

Kentucky Eligibility Guidelines For Students with Speech or Language Impairment 3rd Edition (KEG-3)



Summer 2020



The following is non-regulatory guidance designed to work in conjunction with the procedural safeguard protections for students with disabilities under the Individuals with Disabilities Education Act (IDEA). Revision to guidance occurs based on feedback the Office of Special Education and Early Learning (OSEEL) receives from the directors of Special Education, state shareholder groups, the KDE's interpretation of law, court cases and guidance from the Office of Special Education Programs (OSEP). The OSEEL also revises guidance based on on-site monitoring visits, desk audits and formal written complaints.

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FORWARD

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 the original documents to assist local Kentucky school districts in the appropriate implementation of special education programs and related services for students with communication disabilities.

In 2002, the *Kentucky Eligibility Guidelines for Students with Speech or Language Impairment - Revised (KEG-R)*, updated the guidelines to assist local Kentucky school districts 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 as a related service for students having a primary disability other than communication.

The 2002 revision of the *KEG* provided a systematic method for ensuring that all Kentucky Administrative Regulations pertinent to eligibility have been met.

The *Kentucky Eligibility Guidelines for Students with Speech or Language Impairment - 3rd Edition (KEG-3)* expands upon the earlier documents to assist local Kentucky school districts with appropriate eligibility decisions for speech or language impairments and determining the need for special education and related services in the school setting.

KEG-3 WORK GROUP

Members of the KEG-3 work group who led the revision of this document:

Brenda Addington, M.A., CCC-SLP
Jessamine County School District

Kinsey Chambers, M.S., CCC-SLP
Jefferson County School District

Patty Grable, M.S., Communication Disorders
Director of Special Education, West Kentucky Educational Cooperative

Jerri Hayes, M.S., CCC-SLP
Warren County School District

Lacey Lane, M.S., CCC-SLP
Kentucky Educational Development Corporation

Christie LaCharite, M.S., CCC-SLP
Boone County School District

Jerri LaFavers, M.S., CCC-SLP
Kentucky School for the Deaf

Margaret Miracle Murphy, M.A.,
CCC-SLP, LSLS Cert. AVT
Fayette County School District

Kim Reusch, M.S., CCC-SLP
Henderson County School District

Lisa Ryle, M.A., CCC-SLP
Boone County School District

Julie Sackella, M.A., CCC-SLP
Oldham County School District

Melissa Weedman, M.Ed., CCC-SLP
Jefferson County School District

The Kentucky Department of Education's (KDE's) Office for Special Education and Early Learning (OSEEL) would like to express their sincere appreciation to the KEG-3 work group for their time and expertise in completing this document.

PURPOSE

The KEG-3 work group developed the *Kentucky Eligibility Guidelines for Students with Speech or Language Impairment - 3rd Edition (KEG-3)* to assist Admissions and Release Committees (ARCs) in evaluation and eligibility determination for students suspected of having a speech or language impairment that adversely affects educational performance. Use of the *KEG-3* provides the ARC with discrete and clear evaluation information regarding the extent and nature of a child's communication disability. When included in the child's Present Levels of Academic Achievement and Functional Performance (PLAAF), this evaluation information will aid the ARC in developing an Individual Education Program (IEP) for the student that includes appropriate annual goals and short-term objectives or benchmarks.

The purposes of the KEG-3 are to:

- Assist school districts and ARCs in determining the initial eligibility of a student with a speech or language impairment in the areas of speech sound production and use, language, fluency and/or voice;
- Provide suggested assessment guidelines, sample forms and *Communication Rating Scales* for school districts to use throughout the evaluation process; and
- 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.

The KEG-3 is not intended to:

- Address the issues related to program design or delivery of speech language services; or
- Provide guidelines for the provision of speech and language services as a related service.

The Special Education Process

The Individuals with Disabilities Education Act (IDEA 2004) is a federal law that supports special education and related services for students with disabilities. In accordance with IDEA 2004, the [*Kentucky Administrative Regulations for Special Education Programs \(2008\)*](#) defines special education as “specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability including instruction in the classroom, in the home, in hospitals and institutions, and in other settings.” (707 KAR1:002, Section 1(56))

The following provides an overview of the special education process in Kentucky:

1. Research-Based Interventions

The local school district must ensure that prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel. It must also ensure that data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child’s parents. [707 KAR 1:300, Sections 3(3)(a) and 3(3)(b)]

2. Referral

The local school district must ensure that if the child has not made adequate progress after an appropriate period of time during which the conditions ... have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered. [707 KAR 1:300, Section 3(4)]

3. Evaluation

The local school district must ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of the services. [707 KAR1:300, Section 4(1)] It must also ensure the evaluation is sufficiently comprehensive to identify all the child’s special education and related service needs. [707 KAR 1:300, Section 4(11)] A local school district shall ensure that within 60 school days following the receipt of parental consent for an initial evaluation of a child, the child is evaluated. [707 KAR 1:320, Section 2(3)(a)]

4. Eligibility

Upon analysis of intervention and assessment data, the ARC shall determine whether the child is a child with a disability ... to the extent that specially designed instruction is required in order for the child to benefit from education. [707 KAR 1:310, Section 1(1)]

5. Individualized Education Program (IEP)

If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child. [707 KAR 1:310, Section 1(6)]

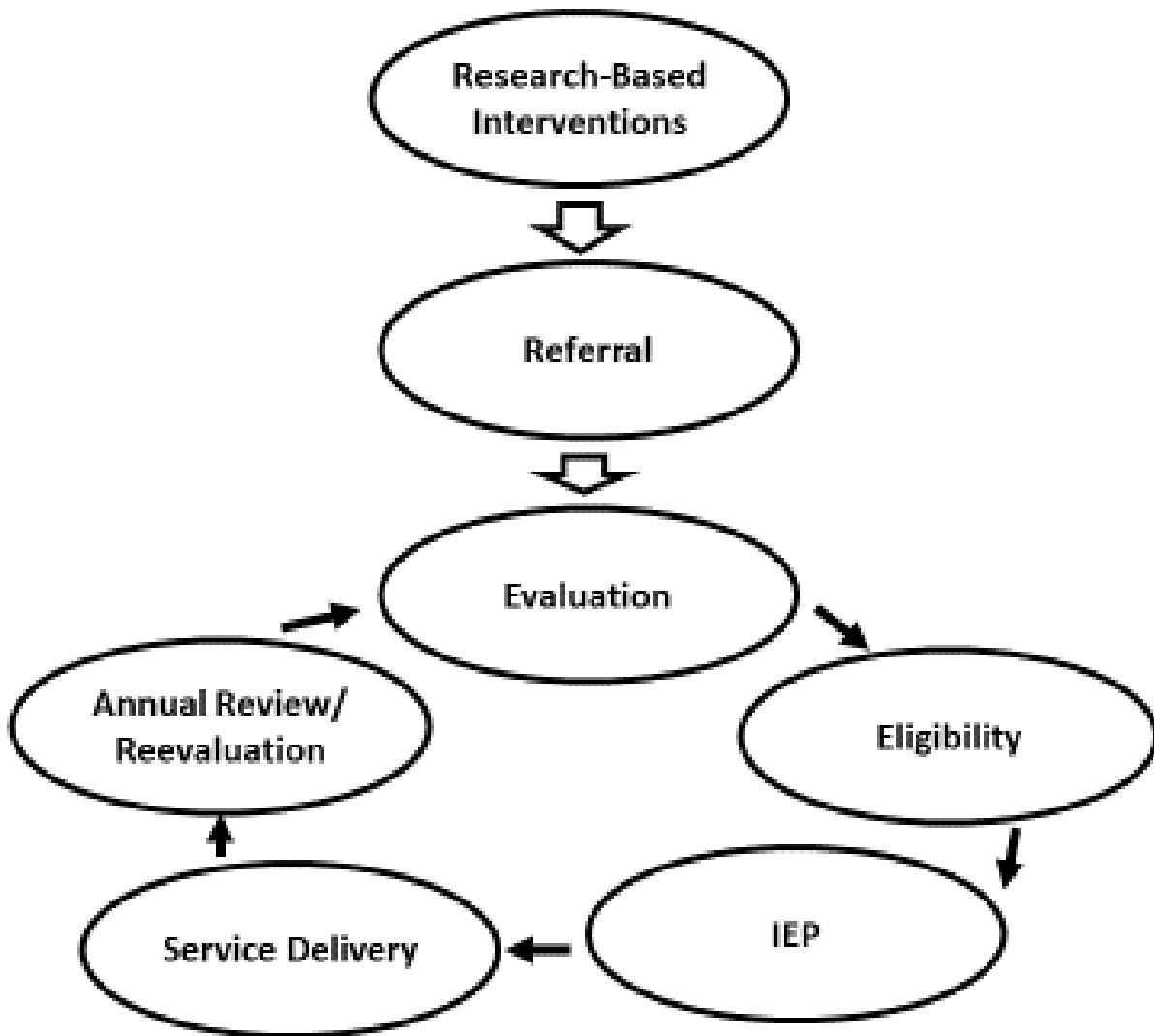
6. Service Delivery

In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions. [707 KAR 1:350, Section 1(5)]

7. Annual Review/ Reevaluation

An LEA shall ensure that the ARC reviews each child’s IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved and revise the IEP. [707 KAR 1:320, Sections 2(6)(a) and 2(6)(b)] A reevaluation ... is conducted at least every three (3) years. [707 KAR 1:300, Section 4(18)]

The graphic below depicts the continuing process for the provision of special education and related services:



Research-Based Interventions

707 KAR 1:300§3(3)(a)(b)

Under 707 KAR 1:300, Sections 3(3)(a) and 3(3)(b), the local school district must ensure that prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel. It also must ensure that data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents.

IDEA 2004 and the Kentucky special education regulations require local school districts to ensure intervention services are provided prior to, or as part of the special education referral process. This requirement applies to all suspected areas of disability, including the category of speech/language. An ARC cannot determine a student is eligible for special education services if the concerns are primarily due to the lack of appropriate instruction or limited English proficiency.

Each local school district must attempt to resolve the identified challenge or behaviors of concern in the general education environment before or while conducting a full and individual evaluation for special education eligibility. A typical school district intervention process might use school-level teams to assist a general education teacher in identifying ways to solve a student's classroom challenges. The intervention process may be referred to as Response to Intervention (RtI), Multi-Tier System of Supports (MTSS) or other similar acronym at the preference of the district. Speech/language pathologists (SLPs) may become involved in a problem-solving process that includes screening, developing interventions, collecting data, analyzing data and decision-making. SLPs provide teachers with strategies for making simple changes in the classroom environment that result in an increase in student achievement. If a student responds positively to interventions, the student is most likely presenting with a communication weakness that can be addressed through classroom programming. If a student does not respond positively to interventions, it signals a potentially disabling condition that warrants consideration for a special education evaluation. Information gathered through the intervention process assists with planning a more focused multidisciplinary evaluation for purposes of special education identification.

Intervention Process

The Kentucky legislature specified the legal requirements for Kentucky's intervention process for all disability categories in Kentucky's special education regulation in 2008. [[707 KAR 1:300, Section 3](#)] Implementation of the following are required:

- Relevant research-based instruction and intervention services are provided in regular (general) education settings prior to or as part of the referral process;
- Instruction and intervention services are provided by qualified personnel;
- Data-based documentation of repeated assessment of achievement or measures of behavior are collected and evaluated at reasonable intervals; and reflect systematic

- assessment of student progress during instruction; and
- Results are provided to the child’s parents.

According to the National Association of State Directors of Special Education (NASDE), RtI is “the practice of providing high-quality instruction and intervention matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important clinical decisions.” (Batsche et al., 2005, p. 3)

School districts in Kentucky most commonly implement a three-tiered approach within their intervention models. Tiered systems focus on the level of support that a student needs.

Tier I is universal instruction for all students. Teachers may notice indicators of a speech and/or language problem with individual students and provide models and instructional strategies to assist the students. During Tier I, the SLP may share information with the classroom teacher on types of interventions to be used as part of universal instruction. The SLP does not serve as an interventionist at this tier or any of the tiers during the intervention process. The SLP’s role is one of support.

Schools provide Tier II interventions to small groups of students who need more targeted support than they are receiving through Tier I. A regular classroom teacher or an intervention teacher may conduct Tier II interventions, and Tier II interventions are provided along with Tier I’s universal instruction. During Tier II, the SLP may be involved with building level teams to assist with determining the interventions to be implemented for individual students. In addition, the SLP may be involved with the data analysis process during this period.

Schools provide Tier III interventions when students do not demonstrate sufficient progress with Tier II interventions. The intensity and frequency of interventions increase significantly at the Tier III level. A specialist typically conducts interventions at this level in groups of three or less. However, specialists frequently implement Tier III interventions with students individually. At this level, the SLP will work collaboratively with school-level teams to review progress data collected during Tier II and assist with determining interventions to be implemented at Tier III. The school-level team also should involve the SLP in its discussion with the building-level team as to whether the student should be referred to an ARC for consideration of a referral for an evaluation for special education. The process for developing and revising interventions for a student should not end when moving from the intervention process into the evaluation process. When a referral is made before completion of an intervention cycle, interventions and progress monitoring data collection should continue as part of the student’s comprehensive multidisciplinary evaluation.

Progress monitoring is an important component of the intervention process and should take place at all tiers. Intensity, frequency and duration of progress monitoring will vary depending on students’ needs and should increase as students move through the tiers. Intervention personnel need to collect baseline data on the relevant skills being addressed prior to initiating an intervention. Baseline data is used to measure the effectiveness of the intervention by comparing it to the data collected during intervention implementation. The SLP should assist teachers and

interventionists with determining the data collection tool that will be utilized to gather and present progress monitoring data as interventions are implemented at each tier.

Intervention during the Referral Process

In most cases, schools complete the intervention process prior to a special education referral to ensure the student has been provided with appropriate learning experiences to meet his/her unique needs. In some cases, it is appropriate and possibly preferable to complete interventions with the student during the multidisciplinary evaluation period. Districts must not deny referrals or delay initial evaluation procedures for students suspected of having a disability such as Speech or Language Impairment because of a lack of participation in the intervention process (OSEP Memorandum 11-07, January 21, 2011, see Appendix A).

Communication Screenings

Mass Screenings

Preschool

Children who are enrolled in the public school preschool program are required to receive screening in several developmental areas including the area of communication within thirty (30) school days of enrollment. Parents are to be notified if the results of the screening “indicate a need for further assessment by a specialist, follow-up, or referral for special education and related services or other appropriate resources.” [\[704 KAR 3:410. Section 6\(7\)\]](#)

Kindergarten

Children who are enrolled in kindergarten participate in a common screening that considers the whole child by assessing five domains: cognitive, language, motor, social-emotional, and self-help skills. [\[704 KAR 5:070, Section 2\(2\)\]](#) The screener occurs no more than 15 calendar days prior to the start of school and no later than the 30th instructional day of the school year. [\[707 KAR 5:070, Section 3\(2\)\]](#)

There are no other grade requirements for mass screenings in the area of communication.

Parental consent is not required for screening by education personnel when the screening is administered to all students. [\[34 CFR 300.300\(d\)\(1\)\(ii\) and 300.302\]](#)

Individual Student Screenings

Individual screenings may be prompted by concerns expressed by teachers or parents. Local school districts must obtain written parental permission as required in these circumstances because the intent is to determine if the child is a student with a disability. Districts and schools are not required to obtain parental permission for a student undergoing screening, and screening of a student does not require a formal ARC meeting. Districts or schools may send home a permission for screening form for a parent to sign and return to school staff granting or denying permission for the screening (see Appendix B for sample permission for screening form).

There are circumstances when school staff may consider referring a student for evaluation for other suspected disability areas such as Mild Mental Disability, Specific Learning Disability, etc. In those instances, school staff may request a speech screening prior to an ARC meeting to consider accepting a referral for an evaluation. This information may be necessary to plan for a full evaluation for that student. Although hearing and vision screenings are required, a speech screening is not necessary for every suspected disability area unless required by your local school district policies.

Individual screenings should be limited to a brief probe and not rise to the level of formal assessment activities. Results of screenings should not be used or analyzed in isolation. The

results provide one data point that may assist school teams when determining the need to initiate intervention services or a referral for a special education evaluation.

The section from the *Referral for Multidisciplinary Evaluation* form where the results of a speech/language screening are to be documented is referenced below:

<u>Physical Functioning</u>			
Attach documentation for results of each screening.			
VISION	HEARING	MOTOR	SPEECH
<i>Required for all students referred for special education</i>		<i>Required when Specific Learning Disability suspected and as determined by the ARC</i>	<i>Required as Determined by the ARC</i>
Screening Date: Click here to enter a date. <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: Click here to enter a date. <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: Click here to enter a date. <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: Click here to enter a date. <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Referral

707 KAR 1:300, Section 3(4)

[707 KAR 1:300, Section 3\(4\)](#) states, “If the child has not made adequate progress after an appropriate period of time during which the conditions ... have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered.”

According to the [Kentucky Administrative Regulations for Special Education Programs \(2008\)](#), each local school district shall have a referral system that explains how they accept or act upon referrals from district or non-district sources in a timely manner. [707 KAR 1:300, Section (3)(1)] Anyone who suspects a student has educational needs, including the parent or legal guardian, can make a referral for an evaluation.

Parent and Outside Agency Referrals

School staff should refer to their local special education policies and procedures when receiving referrals from parents or other non-district sources. The information below may assist local school districts in acting upon referrals from non-district sources.

If a parent or other person not employed by a local school district seeks assistance in referring a student for special education and related services whom he or she believes to have a speech or language impairment under the IDEA, school or district personnel need to assist the parent or other individuals with the process for completing a written referral. Even if the student’s teacher(s) or other school staff do not agree that a referral is needed, school personnel have an obligation to assist with the completion of a written referral. Only the ARC has the authority to determine if a disability is suspected and a full and individual evaluation is needed.

In some cases, a parent may present documentation or an evaluation report from an outside agency to school personnel indicating the student has a diagnosis of a speech or language impairment. In those circumstances, school or district personnel may consider clarifying with the parent if they desire to refer their child for an evaluation to determine eligibility for special education services. The local school district or school should fully inform the parent of the referral process. If the parent does not request a referral at that time, the local school district may consider documenting the date the outside information or evaluation report was received, the name of the school or district staff who received the report and that the parent did not wish to proceed with a referral as a result of the outside evaluation.

If the parent, however, indicates a desire to initiate a referral, the school or district staff should assist the parent in completing the written referral.

If the student currently receives special education and/or related services under another eligibility category and the parent presents an outside evaluation report, the local school district needs to follow its special education policies and procedures for reevaluation to determine the need for additional action.

First Steps Referrals

[First Steps](#) is a statewide, early intervention system in Kentucky that provides services to children with developmental disabilities from birth to age 3 and their families. At least 90 days before a child's third birthday and with parent consent, First Steps personnel will notify the local school district in which a child resides that the child has been receiving early intervention services and will provide current testing and progress information as well as additional information to assist school personnel with completing a written referral.

Since the criteria for children to receive IDEA services in First Steps (Part C) differs from students eligible to receive IDEA services in a local school district setting (Part B), an updated multidisciplinary evaluation by the local school district may be needed for the ARC to determine whether proceeding with a referral for educational eligibility is appropriate.

School Staff Referrals

A teacher or other school personnel who seeks to refer a student shall complete a written referral on a local school district form which may include the following types of information:

1. Personally identifiable data including name and date of birth of the student, parent, and address;
2. Educational history of the student which may include:
 - School(s) attended
 - Patterns of attendance (e.g., excessive absences, excessive tardiness, discipline reports, suspension(s))
 - Current level or grade placement
 - Years in school
 - Results of systematic screenings
 - A summary of achievement data (e.g., work samples, grades, state and district assessment results, teacher records)
 - Family and student programs (provided through the school or other agencies) in which the student has received services
 - Other relevant information
3. Written documentation of concerns about the student as to performance in comparison to his or her similar age peers; screening data collected in such areas as communication, academic performance or developmental skills, health, hearing, vision and motor abilities; social and emotional interaction; general intelligence; and performance on districtwide and state-mandated assessments; and
4. Written documentation of appropriate research-based instruction implemented for each area of concern, including interventions and support services, and interventions provided in general education settings by qualified personnel that were proven ineffective to address the concern in improving the educational performance or behavior of the student in the regular educational program and environment.

Parent Notification of Referral

When a written referral is completed and submitted to designated school or district personnel, the district must convene an ARC for the purpose of determining if there is a need to proceed with a special education evaluation. The district must ensure the parents always are invited to participate and strongly encouraged to attend the ARC. Parents must provide written consent for the district to evaluate their child.

Evaluation

707 KAR 1:300, Section 4(1); 707 KAR 1:300, Section 4(11); 707 KAR 1:320, Section 2(3)(a)

Under [707 KAR 1:300, Section 4\(1\)](#), the local school district, “shall ensure that a full and individual evaluation is conducted for each child considered for specially designed instruction and related services prior to the provision of services.”

[707 KAR 1:300, Section 4\(11\)](#) states, the evaluation “shall be sufficiently comprehensive to identify all the child’s special education and related service needs.”

[707 KAR 1:320, Section 2\(3\)\(a\)](#) requires a local school district to “ensure that within sixty (60) school days following the receipt of the parental consent for an initial evaluation of a child, the child is evaluated.”

The *KEG-3* 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 a student’s:

- Eligibility for speech-language services as a primary disability; or
- Continued eligibility for speech-language services.

It also provides significant information for the ARC in identifying a student’s instructional needs that will be addressed in their IEP.

With parental input and involvement, the ARC will plan an evaluation to gather assessment data for two purposes:

- To determine whether a communication disorder or condition is present; and
- To determine whether the disorder or condition has an adverse effect on the student’s educational performance.

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 will be administered 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 or 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.

Observations

According to [707 KAR 1:300, Section 4\(14\) \(a-c\)](#), as part of any evaluation, “the ARC and other qualified professionals, if necessary, shall review existing evaluation data on the child including:

... (b) current classroom-based, local, or state assessments and classroom-based observations; and (c) observations by teachers and related service providers.”

Direct observations in the evaluation process are very important in determining eligibility. Observations assist the ARC in making eligibility determinations by verifying an adverse effect of the disability on the educational performance of the student. Depending on the nature and severity of the student’s disability, more than the minimum number of observations may be necessary for the ARC to have appropriate and sufficient information on which to base its eligibility decision.

Qualified, trained personnel observe the student in his or her learning environment to document what they see pertaining to the student’s performance or behaviors in the noted areas of concern. The ARC plans the observations, and written parental consent is required prior to the observations occurring.

For preschoolers not yet enrolled in a school or classroom setting, personnel may conduct observations during playtime or activities taking place in the community or the student’s home.

As part of a reevaluation process, an ARC may review existing data and determine that additional data is not needed to re-determine eligibility. Regulations require a minimum of two informal observations as part of the existing data review. Informal observations include information that is collected on an ongoing basis such as progress monitoring data of IEP goals, anecdotal notes and documented teacher input. Parental consent is not required for informal observations, as these involve gathering and noting information about the student that would otherwise ordinarily be collected during routine instruction.

If an ARC determines that formal observations are needed to re-determine eligibility, the district must obtain prior written parental consent before conducting the formal observations.

For triennial three-year reevaluation purposes, classroom behavior observations according to 707 KAR 1:310, Section 2 (5) should be conducted as follows: “At least one (1) team member other than the child’s regular education teacher shall observe the child in the learning environment, including the regular classroom setting, to document academic performance and behavior in the area of difficulty. If the child is less than school age or is out of school, the observation shall take place in an environment appropriate for the child.”

English Language Learners

Students for whom English is a second language and students who demonstrate dialectal variations may demonstrate a communication disorder in their primary language. It is imperative to use a variety of evaluation methods such as a systematic framework to assist in ruling out not only a disability, but native language influence as well.

It may be necessary for schools and local districts to collaborate with an interpreter or translator when assessing students for whom English is a second language. Testing instruments and tools may need to be adapted for cultural bias and paired with comprehensive observations, teacher

interviews and family interviews (using an interpreter, if needed), along with consideration of the student's culture and primary language environment to lay the foundation for distinguishing between a language difference and the presence of a language disorder.

Reporting test scores for a population in which the instrument was not normed is not appropriate for determining eligibility for a communication disorder. When considering the history and background of a student and his or her family, it may be questionable whether the population norms for a testing instrument are appropriate. In that case, ARCs should use the derived standardized scores only for therapeutic planning with primary consideration given to more informal measures in determining whether the student exhibits a communication disorder or a speech-language difference. Communication behavior(s) that interfere with interactions or calls attention to itself within the student's primary language group may indicate the presence of a speech or language impairment.

Differences in communication skills (e.g. dialectal differences or English as a Second Language) alone do not constitute communication disabilities under the *IDEA*. While students with these differences may benefit from interventions 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.

SLPs also should take into consideration all of the above when screening students prior to evaluation. Differences in communication alone is not a reason to move forward with a referral and a possible multidisciplinary evaluation for special education identification. Again, local school districts should use structured frameworks, observations, dynamic assessments, family interviews and an interpreter (when appropriate and feasible) during the screening process.

Assessment Considerations for English Language Learner Students

- Establish the dominant language for the student. (Complete a questionnaire such as one exemplified in the *Expressive and Receptive One Word Vocabulary Tests for Spanish* to help determine which language is more dominant.)
- If the student has been receiving instruction in English for several years, it may be appropriate to test in English and consider these results.
- Complete the evaluation in English as well as the native language in order to establish the stronger language.
- Use an interpreter proficient in the student's native language for the native language portion of the evaluation, when appropriate and feasible.
- Test using native language protocols if available. If a native language instrument is not available, use English tests with a translator, but remember that these tests cannot be used as an eligibility determinant if the student is not proficient in English.
- Ask the interpreter if the student exhibits sound errors in the native language.
- If sound production is an issue, check norms for the native language for common substitutions and omissions. Refer to <http://accent.gmu.edu/> to obtain a phonetic inventory for the student's native language.
- Ask the interpreter if the student's conversational skills are appropriate in the native

language.

- Use a conversational sample in both English and the second language when possible. Use the conversational sample recording sheet as a reference.
- Have an interpreter translate an age-appropriate paragraph or story in the native language. Ask questions following the story to check for comprehension. Use the provided story comprehension sample as a reference.
- Consider heavily the parental interview and performance of the student's siblings. If there are concerns in the native language, then it is likely there are difficulties in English.
- Provide some testing in English to determine if the student exhibits similar difficulties in English.
- If the student demonstrates deficits in the native language as well as English, the student may likely be eligible for language therapy.
- Testing results often will help determine the dominant language. If test scores in English are higher than those in the native language, then it would be valid for the ARC to consider the English results when determining eligibility.

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:

- Administration of a standardized norm-referenced measure; and
- Functional procedures which assess use of speech sounds in conversation

Speech sound disorders may be assessed and treated as:

- Phonetic or articulation disorders in which sound errors are motor-based. (In other words, the student's ability to produce a target sound is not within the person's repertoire of motor skills.)
- Phonemic or phonological disorders in which 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. While not an exhaustive list, students for whom this rating scale is appropriate are those who may have functional speech sound disorders, dysarthria and apraxia.

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

- Structure and function of the speech mechanism as it affects speech sound production;
- Data from standardized tests;
- Intelligibility of connected speech;

- The error types characterized on a range from common to atypical; and
- Adverse effect of the speech sound disorder on educational performance.

Classroom Observation of Communication Skills

Districts and ARCs use classroom behavior observations to document and analyze whether the student's communication deficits have an adverse effect upon the student's learning.

Observations should focus on the communication behavior(s) of concern within a functional setting in which the behavior occurs, such as classrooms, small group settings, special class settings, playgrounds, cafeterias and extracurricular settings. Observations should capture data for the targeted behavior(s) of concern, including specific sound errors and the frequency of the errors.

The SLP should observe how the student's speech sound disorder affects the student's involvement and progress in the general curriculum (*Kentucky Academic Standards*). The ARC also may use notations of the student's speech sound production skills as derived from classroom observations to validate the results of standardized tests. Classroom behavior observations also may help to support a teacher's routine description of the student's communicative behaviors. For initial evaluations of students suspected of having a speech sound disorder, regulations require a minimum of two formal classroom behavior observations for initial evaluations.

Exclusions

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

- Severity rating values fall within the normal range (non-disabling=0)
- Speech sound difference 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.

- Tongue thrust is unaccompanied by significant speech sound errors
- Structural deficits
- Developmentally appropriate errors
- The speech sound errors do not interfere with educational performance

Assessment Procedures for Speech Sound Production and Use Disorders

- Review documentation of student's current hearing and vision status.
- Review information from the student's communication screening to consider the possibility of a disorder in other areas such as language, fluency and voice.
- Collect and assess conversational speech samples. Engage the student in conversational speech to assess intelligibility and phoneme production patterns in connected speech.

- Assess the student’s 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*, the SLP should note that not all standardized measures have a consistent correlation among standard deviations, standard scores and percentiles. The SLP should only mark this section of the rating scale after the standard score or percentile is compared to the standard deviation using the test manual for the specific test administered.

- Conduct a minimum of two communication behavior observations to validate test results and assess adverse effect.
- Complete the *Speech Sound Production and Use Assessment Summary* (optional form).
- 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. 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*. The student’s ARC will use the evaluation information and the SLP’s severity rating to make an eligibility determination.

Teacher 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.

		Yes	*No	*Sometimes
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 <u>FREE</u> of frustration (crying, anger, refusal to repeat, etc.) if misunderstood?			
4.	Does the student answer questions and participate in discussions?			
5.	Do peers accept the student's speech without commenting or teasing?			
6.	Does the student actively engage in social interactions with peers?			
7.	Does the student's speech allow for participation/progress in the general curriculum? Please explain any difficulties below.			

*Please explain any "No" or "Sometimes" items and/or any additional communication skill concerns regarding this student.

Respondent's Signature _____ Title _____ Date _____

SPEECH SOUND PRODUCTION AND USE ASSESSMENT SUMMARY
(Optional Form)

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

SLP: _____ Grade/Program: _____ Date: _____

1. INTELLIGIBILITY

- a. SLP's judgment of connected speech intelligibility:
- Intelligible
 - Occasionally unintelligible and/or noticeably in error
 - Frequently unintelligible

- b. Connected speech was judged during:
- Conversation with SLP
 - Classroom observation
 - Other: _____

2. SOUND SYSTEM

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

1. _____
2. _____

Comments: _____

3. ERROR TYPE (Developmental acquisition needs to be considered)

- a. Sound errors or phonological processes typical of a child of younger age (list): _____
- _____
- b. Unusual or atypical sound errors or phonological processes (list): _____
- _____

4. SPEECH MECHANISM STRUCTURE AND/OR FUNCTION (refer to exclusions)

- Adequate for speech
- Mildly affects speech
- Significantly affects speech
- Inadequate for speech

Comments: _____

INFORMAL ASSESSMENT INFORMATION (information from observations, interviews, etc.):

COMMUNICATION RATING SCALE: SPEECH SOUND PRODUCTION AND USE

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

	Non-Disabling	Mild	Moderate	Severe
Speech Mechanism Structure and Function	0 Structure and/or function are adequate for speech.	0 Structure and/or function difficulty mildly affects speech.	0 Structure and/or Function difficulty affects speech.	0 Structure and/or function are inadequate for speech.
Sound System See *NOTE below	0 Scores on standardized instruments are within 1 1/3 SDs below the mean or above the 9 th percentile.	4 Scores on standardized instruments are 1 1/3 to 1 2/3 SDs below the mean or from the 9 th to the 5 th percentile.	6 Scores on standardized instruments are 1 2/3 to 2 SDs below the mean or from the 4 th to the 2 nd percentile.	8 Scores on standardized instruments are 2 or more SDs below the mean or below the 2 nd percentile.
Intelligibility	0 Connected speech is intelligible.	3 Connected speech is occasionally unintelligible and/or noticeably in error.	4 Connected speech is frequently unintelligible.	6 Connected speech is unintelligible or only intelligible when listener has knowledge of the context.
Error Types *Consider developmental acquisitions/ norms	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.
Adverse Effect on Educational Performance	0 Speech is adequate for the student's participation in the general curriculum and/or age-related activities.	4 Speech sounds are developing. Speech errors minimally impact the student's participation in the general curriculum and/or age-related activities.	6 Speech errors frequently impact the student's participation in the general curriculum and/or age-related activities.	8 Speech errors consistently impact the student's participation in the general curriculum and/or age-related activities.
Total Score	0 – 10	11 – 14	15 - 20	21 – 27
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.

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:

- Understand and interpret language; and
- Use appropriate language to successfully communicate in a variety of situations and for a variety of purposes.

The components that must be assessed to determine if a student has a language disorder and is eligible for special education as listed in the [*Communication Rating Scale: Language*](#) are:

- Administration of a standardized/norm-referenced test(s);
- Functional assessment measures across form, content and use; and
- Adverse effect of the language disorder on educational performance.

Standardized/Norm-Referenced Tests

When planning and conducting a student's evaluation, districts should select relevant assessment instruments so that the information gleaned is sufficiently comprehensive yet yields testing data 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.

ARCs use the assessment data 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, ARCs use the *expected language* performance as determined by norm-referenced data of standardized tests as a comparison point with the measured level of *actual language* performance on standardized tests. ARCs can then use this information to determine a significant discrepancy indicative of a language disorder.

Functional Assessment

Observation and analysis of the student's language skills within his or her everyday contexts and environments provide essential information about language strengths and possible area(s) of weakness.

ARCs may use the information gained within functional settings and contexts not only as partial

documentation of a language disorder, but they also may use it to learn more about the patterns and areas of the language disorder to assist in intervention planning. ARCs also should use functional data 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 of Communication Skills

Classroom behavior observations are used to document adverse effect of the student's functioning on his or her learning. Observations should focus on the communication behavior(s) of concern within a functional setting in which the behavior occurs, such as classrooms, small group settings, special class settings, playgrounds, cafeterias and extracurricular settings. Observations should capture data for the communication behavior(s) of concern. The SLP should observe how the student's language disorder affects his or her involvement and progress in the general curriculum (*Kentucky Academic Standards*). ARCs should use this informal assessment of the student's language skills to validate the results of standardized tests. Classroom behavior observations also may help to support a teacher's description of the student's communicative behaviors.

For initial evaluations of students suspected of having a language-based communication disorder, regulations require a minimum of two formal classroom communication behavior observations.

Teacher/Parent Interviews

The SLP can use information provided by or gathered from parents or teachers about the student's language performance in familiar, routine settings to verify the student's language performance.

Criterion-Referenced Activities (e.g., student telling a story)

Criterion-referenced tests and activities measures a student's ability or performance with respect to a specific skill. Such assessment tools aid the ARC in the understanding of a student's abilities and needs by complementing findings from norm-referenced (i.e., standardized) measures, and

they provide a means of describing the student's strengths and needs in terms of actual performance.

Review of Written Products

This method informally assesses a student's specific language skills within the context of academic tasks using the curriculum. It allows the ARC to analyze information obtained through a student's performance-based classroom work product(s) to compare and verify with results and data yielded from standardized instruments. Examples of these include student work samples and portfolio entries.

Language Tasks to Probe for Specific Skills

SLP-generated activities using functional tasks with curricular materials may gather valuable assessment information.

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

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)
 - Language differences are due to:
 - Limited English proficiency
 - Dialectal difference
 - Note: Such students may be eligible for speech-language services when a disorder exists in their native language or in their dialectal form or English. See information in this guidance document regarding *Communication Difference/Dialect*.
 - Language performance does not interfere with educational performance

Assessment Procedures for Language

- Review documentation of the student's hearing and vision status.
- Review information from the student's communication screening to consider the possibility of a disorder in other areas such as speech sound production and use,

fluency and voice.

- Administer relevant standardized/norm-referenced tests which are both comprehensive and specific to identified areas of weakness.
- Gather data regarding the child's communication functioning in the educational/developmental setting. Local districts and schools should begin this task prior to the student's standardized assessment to facilitate the selection of appropriate testing instruments during evaluation planning.
- Collect and assess samples of the student's conversational language.
- Conduct a minimum of two communication behavior observations to validate test results and assess adverse effect.
- Complete the *Language Assessment Summary*. (Optional Form)
- 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. 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*. The student's ARC will use the evaluation information and the SLP's severity rating to make an eligibility determination.

TEACHER 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.

		Yes	*No	*Sometimes
1.	Does the student follow directions for participation and transitioning between activities?			
2.	Does the student exhibit appropriate knowledge of basic concepts as compared to peers?			
3.	Does the student appear to comprehend questions asked in discussions?			
4.	Does the student ask questions for clarification or further information when he/she does not understand?			
6.	Does the student demonstrate understanding of the intent of the message?			
7.	Does the student tell stories and explain events or actions as appropriately as his/her peers?			
8.	Does the student explain and elaborate during curriculum-related discussions?			
9.	Does the student recall information presented orally?			
10.	Does the student communicate appropriately with the teacher?			
11.	Does the student initiate, maintain and terminate conversations appropriately?			
12.	Does the student establish and maintain appropriate social relationships?			
13.	Do the student's communication skills allow for participation and progress in the general curriculum?			

Please explain any "No" or "Sometimes" items and/or any additional communication skill concerns related to this student.

Respondent's Signature _____ Title _____ Date _____

LANGUAGE ASSESSMENT SUMMARY

(Optional Form)

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

SLP: _____ Grade/Program: _____ Date: _____

1. 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) <i>Record Standard Score(s) in appropriate severity level.</i>				

2. FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:

Measure Used	Findings

3. ADDITIONAL ASSESSMENT INFORMATION:

COMMUNICATION RATING SCALE: LANGUAGE

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

SLP: _____ Date: _____

	Non-Disabling	Mild	Moderate	Severe
Standardized/ Norm-Referenced Assessment See * NOTE	0 Scores on standardized instruments are within 1 1/3 SDs below the mean or above the 9 th percentile.	4 Scores on standardized instruments are 1 1/3 to 1 2/3 SDs below the mean or from the 9 th to the 5 th percentile.	6 Scores on standardized instruments are 1 2/3 to 2 SDs below the mean or from the 4 th to the 2 nd percentile.	8 Scores on standardized instruments are 2 or more SDs below the mean or below the 2 nd percentile.
Functional Assessment	0 Language skills are within expected range.	3 Language skills are mildly impaired.	4 Language skills are moderately impaired.	6 Language skills are severely impaired.
Adverse Effect on Educational Performance	0 Language skills are adequate for student's participation in the general curriculum and/or age-related activities.	4 Language skills are developing. Language errors minimally impact the student's participation in the general curriculum and/or age-related activities.	6 Language skill errors frequently impact the student's participation in the general curriculum and/or age-related activities.	8 Language skill errors consistently impact the student's participation in the general curriculum and or age-related activities.
Total Score	0 – 7	8- 11	12- 16	17- 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.

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 often are accompanied by affective (emotional) and cognitive symptoms that may have an adverse effect on successful student participation in educational, social and vocational activities.

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

- Assessment of observable behavioral components such as repetitions, prolongations, sustained articulatory posturing, schwa replacement, physical concomitants, rhythm, rate and physical effort.
- Assessment of any affective (emotional) components that may accompany the disorder including fear, anxiety, frustration, embarrassment, guilt, shame and helplessness related to communication.
- Assessment of any cognitive components that may accompany the disorder, including verbal avoidance, situational avoidance and negative impact on self-confidence or self-image.

The [*Communication Rating Scale: Fluency*](#) is an instrument that evaluates conversational fluency via classroom communication behavior observations. This tool uses classroom behavior observations to document the presence of any adverse effect on the student's communicative functioning as derived from deficits in conversational fluency. Observations should focus on the communication behaviors of concern within a functional setting in which the behavior occurs, such as classrooms, small group settings, special class settings, playgrounds, cafeterias and extracurricular settings. Observations should capture data for the communication behaviors of concern. The SLP should observe how the student's fluency deficits affect his or her involvement and progress in the general curriculum (*Kentucky Academic Standards*).

ARCs should use this assessment of the student's fluency skills to validate the results of other standardized tests which have been administered to the student. It also may help to support a teacher's description of the student's routinely observed communicative behaviors.

For initial evaluations, regulations require a minimum of two formal classroom communication behavior observations.

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

- Frequency of dysfluencies;
- Type(s) of dysfluencies;
- Phonatory arrest or sustained articulatory posture;
- Speech sound prolongations;
- Schwa replacement for intended vowel;

- Physical concomitants (secondary characteristics/struggle behaviors);
- Awareness and emotional reaction to dysfluencies;
- Avoidance behaviors and peer reactions to dysfluencies; and
- Adverse effect of the fluency disorder on educational performance.

Special Assessment Considerations: Fluency

Because fluency disorders are multidimensional in nature, districts must use more than just speech sampling and analysis to diagnose a fluency disorder. Districts must use a variety of assessment tools and strategies 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. The ARC, in turn, will determine based upon the triangulation of assessment results and evaluative documentation whether behavioral, affective or cognitive symptoms have an adverse effect on educational performance.

Behavioral components resulting from deficits in the area of fluency 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 deficits in the area of fluency. Examples are:

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

- Helplessness

Cognitive components that may accompany deficits in fluency include:

- Verbal avoidance (e.g., word substitutions, revisions, starters, postponements and 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 self-image that negatively affects academic performance or participation in vocational development or social activities

Exclusions

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

- Severity rating values fall within the normal range (non-disabling 0)
- Fluency difference is related to normal development; or
- Dysfluencies do not interfere with educational performance.

Caution should be applied when evaluating English Language Learner (ELL) students for a fluency impairment as deficits in fluency can be a normal part of the acquisition of a second language.

Assessment Procedures for Fluency

- Review documentation of the student's current hearing and vision status.
- Review information from the student's communication screening to consider the possibility of a disorder in other areas such as language, speech sound production and use and voice.
- Collect and assess samples of the student's communicative behaviors in both structured and unstructured settings.
- Examine oral/motor structures and function relative to fluency.
- Conduct a minimum of two communication behavior observations and other informal measures to validate the presence or absence of behavioral, emotional and/or cognitive symptoms of a fluency disorder as well as to assess any demonstrated adverse effect upon the student's learning as a result of deficits in fluency.
- Complete the *Fluency Assessment Summary* (optional).
- 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*. Be sure to review *Special Assessment Considerations: Fluency* in the guidance document. Circle the appropriate scores within each component area to correspond with the assessment data. Total the values assigned to each component area, adding comments when appropriate. Assign a corresponding Fluency Severity Rating of 0-3.

Note: All data from functional and standardized assessments are compiled and used to complete the *Communication Rating Scale: Fluency*. The student's ARC will use the evaluation information and the SLP's severity rating to make an eligibility determination.

TEACHER INTERVIEW: FLUENCY (Stuttering)

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.

		Yes	*No	*Sometimes
1.	Does the student verbalize appropriately?			
2.	Does the student verbalize effortlessly?			
3.	Does the student's speech allow for participation/progress in the general curriculum			
	<i>If Yes, stop here</i>			
4.	When verbalizing, are the student's facial and body movements appropriate?			
5.	Does this student readily participate in class discussions or activities that require speaking in front of groups?			
6.	Do you accept the student's pattern of speech as adequate?			
7.	Do peers accept the student's pattern of speech as adequate?			
8.	Do you understand the student's verbal intent without difficulty?			
9.	Does this student readily participate in conversation with peers?			

Please explain any "No" or "Sometimes" items and/or any additional communication skill concerns regarding this student.

Respondent's Signature _____ Title _____ Date _____

FLUENCY ASSESSMENT SUMMARY

(Optional Form)

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: Yes No

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

- None perceived
- Noticeable to casual observer
- Only noticeable to trained observer
- Distracting or obvious to the listener

Description of behavior(s):

2. AFFECTIVE COMPONENTS

a. Student awareness and emotional reaction to dysfluencies:

- Not aware
- Often aware
- Always aware
- Occasionally aware

Student emotional reaction to dysfluencies:

- Not concerned
- Mildly frustrated
- Negative emotions often are 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
- Frequent teasing noted/reported
- Aware; some teasing noted/reported
- Considerable teasing requires strong adult intervention

ADDITIONAL ASSESSMENT INFORMATION:

COMMUNICATION RATING SCALE: FLUENCY

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

SLP: _____ Date: _____

	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	6 Student is always aware of dysfluencies. Negative emotions

			often are observed/reported.	are frequently observed/reported.
Avoidance Behaviors and Peer Reactions	<p>0</p> <p>No verbal or situational avoidance observed or reported.</p> <p>Peers appear unaware of dysfluencies.</p>	<p>2</p> <p>Verbal or situational avoidance occasionally observed or reported.</p> <p>Peers are aware of dysfluencies; some teasing noted or reported.</p>	<p>4</p> <p>Verbal or situational avoidance frequently observed or reported.</p> <p>Frequent teasing noted or reported.</p>	<p>6</p> <p>Verbal or situational avoidance consistently observed or reported.</p> <p>Considerable teasing requiring strong adult intervention.</p>
Adverse Effect on Educational Performance	<p>0</p> <p>Fluency is adequate for the student's participation in the general curriculum and/or age-related activities.</p>	<p>4</p> <p>Fluency minimally impacts the student's participation in the general curriculum and /or age-related activities.</p>	<p>6</p> <p>Fluency frequently impacts the student's participation in the general curriculum and /or age-related activities.</p>	<p>8</p> <p>Fluency consistently impacts the student's participation in the general curriculum and/or age-related activities.</p>
Total Score	0 – 16	17 – 27	28 – 40	41 – 58
Rating Scale	Non-Disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

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 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 case history regarding the student's vocal quality and appropriate use of voice throughout the day. The evaluation also must 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 as listed on the *Communication Rating Scale: Voice* are:

- Pitch
- Loudness
- Quality
- Resonance
- Vocal abuse and misuse
- Physical condition and medical findings
- Adverse effect of the voice disorder on educational performance

ARCs use formal classroom behavior observations to document adverse effect of deficits in the area of voice upon the student's learning. Observations should focus on the communication behaviors of concern within a functional setting in which the behavior occurs, such as classrooms, small group settings, special class settings, playgrounds, cafeterias and extracurricular settings. Observations should capture data for the communication behaviors of concern. The SLP should observe how the student's deficits in the area of voice affect his or her involvement and progress in the general curriculum (*Kentucky Academic Standards*).

For initial evaluations, regulations require a minimum of two formal classroom communication behavior observations.

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

Special Assessment Considerations: Voice

When speech-language screening reveals vocal characteristics that are atypical for a student's age, gender 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 also should 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. Under the IDEA a medical statement is not required for eligibility. However, because of the risk factors outlined here, it is advised that the speech-language pathologist should not enroll a student in voice therapy unless current medical information is available.

Voice disorders among school-age children usually are related to physical changes of the vocal folds (e.g., vocal nodules). However, problems with vocal cord approximation also can cause dysphonia (hoarseness, breathiness, harshness, huskiness and stridency). Listed below are some terms which commonly are 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 and misuse of voice production often is considered the best treatment for reducing vocal cord thickening.

Vocal Nodule: A benign, callus-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 includes voice therapy, surgical removal of the nodules 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 often is required.

Papilloma: A wart-like 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 close monitoring by a laryngologist. Students with papillomas are not candidates for voice therapy.

Contact Ulcer: A benign ulceration of the vocal folds that often is caused by tissue

irritation resulting from esophageal reflux and/or vocal abuse. Contact ulcers are rarely seen in children. Vocal rehabilitation often is 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., smoking cessation). 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 typically is 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. 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, often is 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, sometimes is 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 webbing of the tissue that grows between the proximal vocal folds. Webbing may be congenital but typically is the result of severe laryngeal infections or laryngeal trauma. Laryngeal webbing may cause shortness of breath and dysphonia. Laryngeal webs typically are treated with surgical intervention followed by vocal rest.

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); or
2. The vocal characteristics:
 - Are the result of temporary physical factors such as allergies, colds, abnormal tonsils or adenoids, or transient vocal abuse or misuse
 - Are the result of pre-pubertal 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.

Assessment Procedures for Voice

- Review documentation of the student's current hearing and vision status.
- Review information from the student's communication screening to consider the possibility of a disorder in other areas such as 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 the student's oral/motor structures and function.
- Secure medical findings from an appropriate medical provider 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.**
- Conduct a minimum of two behavior observations to validate assessment data related to the observed vocal characteristics and to assess adverse effect of the deficits in the area of voice upon the student's learning.
- Complete the *Voice Assessment Summary* (optional form).
- 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*. Be sure to review *Special Assessment Considerations: Voice* in the guidance document. Do not include regional or dialectal differences. Circle the appropriate scores within each component area to correspond with the assessment data. 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 standardized assessments are compiled and used to complete the *Communication Rating Scale: Voice*. The student's ARC will use the evaluation information and the SLP's severity rating to make an eligibility determination.

TEACHER 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.

		Yes	*No	*Sometimes
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 "No" or "Sometimes" items and/or any additional communication skill concerns regarding this student.

Respondent's Signature _____ Title _____ Date _____

VOICE ASSESSMENT SUMMARY
(Optional form)

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

SLP: _____ Grade/Program: _____ Date: _____

1. 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: _____

2. PITCH

- Normal
- Too high
- Too low
- Pitch breaks
- Perceived by trained listener only
- Intermittent; perceived by others
- Persistent; inappropriate for age and sex

Description:

3. LOUDNESS

- Normal
- Too loud
- Too soft
- Perceived by trained listener only
- Intermittent; perceived by others
- Persistent

Description:

4. QUALITY

- Normal
- Breathy
- Harsh
- Hoarse
- Aphonic
- Perceived by trained listener only
- Intermittent; perceived by others
- Persistent

Description:

5. RESONANCE

- Normal
- Hypernasal
- Hyponasal
- Perceived by trained listener only
- Intermittent; perceived by others
- Persistent

Description:

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

6. 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				

ADDITIONAL ASSESSMENT INFORMATION (from case history, interviews, etc.)

COMMUNICATION RATING SCALE: VOICE

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

SLP: _____ Date: _____

	Non-Disabling	Mild	Moderate	Severe
Medical Findings (Not rated - informational purposes only)	No laryngeal pathology reported by physician. Physical conditions influencing pitch, loudness, quality or resonance may include allergies, colds, abnormal tonsils and/or adenoids.	Minor laryngeal pathology reported by physician. Pathology may include vocal fold thickening, edema or nodules.	Laryngeal pathology reported by physician. Pathology may include nodules, polyps, ulcers, edema, partial paralysis of vocal folds, enlarged or insufficient tonsils and/or adenoids.	Persistent physical conditions reported by physician. Pathology may include unilateral or bilateral paralysis of vocal folds, neuromotor involvement of laryngeal/velopharyngeal muscles, etc.
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.

Adverse Effect on Educational Performance	0 Voice is adequate for the student's participation in the general curriculum and/or age-related activities.	4 Voice minimally impacts the student's participation in the general curriculum and/or age-related activities.	6 Voice frequently impacts the student's progress in the general curriculum and/or age-related activities.	8 Voice consistently impacts the student's participation in the general curriculum and/or age-related activities.
Total Score	0 - 5	6-10	11-17	18-24
Rating Scale	Non-Disabling	Mild	Moderate	Severe
Severity Rating	0	1	2	3

Comments:

Communication Written Report

The local school district is required to “provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.” [\[707 KAR 1:310, Section 1\(1\)\]](#)

The evaluation report should provide ARC members, including parents, with valuable findings to allow for meaningful participation in eligibility discussions. When professional terminology is used in the report, it should be clearly defined. For instance, use “speech sound” instead of “phoneme.”

The evaluation report should include results of interventions, classroom behavior observations and standardized assessment results. The evaluation report also should clearly describe the impact of the student’s speech or language impairment and the educational needs of the student to access the general curriculum.

If school staff receive a speech/language evaluation report from an outside agency, the ARC may consider using current applicable information in a communication written report. However, an outside agency’s evaluation report will not necessarily replace the local school district’s communication written report as required communication classroom behavior observations are not typically conducted by outside agencies.

Eligibility

707 KAR 1:310, Section 1(1)

“Upon analysis of intervention and assessment data, the ARC shall determine whether the child is a child with a disability ... to the extent that specially designed instruction is required in order for the child to benefit from education.” [707 KAR 1:310, Section 1\(1\)](#)

The ARC, including the parents, shall review all applicable evaluation information to determine whether a student is eligible for special education and related services under one of the 14 educational categories of disabilities delineated in [Kentucky Administrative Regulations for Special Education Programs \(2008\)](#).

In Kentucky, to be eligible for special education services under the category of Speech or Language Impairment, the ARC must document and establish that the following criteria have been met:

1. The student demonstrates a communication disorder in one or more of the following areas:
 - Absence of language
 - Delayed acquisition of language
 - Impaired articulation
 - Language impairment
 - Stuttering
 - Voice impairment
2. Evaluation information also must confirm the following:
 - The student's disability has an adverse impact on educational performance;
 - Lack of instruction in reading and/or math was not a determinant factor in the eligibility decision; and
 - Limited English proficiency was not a determinant factor in the eligibility decision.

“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, Section 1\(60\)](#)

The *KEG-3* assists local school districts, SLPs and ARCs 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-3* scoring process gives SLPs a systematic format for presenting assessment information to the ARC. The ARC then will make a determination of eligibility as a student with speech or language impairment. The ARC should review and discuss the student’s evaluative data and information that is utilized to make an eligibility determination. This ARC discussion should be documented on the [Speech or](#)

[Language Impairment Eligibility Determination Form](#) as well as summarized in the ARC Conference Summary.

Eligibility for Speech-Language Service as a Primary Disability

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 or her within the educational setting. 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, Section 1 \(2\)](#)]

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 Academic Standards* or, in the case of preschool students, how the disability affects the child's participation in appropriate activities. It is important to note that the United States Department of Education, Office of Special Education Program (OSEP) asserts that the term "educational performance" is not limited to academic performance. OSEP stated, "Whether a speech and language impairment adversely affects a child's educational performance must be determined on a case-by-case basis and not based only on discrepancies in age or grade performance in academic subject areas." (Letter from OSEP to Clarke 3-08, March 8, 2007, See Appendix D)

A student does not need to be failing a class or be below grade level to be eligible as Speech or Language Impaired. Communication deficits may prevent a student from participating in classroom activities that require speaking and writing for a variety of purposes. For example, a student who has multiple speech sound errors may avoid contributing to classroom discussions due to issues with intelligibility. In addition to academics, ARCs also must consider the effect of the student's disability on vocational and social-emotional performance.

Examples of adverse effect as a result of a speech or language impairment include:

- Phonetic errors in spelling result from speech sound deficits
- Syntactic errors impact a student's oral or written expression
- A student may be embarrassed by speech sound errors and as a result will not participate in class discussions
- Peer relationships are disrupted as a result of pragmatic language impairment

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; or
- Participation in extracurricular and other non-academic activities.

The effect of deficits of speech or language upon a student's educational performance is best determined through classroom behavior observations, input from classroom teachers and interviews with parents and the student. ARCs must document in writing its analysis, discussion and conclusion as to the existence of a demonstrated adverse effect of speech or language deficits on the student's educational performance. Documentation of how the disability affects

educational performance 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.

After reviewing and analyzing the student's evaluation information and determining the existence of an "adverse effect on (the student's) educational performance," the ARC then must decide and document its conclusion as to whether the findings verify that the "adverse effect" is such that the student requires specially designed instruction (SDI).

Individual Education Program (IEP)

707 KAR 1:310, Section 1(6)

“If a determination is made that a child has a disability and needs special education and related services, an IEP shall be developed for the child.” [707 KAR 1:310, Section 1\(6\)](#)

Once eligibility has been determined, the ARC shall develop an Individual Education Program (IEP) for the student. The [Guidance Document for Individual Education Program \(IEP\) Development](#) provides instructions and examples for the ARC members on how to develop an appropriate IEP.

To verify the nature and extent of the student’s present problems related to speech or language, the ARC must use the data and information obtained from formal and functional assessment of the student’s communication skills. The ARC then will use this evaluation information to determine the type and amount of speech-language services needed to appropriately address the student’s needs.

Personnel for IEP Implementation

IDEA requires that personnel providing services to students with disabilities be qualified and hold necessary credentials. Speech Language Pathologists and Speech Language Pathologist Assistants must meet the appropriate certification requirements for their profession to provide specially designed instruction for students meeting the primary disability category of speech or language impairment.

Service Delivery/Placement

707 KAR 1:350§1(5)

“In determining the educational placement of a child with a disability, the LEA shall ensure that the placement decision is made by the ARC in conformity with the least restrictive environment provisions.” [707 KAR 1:350§1\(5\)](#)

Each student with a speech/language disability is unique in his or her service needs. When determining the appropriate least restrictive environment (LRE) for a student with a speech/language disability, the ARC must consider the level of services and supports the student requires to make progress in the general curriculum.

LRE requires local school district to ensure that, “to the maximum extent appropriate, children with disabilities are educated with children who are nondisabled. Special classes, separate schools, or removal from the regular education environment occurs only if education in the regular education environment, with the use of supplementary aids and services, cannot be satisfactorily achieved due to the nature and severity of the disability.” [707 KAR 1:350, Section 1\(1\)](#)

The IDEA (2004) recommends that consideration of the least restrictive environment begin with placement in the general education classroom. However, IDEA (2004) also recognizes that this setting is not appropriate for all students. When considering placement settings for a student, ARCs must reflect and weigh factors such as the content of the curriculum, socialization opportunities and the specially designed instruction needs of the student.

The following considerations may assist the ARC in making an LRE determination:

- Degree and severity of the student’s needs
- Ability of the student to engage in the general education setting with little or no support
- Developmental level of the student
- Ability of the student to generalize skills in multiple settings
- Intensity of the instructional level based on the student’s strengths and needs with the goal of increasing independence

When making a placement determination, the ARC must provide a written description of the setting options considered and the reasons why those options were rejected or accepted. Written descriptions are not required for the options on the continuum that are more restrictive than the one accepted by the ARC. The written descriptions should describe “why” the agreed-upon setting is the most appropriate setting to implement the IEP developed for that student. When the ARC selects a setting that is more restrictive than the general education classroom, the student’s instructional needs that prohibit implementation in the lesser restrictive general education setting should be specified and described. The ARC must provide a justification statement that explains why the selected placement option is essential to successfully meeting and addressing the student’s unique learning needs.

Annual Review and Reevaluation

707 KAR 1:320, Section 2(6)(a)

“An LEA shall ensure that the ARC reviews each child’s IEP periodically, but no less than annually, to determine whether the annual goals for the child are being achieved.” [707 KAR 1:320 §2\(6\)\(a\)](#)

Local school districts must conduct reevaluations of the student every three years, unless the parent and the local school district agree otherwise. [707 KAR 1:300, Section 4\(18\)](#)

As with all students receiving special education services, if a student is identified with a speech or language impairment, regulations require local Kentucky school districts to conduct an evaluation at least once every three years to determine if the student continues to be a child with a disability unless the parent and the public agency agree that a reevaluation is unnecessary. [[34 C.F.R., Section 300.303\(b\)\(2\)](#); [707 KAR 1:300, Section 4\(18\)](#)]. This evaluation includes a review of existing data and may include additional information if it is determined necessary by the ARC. Districts use a Review of Records/Reevaluation Summary Form to document the data which is reviewed by an ARC. It is important to note that the ARC must consider any parental requests for formal evaluations of the student.

Local school districts may conduct reviews and reevaluations more frequently than once every three years if warranted.

Districts are not required to reevaluate a student before a child’s termination of eligibility due to graduation with a regular high school diploma or upon a student’s reaching the end of the school year in which the student turns 22. However, the local school district must “evaluate a child with a disability... before determining that the child is no longer a child with a disability” and releasing that student from special education and related services. [[707 KAR 1: 300, Section 4\(20\)](#)]

Release from Speech/Language Services

When determining whether or not a student is a candidate for release from speech/language services, the ARC must determine if the student is no longer in need of specially designed instruction. [707 KAR 1:300, Section 4\(20\)](#) mandates, “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.”

While current and comprehensive evaluation and performance data needs to be available for review by the ARC to make the determination, this does not mean that the district is required to conduct a full and formal evaluation. Current data must be sufficient to determine that the student no longer has a speech or language disability that causes an adverse effect on his or her educational performance to benefit from special education. A review of currently existing data, including IEP progress monitoring data, may provide enough information to make the determination. The ARC will need to summarize this information on the Review of

Records/Reevaluation Summary Form. It is important to note that the ARC strongly consider accommodating any parental requests for additional assessment prior to determining a student no longer has a speech or language impairment.

The decision to release a student from services is based on the same criteria the ARC uses when it determines a student to be eligible for special education and related services. The ARC should be able to answer yes to the following questions for a child to remain eligible:

- Does the child have a speech or language impairment?
- Is there an adverse educational impact?
- As a result of any demonstrated adverse effect, does the child need special education and related services?

A student may be found no longer eligible for services in the following situations:

- The student no longer has a speech or language impairment;
- The student continues to have a speech or language deficits, but they no longer adversely affect the student's educational performance; or
- The student continues to have a speech or language impairment that adversely affects educational performance, but the ARC determines the child does not need specially designed instruction.

Appendix A

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
January 21, 2011

Contact Persons:

Name:	Ruth Ryder
Telephone:	202-245-7513
Name:	Deborah Morrow
Telephone:	202-245-7456

OSEP 11- 07

MEMORANDUM

TO: State Directors of Special Education

FROM: Melody Musgrove, Ed.D.
Director
Office of Special Education Programs

SUBJECT: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA)

The provisions related to child find in section 612(a)(3) of the Individuals with Disabilities Education Act (IDEA), require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. It is critical that this identification occur in a timely manner and that no procedures or practices result in delaying or denying this identification. It has come to the attention of the Office of Special Education Programs (OSEP) that, in some instances, local educational agencies (LEAs) may be using Response to Intervention (RTI) strategies to delay or deny a timely initial evaluation for children suspected of having a disability. States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy.

A multi-tiered instructional framework, often referred to as RTI, is a schoolwide approach that addresses the needs of all students, including struggling learners and students with disabilities, and integrates assessment and intervention within a multi-level instructional and behavioral

system to maximize student achievement and reduce problem behaviors. With a multi-tiered instructional framework, schools identify students at-risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student's responsiveness.

While the Department of Education does not subscribe to a particular RTI framework, the core characteristics that underpin all RTI models are: (1) students receive high quality research-based instruction in their general education setting; (2) continuous monitoring of student performance; (3) all students are screened for academic and behavioral problems; and (4) multiple levels (tiers) of instruction that are progressively more intense, based on the student's response to instruction. OSEP supports State and local implementation of RTI strategies to ensure that children who are struggling academically and behaviorally are identified early and provided needed interventions in a timely and effective manner. Many LEAs have implemented successful RTI strategies, thus ensuring that children who do not respond to interventions and are potentially eligible for special education and related services are referred for evaluation; and those children who simply need intense short-term interventions are provided those interventions.

The regulations implementing the 2004 Amendments to the IDEA include a provision mandating that States allow, as part of their criteria for determining whether a child has a specific learning disability (SLD), the use of a process based on the child's response to scientific, research-based intervention¹. See 34 CFR §300.307(a)(2). OSEP continues to receive questions regarding the relationship of RTI to the evaluation provisions of the regulations. In particular, OSEP has heard that some LEAs may be using RTI to delay or deny a timely initial evaluation to determine if a child is a child with a disability and, therefore, eligible for special education and related services pursuant to an individualized education program.

Under 34 CFR §300.307, a State must adopt, consistent with 34 CFR §300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR §300.8(c)(10). In addition, the criteria adopted by the State: (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has an SLD; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has an SLD. Although the regulations specifically address using the process based on the child's response to scientific, research-based interventions (i.e., RTI) for determining if a child has an SLD, information obtained through RTI strategies may also be used as a component of evaluations for children suspected of having other disabilities, if appropriate.

The regulations at 34 CFR §300.301(b) allow a parent to request an initial evaluation at any time to determine if a child is a child with a disability. The use of RTI strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8. If the LEA agrees

¹ The Department has provided guidance regarding the use of RTI in the identification of specific learning disabilities in its letters to: Zirkel - 3-6-07, 8-15-07, 4-8-08, and 12-11-08; Clarke - 5-28-08; and Copenhaver - 10-19-07. Guidance related to the use of RTI for children ages 3 through 5 was provided in the letter to Brekken - 6-2-10. These letters can be found at <http://www2.ed.gov/policy/speced/guid/idea/index.html>.

with a parent who refers their child for evaluation that the child may be a child who is eligible for special education and related services, the LEA must evaluate the child. The LEA must provide the parent with notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation. Although the IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, 71 Fed. Reg., 46540, 46637 (August 14, 2006). An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c).

If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). The parent can challenge this decision by requesting a due process hearing under 34 CFR §300.507 or filing a State complaint under 34 CFR §300.153 to resolve the dispute regarding the child's need for an evaluation. It would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.111 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework.

We hope this information is helpful in clarifying the relationship between RTI and evaluations pursuant to the IDEA. Please examine the procedures and practices in your State to ensure that any LEA implementing RTI strategies is appropriately using RTI, and that the use of RTI is not delaying or denying timely initial evaluations to children suspected of having a disability. If you have further questions, please do not hesitate to contact me or Ruth Ryder at 202-245-7513.

References:

Questions and Answers on RTI and Coordinated Early Intervening Services (CEIS), January 2007

Letter to Brekken, 6-2-2010

Letter to Clarke, 4-28-08

Letter to Copenhaver, 10-19-07

Letters to Zirkel, 3-6-07, 8-15-07, 4-8-08 and 12-11-08

cc: Chief State School Officers
Regional Resource Centers
Parent Training Centers
Protection and Advocacy Agencies
Section 619 Coordinator

Appendix B
XXXX PUBLIC SCHOOLS

Screening Permission Form

The staff of XXXX school system strives to help all children learn and perform to their maximum potential. Occasionally, we find that some of our students can benefit from additional assistance to help meet his/her educational goals. We are requesting your permission to conduct a screening to determine if your child needs assistance in one or more of the areas checked below. We need your permission to proceed with this screening. Please complete the section below and return it to your child's teacher.

I give permission for my child, _____, (date of birth _____) to be screened by qualified personnel in the following area(s):

- Communication (Speech/Language)
- Hearing
- Vision
- Motor

I will be notified of screening results. If I have questions or concerns, I will notify my child's building principal at _____.

Please check YES or NO and return to your child's school

No, I do not want my child screened.

Yes, I give permission for my child to be screened in the area(s) checked above.

Parent/Guardian Signature

Date

Address

Phone

Appendix C



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAR - 8 2007

Catherine D. Clarke, Director
Education and Regulatory Advocacy
American Speech and Hearing Association
44 North Capitol Street, NW
Suite 715
Washington, DC 20001

Dear Ms. Clarke:

This is in response to your letter of November 2, 2006 in which you request guidance and/or clarification of the final Part B regulations, implementing the Individuals with Disabilities Education Act (IDEA), as amended by the IDEA Improvement Act of 2004. I apologize for the delay in responding.

First, you request clarification that the policy on when a speech or language impairment "adversely affects educational performance" as described in a May 30, 1980 letter from the Department of Health, Education and Welfare to Dublinske remains the policy of the U.S. Department of Education, Office of Special Education Programs (OSEP). Under 34 CFR §300.8(c)(11), "speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance." It remains the Department's position that the term "educational performance" as used in the IDEA and its implementing regulations is not limited to academic performance. Whether a speech and language impairment adversely affects a child's educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas. Section 614(b)(2)(A) of IDEA and the final regulations at 34 CFR §300.304(b) state that in conducting an evaluation, the public agency must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information. Therefore, IDEA and the regulations clearly establish that the determination about whether a child is a child with a disability is not limited to information about the child's academic performance. Furthermore, 34 CFR §300.101(c) states that each State must ensure that a free appropriate public education (FAPE) is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade.

It is important to note that under 34 CFR §300.8, a child must meet a two-prong test to be considered a child with a disability: (1) have one of the specified impairments (disabilities); and (2) because of the impairment, need special education and related services. If a child has one of the impairments, but needs only related services and does not need special education, the child is not a child with a disability (see 34 CFR §300.8(a)(2)(i)). However, 34 CFR §300.8(a)(2)(ii) provides that if, consistent with 34 CFR §300.39(a)(2), the related services required by the child, are considered special education rather than a related service under State standards, the child would be considered to be a child with a disability.

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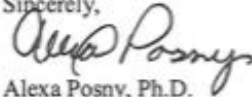
Second, you requested written guidance on the need to use substitutes and to schedule make-up sessions when speech-language pathology sessions are missed due to a child's absence from school, cancellation for a class or school activity, or absence of the speech language pathologist. IDEA and the regulations do not address these issues. States and local educational agencies (LEAs) are required to ensure that all children with disabilities have available to them FAPE, consistent with the child's individualized education program (IEP) (see 34 CFR §300.101). We encourage public agencies to consider the impact of a provider's absence or a child's absence on the child's progress and performance and determine how to ensure the continued provision of FAPE in order for the child to continue to progress and meet the annual goals in his or her IEP. Whether an interruption in services constitutes a denial of FAPE is an individual determination that must be made on a case-by-case basis.

Finally, you request clarification regarding the continuum of service delivery options to be considered for a student. As you correctly point out, the final regulations do not address service delivery options but, instead, address the continuum of alternative placements. However, the Analysis of Comments and Changes section in the final regulations states, "it would be inconsistent with IDEA to dictate the amount and location of services for all children receiving speech-language pathology services. As with all related services, the child's IEP Team is responsible for determining the services that are needed for the child to receive FAPE. This includes determining the type of related service, as well as the amount and location of services." 71 Fed. Reg. 46575 (Aug. 14, 2006). The IEP Team is responsible for developing a child's IEP in accordance with 34 CFR §§300.320 through 300.324. This includes, among other things, determining the anticipated frequency, location, and duration of the services (see 34 CFR §300.320(a)(7)); an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class (34 CFR §300.320(a)(5)); a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child; and a statement of the program modifications or supports for school personnel that will be provided (see 34 CFR §300.320(a)(4)). The examples you provided in your letter (e.g., small-group instruction or direct services) are matters for consideration by the IEP Team, based on a child's individual and unique needs, and cannot be made as a matter of general policy by administrators, teachers or others apart from the IEP Team process.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

We hope you find this information responsive to your requests. Please do not hesitate to contact me if you have further questions or if I can be of any further assistance.

Sincerely,



Alexa Posny, Ph.D.
Director
Office of Special Education
Programs

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