

Colorado K-12 Speech or Language Impairment Guidelines

For

Assessment and Eligibility,

Including the Birth-21 Rating Scales

K-12 SLI Guidelines

2010

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INTRODUCTION

Federal and state special education laws and regulations require public school districts to identify, assess and evaluate students from birth through 21 years of age, and then provide speech and language services to students ages 3 to 21 who exhibit speech or language impairments that adversely affect educational performance. In the state of Colorado, administrative units (AUs) serve this function. To ease reading, the term AU will be used to refer to administrative units as well as state-operated programs.

The **Birth-Kindergarten / Colorado Communication Guidelines** (2007), hereafter referred to as the **B-K Guidelines**, are intended for children younger than 6 years of age. **The Colorado K-12 Speech or Language Impairment Guidelines For Assessment and Eligibility** (2010), hereafter referred to as the **The K-12 SLI Guidelines**, are intended for students in kindergarten through grade 12. The Speech-Language Pathologist (SLP), using his or her professional judgment, may determine which set of guidelines is the most appropriate to use for a kindergarten student, based on the student's profile.

The general categorical definition and related criteria for speech or language impairment exists in the **Colorado Rules for the Administration of the Exceptional Children's Educational Act** (ECEA, 2009). Historically, local school districts either developed their own criteria or relied on the professional judgment of individual speech and language pathologists (SLPs) to guide the Individualized Education Program (IEP) team. In 1985, a draft document of The Colorado Severity Rating Scales was developed. In 2001, this document was revised and finalized as the Colorado Communication Rating Scales (CCRS).

In 2009, the revisions of **The K-12 SLI Guidelines** were initiated in order to align the document with the **B-K Guidelines**, legislation, current research and evidence-based practice regarding speech or language impairments. The current document reflects necessary updates in the No Child Left Behind Act (NCLB, 2001) and the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA, 2004) as well as feedback from practicing school-based SLPs in Colorado. This revision will provide assistance from the Colorado Department of Education (CDE) to SLPs and administrators regarding the SLP's role in identifying and serving children in the Response to Intervention (RtI) model and in the determination of eligibility and service provision for special education students who have speech or language impairments (SLI). This proactive and purposeful effort is intended to define and describe the SLP roles and responsibilities within the school setting as they relate to the educational and vocational success of children with disabilities.

Purpose

The K-12 SLI Guidelines are designed to facilitate the implementation of consistent evidence-based practices in Colorado for determining a student's eligibility for speech and language services. These guidelines are intended to be used during all eligibility processes, including initial eligibility, reevaluations, and when a student is exiting from services.

The purposes of **The K-12 SLI Guidelines** are as follows:

1. To provide guidance in the pre-referral process and in the assessment and eligibility for Speech or Language Impairment (SLI).
2. To recommend assessment and eligibility procedures for students suspected of having a speech or language impairment, including those who are culturally and linguistically diverse.
3. To recommend ways of documenting the adverse effect on educational performance resulting from a speech or language impairment for eligibility determination.
4. To recommend a common set of considerations to be used in decisions about the discontinuation of speech or language services.

These guidelines do not provide a formula for determining the length or frequency of intervention sessions for students with particular communication assessment profiles, or for selecting the type(s) of service delivery method(s).

SECTION I: ROLES AND RESPONSIBILITIES OF THE SCHOOL -BASED SPEECH-LANGUAGE PATHOLOGIST

Chapter 1 - The Speech-Language Pathologist

“Speech-Language Pathologists (SLPs) are professionally trained to prevent, screen, identify, assess, diagnose, refer, provide intervention for, and counsel persons with, or who are at risk for, articulation, fluency, voice, language, communication, swallowing, and related disabilities. In addition to engaging in activities to reduce or prevent communication disabilities, speech-language pathologists also counsel and educate families or professionals about these disorders and their management.” (American Speech-Language-Hearing Association (2000) Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist [Guidelines]. Available from www.asha.org/policy).

The roles and responsibilities of the school-based speech-language pathologist have been shaped by federal and state legislation and regulations, societal factors, and by the scope, standards, and ethics of the profession. The school-based SLPs require the same Master’s level training as those in clinical or medical fields as well as training specific to working within an educational system, including understanding eligibility determination, IEP/IFSP development, caseload management, intervention, counseling, re-evaluation, transition, and exiting criteria for students with language, articulation/phonology, fluency, voice/resonance, or swallowing disorders. When there are problems with speech or language and a disability is suspected, the school-based SLP is an essential member of the multidisciplinary evaluation, educational and problem -solving teams.

A nationally certified SLP plays a significant role in supervising and mentoring graduate students, Clinical Fellowship candidates, and Speech Language Pathology Assistants (SLPAs) in leveling programs. In Colorado, supervision of clinical fellows, SLPAs, university practica students, and volunteers can ONLY be provided by a nationally certified SLP. Once an SLPA obtains CDE’s authorization, the SLPA may be supervised by a public school SLP who holds a current license with CDE.¹

Chapter 2 - The SLP's Roles in the Response to Intervention (RtI)/Problem-Solving Process

The RtI Problem-Solving Team (PST) strives for diverse representation and collegiality within its membership. Based on the funding source for their positions, SLPs may participate as consultants to help in the development of interventions and in the identification of progress monitoring tools.¹ The SLP support provided would be determined on a case-by-case basis and always with the input of the SLP.

Response to Intervention/Problem-Solving Process:

When teachers identify students who are having learning and/or behavioral needs in their classrooms, they refer them to the Response to Intervention/Problem-Solving team (RtI/PST) in their buildings. This RtI problem-solving process is advantageous for several reasons. It requires regular education teachers to gather information about each student, including the history and nature of the concerns, factors which might be contributing to the student's difficulties, and any attempts by the teacher and/or others to help the student achieve success. The RtI problem-solving process should not be conducted with the assumption that a special education referral is an inevitable outcome or a desirable end of the process.

When effectively executed, the RtI problem-solving process has three important outcomes. First, students who need additional support promptly get it. Second, unnecessary referrals to special education, which result in the inefficient use of personnel, time, and paperwork, are avoided. Third, when a student needs to be assessed and evaluated for special education eligibility, information gathered by the PST assists the evaluation team in planning and conducting a more focused assessment and evaluation. This facilitates completing the assessment process within or before mandated deadlines, reducing pressure on personnel and increasing prompt implementation of necessary programs and services.

The SLP can play an important role in this RtI problem-solving process. In fact, many communication problems can be resolved or sufficiently mitigated without referral to special education when appropriate educational accommodations and/or modifications in curriculum and instruction, individual literacy plans, positive behavioral supports, or regular education remedial programs are implemented. The cause of a communication problem does not necessarily reside within the student, but may result from the interaction between the student and the educational environment. The SLP has considerable knowledge regarding how communication weaknesses interact with the communication demands of classrooms. The SLP and classroom teacher, along with other members of the

¹ Federal and state special education fiscal rules and regulations require time and effort reporting for employees who are serving both students with and without disabilities. Please confer with your special education director if you have questions about your funding sources and your ability to serve students without disabilities.

team, analyze the environmental factors that can suppress or enhance a student's communication performance. This analysis can lead to practical classroom solutions that enable students who are having difficulty experience success.

By participating as a member of the RtI problem-solving process, the SLP may be instrumental in helping teachers develop classroom environments that enhance communication skill development and ensure successful achievement by students with marginal communication skills. It is only after attempts to modify the educational setting to match the student's needs and learning styles have not met with success that a special education referral would be initiated.

Referral from the RtI Problem-Solving process for a Speech-Language Evaluation:

The method of determining eligibility for SLI has not changed, even with the use of the multi-tiered system of supports that the RtI process provides in public schools. When an educational disability is suspected in the areas of articulation, stuttering, voice, or language, the student should be taken directly to the PST for special education referral rather than having the student go through the RtI process of trial interventions. The PST must carefully consider factors such as lack of instruction in academics, student's age, severity and nature of need, or limited English proficiency in the eligibility process. When concerns are suspected in the area of language, an overlap may exist between SLI and Specific Learning Disability (SLD) eligibility. When SLD is suspected in the area(s) of Oral Expression or Listening Comprehension during the RtI process, the SLP should be involved in the referral for an initial evaluation and also in the initial evaluation process to assist in determining the absence or presence of a speech or language impairment. For more information, please refer to the CDE document, *Guidelines for Identifying Students with Specific Learning Disabilities*, 2008.

Universal Instruction

Tier I refers to the core classroom instruction provided for all students. The SLP collaborates with the PST to interpret results of screenings, observations, and data collections.

The SLP may:

- support and participate in professional development in core curricula
- provide information regarding typical and atypical speech/language development
- support implementation of school-wide screening to identify students who may be at-risk
- help in creating literacy-rich environments
- support flexible grouping
- participate in team teaching
- collaborate with educators and families

- consult in school-wide efforts to design and enhance classroom communication strategies

Targeted Intervention

Tier II includes individualized targeted supports for students who have been identified as making insufficient progress as compared to age-level or grade-level peers and/or who have behavior concerns. The SLP continues to collaborate with the PST to interpret results of screenings, observations, and data collection.

The SLP may:

- consult on language/literacy strategies
- provide targeted interventions for Listening Comprehension and/or Oral Expression
- monitor progress of students and analyze results for consideration of continuing interventions, increasing the intensity or level of instruction, or exiting the students from Tier II
- focus on supporting underlying language challenges

Intensive Intervention

The interventions in Tier III are intensive and targeted interventions that are skill-specific and based on progress monitoring data. The SLP may provide interventions and monitor progress.

The SLP may:

- provide more intensive, specific assessments to further define characteristics of language/learning abilities
- provide research and evidence-based interventions of increasing frequency, intensity and/or duration
- monitor progress of students and analyze results for consideration of continuing interventions or exiting the students from Tier III

SECTION II: REFERRAL AND EVALUATION PROCEDURES

Chapter 3 – Speech-Language Screening and Referral

A screening may be used to determine students who are at risk or may need to be referred for assessment to determine eligibility for special education services. A screening is distinguished from a referral for special education; it is defined as a regular education process because it is being conducted for all children and a disability is not suspected. Screening may be accomplished by using published or informal screening measures administered by the SLP. Non-standardized checklists, questionnaires, interviews, or observations may also be considered screening measures. In Colorado, authorized SLPAs may conduct screenings under the direction of the SLP, who then interprets the results. The SLP will need to defer to their local administrative unit regarding the screening process.

Prior to the speech-language assessment, the SLP will obtain teacher input regarding the student's communication skills and needs across multiple learning environments. The information from the teacher will assist the SLP in selecting and administering relevant assessment tools and in determining the extent of the reported communication problem on educational performance.

Once a disability is suspected, a referral to Special Education must be initiated. A referral for assessment may be requested by a parent or administrative unit. The special education referral is the initial step of the eligibility process for special education. Any student who is believed to need special education in order to ensure the child's access to the general curriculumⁱⁱ may be referred for an evaluation as a result of a building level screening and/or referral process.

Chapter 4 – Speech-Language Evaluation Procedures

The purpose of the speech-language evaluation is to describe the student's communication behavior, including the nature and scope of any speech or language impairment and any adverse effect on educational performance, and to determine a student's eligibility for speech-language services. IDEA 2004 specifies the following circumstances that require evaluation (formal or informal) of a student:

1. Prior to the initial provision of speech-language services as special education;
2. At least every three years, or sooner if conditions warrant, or if the parents request a reevaluation and the AU agrees; and
3. Before determining that a child no longer has a disability, except when termination of eligibility is due to the student graduating with a regular high school diploma or the student exceeding age eligibility for a free appropriate public education.

Speech-language evaluation procedures

In a comprehensive assessment, the speech-language pathologist considers all areas of communication – fluency, voice, articulation, auditory processing and perception (in collaboration with an audiologist), and receptive and expressive language (oral and written), which includes phonology, morphology, syntax, semantics and pragmatics. In order to adequately evaluate these areas and each of their educational impacts, the SLP needs access to a variety of assessment tools.

The data collected during the evaluation are critical for the purpose of determining whether a child is eligible for special education and to assist in the development of the student's individualized educational program (IEP), if determined to be eligible. It is the responsibility of the SLP to gather educationally relevant data in the areas of speech, voice, fluency, and language as appropriate.

Norm-referenced speech-language tests measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. When considering test selection, choose tests with appropriate levels of sensitivity (i.e., where 80% or more of children with known disorders were identified as having a language disorder in the initial testing of the instrument) and specificity (i.e., where 80% or more of children with normal speech and language skills were found to be within normal limits in the initial testing of the instrument). This information is found in the technical manual for the test.

Specific tests are not listed in these guidelines due to the rapidly changing assessment tools and related research. The American Speech-Language Hearing Association (ASHA) can provide guidance in this area. Other sources of guidance can be found in the technical manuals of the tests and journal articles that report on test instruments.

In addition to norm-referenced tests, there are a variety of informal measures of functional or adaptive communication, such as speech-language sampling, observations, checklists, interviews, play-based assessment, transdisciplinary assessment, curriculum-based assessment and criterion-referenced tests. These tools provide a picture of how a student naturally uses his communication knowledge and abilities in everyday situations. The impact of speech or language impairments in specific settings can also be determined. For particular aspects of language such as voice, fluency, pragmatics, and the comprehension and production of extended discourse, fewer norm-referenced tests are available. For certain populations, such as children with severe disabilities or children whose English proficiency is limited, the use of dynamic and descriptive measures is encouraged. Please see Appendix for further information regarding the assessment of students who are culturally or linguistically diverse.

Members of the multidisciplinary evaluation team all contribute to the student's evaluation. A student's evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been identified.ⁱⁱⁱ

In conducting the speech-language evaluation, the SLP must use a variety of tools or measures.

The SLP may:

- gather information from parent(s), family, student, teachers, other service providers, professionals and paraprofessionals which may include observations or checklists
- compile a student history from interviews and thorough record review
- collect student-centered, contextualized, performance-based, descriptive, and functional information
- select and administer reliable and valid standardized assessment instruments that meet psychometric standards for test specificity and sensitivity
- conduct informal school setting observations and/or review of anecdotal records

Interpreting and reporting speech-language assessment results

The speech and language assessment information may be written in a self-contained communication report or may be included in an integrated evaluation team report as directed by each AU. The report interprets, summarizes, and integrates all relevant information that has been gathered, and describes the student's present levels of functioning in targeted areas of speech, language, and hearing and the relationship to academic, social-emotional, and/or vocational performance.

The evaluation report serves as the basis for the team's discussion of eligibility and will include the following information:

- student history information from record review and parent, teacher, and/or student interview
- date(s) and name of assessment(s)
- name and credentials of evaluator
- relevant behaviors noted during observation
- observation/impressions in a variety of communication settings
- results of previous interventions
- standardized assessment results, including information that enables the reader to make interpretations of results as compared to age-related peers
- documentation of any variations from standard administration of normative assessments and the potential impact on the validity and reliability of the findings.
- discussion of student's strengths, needs, and emerging abilities
- severity rating
- educational impact
- interpretation/integration of all assessment data

The following recommendations address the interpretation of speech-language assessment data and the reporting of the data to others:

1. Age or grade equivalent scores (from a norm-referenced test) must not be used in making eligibility decisions. They do not account for normal variation around the test mean and the scale is not an equal interval scale; therefore the significance of

delay at different ages is not the same. Further, the different ages of students within the same grade make age- and grade-related comparisons difficult. Grade equivalents do not relate to the curriculum content at that level.

2. Modifications of standardized test procedures invalidate the use of test norms, but may provide qualitative information about the student's language abilities. In this case, test scores would not be reported and the reason for invalidation should be clearly stated in oral and written presentation of test results. Some modifications may include but are not limited to the following:
 - administering the assessment outside the allowable guidelines as per the test manual (i.e., administering an isolated subtest, interpreting tests designed for primary English speakers, providing repetition of stimulus items, repetition of directions, extended time, cueing, rephrasing, etc.)
 - repeating the administration of a standardized test without waiting for the allowable time period as written in the guidelines in the test manual
3. Do not use individual or single subtest scores for determination of eligibility. Use total test scores, quotients, indices, and/or composite scores to determine SLI eligibility. This may include a Total Receptive Language Score or a Total Expressive Language Score when both are reported.
4. A test user faced with a request to evaluate a student whose special characteristics are not within his/her range of professional experience should seek consultation regarding test selection, necessary modifications of testing procedures, and score interpretation from a professional who has had relevant experience.
5. In order to compare a student's formal test performance with that of the norm population, scores must be presented in an appropriate and consistent format. Standard scores, which are usually based on a mean of 100 and a standard deviation of 15, are recommended for this purpose. If norms are based on something other than a nationally represented normative sample, the test user should consider whether it is appropriate to report quantitative test results and, if so, to qualify findings as needed.
6. Test scores should be presented in a manner that conveys that some degree of error is inherent in the score, thereby discouraging the inappropriate interpretation that test scores are fixed and perfectly accurate representations of a student's functioning.
7. The type of psychometric information that is useful to professionals (e.g., standard scores, confidence intervals) should be supplemented by understandable interpretations to parents and teachers (e.g., low average, below average, average), as well as the potential impact on the student's educational success.

8. Interpretations based on scores from two or more different tests should be approached with great caution. Different tests have different normative samples, different degrees of measurement error, and typically test different constructs. Apparent differences in scores from different tests may not represent real differences in behavior. Thus, it is important that the tester limit comparisons to tests with large, well-established national normative samples.
9. A student's score should not be accepted as a reflection of lack of ability with respect to the characteristics being tested for, without consideration of alternate explanations for the student's inability to perform on that test at that time (i.e., medication issues, illness, emotional status, attention, vision and hearing issues).

SECTION III: ELIGIBILITY DETERMINATIONS

Chapter 5 - Eligibility Considerations

Under IDEA 2004 a child must meet a two-prong test to be considered a child with a disability: (1) have one of the specified disabilities; and (2) because of the disability, have a need for special education. In Colorado, according to The Rules for the Administration of the Exceptional Children's Educational Act (ECEA Rules)^{iv}, speech-language services are special education which means "specially designed instruction"^v. The ECEA rules define speech or language impairment as follows:

2.08 (7) A child with a speech or language impairment shall have a communicative disorder which prevents the child from receiving reasonable educational benefit from regular education.

2.08 (7) (a) Speech-language disorders may be classified under the headings of articulation, fluency, voice, functional communication or delayed language development and shall mean a dysfunction in one or more of the following:

2.08 (7) (a) (i) Receptive and expressive language (oral and written) difficulties including syntax (word order, word form, developmental level), semantics (vocabulary, concepts and word finding), and pragmatics (purposes and uses of language).

2.08 (7) (a) (ii) Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis and synthesis) association and auditory attention

2.08 (7) (a) (iii) Deficiency of structure and function of oral peripheral mechanism

2.08 (7) (a) (iv) Articulation including substitutions, omissions, distortions or additions of sound.

2.08 (7) (a) (v) Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance.

2.08 (7) (a) (vi) Fluency, including hesitant speech, stuttering, cluttering and related disorders.

2.08 (7) (a) (vii) Problems in auditory perception such as discrimination and memory.

2.08 (7) (b) Criteria for a speech or language impairment that prevents a child from receiving reasonable educational benefit from regular education shall include:

2.08 (7) (b) (i) Interference with oral and/or written communication in academic and social interactions in his/her primary language.

2.08 (7) (b) (ii) Demonstration of undesirable or inappropriate behavior as a result of limited communication skills.

2.08 (7) (b) (iii) The inability to communicate without the use of assistive, augmentative/alternative communication devices or systems.

When interpreting assessment data as a student with a disability in the area of speech-language, it is recommended that 1.5 standard deviations (SD) below the population mean (approximately the 7th percentile, a Standard Score of 77 or below) be used as the threshold level for establishing the presence of a disability. This cutoff should be applied to composite scores of receptive and/or expressive measures, or to overall test scores, rather than individual subtests. Eligibility should not be determined, however, solely by comparing a composite or overall score to this cutoff level. First, evidence that the difference has an adverse effect on educational performance must be gathered and considered along with background information before a determination of eligibility can be made. Second, measurement error should be taken into account. Measurement error is reported in standardized test manuals or can be calculated using a formula.

Adverse effect on educational performance

In order to be deemed a student with a speech or language impairment (SLI), communication impairments must exert an adverse effect on educational performance.^{vi} An adverse effect of a disability “prevents the student from receiving reasonable educational benefit from regular education.”^{vii} Educational performance refers to the student’s ability to participate in the educational process, and must include consideration of the student’s social, emotional, academic, and vocational performance.

The definition of educational performance must not be limited solely to consideration of academic performance. The student does not need to be below grade level or failing in an academic area to be eligible as speech or language impaired. There are several types of oral and written communication problems that may prevent students from participating in classroom activities that require speaking and writing for a variety of purposes with individuals, in small groups, or in large academic and social settings. For example, a student who is disfluent may have difficulty contributing to class discussions or giving information orally. A student who does not have a fully repaired cleft palate may have hypernasality, nasal air emissions, and difficulty producing pressure consonants which interferes significantly with intelligibility.

The presence of a language difference (e.g., a culturally and/or linguistically diverse learner) in communication does not automatically constitute a disabling condition or constitute an adverse effect on the student’s ability to function within the educational setting. The language difference must be shown to interfere with the student’s ability to perform in the educational setting before a speech or language impairment is determined.

Therefore, the effect on educational performance is best determined through classroom observation, consultation with classroom teachers and other special educators, and interviews with parents and the student. Teacher checklists are useful for determining specifically how the speech-language problems affect educational performance.

The effect of the speech or language difference on social/emotional or vocational performance must also be carefully considered. The key issue to be determined is whether the difference interferes with the student's ability to establish and maintain social relationships and experience sound emotional development. Careful documentation of limitations of social relationships and emotional development must be linked with the speech-language difference to establish the existence of an adverse effect on educational performance. The IEP team members must collaborate to consider whether speech-language difficulties impact social, emotional and/or vocational development.

Some examples of educational impact related to speech or language difficulties are:

- Sound errors, voice quality, or fluency disorders inhibit the student from reading orally in class, speaking in front of the class, or being understood by teachers, peer, or family members
- Sound errors, voice quality, or fluency disorders embarrass the student and result in the avoidance of participation in class
- Pragmatic language impairments may cause peer relationships to suffer and interfere with the student's ability to participate in class activities
- Sound errors may result in the student making phonetic errors in spelling or having difficulty with phonics due to an underlying phonological processing problem
- Grammatical errors may create problems with a student's orientation in time or impact written language products
- Syntactic errors may have an impact on a student's oral or written expression
- Morphological errors may inhibit the student from using complete sentences or may interfere with the student's ability to learn generative word parts, such as prefixes and suffixes
- Semantic problems may impact the expression or comprehension of spoken or written language and may slow the student's ability to follow directions, participate in classroom discussion/s, relate information to others, or fully participate in daily living or classroom activities

The SLP in collaboration with all team members should carefully review evaluation results to determine the student's primary disability and any secondary disabilities. A secondary

classification of a speech or language impairment might be made when communication problems are secondary to another disability, such as Traumatic Brain Injury or Significantly Limited Intellectual Capacity.

Speech or language needs are determined by functional performance, communicative competence and the adverse impact on educational performance. It is important to consider factors such as:

- a valid picture of student's potential for language improvement;
- the relationship between language quotients and cognitive quotients;
- the possibility that students make gains as a result of language intervention (Cole, 1996; Cole, Dale, & Mills, 1990; Mercer, 1993; Notari, Cole, & Mils, 1992).

Speech or language impairment eligibility should be determined based on the unmet speech or language needs of each student rather than on test scores alone. The nine factors listed here may assist the IEP team in determining eligibility.

1. History of general and special education standardized testing
 - a) standard deviation from the mean
 - b) evidence of growth through education
 - c) profile of strengths and needs
2. Educational growth
 - a) rate of learning
 - b) growth profile over time
3. Participation in the general education curriculum
4. Progress in the general education curriculum through specific classroom interventions, with documented progress monitoring data
5. School history/attendance
6. Consistency of general and/or special education programming
7. Data-documented information on student motivation toward general and/or special education programming

8. Consistent use of general or special education supports
9. Student's data-documented attention during instruction

In Colorado, students receive speech and/or language services when there is a demonstrated need:

- student meets primary eligibility for speech or language impairment; or,
- student has a primary disability and a secondary speech or language impairment

Through the process of determining the primary disability and any secondary disabilities, the IEP team identifies each student's educational needs. When speech or language needs are among the educational needs of students, the SLP works with the IEP team members to develop IEP goals. The SLP and IEP team members should collaborate to determine service delivery options including consultation, team teaching, etc. According to Ehren (2000) "Other professionals must be willing to accept responsibility for the success of students with language needs in their respective classrooms." SLPs can provide direction and guidance to the general education teacher and other educators in implementing language related IEP goals and provide technical assistance and professional development to educators. The responsibility for meeting these needs should be shared among all instructional school personnel including the SLP.

The ECEA Rules must be used to determine eligibility for speech or language impairment, and other disabilities that require speech or language interventions. Collaboration between the school psychologist, the SLP, the special education teacher, the general education teacher and others in planning and administering appropriate communication and cognitive assessments and interpreting their results will facilitate decisions about eligibility. Speech-language services may be appropriate for students with moderate or severe speech or language impairment, regardless of their disability category, as determined by the Rating Scale/s.

Chapter 6: Reevaluation

Generally, federal regulations^{viii} require that a reevaluation shall occur at least every three years unless the parent and public agency agree that the reevaluation is unnecessary.

Purpose of Reevaluation Review

- to determine continued eligibility or dismissal
- to determine the student's progress in special education and/or access to general education curriculum
- to adjust the student's IEP to meet the unique needs of the student

Chapter 7: Criteria for Exit from Speech or Language Services

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

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

The following factors of students, both intrinsic and extrinsic, should be taken into **consideration** when determining exit from speech-language services:

Intrinsic Factors

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

Extrinsic Factors

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

When considering exiting a student^{ix} from speech or language services, a reevaluation of the speech or language skills is necessary if the student will no longer be receiving special education services in speech or language. The IEP team, including the parent, may determine if sufficient information is documented, such that a full and individual reevaluation is not required. Parents must be part of the decision process and must give consent when, after a review of existing data, the IEP team determines that additional assessment data are needed. If the IEP team decides that no additional assessment is necessary, the AU must notify the parents, through prior written notice procedures, of the determination; the reasons for the determination; and, of the parent's right to request an assessment.^x As with all IEP-related activities, SLPs should follow procedures consistent with each AU.

SECTION IV: RATING SCALES

Chapter 8: Communication Rating Scales

The Communication Rating Scales are to be used as tools after an assessment of the student's communication abilities and after the SLP has interpreted assessment results. The tool is designed to enable SLPs to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a speech or language impairment (SLI) based on those assessment results. The tool by itself is not a diagnostic instrument. The scales must be used with assessment data.

The following definitions are included to accompany the communication rating scale:

"A language impairment is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve: (1) the form of language (phonology, morphology, syntax); (2) the content of language (semantics); and/or (3) the function of language in communication (pragmatics) in any combination" (ASHA, 1993, p. 40). A language impairment does not exist when: (1) language performance is appropriate to normal development; (2) language differences are primarily due to environmental, cultural or economic factors including non-standard English and regional dialect; and, (3) language performance does not interfere with educational performance. The three Language Scales are: Receptive Language Scale, Expressive Language Scale, and Pragmatics Social Language Scale.

An articulation impairment is the "atypical production of speech sounds...that may interfere with intelligibility" (ASHA, 1993, p. 40). Errors in sound production are generally classified as motor-based or cognitive/linguistic-based (Bernthal and Bankson, 1988). Motor-based errors are generally called articulation impairments; cognitive/linguistic-based errors are referred to as impairments of phonological processes. While some practitioners classify phonological process errors as language impairments, for purposes of these guidelines they are included, along with articulation impairments under the category of phonology. An articulation impairment does not exist when: (1) sound errors are consistent with normal articulation development; (2) articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, temporary physical disabilities or environmental, cultural or economic factors; and, (3) the errors do not interfere with educational performance.

A stuttering impairment is defined as "an interruption in the flow of speaking, characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms: (ASHA, 1993, p. 40). A stuttering impairment does not exist when (1) disfluencies are part of normal speech development and (2) disfluencies do not interfere with educational performance.

A *voice impairment* is the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration which is inappropriate for an individual's age and/or gender (ASHA, 1993, p. 40). A voice impairment does not exist when vocal characteristics: (1) are the result of temporary physical factors, such as allergies, colds, enlarged tonsils and/or adenoids, or short term vocal misuse or abuse; (2) are the result of regional, dialectic or cultural differences; and, (3) do not interfere with educational performance. The American Speech-Language-Hearing Association (ASHA) recommends that individuals receive a medical examination and medical clearance from contraindicating physical problems prior to participating in voice therapy. SLPs should consult with their local administration for policies and procedures regarding the evaluation and treatment of voice disorders.

Using the SLI Guidelines with Children Evaluated and Served under Part C

Based on S.B. 07-255 [Birth to Age Three Child Find Responsibilities](#)², AUs are responsible for determining significant developmental delay for children under the age of three based on the definition within the [Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act \(2010\)](#)³. The determination of significant developmental delay is based on either an equivalence of 25% or greater delay in one or more areas of development when compared with chronological age or the equivalence of 1.5 standard deviations or more below the mean in one or more areas of development. If a child meets those criteria with these scales, that performance would yield a rating of 3 which would indicate a significant delay. It is the responsibility of the local Community Centered Board personnel to determine a child's eligibility for Part C services based on the findings of the child find team's evaluation information.

² <http://www.cde.state.co.us/early/downloads/CHILDFIND/DHS-CDEJoinCFMemo.pdf>

³ <http://www.eicolorado.org/Files/2010%20State%20Plan%20with%20Appendices.pdf?CFID=12063613&CFTOKEN=25474447>

Procedures for the use of the SLI Guidelines

1. Use the Communication Scales' matrices to rate the student's communication in all areas. Identify and circle the scores in each row of a scale. Since scores in each row contribute to the total score, it is necessary to determine a score for each individual subscale. For example, sound production, formal assessment, stimulability, intelligibility, oral motor structure and function, and adverse effect on educational performance/communication are all weighted in importance in the determination of a disability. Do not alter these weighted scores. For example, do not score intelligibility as a "7" or stimulability as a "2.5".

No zeros (0) are to be used on these scales. No 2-3 or 3-4 ratings shall be used.

2. The following scales would be used for students who are served under IDEA Part B (3-21 years):
 - a. Receptive Language Rating Scale
 - b. Expressive Language Rating Scale
 - c. Pragmatics Social Language Rating Scale
 - d. Articulation Rating Scale
 - e. Stuttering Rating Scale
 - f. Voice Rating Scale
3. The following scales would be used for students/children, birth – 3 years of age.
 - a. Birth-3 Communication Rating Scale: On this scale, rate the results of normative assessments (if administered); the observational data on language complexity, vocabulary and evidence of word finding issues (determined using language scales, developmental inventory checklists, language samples, or other observational means); the child's performance as per age-level developmental expectations; and, adverse effect on communication.
 - b. Articulation Rating Scale
 - c. Stuttering Rating Scale
 - d. Voice Rating Scale
4. All of the individual ratings of the subscales should be used to determine the final overall rating. For children who are being evaluated for Part C services, the ratings are based on the Part C State Plan's criteria for significant delay. The final rating will be based on the presence of one or more of the following ratings:

	Part B students	Part C children
Rating of 1 =	1 (Within Normal Limits)	1 (Within Normal Limits)
Rating of 2 =	2 (Mild)	2 (Mild Delay)
Ratings of 3 =	3 (Moderate)	3 (Significant Delay)
Ratings of 4 =	4 (Severe)	4 (Significant Delay)

5. The overall rating is used to determine eligibility for speech-language services.
Overall Rating of 1: Within Normal Limits
Overall Rating of 2: Mild Impairment for Part B students or Mild Delay for Part C children
Overall Ratings of 3 or 4: Impairment is present for Part B students or a Significant Delay is present for Part C children
6. Under Part B, students with overall ratings of 3 or 4 may be eligible for speech or language services. The model of service delivery should be based on the needs of the student, ensuring the least restrictive environment, access to the general education curriculum and/or appropriate age-related activities, and reasonable educational benefit from services. Under Part C, early intervention is indicated if a child is determined eligible by the Community Centered Board (CCB) based on the state's criteria for a significant developmental delay.
7. Individual Administrative Units (AUs) may have unique guidelines regarding eligibility for services for students.

Variance in Determining the Overall Rating

During the evaluation process the SLP determines the Overall Rating based on assessment results and the Rating Scales. At the eligibility meeting, the SLP, in collaboration with the Multidisciplinary Team, may use professional judgment to add or subtract **one** rating point from the Overall Rating. The Multidisciplinary Team may consider the following: student attendance, cognition, rate of progress, response to interventions, cultural and linguistic differences, or other environmental or neurological factors. The use of the variance should be considered only during the eligibility meeting so that all team members are able to discuss the factors involved. Multidisciplinary Team discussion and any changes in the Overall Rating must be documented within the IEP and in the Prior Written Notice.

**RECEPTIVE LANGUAGE RATING SCALE
PART B STUDENTS**

STUDENT: _____ **SLP:** _____ **DATE:** _____

<p>Normative Assessment: Comprehensive, standardized measure(s) and scores</p> <p>NORMATIVE ASSESSMENT MUST BE COMPLETED IF LANGUAGE IS AN AREA OF CONCERN.</p> <p>Use overall score (total, quotient, index, etc.). DO NOT use subtest scores alone!!</p>	<p align="center">SCORE = 1</p> <p>1 standard deviation from the mean</p> <p>for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15</p> <p>If NORMATIVE ASSESSMENT IS NOT INDICATED, A RATIONALE MUST BE PROVIDED.</p>	<p align="center">SCORE = 2</p> <p>>1.0 - 1.5 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15</p>	<p align="center">SCORE = 3</p> <p>>1.5 – 2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15</p>	<p align="center">SCORE = 4</p> <p>>2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15</p>
<p>Observational Assessment of Language Comprehension Measures:</p> <p>-Classroom observation -Curriculum based assessment/s -Informal probes -Other: _____</p> <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p align="center">1</p> <p>All of the following are age appropriate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understands classroom discourse <input type="checkbox"/> Follows oral directions <input type="checkbox"/> Understands a variety of linguistic structures <input type="checkbox"/> Understands narratives <input type="checkbox"/> Understands academic content <input type="checkbox"/> Understands vocabulary / semantics <input type="checkbox"/> Understands basic language concepts <input type="checkbox"/> Phonemic Awareness 	<p align="center">2</p> <p>At least one of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understands classroom discourse <input type="checkbox"/> Follows oral directions <input type="checkbox"/> Understands a variety of linguistic structures <input type="checkbox"/> Understands narratives <input type="checkbox"/> Understands academic content <input type="checkbox"/> Understands vocabulary/ semantics <input type="checkbox"/> Understands basic language concepts <input type="checkbox"/> Phonemic Awareness 	<p align="center">3</p> <p>At least two of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understands classroom discourse <input type="checkbox"/> Follows oral directions <input type="checkbox"/> Understands a variety of linguistic structures <input type="checkbox"/> Understands narratives <input type="checkbox"/> Understands academic content <input type="checkbox"/> Understands vocabulary/ semantics <input type="checkbox"/> Understands basic language concepts <input type="checkbox"/> Phonemic Awareness 	<p align="center">4</p> <p>At least three of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understands classroom discourse <input type="checkbox"/> Follows oral directions <input type="checkbox"/> Understands a variety of linguistic structures <input type="checkbox"/> Understands narratives <input type="checkbox"/> Understands academic content <input type="checkbox"/> Understands vocabulary/ semantics <input type="checkbox"/> Understands basic language concepts <input type="checkbox"/> Phonemic Awareness

RECEPTIVE LANGUAGE RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

<p>Auditory Processing and Auditory Perception:</p> <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p>1</p> <p>Auditory Processing and Auditory Perception are judged to be Within Normal Limits.</p>	<p>2</p> <p>At least one of the following areas is deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sensation (acuity) <input type="checkbox"/> perception (discrimination, sequencing, analysis, synthesis) <input type="checkbox"/> association <input type="checkbox"/> auditory attention <input type="checkbox"/> memory 	<p>3</p> <p>At least two of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sensation (acuity) <input type="checkbox"/> perception (discrimination, sequencing, analysis, synthesis) <input type="checkbox"/> association <input type="checkbox"/> auditory attention <input type="checkbox"/> memory 	<p>4</p> <p>At least three of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sensation (acuity) <input type="checkbox"/> perception (discrimination, sequencing, analysis, synthesis) <input type="checkbox"/> association <input type="checkbox"/> auditory attention <input type="checkbox"/> memory
<p>Academic Language Skills:</p> <p>Refer to <u>CDE Academic Standards-Reading, Writing, Communicating</u></p>	<p>1</p> <p>The student needs little or no assistance in understanding curricular information.</p>	<p>2</p> <p>The student needs occasional cues, models, explanations or assistance in understanding curricular information.</p>	<p>3</p> <p>The student needs frequent cues, models, explanations or assistance in understanding curricular information.</p>	<p>4</p> <p>The student needs consistent cues, models, explanations or assistance in understanding curricular information.</p>
<p>Adverse Effect on Educational Performance/ Academic Language:</p>	<p>1</p> <p>Receptive language skills are adequate for the student's participation in the general educational setting.</p>	<p>4</p> <p>Receptive language difficulties minimally impact educational performance and can be addressed in the general educational setting.</p>	<p>6</p> <p>Receptive language difficulties frequently impact educational performance and the student's ability to participate in the general educational setting.</p>	<p>8</p> <p>Receptive language difficulties significantly impact educational performance and the student's ability to participate in the general educational setting.</p>

RECEPTIVE LANGUAGE RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Instructions:

1. The Speech-Language Pathologist will determine whether to use the **COMPREHENSIVE RECEPTIVE LANGUAGE ASSESSMENT RATING SCALE (ENTIRE MATRIX IS USED) OR THE OBSERVATIONAL ASSESSMENT ONLY SCALE (OBSERVATIONAL ASSESSMENT, AUDITORY PROCESSING AND AUDITORY PERCEPTION, ACADEMIC LANGUAGE SKILLS, AND ADVERSE EFFECT SECTIONS ARE USED)**. Circle score for the most appropriate description for each category: *Normative (Standardized), Observational (Descriptive), Auditory Processing and Auditory Perception, Academic Language, and Adverse Effect*.
2. Consider a student's regional or dialectal differences when scoring. Refer to test manual.
3. Compute the total score and record below.
4. Circle the total score on the bar/scale below to determine the Overall Rating.

TOTAL SCORE _____

COMPREHENSIVE RECEPTIVE LANGUAGE ASSESSMENT TOTAL SCORE: *Normative (Standardized), Observational Assessment, Auditory Processing and Auditory Perception, Academic Language Skills, and Adverse Effect*

5	/	6	7	8	9	10	11	12	/	13	14	15	16	17	18	/	19	20	21	22	23	24
No Impairment			Mild						Moderate						Severe							
Rating = 1			Rating = 2						Rating = 3						Rating = 4							

OR

OBSERVATIONAL ASSESSMENT ONLY - RECEPTIVE LANGUAGE ASSESSMENT TOTAL SCORE: *Observational Assessment, Auditory Processing and Auditory Perception, Academic Language Skills, and Adverse Effect*

4	/	5	6	7	8	9	10	/	11	12	13	14	15	/	16	17	18	19	20
No Impairment			Mild						Moderate						Severe				
Rating = 1			Rating = 2						Rating = 3						Rating = 4				

Final determination of disability is made by the Multidisciplinary Team.

Use the Observational Rating Scale with a student who is culturally-linguistically diverse (CLD)

Do not report normative standard scores unless an assessment tool is administered in the student's native language and has been standardized with a normative sample that matches the demographic background of the student.

EXPRESSIVE LANGUAGE RATING SCALE
PART B STUDENTS

STUDENT: _____ **SLP:** _____ **DATE:** _____

<p>Normative Assessment: Comprehensive, standardized measure(s) and scores</p> <p>NORMATIVE ASSESSMENT MUST BE COMPLETED IF LANGUAGE IS AN AREA OF CONCERN.</p> <p>Use overall score (total, quotient, index, etc.). DO NOT use subtest scores alone!!</p>	<p style="text-align: center;">SCORE = 1</p> <p>1 standard deviation from the mean</p> <p>for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15</p> <p>If NORMATIVE ASSESSMENT IS NOT INDICATED, A RATIONALE MUST BE PROVIDED.</p>	<p style="text-align: center;">SCORE = 2</p> <p>>1.0 - 1.5 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;">SCORE = 3</p> <p>>1.5 – 2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;">SCORE = 4</p> <p>>2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15</p>
<p>Observational Assessment:</p> <p><i>Check descriptive tool used:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral and/or Written Language Sample <input type="checkbox"/> Checklist(s) <input type="checkbox"/> Observations <input type="checkbox"/> Other: _____ <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p style="text-align: center;">1</p> <p>Expressive language skills are judged to be within normal limits as compared to same aged peers within cultural norms.</p>	<p style="text-align: center;">2</p> <p>At least one of the following areas is deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mean Length of Utterance/Sentence Length <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding <input type="checkbox"/> Expresses thoughts in an organized manner 	<p style="text-align: center;">3</p> <p>At least two of the following areas are deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mean Length of Utterance/Sentence Length <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding <input type="checkbox"/> Expresses thoughts in an organized manner 	<p style="text-align: center;">4</p> <p>At least three of the following areas are deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mean Length of Utterance/Sentence Length <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding <input type="checkbox"/> Expresses thoughts in an organized manner

EXPRESSIVE LANGUAGE RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

<p>Academic Language Skills:</p> <p><u>Refer to CDE Academic Standards-Reading, Writing, Communicating</u></p>	<p>1</p> <p>The student needs little or no assistance in expressing self and curricular information.</p>	<p>2</p> <p>The student needs occasional cues, models, explanations or assistance in expressing self and curricular information.</p>	<p>3</p> <p>The student needs frequent cues, models, explanations or assistance in expressing self and curricular information.</p>	<p>4</p> <p>The student needs consistent cues, models, explanations or assistance in expressing self and curricular information.</p>
<p>Adverse Effect On Educational Performance:</p>	<p>1</p> <p>Expressive language skills are adequate for the student's participation in educational setting.</p>	<p>4</p> <p>Expressive language difficulties minimally impact educational performance and can be addressed in the educational setting.</p>	<p>6</p> <p>Expressive language difficulties frequently impact the student's educational performance and ability to participate in the educational setting.</p>	<p>8</p> <p>Expressive language difficulties significantly impact the student's educational performance and ability to participate in the educational setting.</p>

EXPRESSIVE LANGUAGE RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Instructions:

5. The Speech-Language Pathologist will determine whether to use the **COMPREHENSIVE EXPRESSIVE LANGUAGE ASSESSMENT RATING SCALE (ENTIRE MATRIX IS USED) OR THE OBSERVATIONAL ASSESSMENT ONLY SCALE (OBSERVATIONAL ASSESSMENT, ACADEMIC SKILLS, AND ADVERSE EFFECT SECTIONS ARE USED)**. Circle score for the most appropriate description for each category: *Normative (Standardized), Observational (Descriptive), Academic Language, and Adverse Effect*.
6. Consider a student's regional or dialectal differences when scoring. Refer to test manual.
7. Compute the total score and record below.
8. Circle the total score on the bar/scale below to determine the Overall Rating.

TOTAL SCORE _____

COMPREHENSIVE EXPRESSIVE LANGUAGE ASSESSMENT TOTAL SCORE: <i>Normative (Standardized), Observational Assessment, Academic Skills, and Adverse Effect</i>																			
4	/	5	6	7	8	9	10	/	11	12	13	14	15	/	16	17	18	19	20
No Impairment			Mild				Moderate				Severe								
Rating = 1			Rating = 2				Rating = 3				Rating = 4								

OR

OBSERVATIONAL ASSESSMENT ONLY - EXPRESSIVE LANGUAGE ASSESSMENT TOTAL SCORE: <i>Observational Assessment, Academic Skills, and Adverse Effect</i>																
3	/	4	5	6	7	8	/	9	10	11	12	/	13	14	15	16
No Impairment		Mild				Moderate				Severe						
Rating = 1		Rating = 2				Rating = 3				Rating = 4						

Final determination of disability is made by the Multidisciplinary Team.

Use the Observational Rating Scale with a student who is culturally-linguistically diverse (CLD)

Do not report standard scores unless an assessment tool is administered in the student's native language and has been standardized with a normative sample that matches the demographic background of the student.

PRAGMATICS SOCIAL LANGUAGE RATING SCALE
PART B STUDENTS

STUDENT: _____ **SLP:** _____ **DATE:** _____

Normative Assessment of Pragmatics Social Language: Comprehensive, standardized measure(s) and scores	SCORE = 1 1 standard deviation from the mean for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15	SCORE = 2 >1.0 - 1.5 standard deviations from the mean for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15	SCORE = 3 >1.5 – 2.0 standard deviations from the mean for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15	SCORE = 4 >2.0 standard deviations from the mean for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15
Observational Assessment of Pragmatics Social Language: <i>Check descriptive tool used:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Pragmatics Social Language/Communication sample <input type="checkbox"/> Checklist(s) <input type="checkbox"/> Observations <input type="checkbox"/> Other _____ <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p align="center">1</p> <p>Pragmatics social language skills are judged as average relative to expectations when compared to same age peers.</p>	<p align="center">2</p> <p align="center">At least one of the following areas is deficient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Interaction (Initiation, Participation in group activities, Turn-Taking, etc.) <input type="checkbox"/> Social Communication (Requesting, Topic maintenance, Word structure, Effectiveness, Repair, Functional intent, Prosody, Protest, etc.) <input type="checkbox"/> Academic Communication (Gaining attention, Interaction with peers, Requesting clarification, etc.) <input type="checkbox"/> Non-Verbal Communication (Personal space, Joint Attention, Facial expressions, Gestures, etc.) <input type="checkbox"/> Perspective Taking (Recognize others' viewpoints, feelings, interests, empathy, etc.) <input type="checkbox"/> Other _____ 	<p align="center">3</p> <p align="center">At least two of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Interaction (Initiation, Participation in group activities, Turn-Taking, etc.) <input type="checkbox"/> Social Communication (Requesting, Topic maintenance, Word structure, Effectiveness, Repair, Functional intent, Prosody, Protest, etc.) <input type="checkbox"/> Academic Communication (Gaining attention, Interaction with peers, Requesting clarification, etc.) <input type="checkbox"/> Non-Verbal Communication (Personal space, Joint Attention, Facial expressions, Gestures, etc.) <input type="checkbox"/> Perspective Taking (Recognize others' viewpoints, feelings, interests, empathy, etc.) <input type="checkbox"/> Other _____ 	<p align="center">4</p> <p align="center">At least three of the following areas are deficient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Interaction (Initiation, Participation in group activities, Turn-Taking, etc.) <input type="checkbox"/> Social Communication (Requesting, Topic maintenance, Word structure, Effectiveness, Repair, Functional intent, Prosody, Protest, etc.) <input type="checkbox"/> Academic Communication (Gaining attention, Interaction with peers, Requesting clarification, etc.) <input type="checkbox"/> Non-Verbal Communication (Personal space, Joint Attention, Facial expressions, Gestures, etc.) <input type="checkbox"/> Perspective Taking (Recognize others' viewpoints, feelings, interests, empathy, etc.) <input type="checkbox"/> Other _____

PRAGMATICS SOCIAL LANGUAGE RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

Adverse Effect on Educational Performance/Social Language:	1	4	6	8
	Pragmatics social language skills are adequate for the student's participation in educational settings. Educational Settings may include: playground, lunchroom, vocational, community, etc	Pragmatics social language skills are developing and can be addressed in the educational settings. Educational Settings may include: playground, lunchroom, vocational, community, etc	Pragmatics social language skills frequently affect the student's ability to participate in educational settings. Educational Settings may include: playground, lunchroom, vocational, community, etc	Pragmatics social language skills consistently affect the student's ability to participate in educational settings. Educational Settings may include: playground, lunchroom, vocational, community, etc

Instructions:

1. The Speech-Language Pathologist will determine whether to use the **COMPREHENSIVE ASSESSMENT OR OBSERVATIONAL ASSESSMENT ONLY RATING SCALE**.
2. Circle the score for the most appropriate description for each category: *Normative (Standardized)*, and/or *Observational (Descriptive)*, *Pragmatics Social Language and Adverse Effects*.
3. Compute the total score.
4. Circle below to determine the Overall Rating.

COMPREHENSIVE PRAGMATICS SOCIAL LANGUAGE ASSESSMENT TOTAL SCORE:																		
<i>Normative (Standardized), Observational (Descriptive), Adverse Effect</i>																		
3				/	4 5 6 7 8				/	9 10 11 12				/	13 14 15 16			
No Impairment					Mild					Moderate					Severe			
Rating = 1					Rating = 2					Rating = 3					Rating = 4			

OR

OBSERVATIONAL ONLY - PRAGMATICS SOCIAL LANGUAGE ASSESSMENT TOTAL SCORE:														
<i>Observational Assessment (Descriptive), Adverse Effect</i>														
2			/	3 4 5 6			/	7 8 9			/	10 11 12		
No Impairment				Mild				Moderate				Severe		
Rating = 1				Rating = 2				Rating = 3				Rating = 4		

Final determination of disability is made by the Multidisciplinary Team.

BIRTH-3 COMMUNICATION RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

<p>Normative Assessment: Comprehensive, standardized measure(s) and scores</p> <p>Use overall score (total, quotient, index, etc.). DO NOT use subtest scores alone!!</p>	<p style="text-align: center;">SCORE = 1</p> <p>1 standard deviation from the mean</p> <p>for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15</p> <p>If NORMATIVE ASSESSMENT IS NOT INDICATED, A RATIONALE MUST BE PROVIDED.</p>	<p style="text-align: center;">SCORE = 2</p> <p>>1.0 - 1.5 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;">SCORE = 3</p> <p>>1.5 – 2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;">SCORE = 4</p> <p>>2.0 standard deviations from the mean</p> <p>for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15</p>
<p>Observational Assessment:</p> <p><i>Check descriptive tool used:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral and/or Written Language Sample <input type="checkbox"/> Checklist(s) <input type="checkbox"/> Observations <input type="checkbox"/> Other: _____ <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p style="text-align: center;">1</p> <p>Expressive language skills are judged to be within normal limits as compared to same aged peers within cultural norms.</p>	<p style="text-align: center;">2</p> <p style="text-align: center;">At least one of the following areas is deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language complexity <input type="checkbox"/> Mean Length of Utterance in morphemes <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding 	<p style="text-align: center;">3</p> <p style="text-align: center;">At least two of the following areas are deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language complexity <input type="checkbox"/> Mean Length of Utterance in morphemes <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding 	<p style="text-align: center;">4</p> <p style="text-align: center;">At least three of the following areas are deficient</p> <p>Check areas of weakness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Language complexity <input type="checkbox"/> Mean Length of Utterance in morphemes <input type="checkbox"/> Sentence Complexity <input type="checkbox"/> Syntax/ Morphology <input type="checkbox"/> Vocabulary/ Semantics <input type="checkbox"/> Word Finding

BIRTH-3 COMMUNICATION RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

<p>Observational Assessment of Developmental Expectations⁴:</p> <p>Birth - 6 months</p>	<p>1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Looks at caregivers. Maintains brief eye contact during feeding. <input type="checkbox"/> Becomes quiet in response to sound (especially speech of a familiar speaker) <input type="checkbox"/> Smiles or coos in response to another person's smile or voice (sounds produced near the back of the mouth) <input type="checkbox"/> Cries differently when tired, hungry or in pain <input type="checkbox"/> Fixes gaze on face <input type="checkbox"/> Responds to name by looking for voice <input type="checkbox"/> Regularly localizes sound source/speaker <input type="checkbox"/> Cooing, gurgling, chuckling, laughing, squeals (sound produced forward in the mouth vowel-like sounds) <input type="checkbox"/> Demonstrates joint attention 	<p>2</p>	<p>3</p> <p>Any one of the following areas is deficient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of responsiveness <input type="checkbox"/> Lack of awareness of sound <input type="checkbox"/> Lack of awareness of environment <input type="checkbox"/> Cry is no different if tired, hungry or in pain <input type="checkbox"/> Problems sucking, swallowing, or feeding <input type="checkbox"/> Lack of awareness of sound, no localizing toward the source of a sound or speaker <input type="checkbox"/> Lack of awareness of people and objects in the environment <input type="checkbox"/> Rarely smiles or engages gaze with caregivers 	<p>4</p>
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⁴ Developmental indicators derived from the following source, unless otherwise noted by citation, and printed with permission by the New York State Department of Health: New York State Department of Health Early Intervention Program (1999). *Clinical Practice Guideline: Report of the Recommendations. Communication Disorders, Assessment and Intervention for Young Children (Age 0-3 Years)*, Publication No. 4218

<p>6-9 months</p>	<p style="text-align: center;">1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Imitates vocalizing to another. <input type="checkbox"/> Enjoys reciprocal social games structured by adult (peek-a-boo, pat-a-cake) <input type="checkbox"/> Has different vocalizations for different states <input type="checkbox"/> Recognizes familiar people <input type="checkbox"/> Imitates familiar sounds and actions, attends to singing <input type="checkbox"/> Produces reduplicative babbling (“bababa”, “mamama”), vocal play with intonational patterns, lots of sounds that take on the sound of words, attends to music (e.g., babbling a true consonant with a vowel bababa) <input type="checkbox"/> Cries when parent leaves room (9 months) <input type="checkbox"/> Responds consistently to soft speech and environmental sounds <input type="checkbox"/> Reaches to request object <input type="checkbox"/> Object permanence emerging 		<p style="text-align: center;">3</p> <p style="text-align: center;">Any one of the following areas is deficient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not appear to understand or enjoy the social rewards of interaction <input type="checkbox"/> Lack of connection with adult (lack of eye contact, reciprocal eye gaze, vocal turn-taking, reciprocal social games, imitation) <input type="checkbox"/> No babbling, or babbling with few or no consonants <input type="checkbox"/> Does not purposefully interact with familiar objects 	
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<p>9-12 months</p>	<p style="text-align: center;">1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attracts attention (vocalizing, coughing). <input type="checkbox"/> Shakes head “no”, pushes undesired objects away <input type="checkbox"/> Waves “bye” <input type="checkbox"/> Indicates requests clearly, directs others’ behavior (shows objects, gives objects to adults, pats, pulls) <input type="checkbox"/> Coordinates actions between objects and adults (looks back and forth between adult and object of desire) <input type="checkbox"/> Imitates new sounds/actions <input type="checkbox"/> Shows consistent patterns of reduplicative babbling, produces vocalizations that sound like first words (mama, dada). <input type="checkbox"/> Looks at pictures in a book for short periods of time when named by an adult <input type="checkbox"/> Understands the meaning of “no” <input type="checkbox"/> Object permanence established <input type="checkbox"/> Attends to pictures named by adult 		<p style="text-align: center;">3</p> <p style="text-align: center;">Any one of the following areas is deficient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is easily upset by sounds that would not be upsetting to others of the same age <input type="checkbox"/> Does not clearly indicate request for object while focusing on the object <input type="checkbox"/> Lack of consistent patterns of reduplicative babbling <input type="checkbox"/> Lack of comprehension of words or communicative gestures <input type="checkbox"/> Exclusive reliance on context for language understanding 	
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1

- Single-word productions begin
- Requests objects, points, vocalizes, may use word approximations
- Gets attention: vocally, physically, maybe by using words (“mommy”)
- Understands “agency”: knows that an adult can do things for him/her (such as activate a wind-up toy)
- Uses ritual words (“bye”, “hi”, “thank you”, “please”)
- Protests: says “no”, shakes head, moves away, pushes objects away
- Comments: points to object, vocalizes or uses word approximations
- Acknowledges: eye contact, vocal response, repetition of word
- Responds to songs and rhymes by vocalizing or singing along (ASHA)
- Understands approximately 50 words and says approximately 10-15 words

3

Any one of the following areas is deficient

- Lack of communicative gestures
- Does not attempt to imitate or spontaneously produce single words to convey meaning
- Does not persist in communication (e.g., hands object to adult for help, but then gives up if adult does not respond immediately)
- Limited comprehension vocabulary (understands <50 words or phrases without gesture or context clues)
- Limited production vocabulary (speaks <10 words)
- Lack of growth in production vocabulary over 6 month period (from 12-18 months)

12-18 months

1

- Uses a combination of words and gestures to communicate
- Begins to use two-word combinations: first combinations are usually memorized forms and used in one or two contexts
- Later combinations (by 24 months) code relational meanings (such as “more cookie”, “daddy shoe”), more flexible in use
- Pats and points to pictures in a book when named by an adult, begins to name colorful pictures in a book (ASHA)
- Shows interest in simple stories for brief periods of time (ASHA)
- Listens to simple stories, songs, and rhymes (ASHA)
- Follows simple commands and understands simple questions (“Roll the ball”, “Kiss the baby”, “Where’s your shoe?”) (ASHA)
- By 24 months has 75-150 words ()

3

Any one of the following areas is deficient

- Reliance on gestures without verbalization
- Limited production vocabulary (speaks <50 words)
- Does not use any two-word combinations
- Compulsive labeling of objects in place of commenting or requesting
- Regression in language development, stops talking or begins echoing phrases s/he hears, often inappropriately
- Little or no interest in verbal interactions

18-24 months

<p>24-36 months</p>	<p style="text-align: center;">1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engages in short dialogues <input type="checkbox"/> Expresses emotion <input type="checkbox"/> Begins using language in imaginative ways <input type="checkbox"/> Begins providing descriptive details to facilitate listener's comprehension <input type="checkbox"/> Narrative development is characterized by collections of unrelated ideas and story elements, loosely linked <input type="checkbox"/> Begins to include articles ("a", "the") and word endings (i.e., "ing" added to verbs; regular plural "s" [cats]; copular "is" [bike is red]; and, regular past tense "ed") <input type="checkbox"/> Knows the function and purpose of written language – understands words have meaning and purposes (ASHA) <input type="checkbox"/> Points to and names many common pictures in a book when named by an adult (ASHA) <input type="checkbox"/> Listens and enjoys being read to for longer periods of time (between 5-15 minutes) (ASHA) <input type="checkbox"/> Understands approximately 50 words and says approximately 10-15 words () 		<p style="text-align: center;">3</p> <p style="text-align: center;">Any one of the following areas is deficient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Words limited to single syllables with no final consonants <input type="checkbox"/> Few or no multi-word utterances <input type="checkbox"/> Does not demand a response from listeners <input type="checkbox"/> Does not ask questions <input type="checkbox"/> Echoing or "parroting of speech" without communicative intent 	
<p>Adverse Effect On Communication:</p>	<p style="text-align: center;">1</p> <p>Communication skills are adequate for the student's participation in appropriate age-related activities and settings.</p>	<p style="text-align: center;">4</p> <p>Communication difficulties minimally impact communicative performance and can be addressed in appropriate age-related activities and settings.</p>	<p style="text-align: center;">6</p> <p>Communication difficulties frequently impact the student's communicative performance and ability to participate in appropriate age-related activities and settings.</p>	<p style="text-align: center;">8</p> <p>Communication difficulties significantly impact the student's communicative performance and ability to participate in appropriate age-related activities and settings.</p>

BIRTH-3 COMMUNICATION RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Instructions:

9. The Speech-Language Pathologist will determine whether to use the **COMPREHENSIVE BIRTH-3 COMMUNICATION RATING SCALE (ENTIRE MATRIX IS USED) OR THE OBSERVATIONAL ASSESSMENT DATA ONLY SCALE (OBSERVATIONAL ASSESSMENT, OBSERVATIONAL ASSESSMENT OF DEVELOPMENTAL EXPECTATIONS, AND ADVERSE EFFECT SECTIONS ARE USED)**. Circle score for the most appropriate description for each category: *Normative (Standardized), Observational Assessment (Descriptive), Observational Assessment of Developmental Expectations, and Adverse Effect*.
10. Consider a student's regional or dialectal differences when scoring. Refer to test manual.
11. Compute the total score and record below.
12. Circle the total score on the bar/scale below to determine the Overall Rating.

TOTAL SCORE _____

COMPREHENSIVE BIRTH-3 COMMUNICATION ASSESSMENT TOTAL SCORE: <i>Normative (Standardized), Observational Assessment, Observational Assessment of Developmental Expectations, and Adverse Effect</i>																			
4	/	5	6	7	8	9	10	/	11	12	13	14	15	/	16	17	18	19	20
No Impairment Rating = 1			Mild Delay Rating = 2			Significant Delay Rating = 3			Significant Delay Rating = 4										

OR

OBSERVATIONAL ASSESSMENT ONLY - BIRTH-3 COMMUNICATION ASSESSMENT TOTAL SCORE: <i>Observational Assessment, Observational Assessment of Developmental Expectations, and Adverse Effect</i>																
3	/	4	5	6	7	8	/	9	10	11	12	/	13	14	15	16
No Impairment Rating = 1			Mild Delay Rating = 2			Significant Delay Rating = 3			Significant Delay Rating = 4							

Final determination of disability is made by the Multidisciplinary Team.

Use the Observational Rating Scale with a student who is culturally-linguistically diverse (CLD)

Do not report standard scores unless an assessment tool is administered in the student's native language and has been standardized with a normative sample that matches the demographic background of the student.

ARTICULATION/PHONOLOGY RATING SCALE⁵

STUDENT: _____ SLP: _____ DATE: _____

Normative Assessment of Articulation/Phonology: Comprehensive, standardized measure(s) and scores. PERCENTILE SCORES ARE NOT TO BE USED WITH THE GFTA-2.	SCORE = 1 1 standard deviation from the mean for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15	SCORE = 2 >1.0 - 1.5 standard deviations from the mean for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15	SCORE = 3 >1.5 – 2.0 standard deviations from the mean for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15	SCORE = 4 >2.0 standard deviations from the mean for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15
Observational Assessment of Articulation: <i>Check descriptive tool used:</i> ___ Speech sample ___ Checklist(s) ___ Observations ___ Other _____ <i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i>	1 Production of speech is Within Normal Limits in all educational settings. Errors are consistent with normal development.	2 Speech sound errors are present and occasionally interfere with communication.	3 Sound productions are noticeably in error and may include one or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Non-developmental or early appearing phonological patterns may be present. <input type="checkbox"/> Sound errors are not found in age-matched peers who are members of the same speech community <input type="checkbox"/> Substitutions <input type="checkbox"/> Distortions <input type="checkbox"/> May use compensatory or non-developmental speech patterns. 	4 Deviation may range from extensive substitutions and many omissions to extensive omissions. Extensive non-developmental errors include: <ul style="list-style-type: none"> <input type="checkbox"/> substitutions, <input type="checkbox"/> omissions, <input type="checkbox"/> distortions <input type="checkbox"/> phonological patterns

⁵ Please refer to the accompanying documents entitled, *Articulation and Phonological Development in Early Childhood* or *Articulation and Phonological Developmental Considerations*, contributed by Kathy Fahey, Ph.D., for information on age-level expectations of the emergence and mastery of speech sounds as well as for information on the expected ages of suppression of phonological processes.

ARTICULATION/PHONOLOGY RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Intelligibility: Based on percentage of consonants correct Part B Students	1	2	3	4																
Birth THROUGH 3	<p>For children ages 0 THROUGH 3, use the following norms to determine scale score.</p> <p>If the child's intelligibility fits within the expected range, score a 1 ; if the intelligibility is less than the range indicated in the chart, score a 3 for this factor.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; text-align: center;">Familiar listeners</td> <td style="width: 35%; text-align: center;">Unfamiliar listeners</td> <td style="width: 15%;"></td> </tr> <tr> <td>2:0</td> <td style="text-align: center;">parents 87%</td> <td style="text-align: center;">strangers 50%</td> <td></td> </tr> <tr> <td>2:6</td> <td style="text-align: center;">51-70%</td> <td></td> <td></td> </tr> <tr> <td>3:0</td> <td style="text-align: center;">71-80%</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">reliable transcription 95.7%</td> </tr> </table>					Familiar listeners	Unfamiliar listeners		2:0	parents 87%	strangers 50%		2:6	51-70%			3:0	71-80%	75%	reliable transcription 95.7%
	Familiar listeners	Unfamiliar listeners																		
2:0	parents 87%	strangers 50%																		
2:6	51-70%																			
3:0	71-80%	75%	reliable transcription 95.7%																	
Consistency, Stimulability and Self-correction: Judgments are based on the student's performance as compared to developmental expectations. NOTE: Ability to self-correct should NOT be considered for children ages 0 THROUGH 3.	1	2	3	4																
	Consistent sound patterns Stimulable for all sounds within the developmental norms.	Minor inconsistencies in sound production Stimulable for error sound/s in at least one context within the developmental norms. Frequent self-corrections noted.	Frequent inconsistencies in sound production Limited stimulability for error sound/s within the developmental norms. Ability to self-correct is inconsistent.	Consistent error patterns Not stimulable for error sound/s within the developmental norms. No self-corrections noted.																

Oral Motor Structure and Function:	<p style="text-align: center;">1</p> <p>Oral structures appear normal and adequate for speech production.</p>	<p style="text-align: center;">2</p> <p>Minimal difficulties in oral motor and/or sequencing do not interfere with speech production.</p>	<p style="text-align: center;">3</p> <p>Frequent difficulties in timing, sequencing and/or coordination of speech sound/s are evident.</p>	<p style="text-align: center;">4</p> <p>Consistent difficulties in timing, sequencing and/or coordination of speech sound/s are evident. There may be additional neuromotor and/or structural deficits present.</p>
Adverse Effect on Educational Performance: (Part B Students)	<p style="text-align: center;">1</p> <p>Speech is adequate for the student's participation in educational settings.</p>	<p style="text-align: center;">4</p> <p>Speech sound/s are developing. Speech errors minimally impact the student's participation in educational settings.</p>	<p style="text-align: center;">6</p> <p>Speech error/s frequently impact student's participation in educational settings.</p>	<p style="text-align: center;">8</p> <p>Speech error/s consistently impact student's participation in educational settings.</p>
Adverse Effect on Communication: Birth through 3	<p style="text-align: center;">1</p> <p>Speech is adequate for the student's participation in appropriate age-related activities and settings.</p>	<p style="text-align: center;">4</p> <p>Speech sound/s are developing. Speech errors minimally impact the student's participation in appropriate age-related activities and settings.</p>	<p style="text-align: center;">6</p> <p>Speech error/s frequently impact student's participation in appropriate age-related activities and settings.</p>	<p style="text-align: center;">8</p> <p>Speech error/s consistently impact student's participation in appropriate age-related activities and settings.</p>

ARTICULATION/PHONOLOGY RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

Instructions:

1. Circle score for the most appropriate description for each category: *Normative (Standardized), Observational (Descriptive), Intelligibility, Oral Motor/Structure and Function, Stimulability/Self-Correction and Adverse Effects.*
2. Compute the total score.
3. Circle below to determine the Overall Rating.

TOTAL SCORE _____

COMPREHENSIVE ARTICULATION/PHONOLOGY ASSESSMENT TOTAL SCORE: *Normative (Standardized); Observational Assessment; Intelligibility, Stimulability and Self-Correction; Oral Motor Structure and Function; and Adverse Effect*

_____ 6 / 7 8 9 10 11 12 13 14 / 15 16 17 18 19 20 21 / 22 23 24 25 26 27 28
No Impairment / Mild (Mild Delay - Pt C) / Moderate (Sign. Delay - Pt C) / Severe (Significant Delay - Pt C)
Rating = 1 Rating = 2 Rating = 3 Rating = 4

OR

OBSERVATIONAL ASSESSMENT ONLY - ARTICULATION/PHONOLOGY ASSESSMENT TOTAL SCORE: *Observational Assessment; Intelligibility; Consistency, Stimulability and Self-Correction; Oral Motor Structure and Function; and Adverse Effect*

_____ 5 / 6 7 8 9 10 11 12 / 13 14 15 16 17 18 / 19 20 21 22 23 24
No Impairment / Mild (Mild Delay - Pt C) / Moderate (Sign. Delay - Pt C) / Severe (Significant Delay - Pt C)
Rating = 1 Rating = 2 Rating = 3 Rating = 4

Final determination of disability is made by the Multidisciplinary Team.

STUTTERING RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

Normative Assessment of Stuttering: Comprehensive, standardized measure/s and scores	SCORE = 1 1 standard deviation from the mean for example: Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15	SCORE = 2 >1.0 - 1.5 standard deviations from the mean for example: Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15	SCORE = 3 >1.5 – 2.0 standard deviations from the mean for example: Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15	SCORE = 4 >2.0 standard deviations from the mean for example: Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15
Observational Assessment of Core Stuttering Characteristics: <i>Check descriptive tool used:</i> <input type="checkbox"/> Stuttering Speech sample <input type="checkbox"/> Checklist(s) <input type="checkbox"/> Observations <input type="checkbox"/> Other _____	1 Speech fluency and rate are Within Normal Limits.	2 Speech contains whole word or phrase repetitions; rate of speech does not interfere with intelligibility. Average duration of stuttering moment: 0.5 second or less (fleeting) Frequency of disfluency: Less than 5% of a speech sample of 100 words.	3 Speech contains sound, syllable, and/or word repetitions or prolongations, and/or silent blocks; rate may interfere with intelligibility. Average duration of stuttering moment: .6 - 9.0 seconds or less Frequency of disfluency: 5-11% of a speech sample of 100 words.	4 Speech contains a high frequency of sound, syllable, and/or word repetitions or prolongations, and/or silent blocks; rate interferes with intelligibility. Average duration of stuttering moment: 10.0 seconds or more Frequency of disfluency: 12% or greater of a speech sample of 100 words.

STUTTERING RATING SCALE

STUDENT: _____ SLP: _____ DATE: _____

<p>Observational Assessment of Secondary Stuttering Characteristics:</p> <p><i>Check descriptive tool used:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Stuttering Speech sample <input type="checkbox"/> Checklist/s <input type="checkbox"/> Observations over multiple days and settings <input type="checkbox"/> Other: _____ <p><i>The lists are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p>1</p> <p>Speech fluency is Within Normal Limits</p>	<p>2</p> <p>No secondary characteristics are observed</p>	<p>3</p> <p>One of the following areas is deficient</p> <p>Check areas of concern:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speech flow <input type="checkbox"/> Intelligibility <input type="checkbox"/> Rate and/or Prosody of Speech <input type="checkbox"/> Tension, Tremor, Tics <input type="checkbox"/> Escape Behaviors and Avoidances <input type="checkbox"/> Circumlocutions <input type="checkbox"/> Pitch and loudness rises <input type="checkbox"/> Other _____ 	<p>4</p> <p>At least two of the following areas are deficient</p> <p>Check areas of concern:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speech flow <input type="checkbox"/> Intelligibility <input type="checkbox"/> Rate and/or Prosody of Speech <input type="checkbox"/> Tension, Tremor, Tics <input type="checkbox"/> Escape Behaviors and Avoidances <input type="checkbox"/> Circumlocutions <input type="checkbox"/> Pitch and loudness rises <input type="checkbox"/> Other _____
<p>Adverse Effect of Stuttering on Educational Performance:</p>	<p>1</p> <p>Fluency skills are Within Normal Limits for the student's participation in educational settings.</p>	<p>4</p> <p>Disfluencies occasionally impact student's participation in educational settings.</p>	<p>6</p> <p>Disfluencies frequently impact student's participation in educational settings.</p>	<p>8</p> <p>Disfluencies consistently impact student's participation in educational settings.</p>
<p>Adverse Effect of Stuttering on Communication: Birth through 3</p>	<p>1</p> <p>Fluency skills are within normal limits for the student's participation in appropriate age-related activities and settings.</p>	<p>4</p> <p>Disfluencies occasionally impact the student's participation in appropriate age-related activities and settings.</p>	<p>6</p> <p>Disfluencies frequently impact the student's participation in appropriate age-related activities and settings.</p>	<p>8</p> <p>Disfluencies consistently impact the student's participation in appropriate age-related activities and settings.</p>

In addition to the information gathered above, also consider the following pertinent information when evaluating eligibility in the area of stuttering:

- Family History: Is there anyone else in the family who stutters?
- How aware and self-conscious is the student of his/her stuttering?
- Are the parents overly concerned?
- How long has the student been stuttering? (Stuttering for more than 6 months is of greater concern.)

Instructions:

1. The Speech-Language Pathologist will determine whether or not to use **a COMPREHENSIVE ASSESSMENT(S)** (*Normative (Standardized), Observational Core Characteristics (Descriptive), Observational Secondary Characteristics (Descriptive), Adverse Effect*) **or an OBSERVATIONAL ASSESSMENT** (*Observational Core Characteristics (Descriptive), Observational Secondary Characteristics (Descriptive), Adverse Effect*) **only.**
2. Circle appropriate score in each of the categories above.
3. Add all of the scores above.
4. Circle the Total number below to determine the Overall Rating.

COMPREHENSIVE STUTTERING ASSESSMENT TOTAL SCORE: <i>Normative (Standardized), Observational Core Characteristics (Descriptive), Observational Secondary Characteristics (Descriptive), Adverse Effect</i>																			
<u>4</u>	/	5	6	7	8	9	10	/	11	12	13	14	15	/	16	17	18	19	20
No Impairment					Mild (Mild Delay - Pt C)					Moderate (Sign. Delay - Pt C)					Severe (Significant Delay - Pt C)				
Rating = 1					Rating = 2					Rating = 3					Rating = 4				

OR

OBSERVATIONAL ASSESSMENT ONLY - STUTTERING ASSESSMENT TOTAL SCORE: <i>Observational Core Characteristics (Descriptive), Observational Secondary Characteristics (Descriptive), Adverse Effect</i>																
<u>3</u>	/	4	5	6	7	8	/	9	10	11	12	/	13	14	15	16
No Impairment				Mild (Mild Delay - Pt C)				Moderate (Sign. Delay - Pt C)				Severe (Significant Delay - Pt C)				
Rating = 1				Rating = 2				Rating = 3				Rating = 4				

Final determination of disability is made by the Multidisciplinary Team.

VOICE RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Observational Assessment of Pitch: Too High Too Low Monotone Excessive Variation Pitch Breaks Disordered Intonation Patterns	Score = 1 Pitch is Within Normal Limits in all educational settings If Formal Testing is not indicated, a rationale must be provided.	Score = 2 Pitch deviations are present and occasionally interfere with communication.	Score = 3 Pitch deviations are present and frequently interfere with communication.	Score = 4 Pitch deviations are present and consistently interfere with communication.
Observational Assessment of Loudness: Too loud Too soft Limited Variation Excessive Variation Mono Loudness	1 Loudness is Within Normal Limits in all educational settings.	2 Deviations in loudness are present and occasionally interfere with communication.	3 Deviations in loudness are present and frequently interfere with communication.	4 Deviations in loudness are present and consistently interfere with communication.
Observational Assessment of Quality: Breathy Strident Harsh Hoarse Tremor Weak Voice Loss of Voice Glottal Fry Hard Glottal Attacks Reverse Phonation	1 Quality is Within Normal Limits in all educational settings.	2 Deviations in quality of voice are present and occasionally interfere with communication.	3 Deviations in quality of voice are present and frequently interfere with communication.	4 Deviations in quality of voice are present and consistently interfere with communication.

VOICE RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

<p>Observational Assessment of Resonance:</p> <p>Hypernasal Hyponasal Nasal Emission Assimilation Nasality Mixed/Cul-de-Sac</p>	<p>1</p> <p>Resonance is Within Normal Limits in all educational settings.</p>	<p>2</p> <p>Deviations in resonance occasionally interfere with communication.</p>	<p>3</p> <p>Deviations in resonance are present and frequently interfere with communication.</p>	<p>4</p> <p>Deviations in resonance are present and consistently interfere with communication.</p>
<p>Adverse Effect on Educational Performance: Part B Students</p> <p>Difficulty being heard or communicating Limited participation in oral communication</p>	<p>1</p> <p>Within Normal Limits</p>	<p>4</p> <p>Voice deviations are present and occasionally impact the student's participation in educational settings and activities.</p>	<p>6</p> <p>Voice deviations are present and frequently impact the student's participation in educational settings and activities.</p>	<p>8</p> <p>Voice deviations are present and consistently impact the student's participation in educational settings and activities.</p>
<p>Adverse Effect on Communication: Birth through 3</p>	<p>1</p> <p>Voice characteristics are within normal limits for the student's participation in appropriate age-related activities and settings.</p>	<p>4</p> <p>Voice deviations are present and occasionally impact the student's participation in appropriate age-related activities and settings.</p>	<p>6</p> <p>Voice deviations are present and frequently impact student's participation in appropriate age-related activities and settings.</p>	<p>8</p> <p>Voice deviations are present and consistently impact the student's participation in appropriate age-related activities and settings.</p>

VOICE RATING SCALE

STUDENT: _____ **SLP:** _____ **DATE:** _____

Instructions:

1. Circle score for the most appropriate description for each category: *Pitch, Loudness, Quality, Resonance, Adverse Effect.*
2. Add the scores from each category to determine the Total Score.
3. Circle below to determine the Overall Rating.

TOTAL SCORE: _____

VOICE ASSESSMENT TOTAL SCORE:

<u>5</u>	/	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	/	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	/	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>
No Impairment	/	Mild (Mild Delay - Pt C)				Moderate (Sign. Delay - Pt C)				Severe (Significant Delay - Pt C)										
RATING = 1		RATING = 2				RATING = 3				RATING = 4										

Final determination of disability is made by the Multidisciplinary Team.

Significant Communication Needs Profile

For students with significant cognitive or communication needs, it is the decision of the SLP whether to use the Rating Scales and/or this Profile to assist in determining eligibility for services. Individual AUs may have specific assessment measures that they recommend for this population. This Profile was created to assist the SLP in describing the student's unique communication strengths and needs. *This profile is not appropriate to be a sole determiner for services.* Determination of eligibility is made by the multidisciplinary team and the determination of services is made by the IEP team; both decisions must be made at the Eligibility/IEP meeting.

SIGNIFICANT COMMUNICATION NEEDS PROFILE

STUDENT: _____ **SLP:** _____ **DATE:** _____

EFFECTIVE COMMUNICATION SKILLS: (CIRCLE one of the following next to each skill)

	80-100%	50-79%	20-49%	<20%
REFUSALS:				
Expresses discomfort	Consistently	Usually	Sometimes	Rarely
Protests	Consistently	Usually	Sometimes	Rarely
Rejects	Consistently	Usually	Sometimes	Rarely
REQUESTS:				
Continuation of desired action	Consistently	Usually	Sometimes	Rarely
New objects, people, actions	Consistently	Usually	Sometimes	Rarely
Preference when offered choices	Consistently	Usually	Sometimes	Rarely
Object/s not present	Consistently	Usually	Sometimes	Rarely
Wants/needs	Consistently	Usually	Sometimes	Rarely
PROVIDES INFORMATION:				
Relays basic needs/wants	Consistently	Usually	Sometimes	Rarely
Answers questions	Consistently	Usually	Sometimes	Rarely
Labels objects, people, actions	Consistently	Usually	Sometimes	Rarely
Makes comments	Consistently	Usually	Sometimes	Rarely
SEEKS INFORMATION:				
Asks Yes/No questions	Consistently	Usually	Sometimes	Rarely
Asks Wh questions	Consistently	Usually	Sometimes	Rarely
Asks for help	Consistently	Usually	Sometimes	Rarely
ENGAGES IN SOCIAL INTERACTION:				
Displays interest in others	Consistently	Usually	Sometimes	Rarely
Seeks attention	Consistently	Usually	Sometimes	Rarely
Initiates interactions	Consistently	Usually	Sometimes	Rarely
Greets	Consistently	Usually	Sometimes	Rarely
Shares	Consistently	Usually	Sometimes	Rarely
Takes turns	Consistently	Usually	Sometimes	Rarely
UNDERSTANDS LANGUAGE				
Demonstrates cause and effect	Consistently	Usually	Sometimes	Rarely
Follows directions	Consistently	Usually	Sometimes	Rarely
Answers yes/no questions	Consistently	Usually	Sometimes	Rarely
TOTAL IN EACH COLUMN				

*The skills referenced in this checklist are adapted from **Communication Matrix** (Charity Rowland, 2004).*

MODE(S) of COMMUNICATION: _____

SECTION V: Appendices

Appendix A: Potential Adverse Educational Effects

Below is a highlight of potential adverse effects on children who have a speech or language impairment and how it may affect their educational performance and/or progress.

Potential Adverse Effects of Auditory Processing Disorders

*Adapted from Sandra Karas: The Adverse Effects of Auditory Processing Disorders on School Performance in School-Based Issues (July 2002)

According to ASHA (1996), auditory processing disorders (APDs) are defined as a deficit in one or more of the basic auditory mechanisms and processes responsible for behaviors, such as sound localization and lateralization, auditory pattern recognition, temporal aspects of audition, auditory performance with degraded and/or competing acoustic signals, and auditory discrimination. Individuals with APD may have difficulty:

- Following directions
- Hearing orally presented information
- Receiving important information presented verbally
- Understanding the information presented orally
- Comprehending lessons and assignments
- Complying with teacher requests and demands
- Receiving all parts of complex directions
- Differentiating between two similar sounds
- Acquiring phonemic awareness
- Spelling
- Reading

Potential Adverse Effects of Language Disorders

Karas, S. "The Adverse Effects of a Language Disorder."

<i>Delay/Disorder</i>	<i>Potential Adverse Effects</i>	<i>Specific Areas</i>
Language	<p>Reading</p> <p>Writing</p> <p>Oral Vocabulary</p> <p>Receptive Vocabulary</p> <p>Following Directions</p> <p>Class participation</p> <p>Background knowledge</p> <p>Listening Comprehension</p> <p>Word Meanings</p> <p>Awareness of Shared Knowledge</p> <p>Grammar/word order</p> <p>Spelling</p> <p>Categorizing information</p> <p>Social interaction skills</p> <p>Figurative language</p> <p>Understanding Nonverbal Communication</p> <p>Spoken communication</p> <p>Cooperative work</p> <p>Developing friendships</p>	<ul style="list-style-type: none"> • Decoding • Phonemic Awareness – ability to hear and manipulate sounds • Comprehension • Vocabulary • Fluency • Generation of Ideas • Organization of Ideas • Plan for Writing • Word Choice • Syntactic Structures

Potential Adverse Effects of Fluency (Stuttering) Disorders

Rubric adapted from Nancy Ribbler, (p. 21) Stuttering: Its Multi-Dimensional Impact on School Performance in School-Based Issues (July 2002)

<i>Domains</i>	<i>Adverse Effect on Education</i>
Academics and Learning	<p>Decreased participation in classroom lectures. Difficulties giving oral presentations. Trouble reading aloud. Hesitant to participate in cooperative learning group projects. Reluctant to ask teacher questions for clarification so work often lacks details or is incomplete. Courses and career paths may be selected that require the least amount of verbal communication skills. Use of shorter sentences instead of using complex language during interactions.</p>
Social-Emotional Functioning	<p>Difficulties establishing and maintaining interpersonal relationships. Trouble introducing oneself when meeting new people. Decreased ability to verbally negotiate teasing and bullying situations. Student may resort to physical/aggressive ways of coping or show withdrawal behaviors by avoiding interactions with peers. Absenteeism due to anxiety about stuttering in class.</p>
Independent Functioning	<p>Reluctance to speak to adults in authority. May avoid asking for directions. Difficulty seeking help and explaining conflicts in stressful and/or emergency situations. Embarrassed to clarify information about assignment deadlines, so work may be turned in late or incomplete.</p>
Communication	<p>Stuttering can call attention to itself and distract from the spoken message. Decreased ability to express opinions and ideas in classroom discussion. Difficulties talking on the phone with peers</p>

Potential Adverse Effects of Dysphagia (Swallowing) Disorders

- Attention
- Alertness
- Energy
- Swallowing/choking
- Organization
- Health
- Safety
- Speech
- Social interaction
- Visual-motor Skills

Appendix B: Assessment Considerations for Culturally and Linguistically Diverse Populations

From the RtI A Practitioner's Guidebook to Implementation:

<http://www.cde.state.co.us/cdegen/downloads/RtIGuide.pdf>

A three-tiered, early intervention model is essential to support the needs of English Language Learners (ELLs). ELLs need to be provided universal supports that enhance language acquisition in conjunction with content instruction. Many students who are identified as ELLs are provided with English language acquisition services; however, for students who do not demonstrate progress, an individual problem-solving process should be utilized. RtI directly supports students who have English language acquisition needs by providing a structured problem-solving process that employs the skills and expertise of professionals throughout the system. There are several considerations when gathering data for ELL students. Identifying the level of understanding that the ELL student has in relation to Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP) is important across universal, targeted and intensive interventions. Also, data collected through the problem solving process must be compared to other ELL students with a similar background, age and amount of exposure to English acquisition. Furthermore, language acquisition must be considered a part of progress monitoring. In many instances, a cultural liaison will be important to support parents and families throughout the problem-solving process (see, RtI A Practitioner's Guidebook to Implementation, Colorado Department of Education, 2008, for additional information in the appendices)

The following information was compiled from Duffy, J. & Duron, S. (1999) Special education for culturally and linguistically diverse students (CLD): Meeting the challenges, realizing the opportunities." Colorado Department of Education:

http://www.cde.state.co.us/cdesped/download/pdf/cld_all.pdf

Assessing Speech and Language Functioning: Language Difference or Disability?

The main goal of assessing a Culturally Linguistically Diverse (CLD) student is to differentiate between a language differences from a language disorder. Assessment must be a multi-step process that includes a variety of measures in diverse contexts. In order to conclude that a student with limited English proficiency has a language disability, the assessor must rule out the effects of different factors that may simulate language disabilities. For example:

- Inability to understand and express academic concepts due to the lack of academic instruction in the primary language

- Simplification of complex grammatical constructions
- Replacement of grammatical forms and word meanings in the primary language by those in English
- The loss of primary or home language competency which impacts the student's communicative development in English.
- The student's competence in his or her primary or home language may be interfering with the correct use of English.

CLD students in the process of acquiring English often use word order common to their primary or home language (e.g., noun-adjective instead of adjective-noun). **This is a natural occurrence in the process of second language acquisition and not a disability.** Furthermore, students may code switch and/or code mix which is the alternating use of two languages at the word, phrase and/or sentence level. This may be misinterpreted as evidence of poorly-developed language competence and can result in a referral to special education because they do not fit the standard for either language even though they are not language impairments. SLPs should not penalize or discourage code switching and mixing as it facilitates spontaneous communication.

Experience shows that students learn a second language in much the same way as they learned their first language. Starting from a silent or receptive stage, if the student is provided with comprehensible input and opportunities to use the new language, s/he will advance to more complex stages of language use.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving. Key questions should be considered, such as:

- Has the effectiveness of the English language acquisition instruction been sufficient and well-documented?
- Was instruction delivered using English as a Second Language (ESL) methodologies or was it received through regular classroom instruction without the benefits of using sheltered English, scaffolding, etc?
- Is the program meeting the student's English language development needs?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

Speech/Language Assessment Guidelines for Students who are CLD:

Accurate descriptions of a student's communicative competence in **both languages** are essential for determining if a perceived problem or difficulty in English is a true language disability. Students who demonstrate typical speech and language development and are able to communicate normally in their primary or home language **do not** have language impairment. Evidence of language difficulties only in the student's second language is an indication of a language difference, not impairment. If a student is bilingual, determination of a language impairment requires documentation of an intrinsic communication problem in **both** languages. If a student is a monolingual speaker of her native language, the speech language assessment would be conducted in the native language.

When assessing a CLD student for speech or language impairments, the following protocol is typically adhered to with appropriate modifications as needed:

- **Syntax and Morphology** – Syntactical and morphological errors are common in the speech of students learning a second language and usually may not indicate language impairment. A language sample is an appropriate tool to document and determine progress in English, the development of syntax (grammar), and morphological (structure and form of words) development. Language samples that indicate typical growth in English language development are evidence that the errors experienced are part of the normal language acquisition process and may not be evidence of a language disability. Language samples should be taken over time and in variety of settings. When working with second language learners, extra care must be taken to ensure that culturally appropriate tasks are used for the language samples.
- **Pragmatics** – To avoid bias, the functional use of language must be evaluated in relation to the student's culture. The assessor must obtain a complete language history and a description of the student's effectiveness as a communicator in the home and community. Interviews with parents or caretakers will provide insights into the student's ability to communicate effectively in a natural setting. However, before meeting with parents, the assessor should confer with someone familiar with the student's culture in order to gather culturally relevant information on language use. If no one is available, research the family's culture and be aware that, in some cultures, a quiet child is ideal and parents do not encourage their children to speak or engage in verbal play. Remember, if the information collected does not indicate a problem outside of the school setting, it is possible that a student's difficulty lies in using language in a more academically-oriented context.
- **Voice Disorders** – Normal voice characteristics from a student's primary language may be confused with a voice impairment. It is essential that students suspected of having a voice disorder be assessed in their primary or

home language. A voice disorder is present only if the quality, pitch, or intensity of the primary language results in reduced intelligibility, or is aesthetically unpleasant to speakers of that language and dialect.

- Fluency Disorders – Hesitations, word repetitions, slower response time, and false starts are all normal in the second language learning process. Therefore, the student should be assessed in his or her primary or home language to determine if fluency impairments are present. Collecting a family history and identifying the age of onset for any fluency impairment will provide important information needed to determine the severity of the impairment. However, care must be taken in interpreting the results of the primary or home language abilities, as disfluency may occur, especially if the student has limited need or few opportunities to communicate in that language.
- Phonology: Articulation/Auditory Discrimination – Phonetic differences between the student’s home language and English may interfere with the acquisition or pronunciation of sounds in English. Therefore, some students may have difficulty pronouncing and/or discriminating certain consonants, clusters, or other sound combinations unique to English. Students who exhibit difficulties pronouncing or discriminating some English sounds should be evaluated in their primary or home language. An articulation or auditory discrimination problem is present only if delayed phonological development is evident in the student’s primary or home language.

Clearly, assessment processes in the speech/language area must be designed to provide detailed descriptions of the student’s ability to use their primary or home Language in addition to English.

Using traditional assessments with students who have had little or no exposure to English presents special challenges. There are several limitations to existing testing practices for CLD students. First, the validity and reliability of tests may be unproven or unresearched for this particular population. Second, the validity and reliability may be reduced because of factors such as the limited language proficiency of the student, lack of familiarity with the content of test items, lack of social and cultural sensitivity on the part of the test administrators, and/or the student’s lack of familiarity with test-taking strategies. A third limitation is that a student’s performance on aptitude and achievement tests almost always yields little prescriptive information for instructional interventions (Durán, 1989). In order to overcome these shortcomings, assessment procedures should follow four directives:

1. The assessment must provide an accurate appraisal of the student’s present level of performance and mode of functioning within the context of his or her cultural background and experience.

2. The assessment must identify specific educational needs rather than focus on perceived or inferred intellectual deficits. Cummins (1989) identifies the need to shift the focus of assessment from the individual child to the child's entire learning environment.
3. The assessment must focus on learning assets and strengths as the basis for the development of new learning skills.
4. Assessment should be a dynamic, ongoing process.

Assessors must be aware of the limitations inherent in standardized assessment instruments to avoid inappropriate placement decisions. Because of the limitations of standardized assessments, evaluations of students from culturally and linguistically diverse backgrounds must include a comprehensive profile of the student's language, informal assessments, experiential and cultural history.

Language Dominance vs. Language Proficiency

Language Dominance is the language a person knows best and is most comfortable using. A student who is learning English and being taught in English at school and speaking the native language at home may have language dominance in English in some areas and in the native language in other areas. Language dominance will shift over time depending on exposure and demands in each language. A person who is dominant in English is not necessarily proficient in English.

Language Proficiency is the measure of **how well** an individual can speak, read, write, and comprehend a language relative to the standard expected for native speakers of the language.

- Determine the student's proficiency in the four skill areas in English and in the other language wherever possible.
- Determine the student's dominant language. Indicators of language dominance include the language the student responds in automatically, uses to initiate communication with speakers of the student's first language, is most comfortable using for communication, and prefers when a choice is given.
- Assess non-English dominant students in their primary language and dialect (i.e., tests normed on Mexican students contain vocabulary and idiomatic expressions which may be unfamiliar to students from Guatemala). CLD students also should be assessed in English as appropriate to give them the best chance of demonstrating success. When translating a version of an English assessment into the student's native language, assessors must be aware that:

- psychometric properties of the tests will be invalid and standard scores should not be reported
 - some words have different levels of difficulties and frequencies of occurrence in different languages or dialects
 - test content may be inappropriate when translated with the results not reflecting objective/valid measures of the student's abilities; therefore, the results of modified assessments should be treated as one of the many sources of relevant information.
- Assess English-dominant students in English and, if appropriate, in their primary language. When determining the appropriateness of primary language testing, consider the amount and type of exposure and whether the exposure was social or academic. Oral language skills must be contrasted with the overall language proficiency needed to succeed in cognitive and academic tasks. Each professional must determine what language(s) will provide the best picture of the student's abilities. The following are some suggestions to consider in conducting assessments.
 - In the **speech/language and cognitive** areas, assess in the home language and English.
 - Use tests that minimize cultural bias and reflect other than mainstream societal values.

The norms of the dominant societal group logically cannot be used as a basis for inferring abnormal development among minority groups whose linguistic and cultural experiences differ considerably from those of majority students (Cummins, 1984). Remember, when using any standardized assessment with a second language learner, generated scores must be interpreted with caution as validity may be in question. Assessment teams should:

- Work with someone who is proficient in the student's primary language and dialect and is knowledgeable about the student's culture.
- Use multiple data sources and do not rely solely on standardized assessment data for placement decisions. Data from record reviews, interviews, observations, and informal assessments must be collected and analyzed before any placement decisions are made.
- Do not underestimate the significance of informal assessments or underutilize performance-based assessments.

Functional assessments, informal instruments, observations, and interviews will provide the *most* useful and accurate information regarding the CLD student's functioning. Clinical judgment plays a very important role in gathering and interpreting data. Assessors will need to develop the ability to use existing

assessments and extract and interpret data in new ways in order to provide accurate evaluations and sound decisions. The goal should be to create a system of “least-biased assessment” in which cultural, linguistic, and experiential information is used in conjunction with the results of more formalized assessment measures.

Assessors must understand the process of second language learning and the characteristics exhibited by second language learners at each stage of language development if they are to distinguish between language difference and language disabilities.

The following information was compiled from Boulder Valley School District, CDE, Krashen, Bloom's Taxonomy, Wall-Macht and Ream, March 2000. Format adapted from Project Talk Title VII Academic Excellence Program.

<http://www.sdkrashen.com/>

Stages of Language Acquisition

<p>Silent Receptive</p>	<p style="text-align: center;"><i>Characteristics</i></p> <p>Students: Are often verbally unresponsive Are often hesitant and un sure May use one word responses Are developing listening skills Need time to be comfortable with classroom environment, procedures and activities Respond non-verbally by pointing, nodding gesturing or drawing</p>
<p>Early Production</p>	<p style="text-align: center;"><i>Characteristics</i></p> <p>Students: Relate words to their environment Begin to grasp main ideas of message Begin to focus on contextual clues Use routine expressions independently Demonstrate improved comprehension Mispronounce words (no need for correction) Will repeat or recite memorable language Will use one or two word responses advancing to two or three words May not tell you if they do not understand</p>
<p>Speech Emergence</p>	<p style="text-align: center;"><i>Characteristics</i></p> <p>Students: Begin to speak in simple sentences Demonstrate expanded vocabulary Show improved comprehension May ask for clarification or meaning Participate in small group discussions May rely on native language to communicate complex ideas Start to acquire basic communication skills and social language May not tell you if they do not understand</p>

<p>Intermediate Fluency</p>	<p style="text-align: center;"><u>Characteristics</u></p> <p>Students: Begin to speak in more complex sentences May use incorrect grammar and verb forms Participate more often in large groups Need context clues in content area Exhibit greater vocabulary development Begin to think in the new language instead of translating from native language</p>
<p>Advanced Fluency</p>	<p style="text-align: center;"><u>Characteristics</u></p> <p>Students: Can interact extensively with native speakers Make few grammatical errors Participate in English literacy programs Have high levels of comprehension but may not understand all of the academic language Read and write for a variety of purposes Continue to need extensive vocabulary development in content</p>

The following information was obtained from Cummins, J. (1979). Cognitive academic language proficiency, linguistic interdependence, the optimum age question and some other matters. Working papers in bilingualism, No. 19, 121-129. <http://www.iteachilearn.com/cummins/>

BICS and CALP

Basic Interpersonal Communication Skills (BICS)

- Language proficiency needed to function in everyday interpersonal contexts
- Pronunciation, grammar, vocabulary: “surface features”
- Communicative capacity that all normally-developing children acquire
- Reaches a plateau soon after child enters school
- Not related to academic achievement
- Universal across all native speakers
- Typically attained within two years in host country

Cognitive Academic Language Proficiency (CALP)

- Language proficiency needed to function in decontextualized, academic settings
- Skills needed to manipulate language outside of the immediate interpersonal context
- Dimension of language related to literacy skills
- CALP in the child’s first language (L1) and second language (L2) overlap, in spite of important differences in the “surface features” of each language.
- CALP develops throughout school years, following general curve of cognitive development.
- Typically attained between 5-10 years in host country, depending on a variety of factors including maintenance of L1.

Appendix C: Articulation and Phonological Development in Early Childhood: Considerations

The information is intended to provide speech-language pathologists and other professionals in early childhood developmental information about the sound system. Several factors should be taken into consideration when using developmental information to make decisions about the progress toddlers and preschoolers are making in language acquisition. Factors include chronological age, developmental age, motor development, opportunities in the child's environment for the development of spoken language, and the cultural and linguistic background. Factors also create variability among children and should be considered when comparing an individual child's performance to normative data. Overall maturity, overall linguistic development, medical history including middle ear infections, psychological makeup, environmental conditions, and the child's own pattern of development.

Recommended Acquisition (Mastery 90% of Population) of Sound Classes (ages 3 to 8)

(Based on Smit, Hand, Freilinger, Bernthal, & Bird, 1990; Sander, 1972; McLeod, van Doorn & Reid, 2001))

The following information is the ages at which 90% of children have productive use of the sounds in words. Each of these phonemes emerges* earlier than these reported ages.

Vowels

English vowels emerge very early and complete mastery is typical by age 3:0 including the central /r/-colored /ə/ and diphthongs.

Nasals

/m/	3:0 /n/ 3:6 female; 3:0 male
/ŋ/	7:0-9:0

*Emergence**

before 2:0
2:0

Stops

/p, b/	3:0
/t/	4:0 female; 3:6 male
/d/	3:0 female; 3:6 male
/k/	3:6
/g/	3:6 female; 4:0 male

before 2:0
2:0
2:0
2:0
2:0

Fricatives and Affricates

/h, w/	3:0
/f, f-/	3:6
/-f,v/	5:6

before 2:0
2:5
4:0

/θ/	6:0 female; 8:0 male	4:5
/ð/	4:6 female; 7:0 male	5:0
/s, z/	7:0-9:0* (*Distortions)	3:0, 3:5
/ʃ, tʃ, dʒ/	6:0 female; 7:0 male	3:5
<i>Glides and Liquids</i>		
/j/	4:0 female; 5:0 male	4:0
/l, l-/	5:0 female; 6:0 male	3:0
/r, r-/	8:0	3:0
<i>Clusters-Word Initial</i>		
/fw, bw, pw/	none ambient in English	2:0
/tw, kw/	4:0 female; 5:6 male	3:6
/pl, bl, kl, gl, fl/	5:6 female; 6:0 male	4:0-5-6
/sp, st, sk, sl/	7:0-9:0	4:0-5:0
/sm, sn, sw/	7:0-9:0	4:6-5:6
/skw, spl, spr, str, skr/	7:0-9:0	4:6-8:0
/θr/	9:0	7:0

Phonological Processes

The simplification strategies children use when producing words are known as phonological processes. There are normally occurring strategies. Children gradually decrease the use of phonological processes as they are able to use more consonant and consonant clusters correctly in words.

Phonological Processes from 2:0 to 5:0- years (Age of Suppression)

Initial Consonant Voicing	<3:0
Assimilations	<3:0
Reduplication	<3:0
Consonant Harmony	<3:0
Final consonant deletion	3:0
Stopping of fricatives and affricates	3:6
Fronting of velars	4:0
Fronting of affricates	5:0
Cluster reduction (without /s/)	4:0
Cluster reduction (/s/clusters)	5:0
Weak syllable deletion	5:0
Gliding	7:0

Intelligibility

An important factor in the acquisition of the speech sound system is the extent to which a child is understood by others. Intelligibility can be affected by articulatory, phonological, suprasegmental, and other linguistic features, thus it is important to

take these aspects of linguistic development into consideration. Intelligibility is also affected by the child's relationship to the listener (Flipsen, 1995). Data from several research studies yielded the following information (Roulstone, Loader, Northstone, & Beveridge, 2002; Flipsen, 2006).

<u>Age</u>	<u>Intelligibility</u>		
2:0	parents 87%	strangers 50%	
2:6	51-70%		
3:0	71-80%	75%	reliable transcription 95.7%
4:0		100%	reliable transcription 96.8%
5:0			reliable transcription 98%

Several sources were used to develop this document:

Creaghead, N.A., Newman, P.W., & Secord, W.A. (1989). Assessment and remediation of articulatory and phonological disorders, 2nd Edition. New York, NY: Macmillan Publishing Co.

Dyson, A.T. (1988). Phonetic inventories of 2- and 3-year-old children. *Journal of Speech and Hearing Disorders*, 53, 89-93.

Flipsen, P., Jr., (2006). Measuring the intelligibility of conversational speech in children. *Clinical Linguistics and Phonetics*, 20(4), 303-312.

McLeod, S., van Doorn, J., Reed, V.A. (2001). Normal acquisition of consonant clusters. *American Journal of Speech-Language Pathology*, 10, 99-110.

Preisser, D.A., Hodson, B.W., & Paden, E.P. (1988). Developmental phonology: 18-29 months. *Journal of Speech and Hearing Disorders*, 53, 125-130.

Roulstone, S., Loader, S., Northstone, K., & Beveridge, M. (2002). The speech and language of children aged 25 months: Descriptive data from the Avon longitudinal study of parents and children. *Early Child Development and Care*, 172, 259-268.

Smit, A.B. (2004). Articulation and phonology resource guide for school-age children and adults. Clifton Park, New Jersey: Thomson Delmar Learning.

Stoel-Gammon, C. (1985). Phonetic inventories, 15-24 months: A longitudinal study. *Journal of Speech and Hearing Research*, 28, 505-512.

Appendix D: Articulation and Phonological Developmental Considerations

The information in this appendix is intended to provide speech-language pathologists with developmental guidelines for articulation and phonology. Several factors should be taken into consideration when using developmental information to make decisions about the sound system of children, including chronological age, developmental age, motor development, opportunities to develop spoken language, and cultural and linguistic background.

Acquisition of English Consonants

Interpreting data about the ages when children acquire English consonants requires consideration of two important concepts. Most charts represent the *mastery* of phonemes when 90% of the subjects in developmental studies use the phonemes in two or three word positions. Thus ages of mastery are at the high end of the continuum of development of speech sounds. In contrast, information about the gradual attainment of speech sounds is also helpful as we assess toddlers and preschoolers. Development across time is important for our understanding of the *emergence* of the sound system during this period and to help us identify when the system is not emerging within typical time periods. Both mastery and emergence information are included here to assist SLPs in decisions about whether the sound system of English is developing in a typical fashion for children from the ages of 2 to 9 years.

Emergence of Phonemes (Based on Prather et. al, 1975; Sander, 1972; Stoel-Gammon, 1985)

Singletons:

Children develop phonemes gradually between 15 and 24 months of age. By 24 months, at least 50 percent of 34 subjects (Stoel-Gammon, 1985) used the following phonemes with 70% accuracy:

- /h, w, b, t, d, m, n, k, g, f, s/ initial position of words
- /p, t, k, n, r, s/ final position of words

Consonant clusters:

Consonant clusters emerge along with singleton phonemes. As early as 2 years children use a limited number of clusters in the final position.

Vowels:

English vowels emerge very early and complete mastery is typical by age 3:0 including the central /r/ - colored /ə/ and diphthongs.

Mastery of Phonemes (Summarized from Smit, Hand, Frelinger, Bernthal, and Bird, 1990)

Singletons:

Age	Phoneme
3:0	/m/, /n/, /h/, /p/, /b/, /d/, /w/ initial
3:6	/k/, /g/ /f/ initial, /t/
4:0	/j/
4:6	/θ/
5:0	/l/ initial
5:6	/f/ final, /v/,
6:0	/ð/, /ʃ/, /tʃ/, /dʒ/, /l/ final
7:0 – 9:0	/s/, /z/
8:0	/r/, /ə/

Note: A 6 to 12 month difference has been found in mastery of phonemes between male and female children for the following sounds:

- Females: /n/ 3:6; /t/ 4:0
- Males: /j/ 5:0; /d/ 3:6; /g/ 4:0; /θ/ 8:0; /ð/ 7:0; /ʃ, tʃ, dʒ, l final/ 7:0

Two and three segment consonant clusters are mastered between the ages of 5:6 and 9:0 with most initial clusters mastered between 7:0 and 9:0. Clusters mastered early than 7:0 include:

- /tw, kw/ 4:0 - 5:6
- /pl, bl, kl, gl, fl/ 5:6 – 6:0

Clusters mastered after 7:0 include:

- /s/ clusters /sp, st, sk, sm, sn, sw, sl, skw, spl, spr, str, skr/
- /r/ clusters /pr, br, dr, kr, gr, fr, θr/

Phonological Processes (Based on Bauman-Waengler, 2008; Smit, 2004)

Syllable structure processes are the result of the general tendency of children to simplify words to basic consonant-vowel (CV) structures. Children use these simplification strategies between the ages of 1:6 and 4:0. There is a wide range of suppression of some processes involving consonant clusters with three elements.

- Reduplication: Suppressed after the first 50 words
- Final Consonant Deletion: Suppressed prior to age 3:0
- Unstressed Syllable Deletion: Suppressed between 2:0 and 4:0
- Cluster Reduction/Substitution: Suppressed gradually between 3:0 and 9:0
- Epenthesis: Suppression between 2:6 and 8:0

Substitution Processes occur when children use one or more phonemes in place of other phonemes. These processes are suppressed depending on the phonemes involved and range from age 3:0 to age 5:0.

- Stopping of fricatives and affricates /f, v, s, z, ʃ, tʃ/ 3:0 to 3:6; /dʒ/ 4:0; /θ, ð/ 5:0
- Fronting: Suppressed by 3:6
- Gliding of /r/ and /l/ suppressed between 5:0 and 7:0 years

Assimilation Processes most often occur on velar and bilabial consonants. They are suppressed by 1:6 to 2:0 years.

References

- Bauman-Waengler, J. (2008). *Articulatory and phonological impairments: A clinical focus* (3rd Edition). Boston: Pearson Allyn & Bacon.
- Prather, E.M., Hedrick, D., & Kern, C. (1975). Articulation development in children ages two to four years, *Journal of Speech and Hearing Disorders*, 40, 179-191.
- Sander, E. K. (1972). When are speech sounds learned? *Journal of Speech and Hearing Disorders*, 37, 55-63.
- Smit, A.B. (2004). *Articulation and phonology resource guide for school-age children and adults*. Clifton Park, New Jersey: Thompson Delmar Learning.
- Smit, A.B., Hand, L., Freilinger, J., Bernthal, J., & Bird, A. (1990). The Iowa articulation norms project and its Nebraska replication. *Journal of Speech and Hearing Disorders*, 55, 779-798.
- Stoel-Gammon, 1985

Appendix E: Resources and Websites

American Speech-Language-Hearing Association

Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist

<http://www.asha.org/slp/schools/prof-consult/guidelines.htm>

Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants

<http://www.asha.org/docs/html/GL2004-00054.html>

Professional Performance Review Process for the School-Based Speech-Language Pathologist

<http://www.asha.org/docs/html/GL2006-00275.html>

Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Position Statement

<http://www.asha.org/docs/html/PS2008-00291.html>

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

<http://www.asha.org/docs/html/GL2001-00062.html>

Colorado Department of Education

To join the SLP List Serv, send an email to Melissa Chaffin (chaffin_m@cde.state.co.us) requesting to be added to the list

Rules for the Administration of the Exceptional Children's Educational Act
1CCR 301-8

<http://www.cde.state.co.us/spedlaw/download/2009ECEARules.pdf>

Colorado State Standards

<http://www.cde.state.co.us/cdeassess/UAS/CoAcademicStandards.html>

Colorado State Standards – Reading, Writing, Communicating

http://www.cde.state.co.us/cdeassess/UAS/AdoptedAcademicStandards/Reading_Writing_Comm_Adopted_12.10.09.pdf

Metro Speech Language Network

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

U.S. Department of Education: Office of Special Education Programs

Common Core Standards

<http://www.corestandards.org/Standards/K12/>

Individuals with Disabilities Education Act

<http://idea.ed.gov/download/finalregulations.pdf>

<http://edocket.access.gpo.gov/2007/pdf/07-1700.pdf>

<http://edocket.access.gpo.gov/2008/pdf/E8-28175.pdf>

ⁱ Colo. Rev. Stat. § 22-60.5-111 (10)

ⁱⁱ 34 CFR § 300.39 (b) (3) (ii)

ⁱⁱⁱ 34 CFR § 300.304 (c) (6)

^{iv} 1 CCR 301-8, 2220-R-1.00 *et seq.* (2009)

^v ECEA Rule 2.43 (1) (b) (i)

^{vi} 34 CFR § 300.8 (11)

^{vii} ECEA Rule 2.08 (7)

^{viii} 34 CFR § 300.303

^{ix} 34 CFR § 300.305 (a) (2)

^x 34 CFR § 300.305 (d) (1)