

_____

_____

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Student: _____ D.O.B.: _____ Grade/Program: _____

SLP: _____ Date: _____

COMMUNICATION RATING SCALE: FLUENCY

	Non-disabling	Mild	Moderate	Severe
Frequency of Dysfluencies	0 10 or fewer per 100 words in conversation.	2 11 to 12 per 100 words in conversation.	3 13 to 14 per 100 words in conversation.	4 15 or more per 100 words in conversation.
Type(s) of Dysfluencies	0 Mostly whole multisyllabic word repetitions. Occasional whole-word interjections and phrase/sentence revisions.	2 Mostly whole monosyllabic word repetitions. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present.	4 Mostly part-word syllable repetitions. Occasional speech sound repetitions. Prolongations and broken words noted. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present. Blocks in which sound and airflow are shut off.	6 Frequent part-word speech sound repetitions. Frequent prolongations and broken words. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present. Long, tense blocks, some with noticeable tremors.
Phonatory Arrest/ Sustained Articulatory Posture	0 None observed or less than .5 seconds duration	4 0.5 to 2.0 seconds in duration	6 2.1 to 3.0 seconds in duration	8 3.1 or more seconds in duration
Speech Sound Prolongations	0 None observed or less than 1.5 seconds duration	4 1.6 to 3.0 seconds in duration	6 3.1 to 4.0 seconds in duration	8 4.1 or more seconds in duration
Schwa Replacement	0 Not perceived	0 Not perceived	0 Not perceived	6 Perceived
Physical Concomitants	0 None perceived.	2 Only noticeable to trained observer.	4 Noticeable to casual observer.	6 Distracting or obvious to the listener.
Awareness and Emotional Reactions	0 Student is neither aware of, nor concerned about, dysfluencies.	2 Student is occasionally aware and mildly frustrated by dysfluencies.	4 Student is often aware of dysfluencies. Negative emotions are often observed/reported.	6 Student is always aware of dysfluencies. Negative emotions are frequently obs./reported.
Avoidance Behaviors and Peer Reactions	0 No verbal or situational avoidance observed or reported. Peers appear unaware of dysfluencies.	2 Verbal or situational avoidance occasionally observed or reported. Peers are aware of dysfluencies; some teasing noted reported.	4 Verbal or situational avoidance frequently observed or reported. Frequent teasing noted or reported.	6 Verbal or situational avoidance consistently observed or reported. Considerable teasing requiring strong adult intervention.
Adverse Effect on Educational Performance	0 No interference with performance in the educational setting.	4 Minimally impacts performance in the educational setting.	6 Moderately interferes with performance in the educational setting.	8 Seriously limits performance in the educational setting.
Total Score	0 – 16	17 – 27	28 – 40	41 – 58
Rating Scale	Non-disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

Comments: _____

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Voice

A voice disorder is characterized by the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age, sex and/or culture.

A comprehensive voice evaluation includes an analysis of the student's respiration, phonation and resonance as well as data collected from observation, interview and/or case history regarding the student's vocal quality and appropriate use of voice throughout the day. The evaluation must also include a physical examination of the oral structure and a medical exam conducted by an appropriate medical professional (e.g., otolaryngologist).

The *Communication Rating Scale: Voice* outlines the primary variables of voice production measured during an assessment for voice disorder. Students for whom this rating scale is appropriate are those who may have vocal nodules, vocal fold thickening or other conditions of the laryngeal mechanism which cause noticeable differences in pitch, quality, loudness and resonance.

The components that must be assessed to determine if a student has a voice disorder and is eligible for special education and related services, as listed on the *Communication Rating Scale: Voice* are:

1. pitch;
2. loudness;
3. quality;
4. resonance;
5. vocal abuse/misuse;
6. physical condition/medical findings;
7. adverse effect of the voice disorder on educational performance.

The medical examination may include evaluation of the vocal folds through indirect laryngoscopy, videoendoscopy and/or videostroboscopy.

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Adverse Effect on Educational Performance

> *"Adverse effect" means that the progress of the child is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers. 707 KAR 1:002, Sect 1 (2)*

A voice disorder must adversely affect educational performance for the student to be eligible for special education and related services. That is, documentation must show how the disorder affects the student's involvement and progress in the general curriculum. Affected areas may include:

- social interaction
- behavior
- emotional development
- academic performance
- vocational performance
- participation in classroom activities and discussions

For preschoolers, documentation must show how the disability affects the student's participation in developmentally appropriate activities.

Adverse effect on educational performance must be documented in writing. Behavior observations and/or teacher/parent interviews are often used to document adverse effect. Observation should focus on the behavior(s) of concern within a functional setting in which the behavior occurs, such as classroom, small group setting or special class setting. The following forms may be used to gather and document information from observations or interviews:

Teacher/Parent Interview: Voice (see page 54)
Teacher/Parent Interview: Preschool (see Appendix B , page 64)
Communication Behavior Observation Form (see Appendix C, page 67)

For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.

Additional sources of data may include:

- case history specific to vocal abuse, onset of dysphonia, etc.
- teacher(s)' and/or parent(s)' written responses to specific questions about the student's targeted behavior(s);
- written documentation of observations by others specifically trained in observation techniques and methods (e.g., teacher, psychologist, principal, psychometrist, guidance counselor)

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Special Assessment Considerations: Voice

When speech-language screening reveals vocal characteristics that are atypical for a student's age, gender and/or cultural background, the ARC should convene to discuss comprehensive evaluation and referral to an appropriate medical specialist (e.g., otolaryngologist). A voice evaluation should include observations of the student's voice in a variety of communicative situations. The evaluation should also consider environmental and health factors which may contribute to the voice problem.

The purpose of the medical referral is to evaluate the general status of the laryngeal mechanism. The results of the medical report should be used by the ARC to determine whether voice therapy is an appropriate treatment. Some phonatory disorders do not respond to voice therapy while other laryngeal conditions such as papilloma or carcinoma have serious contraindications to voice therapy. For these reasons, the speech-language pathologist must not enroll a student in voice therapy unless current medical information is available.

Voice disorders among school age children are usually related to physical changes of the vocal folds, (e.g., vocal nodules), however, problems with vocal cord approximation can also cause dysphonia (hoarseness, breathiness, harshness, huskiness, stridency, etc.). Listed below are common terms used in the diagnosis of laryngeal pathology:

Vocal cord thickening: An actual tissue change that typically results from prolonged abuse/misuse of the voice or chronic infection of the vocal folds. This condition is common among school age children. Voice therapy specifically directed toward reducing abuse/misuse of voice production is often considered the best treatment for reducing vocal cord thickening.

Vocal Nodule: A benign, callous-like nodule that typically occurs on the anterior glottal margin of the vocal fold. Vocal nodules are one of the most common disorders of the larynx and are primarily caused by prolonged hyperfunctional use of the vocal mechanism. Treatment often encompasses voice therapy, surgical removal of the nodule(s) or a combination of surgery followed by voice therapy.

Vocal Polyp: A bulging enlargement that typically occurs in the same junction of the vocal fold as nodules. Vocal polyps are more likely to be unilateral than bilateral and typically develop as a result of prolonged vocal abuse. While polyps respond to voice therapy, surgical removal with follow-up vocal rest and voice therapy is often required.

Papilloma: A wartlike benign tumor of the larynx that frequently occurs among young children. Small papillomas often vanish without therapeutic or surgical intervention; however, large papillomas may require surgical removal and/or close monitoring by a laryngologist. Students with papillomas are NOT candidates for voice therapy.

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Contact Ulcer: A benign ulceration of the vocal folds that is often caused by tissue irritation resulting from esophageal reflux and/or vocal abuse. Contact ulcers are rarely seen in children. Vocal rehabilitation is often the preferred treatment for contact ulcers, although large ulcerations may require surgery with follow-up voice therapy.

Leukoplakia: A benign growth of whitish patches on the vocal folds, caused by chronic irritation (i.e., smoking) that causes vocal hoarseness and chronic cough. Typically, leukoplakia is treated by removing the cause of the irritation (e.g., quit smoking). This condition is not responsive to voice therapy.

Hyperkeratosis: A benign mass of accumulated tissue, which may grow on the inner glottal margins of the vocal folds, causing hoarseness. This condition is not responsive to voice therapy, but should be closely monitored by a laryngologist because it occasionally develops into a malignancy.

Granulomas or Hemangiomas: Tissue lesions that are related to glottal trauma (e.g., intralaryngeal intubation during surgery) and result in a hoarse vocal quality. Temporary vocal rest often reduces the lesion and formal voice therapy is typically not required.

Vocal cord paralysis: Lesions of the neural or muscular mechanism resulting in the inability of one or both cords to move. In adductor paralysis, the vocal fold(s) cannot move to the central position, while abductor paralysis causes an inability of the vocal fold(s) to move laterally.

> **Unilateral adductor paralysis** results in a breathy, hoarse vocal quality with poor intensity and range of pitch. Voice therapy may be somewhat helpful in achieving a stronger voice. Medical management, such as Teflon injection, is often recommended as well.
>
> **Bilateral adductor paralysis** results in almost aphonic speech, and voice therapy is seldom effective. Medical management, such as surgical repositioning of the vocal folds is sometimes helpful.
>
> **Unilateral abductor paralysis** seldom causes a significant speaking problem, but often results in shortness of breath due to the decreased size of the glottal opening.
>
> **Bilateral abductor paralysis** requires immediate surgical intervention (e.g., tracheotomy) followed by surgical repositioning of the vocal folds. Voice therapy may be prescribed to help the student learn to use the reconstructed phonatory mechanism.

Laryngeal web (synechia): A membranous tissue (webbing) that grows between the proximal vocal folds. Webbing may be congenital but is typically the result of severe laryngeal infections or laryngeal trauma. Laryngeal webbing may cause shortness of breath and dysphonia. Laryngeal webs are typically treated with surgical intervention followed by vocal rest.

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Exclusions

A student with a suspected voice disorder is not eligible for special education and related services when:

1. the severity rating values fall within the normal range (non-disabling = 0)

2. the vocal characteristics:
   - are the result of temporary physical factors, such as allergies, colds, abnormal tonsils or adenoids, or transient vocal abuse/ misuse
   - are the result of prepubertal laryngeal changes in male students
   - are the result of regional or dialectical differences
   - do not interfere with educational performance

Note: The speech-language pathologist should discuss any potential vocal harm with the student's parents and teachers to prevent acute or transient vocal patterns (e.g., transient abuse or allergy effects) from developing into chronic vocal problems.

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ASSESSMENT PROCEDURES FOR VOICE DISORDERS

Review Hearing, Vision and Communication Screening

Collect and Assess Speech and Phonation Samples

Assess Oral Motor Structure and Function

Secure Medical Findings from Appropriate Physician Referral

Document Adverse Effect

Complete *Voice Assessment Summary*

Complete *Voice Rating Scale* and Assign a Severity Rating

Complete *Communication Written Report*

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Assessment Checklist for Voice:

- ☐ Review documentation of hearing and vision status.
- ☐ Review information from the communication screening to consider the possibility of a disorder in other area(s), for example, speech sound production and use, language and fluency.
- ☐ Collect and record appropriate samples of the student's voice, including samples of connected speech and sustained vowel phonations. Collect information regarding the student's vocal habits and the onset, duration and variability of the suspected voice disorder. Analyze the student's vocal characteristics according to the components on the *Voice Assessment Summary*.
- ☐ Examine oral/motor structures and function.
- ☐ Secure medical findings from an appropriate physician for additional assessment of the structure and function of the laryngeal and/or velopharyngeal mechanism(s). **Without this information, eligibility for voice therapy cannot be determined and therapy should not be initiated.**
- ☐ Conduct behavior observations and/or other informal measures to validate assessment data related to the observed vocal characteristics and to assess adverse effect.

  For preschoolers, additional functional settings may be playtime, or activities in the community or at home. Parental input should be elicited to assess the adverse effect on educational (developmental) performance.
- ☐ Complete the *Voice Assessment Summary.*
- ☐ Complete the *Communication Rating Scale: Voice* and assign a severity rating.

  Gather all assessment data and relate it to each of the components on the *Communication Rating Scale: Voice*. Circle the appropriate scores within each component area to correspond with the assessment data.

  - ✔ See *Special Assessment Considerations: Voice (p. 49)*
  - ✔ Do not include regional or dialectal differences.

  Total the values assigned to each component area, adding comments when appropriate. Assign a corresponding Voice Severity Rating of 0 - 3.

  Note: All data from functional and medical evaluations are compiled and used to complete the *Communication Rating Scale: Voice.* This constitutes the speech-language pathologist's recommendation to the ARC regarding whether there is a voice disorder and whether there is indication of an adverse effect on education. The ARC makes final determination of eligibility.
- ☐ Complete the *Communication Written Report* (see Appendix D*)* and attach the *Voice Assessment Summary* and completed *Rating Scale.*

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Teacher/Parent Interview: Voice

Student: _____ **D.O.B.:** _____

Respondent: _____ **Grade/Program:** _____

Primary Language: _____ **SLP:** _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
1.	Does the student maintain his/her voice throughout the day?					
2.	Can the student's voice be heard when answering questions or participating in class activities/discussions?					
3.	Does the student use a loudness level that is appropriate to the classroom environment?					
4.	Does the student have appropriate pitch as compared with peers (e.g., pitch is not too high/too low)?					
5.	Do peers accept the student's voice as normal?					
6.	Does the student use appropriate voice quality compared with peers (e.g., quality is not frequently hoarse)?					
7.	Does the student speak easily without excessive coughing or throat clearing?					
8.	Do you freely call on this student to answer questions?					
9.	Does the student readily participate in class discussions or activities that require speaking in front of peers? Please explain any difficulties below.					
10.	Does the student's voice allow for participation/progress in the general curriculum? Please explain any difficulties below.					

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

_____

_____

_____ _____ _____

Respondent's Signature **Title** **Date**

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VOICE ASSESSMENT SUMMARY

Student: _____ D.O.B.: _____ C.A.: _____

SLP: _____ Grade/Program: _____ Date: _____

1. PITCH

___ normal
___ too high ___ too low ___ pitch breaks
____ perceived by trained listener only
____ intermittent; perceived by others
____ persistent; inappropriate for age and sex

Description: _____

_____

2. LOUDNESS

___ normal
___ too loud ___ too soft
____ perceived by trained listener only
____ intermittent; perceived by others
____ persistent

Description: _____

_____

3. QUALITY

___ normal
___ breathy ___ harsh ___ hoarse ___ aphonic
____ perceived by trained listener only
____ intermittent; perceived by others
____ persistent

Description (glottal fry, tense, strident, etc.): _____

_____

4. RESONANCE

___ normal
___ hypernasal ___ hyponasal
____ perceived by trained listener only
____ intermittent; perceived by others
____ persistent

Description: _____

_____

5. VOCAL ABUSE/MISUSE	NOT OBSERVED	SITUATION BOUND	INTERMITTENT	PERSISTENT
Shouting				
Loud talking				
Loud whispering				
Hard glottal attack				
Inhalation phonation				
Excessive throat clearing				
Excessive loudness				
Inappropriate pitch				
Talking in noisy environment				

6. MEDICAL FINDINGS

___ no laryngeal pathology reported
___ laryngeal pathology reported:
___ vocal fold thickening ___ edema ___ nodules ___ polyps __ ulcers
___ enlarged tonsils/adenoids ___ insufficient tonsils/adenoids
___ partial paralysis of vocal folds ___ complete paralysis of vocal folds
___ neuromotor involvement of laryngeal/velopharyngeal muscles ___ other (*describe below*)

Comments: _____

7. ADDITIONAL ASSESSMENT INFORMATION (from case history, interview, etc.): _____

_____

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Student: _____ D.O.B.: _____ Grade/Program: _____

SLP: _____ Date: _____

COMMUNICATION RATING SCALE: VOICE

	Non-disabling	Mild	Moderate	Severe
Pitch	0 Normal for age, gender and culture.	1 Noticeable abnormality perceived by trained listener.	2 Intermittent abnormality perceived by untrained listener.	3 Persistent abnormality for age, sex and/or culture.
Loudness	0 Within normal limits.	1 Noticeable abnormality perceived by trained listener.	2 Intermittent abnormality perceived by untrained listener.	3 Persistently inappropriate for age, sex and/or culture.
Quality	0 Within normal limits.	1 Noticeable abnormality perceived by trained listener.	2 Intermittent abnormality perceived by untrained listener.	3 Persistent breathiness, glottal fry, harshness, hoarseness, tenseness, stridency, aphonia or other abnormal vocal qualities.
Resonance	0 Within normal limits.	1 Noticeable abnormality perceived by trained listener.	2 Intermittent abnormality perceived by untrained listener.	3 Persistent abnormality.
Vocal Abuse/Misuse	0 Not observed.	2 Limited to specific situations.	3 Observed intermittently throughout the day.	4 Persistent throughout the day.
Medical Findings	0 No laryngeal pathology reported by physician. Physical conditions influencing pitch, loudness, quality or resonance may include allergies, colds, abnormal tonsils and/or adenoids.	2 Minor laryngeal pathology reported by physician. Pathology may include vocal fold thickening, edema or nodules.	4 Laryngeal pathology reported by physician. Pathology may include nodules, polyps, ulcers, edema, partial paralysis of vocal folds, enlarged or insufficient tonsils and/or adenoids.	6 Persistent physical conditions reported by physician. Pathology may include unilateral or bilateral paralysis of vocal folds, neuromotor involvement of laryngeal/velopharyngeal muscles, etc.
Adverse Effect on Educational Performance	0 No interference with performance in the educational setting.	4 Minimally impacts performance in the educational setting.	6 Moderately interferes with performance in the educational setting.	8 Seriously limits performance in the educational setting.
Total Score	0 - 8	9-15	16-23	24-30
Rating Scale	Non-disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

Comments: _____

_____

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APPENDIX A

Kentucky's Learning Goals and Academic Expectations

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Kentucky's Learning Goals
and
57 Academic Expectations

GOAL 1: Students are able to use basic communication and mathematics skills for purposes and situations they will encounter throughout their lives.

1. Students use reference tools such as dictionaries, almanacs, encyclopedias, and computer reference programs and research tools such as interviews and surveys to find the information they need to meet specific demands, explore interests or solve specific problems.
2. Students make sense of the variety of materials they read.
3. Students make sense of various things they observe.
4. Students make sense of the various messages to which they listen.
5. Students use mathematical ideas and procedures to communicate, reason, and solve problems.
6. Students organize information through development and use of classification rules and systems.
7. Students write using appropriate forms, conventions, and styles to communicate ideas and information to different audiences for different purposes.
8. Students speak using appropriate forms, conventions, and styles to communicate ideas and information to different audiences for different purposes.
9. Students make sense of ideas and communicate ideas with the visual arts.
10. Students make sense of ideas and communicate ideas with music.
11. Students make sense of and communicate ideas with movement.
12. Students use computers and other kinds of technology to collect, organize, and communicate information and ideas.

GOAL 2: Students shall develop their abilities to apply core concepts and principles form mathematics, the sciences, the arts, the humanities, social studies, practical living studies, and vocational studies to what they will encounter throughout their lives.

Science

1. Students understand scientific ways of thinking and working and use those methods to solve real-life problems.
2. Students identify, analyze, and use patterns such as cycles and trends to understand past and present events and predict possible future events.
3. Students identify and analyze systems and the ways their components work together of affect each other.
4. Students use the concept of scale and scientific models to explain the organization and functioning of living and nonliving things and predict other characteristics that might be observed.
5. Students understand that under certain conditions nature tends to remain the same or move toward a balance.
6. Students understand how living and nonliving things change over time and the factors that influence the changes.

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Mathematics

1. Students understand number concepts and use numbers appropriately and accurately.
2. Students understand various mathematical procedures and use them appropriately and accurately.
3. Students understand space and dimensionality concepts and use them appropriately and accurately.
4. Students understand measurement concepts and use measurements appropriately and accurately.
5. Students understand mathematical change concepts, and use them appropriately and accurately.
6. Students understand mathematical structure concepts, including the properties and logic of various mathematical systems.
7. Students understand and appropriately use statistics and probability.

Social Studies

1. Students understand the democratic principles of justices, equality, responsibility, and freedom and apply them to real-life situations.
2. Student can accurately describe various forms of government and analyze issues that relate to the right and responsibilities of citizens in a democracy.
3. Students observe, analyze and interpret human behaviors, social groupings, and institutions to better understand people and the relationships among individuals and among groups.
4. Students interact effectively and work cooperatively with the many ethnic and cultural groups of our nation and world.
5. Students understand economic principles and are able to make economic decisions that have consequences in daily living.
6. Students recognize and understand the relationship between people and geography and apply their knowledge in real-life situations.
7. Students understand, analyze, and interpret historical events, conditions, trends and issues to develop historical perspective.
8. (Incorporated in 2.16)

Arts and Humanities

1. Students create works of art and make presentations to convey a point of view.
2. Students analyze their own and others' artistic products and performances using accepted standards.
3. Students have knowledge of major works of art, music, and literature and appreciate creativity and the contributions of the arts and humanities.
4. In the products they make and the performances they present, students show that they understand how time, place and society influence the arts and humanities such as languages, literature and history.
5. Through the arts and humanities, students recognize that although people are different, they share some common experiences and attitudes.
6. Students recognize and understand the similarities and differences among languages.
7. Students understand and communicate in a second language.

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Practical Living

1. Students demonstrate skills that promote individual well being and healthy family relationships.
2. Students evaluate consumer products and services and make effective consumer decisions.
3. Students demonstrate the knowledge and skills they need to remain physically healthy and to accept responsibility for their own physical well being.
4. Students demonstrate strategies for becoming and remaining mentally and emotionally healthy.
5. Students demonstrate the skills to evaluate and use services and resources available in their community.
6. Students perform physical movement skills effectively in a variety of settings.
7. Students demonstrate knowledge and skills that promote physical activity and involvement in physical activity throughout their lives.

Vocational Studies

1. Students use strategies for choosing and preparing a career.
2. Students demonstrate skills and work habits that lead to success in future schooling and work.
3. Students demonstrate skills such interviewing, writing resumes, and completing applications that are needed to be accepted into college or other post-secondary training or to get a job.

GOAL 3: Students shall develop their ability to become self-sufficient individuals.

GOAL 4: Students shall develop their abilities to become responsible members of a family, work group, or community, including demonstrating effectiveness in a community.

GOAL 5: Students shall develop their abilities to think and solve problems in school situations and in a variety of situations they will encounter in life.

1. Students use critical thinking skills such as analyzing, prioritizing, categorizing, evaluation and comparing to solve a variety of problems in real-life situations.
2. Students use creative thinking skills to develop or invent novel, constructive ideas or products.
3. Students organize information to develop or change their understanding of a concept.
4. Students use a decision-making process to make informed decisions among options.
5. Students use problem-solving processes to develop solutions to relatively complex problems.

GOAL 6: Students shall develop their abilities to connect and integrate experiences and new knowledge from all subject matter fields with what they have previously learned and build on past learning experiences to acquire new information through various media sources.

1. Students connect knowledge and experiences from different subject areas.
2. Students use what they already know to acquire new knowledge, develop new skills, or interpret new experiences.
3. Students expand their understanding of existing knowledge by making connections with new knowledge, skills and experiences.

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EDUCATIONAL RESOURCES

The Program of Studies for Kentucky Schools Grades Primary-12 (revised 1998) specifies the minimum content for the required 15 credits for high school graduation and the academic content for primary, intermediate and middle level programs that lead to the graduation requirements.

The Implementation Manual for the Program of Studies consists of three volumes (elementary, middle and high school) and provides a framework for designing curriculum models of content outlined in the Program of Studies.

The Core Content for Assessment identifies content essential for all students to know and that will be included on the state assessment for reading, writing, mathematics, science, social studies, arts and humanities, practical living, and vocational studies.

Transformations: Kentucky's Curriculum Framework is a technical assistance guide based on *Kentucky's Learning Goals and 57 Academic Expectations* for curriculum development. It identifies specific skills, processes and content knowledge as demonstrators of benchmarks of learning.

Teaching All Students in Kentucky Schools (TASKS) is an expansion of the Transformations document, which provides demonstrators, activities, and teaching and assessment strategies for students with disabilities having diverse learning needs.

These resources are available on the Kentucky Department of Education website at:

http://www.kde.state.ky.us
(select "Publications")

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APPENDIX B

Teacher/Parent Interview: Preschool

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Teacher/Parent Interview: Preschool

Student: _____ **D.O.B.:** _____

Respondent: _____ **Grade/Program:** _____

Primary Language: _____ **SLP:** _____

Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.

Page 1 of 2

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
1.	Does this student eat, chew, swallow, and suck without drooling or choking?					
2.	Is this student in good health (e.g., does not have frequent colds, ear infections, or congestion)?					
3.	Does this student follow verbal directions?					
4.	Does this student listen to stories?					
5.	Does this student seem to understand what is said?					
6.	Does this student seem to remember what is said?					
7.	Does this student know his/her first and last names?					
8.	Can this student identify common body parts and some objects (e.g., touch your nose)?					
9.	Does this student look at books?					
10.	Does this student appear to learn new words every week?					
11.	Does this student participate in pretend play or imitate adult activities (i.e., cooking, mowing lawn)?					
12.	Does this student appear to enjoy talking?					
13.	Does this student's speech include the use of many different speech sounds?					
14.	Does this student use words to communicate?					
15.	Does this student use words with more than one syllable (i.e., jacket, apple, banana)?					
16.	Does this student communicate with other children?					
17.	Can this student name common body parts and some objects?					
18.	Can this student answer questions?					
19.	Does this student seem to use longer sentences every month?					

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Student: _____

D.O.B. _____

Page 2 of 2

	As compared to peers in the same setting:	**Always**		**Sometimes**		**Never**
		1	**2**	**3**	**4**	**5**
20.	Does this student use sentences appropriate for his/her age?					
21.	Does this student ask for things without pointing or using gestures?					
22.	Does this student ask simple questions?					
23.	Does this student answer simple questions?					
24.	Does this student take turns when talking?					
25.	Does this student play beside another child (parallel play)?					
26.	Does this student play by him/herself (independent play)?					
27.	Does this student speak clearly?					
28.	Is this student understood by his/her family?					
29..	Is this student understood by people outside of the family?					
30.	Can this student imitate new sounds and words?					
31.	Is this student typically understood if asked to repeat a word a second time?					
32.	Will this student repeat a word or phrase when not understood, without getting upset?					
33.	Does this student have a clear voice?					
34.	Does this student use a voice that is the same volume as peers?					
35.	Does this student talk smoothly without repeating sounds/words?					
36.	Do this student's speech/language skills seem to be steadily improving?					

In your opinion, does this student participate appropriately and show progress in developmentally appropriate activities as compared to peers in the same setting? ___ yes ___ no

Please describe any other observations/concerns related to the communication skills of this student:

_____

_____

_____ _____ _____

Respondent's Signature **Title** **Date**

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APPENDIX C

Communication Behavior Observation Form

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COMMUNICATION BEHAVIOR OBSERVATION FORM

Student: _____ D.O.B.: _____ Date: _____

Observer/Title: _____ Grade/Program: _____

Target Behavior Being Observed: _____

Setting: ____ classroom ____ playground ____ cafeteria ____ gym ____ home

____ other (describe: _____

Physical Environment: ____ at table ____ at desk ____ at listening center ____ on the floor

____ at chalkboard ____ at learning center ____ on chair in group

____ other (describe: _____

Social Environment: ____ solitary play ____ with group (number of students in the group: _____

____ with parent(s)/sibling(s) ____ other (describe: _____

Task/Activity, which the teacher has defined for the student: _____

_____

Task/Activity of other students (*if different from student being observed*)**:** _____

_____

SUMMARY OF OBSERVED COMMUNICATION BEHAVIORS:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Observer's Signature **Title** **Date**

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APPENDIX D

Communication Written Report Forms

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COMMUNICATION WRITTEN REPORT

Student: _____ School: _____

D.O.B.: _____ C.A.: _____ Grade/Program: _____ Date(s) of Evaluation: _____

This information is being provided to the ARC for the purposes of:

___ initial evaluation of speech-language skills (*comprehensive assessment*)
___ re-evaluation of speech-language skills (*comprehensive or skill specific assessment*)
___ other: _____

Contributors (Name/Title):

_____ _____

_____ _____

HEARING SCREENING:

___ passed screening @ 20 dB on _____ (*date of screening*)
___ failed screening @ 20 dB on _____ (*report results of medical/audiological follow-up*)

Comments: _____

_____

ORAL EXAMINATION:

___ structure and function within normal limits on _____ (*date of evaluation*)
___ other (*describe*): _____

_____

COMMUNICATION SCREENING: (*check all areas found to be within normal limits*)

___ speech sound production and use ___ fluency ___ language ___ voice

SPEECH-LANGUAGE ASSESSMENT SUMMARY: (*summarize formal and informal assessment information, present level of performance and any adverse effect on educational performance*)

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Student: _____ D.O.B.: _____

OTHER:

___ yes ___ no The student's communication difference is due to use of a regional dialect or nonstandard English. (if yes, the assessment must reflect consideration of these issues)

___ yes ___ no The student speaks two or more languages and/or is unfamiliar with the English language. (if yes, the assessment must reflect consideration of these issues.)

___ yes ___ no There is evidence that the student's communication disorder adversely affects his/her educational performance (supportive documentation must be summarized in this report or on the appropriate *Rating Scale*).

_____ _____

Speech/Language Pathologist(s) Report Date

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COMMUNICATION WRITTEN REPORT

Student: _____ School: _____

D.O.B.: _____ C.A.: _____ Grade/Program: _____ Date(s) of Evaluation: _____

This information is being provided to the ARC for the purposes of:

___ initial evaluation of speech-language skills (*comprehensive assessment*)
___ re-evaluation of speech-language skills (*comprehensive or skill specific assessment*)
___ other: _____

Contributors (Name/Title):

_____ _____

_____ _____

HEARING SCREENING:

___ passed screening @ 20 dB on _____ (*date of screening*)
___ failed screening @ 20 dB on _____ (*report results of medical/audiological follow-up*)

Comments: _____

ORAL EXAMINATION:

___ structure and function within normal limits on _____ (*date of evaluation*)
___ other (*describe*): _____

COMMUNICATION SCREENING: (*check all areas found to be within normal limits*)

___ speech sound production and use ___ fluency ___ language ___ voice

SPEECH-LANGUAGE ASSESSMENT SUMMARY: (*summarize formal and informal assessment information, present level of performance and any adverse effect on educational performance*)

_____

_____

_____

_____

_____

_____

OTHER:

___ yes ___ no The student's communication difference is due to use of a regional dialect or nonstandard English.
(if yes, the assessment must reflect consideration of these issues)

___ yes ___ no The student speaks two or more languages and/or is unfamiliar with the English language.
(if yes, the assessment must reflect consideration of these issues)

___ yes ___ no There is evidence that the student's communication disorder adversely affects his/her educational performance. (supportive documentation must be summarized in this report or on the appropriate *Rating Scale*)

_____ _____
Speech/Language Pathologist(s) Report Date

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APPENDIX E

Optional Page 2 for *Assessment Summary* Forms

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Page 2 of: ___ *Speech Sound Production and Use Assessment Summary* ___ *Language Assessment Summary*
___ *Fluency Assessment Summary* ___ *Voice Assessment Summary*

Student: _____ D.O.B.: _____

_____ _____
Speech/Language Pathologist(s) Report Date

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SPEECH-LANGUAGE RESOURCES

ASHA Documents:

Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents

Guidelines for Roles and Responsibilities of School-Based Speech-Language Pathologists

Clinical Issues When Assessing African American Children

Second Language Learners

Documents from the American Speech-Language-Hearing Association are available through:

ASHA Action Center
10801 Rockville Pike
Rockville, MD 20852-3279
800-498-2071
e-mail: actioncenter@asha.org

Extensive information is available on the ASHA website at:

http://professional.asha.org

The Assistive Technology Matrix website is available at:

http://www.kde.state.ky.us/oet/customer/at/atmatrix.asp

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