ELIGIBILITY GUIDELINES FOR SPEECH IMPAIRMENT

TEXAS SPEECH LANGUAGE HEARING ASSOCIATION

2009
Acknowledgements

These Eligibility Guidelines are the result of the work of many dedicated professionals. The Texas Speech/Language/Hearing Association Task Force provided the impetus for recognizing the need for updating district eligibility guidelines to assure more accurate and consistent identification of students with communication impairments.

A special note of thanks to the TSHA Task Forces and the Regional Education Service Centers and school districts who have endeavored to improve services to students with communication impairments.
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I. General Information
Comments Regarding Purpose of Manual, Compliance, and Adverse Effect

**Please note that this manual is a generic version of the TSHA eligibility manuals and is designed to give an overview of the principles and processes recommended to provide consistency in identifying students with Speech Impairments (SI) and to assist Speech-Language Pathologists (SLP) in adhering to the requirements in federal and state statutes regarding the identification of students as eligible for special education services. Detailed manuals for Articulation, Articulation in Cultural and Linguistically Diverse Students, Language, Voice, and Fluency have been adopted by TSHA, all of which require in-depth training for use. This generic manual does not equip an SLP to complete an evaluation, but does provide the background needed to begin the process of learning the requirements for making recommendations for eligibility. This manual is intended for use by those interested in this process; including beginning SLPS, administrators, university course developers, parents, and others seeking more information on the process. More information regarding the TSHA Eligibility Guidelines can be found online at TXSHA.org.

The purpose of these Eligibility Guidelines is to provide structure within which the multidisciplinary team and the speech-language pathologist in particular can complete a comprehensive evaluation of a student’s communication skills and make recommendations to the ARD Committee regarding eligibility for speech-language pathology services.

It is the intent of these guidelines that school district speech-language pathologists adhere to the requirements of the Individuals with Disabilities Education Act (IDEA) 2004, the No Child Left Behind (NCLB) Act of 2001, and the Texas Commissioner’s Rules and Regulations.

In this Eligibility Manual, attempts have been made to ensure that processes are consistent with evidence-based practice. The term evidence-based practice refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions. (“Evidence-Based Practice in Communication Disorders: Position Statement,” ASHA, 2005). However, in some cases there is no research available at this time to support recommended processes. As this manual is considered a working document, it is intended that reliable research be addressed and changes be made as indicated when new information becomes available.

Federal Position on Adverse Effect on Educational Performance

The ultimate purpose of speech-language pathology services in public schools is consistent with the purpose of all special education services: to meet the unique needs of students with disabilities and prepare them for further education, employment, and/or independent living. The individual evaluations of children suspected of having a disability must be designed for educational relevance (ASHA, 2007).

Concerns from teachers, parents, and other personnel about articulation, phonology, voice, stuttering, language, and basic interpersonal communication skills in social contexts need to be explored not only in academic classrooms but also across all school environments. Both academic achievement and functional performance are required components of the evaluation of a child’s communication skills.
In November 2006, The U.S. Department of Education clarified “adverse effect on educational performance” as it relates to a speech or language impairment:

‘speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.’ It remains the Department’s position that the term ‘educational performance’ as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas.

[34 CFR §300.101 (c) (11)]
Speech Impairment (SI)  
Guidelines for Eligibility Determination  

Federal Guidelines and Texas Register/Commissioner’s Rules

School-based speech-language pathologists (SLPs) provide services within the context of public education. Decisions regarding speech-language pathology services, including assessment and evaluation, are made within the framework of the mandates of this social institution. IDEA 2004 defines speech or language impairment as relevant to the context of schooling.

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance. [emphasis added, 34 CFR §300.8 (c)(11)]

Texas Commissioner’s Rules for Special Education defer to the federal definition of a speech or language impairment.

Speech impairment. A student with a speech impairment is one who has been determined to meet the criteria for speech or language impairment as stated in 34 CFR, §300.8(c)(11). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a speech impairment must include a certified speech and hearing therapist, a certified speech and language therapist, or a licensed speech/language pathologist. [TAC §89.1040 (10)]

Individual evaluations of students suspected of having a disability must be designed for educational relevance. IDEA 2004 provides parameters for the services provided in educational settings, stipulating that the goal of providing services is to help students make progress in the general education curriculum, and/or be successful when integrated in nonacademic settings and extracurricular activities. [34 CFR §300.107(a) (b); §300.117] A student’s communication skills are the foundation for academic achievement, computer literacy, literacy, and social/pragmatic/interpersonal functioning (ASHA, 2007).

Concerns from teachers, parents, and other school personnel about articulation, phonology, voice, stuttering, swallowing/feeding, language, and social/interpersonal communication need to be examined in relation to school environments—both academic and nonacademic. Speech-language pathologists evaluate the student’s communicative competence as well as the language skills needed to meet curriculum expectations in academics.

A student is eligible for speech-language pathology services through IDEA 2004 when s/he exhibits a speech impairment that has an adverse effect on educational performance to the degree that specially designed instruction or related services and supports are needed from the SLP to help the student make progress in the general education curriculum. Determination of eligibility for individualized education program (IEP) services with a speech impairment is a three-stage process that involves collecting data to answer:
Stage 1: Is there a disability condition (i.e., a communication disorder)?

Stage 2: Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the communication disorder?

Stage 3: If so, are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the general education curriculum?

The Eligibility Guidelines set forth here describe the data collection and decision-making procedures needed to document the student’s communication skills and provide answers to the questions listed above.
Overview of the Role of the Speech-Language Pathologist in School-Based Service Delivery

IDEA 2004 regulations define speech-language pathology services as including “Identification, diagnosis, referral, provision of speech and language services for habilitation or prevention, and counseling” [34 CFR §300.34 (c)(15)]. Service delivery provided in pullout, twice-a-week-for-thirty minutes, small-group speech therapy sessions is commonly associated with school-based SLP services. The SLP’s workload is comprised of much more than this including considerable time for direct services to students through a variety of service delivery models and also includes many other activities necessary to support student’s education programs, implement effective practices, and ensure compliance with the IDEA definition of speech-language pathology services.

The speech-language pathologist’s workload can be organized into four activity clusters: direct services, indirect services to support direct services, indirect activities to support students in the least restrictive environment (LRE) and general education environment, and compliance activities to meet federal, state, and local requirements (ASHA, 2002).

- Direct services to students
  - Provide direct intervention using a continuum of service delivery options to implement the IEP
  - Evaluate and reevaluate
  - Provide direct intervention for prevention of communication disorders
  - Counsel students and parents about communication disorders

- Indirect services to support direct services
  - Analyze demands of the curriculum and effects on students
  - Attend student planning team meetings to solve specific problems
  - Analyze and engineer environments to support opportunities for communication
  - Observe students and assist with monitoring of student progress
  - Participate in development of IEPs, service plans, and transition plans
  - Plan and prepare SLP sessions; collaborate with teachers to plan and prepare language-rich instruction
  - Program and maintain assistive technology systems and equipment
  - Provide training for school staff, parents, and students about communication and communication disorders

- Indirect activities to support students in the LRE and general education curriculum
  - Connect curriculum standards across content areas to the IEP
  - Design/recommend adaptations and modifications to curriculum and delivery of instruction
  - Engage in dynamic assessment of students
  - Screen students for suspected problems with communication, learning, and literacy
- Observe students in classrooms with attention to language of the classroom and students’ facility with comprehension and production of expected language structures

- Compliance with federal, state, and local mandates
  - Collect and report student performance data
  - Complete compliance paperwork according to timelines
  - Complete service/intervention progress logs
  - Communicate with parents about student progress
  - Carry out assigned school duties
  - Submit School Health and Related Services (SHARS) paperwork/documentation
  - Write student evaluation reports
  - Participate in school improvement team activities, professional development, professional association activities, and school or district committees

Sources:


Description of Core Roles and Responsibilities of School-Based Speech-Language Pathologists

Prevention
Speech-language pathologists provide direct and indirect services to address the prevention of communication disorders, referral for comprehensive evaluation, and placement in IEP services. Prevention services may or may not be provided within the district’s Response to Intervention (RTI) framework.

Identification
Speech-language pathologists participate on the school team in identifying students who may be in need of interventions or assessments to determine possible eligibility for special education or related services. Identification includes pre-referral, screening, analysis of response to intervention, and referral.

Assessment
Speech-language pathologists conduct thorough and balanced speech, language, or communication assessments, including collecting data and gathering evidence to answer assessment questions using nonbiased tools and procedures, interviews, and structured observations.

Evaluation
Speech-language pathologists interpret the assessment, giving value to the data, including the nature and severity of the disorders and the potential adverse effect on the student’s educational, social, or functional performance. Clinical judgment is required to differentiate between communication difference, disorder, or delay.

Eligibility Determination
Speech-language pathologists participate on the multidisciplinary team to determine the student’s need and eligibility for special education or related services according to the Texas Eligibility Guidelines for Speech Impairment.

IEP Development
Speech-language pathologists participate in Admission, Review, and Dismissal Committee (ARDC) decisions regarding the student’s IEP when students are found eligible for special education or related services.

Caseload Management
Speech-language pathologists assist the team in selecting, planning, and coordinating the appropriate services delivery using an array of services and inclusive practices. Speech-language pathologists may serve as case managers for some students.

Intervention for Communication Disorders
Speech-language pathologists provide direct and indirect services for students using the most recent literature of the discipline, research or evidence-based intervention strategies, principles of effective instruction, and appropriate academic or developmental standards–based curriculum for each student identified for services. Intervention may be provided as an IEP service for students with disabilities who are eligible for special education. Intervention
may also be provided in an RTI framework as a non-IEP service for the prevention of placement in special education.

**Intervention for Communication Variations**
Speech-language pathologists must be knowledgeable about monolingual and bilingual language acquisition, the linguistic rules for social dialects and language differences, the use of interpreters and translators, and nonbiased assessment to assist the classroom teacher and others in supporting students’ expressive language and communication skills.

**Counseling**
Speech-language pathologists participate in honest and open communication regarding the recovery from—or adjustment to—a communication impairment, using effective counseling techniques and coordination with other professionals.

**Reevaluation**
Speech-language pathologists conduct reassessments of students receiving IEP SLP services at least every three years, or when dismissal is considered, if special circumstances arise, or if parents request such. Reevaluation is ongoing, comprehensive, and documented. Eligibility is continued or discontinued using the Texas Eligibility Guidelines for Speech Impairment.

**Transition**
Speech-language pathologists participate with a team to assist students in transitioning from one setting to another, within or between schools, or beyond school at all ages. SLPs may work directly with students on transition goals.

**Dismissal**
Speech-language pathologists begin the consideration of dismissal when services begin, with a focus on achieving functional outcomes. School districts/Shared Services Arrangements (SSAs) in Texas establish dismissal criteria.

**Supervision**
Speech-language pathologists may supervise other speech-language pathologists, licensed assistants in speech-language pathology, clinical fellows, licensed interns, support personnel, paraprofessionals, university practicum students, or volunteers. This supervision is conducted competently, ethically, and legally according to Texas licensure rules.

**Documentation and Accountability**
Speech-language pathologists keep clear comprehensive records to justify the need for and effectiveness of assessment and intervention services. Performance appraisals, SHARS billing, and service delivery/student progress logs, and risk management records are maintained accurately, timely, confidentially, and in accordance with federal, state, and local reporting requirements.

Source:
II. The Speech Impairment Eligibility Process
General Principles of Eligibility

In determining the possible eligibility of a student for services under the category of Speech Impaired, the following general principles should guide the evaluation process.

1. Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child. [34 CFR §300.304 (b) (1)]

2. A single measure or assessment may not be used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child. [34 CFR §300.304 (b) (2)]

3. Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. [34 CFR §300.304 (b) (3)]

4. Ensure that assessments and other evaluation materials used to assess a child under this part:
   a. are selected and administered so as not to be discriminatory on a racial or cultural basis. [34 CFR §300.304 (c)(1)(i)]
   b. are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer. [34 CFR §300.304 (c)(1)(ii)]
   c. are used for the purposes for which the assessments or measures are valid and reliable. [34 CFR §300.304 (c)(1)(iii)]
   d. are administered by trained and knowledgeable personnel. [34 CFR §300.304 (c)(1)(iv)]
   e. are administered in accordance with any instructions provided by the producer of the assessments. [34 CFR §300.304 (c)(1)(v)]

5. Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient. [34 CFR §300.304 (c)(2)]

6. Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure). [34 CFR §300.304 (c)(3)]

7. The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence,
academic performance, communicative status, and motor abilities. [34 CFR §300.304 (c)(4)]

8. In evaluating each child with a disability, the evaluation is 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 classified. [34 CFR §300.304 (c)(6)]

9. As part of an initial evaluation and as part of any reevaluation, the team must review evaluation data on the child, including
   a. evaluations and information provided by the parents of the child. [34 CFR §300.305 (a)(1)(i)]
   b. current classroom-based, local, or State assessments, and classroom-based observations. [34 CFR §300.305 (a)(1)(ii)]
   c. observations by teachers and related services providers. [§300.305 (a)(1)(iii)]
The Eligibility Process

The determination of eligibility for IEP Services with a Speech Impairment is a three-stage process. The stages are:

1. Stage One – Is there a disability condition (i.e., a communication disorder)?
   a. A communication disorder is impairment in the ability to send, receive, process, and comprehend verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the process of hearing, language, or speech; may be developmental or acquired; and may range in severity from mild to profound (ASHA, 1993).
   b. Establish that a communication disorder is present. A child may exhibit a communication disorder characterized by impairment in articulation, phonology, voice, stuttering, swallowing/feeding, language, or communicative competence in social interactions (ASHA, 2001).
   c. Document that the communication disorder is NOT the result of cultural or linguistic differences or lack of instruction.

2. Stage Two – Is there an adverse effect on educational performance (academic achievement and/or functional performance) resulting from the communication disorder?
   a. This stage in the Eligibility Process recognizes that a child with a communication disorder may or may not be disabled by the disorder at different stages of his or her educational career. The U.S. Department of Education makes it clear that: “educational performance as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely affects a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas.”
   b. The decision that the communication disorder adversely affects educational performance involves a two-pronged consideration:
      i. Adverse effect on academic achievement – generally refers to a child’s performance in academic areas such as reading or language arts, math, science, and history. The determination regarding whether there is an adverse effect resulting from the communication disorder on academic achievement requires an understanding of the general education curriculum and the language, speech, and communication demands on the student to make progress in academic activities (ASHA, 2007).
ii. Adverse effect on functional performance – generally refers to skills or activities that are not considered academic or related to a child’s academic achievement and often used in the context of routine activities of everyday living (Federal Register, 71[156], p. 46661). The determination of whether there is an adverse effect resulting from the communication disorder on functional performance requires analysis of how “functional” the student’s communication is outside of the classroom learning environment. When the communication disorder limits participation in interpersonal activities (e.g., social conversations, group discussions, peer interactions) or extracurricular and nonacademic activities (e.g., athletics, meals, recess, and clubs), an adverse effect on functional performance is present (ASHA, 2007).

3. Stage Three – Are specially designed instruction or related services and supports needed to help the student make progress in the general education curriculum?

   a. The third stage of evaluation addresses the student’s need for special education in order to make progress in the general education curriculum and if so, who should provide the services.

   i. Determine current level of functioning in communication skills

      (1) Independent performance
          (a) Student communicates effectively most of time
          (b) Student knows what to do and only requires periodic reminders

      (2) Minimal support
          (a) The student needs more cues, models, explanations, progress monitoring or assistance than typical students in the class
          (b) The student may need instructional accommodations or curriculum modifications to master grade level standards

      (3) Maximum support
          (a) The student does not perform effectively most of the time despite modifications and supports
          (b) Remedial instruction and/or intensive interventions needed

   ii. Determine amount of support, if any, needed from the SLP to maximize communication skills

      (1) At school
      (2) At home
      (3) In the community

   iii. Determine competencies of possible service provider(s)

      (1) Parent/caregiver
      (2) General education teacher
      (3) Special education teacher
      (4) Speech-language pathologist
Resources:


Speech Impairment (SI) Eligibility Step-by-Step

1. The Speech-Language Pathologist (SLP) provides classroom teachers with information regarding communication development and possible communication concerns through team meetings and training sessions. The SLP also provides suggestions for addressing specific areas of concern through modeling and examples of expansion and other techniques. Teacher or parent may bring communication concerns to the Student Support Team (SST) for consideration. If a student presents with an obvious disability, the SST should expedite the referral for a Full and Individual Evaluation (FIE).

2. If the teacher is unsuccessful with general recommendations for interventions in the classroom, the student is brought to the attention of the SST. Teacher and parents complete information about the student, including vision and hearing screening, teacher and parent information, and teacher and parent communication surveys. The SST may agree that a referral for special education evaluation is needed, or the SLP may make recommendations for the specific communication needs of the student to be implemented by the classroom teacher with possible SLP support such as providing classroom lesson, materials, and/or strategies. Teacher will collect data related to the progress of the skill targeted.

3. If classroom interventions have been attempted for a specified period, this data should be reviewed by the SST team to determine if adequate improvement in skill(s) has been achieved. If satisfactory progress has been demonstrated, an additional period of classroom intervention may be recommended. If not, a referral may be initiated for an FIE.

4. If the SST refers the child for FIE by special education, the Guide to the Admission, Review and Dismissal (ARD) Process is given to parents along with Notice of Procedural Safeguards. Notice and Consent for the FIE are obtained from the parent.

5. The SLP develops the Individual Evaluation Plan based on information about the student, and determines areas that should be addressed and areas that should be assessed in depth.

6. The SLP gathers informal assessment and standardized test data in the areas of concern.

7. The SLP analyzes and evaluates data from all relevant sources to determine if a communication disorder is present. If there is no evidence of a communication disorder, the student does not meet eligibility criteria for Speech Impairment.

8. If a disability condition (i.e., communication disorder) is present, the SLP documents adverse effects on academic achievement or functional performance that result from the communication disorder. If a communication disorder is present but there is no documentation of adverse effect on educational performance (i.e., academic
achievement or functional performance), the student does not meet eligibility criteria for Speech Impairment.

9. If the student exhibits a communication disorder that results in an adverse effect on educational performance, the SLP documents the need for specially designed instruction from the SLP to make progress in the general education curriculum. If a communication disorder is present, along with documented adverse effect on educational performance, but there is no documented need for SLP services, the student does not meet eligibility criteria for Speech Impairment.

10. SLP writes FIE report, which includes
   a. documentation of the presence or absence of a communication disorder; and
   b. documentation of whether or not there is an adverse effect on educational performance resulting from the communication disorder; and
   c. documentation of whether the student needs SLP services to mitigate adverse effects of the communication disorder on educational performance; OR
   d. documentation that the student does not meet eligibility criteria for Speech Impairment.

11. If there is evidence to support SI eligibility, the SLP prepares recommendations for communication intervention (IEP goals) to be considered if the ARD Committee recommends that the student receive IEP services with a Speech Impairment.
III. Speech Impairment Eligibility
Flow Charts
Communication Concern Flow Chart

Parent/teacher express concern with communication skills

Student Support Team meeting held

Parent and teacher communication data gathered; vision/hearing screening conducted; classroom interventions may be recommended

Additional data required for CLD students

No intervention indicated

Recommended classroom interventions successful

Student presents with an obvious disability

Classroom interventions not successful

Student support team completes referral for Full Individual Evaluation (FIE)

Plan FIE – determine classroom observations; informal measures; standardized tests; checklists etc.

Begin FIE

No special education referral indicated; targeted classroom and/or small group interventions may be continued for a brief period
Speech Impairment Eligibility Flow Chart

Referral for Communication Evaluation received

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered: Teacher data, parent data, observations of communication skills in academic and nonacademic settings; language/speech sample; standardized tests; checklists

Data indicates communication disorder is present

Conflicting data: Some indicate a disorder and some indicate no disorder

Data indicates communication disorder is not present

Conduct additional testing and informal assessments

Additional data supports presence of a communication disorder

Data supports adverse effect on academic achievement or functional performance

Data supports need for specially designed instruction from SLP

ARD meeting to determine SI eligible and develop IEP

Additional data does not support presence of a communication disorder

No adverse effect resulting from communication disorder

ARD meeting to determine not SI eligible and role of SLP, if any

No need for direct SLP services
Articulation Flow Chart

Referral for Articulation Evaluation received

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered: Teacher/parent articulation observations, observations of articulation skills in academic and nonacademic settings; speech sample; standardized test

Data indicates articulation disorder is present

Conflicting data: Some indicate a disorder and some indicate no disorder

Data indicates articulation disorder is not present

Conduct additional testing and informal assessments

Additional data supports presence of an articulation disorder

Data supports adverse effect on academic achievement or functional performance

Additional data does not support presence of an articulation disorder

No adverse effect resulting from articulation disorder

No need for direct SLP services

ARD meeting to determine SI eligible and develop IEP

ARD meeting to determine not SI eligible and role of SLP, if any

Data supports need for specially designed instruction from SLP

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Articulation Flow Chart for CLD Students

Information gathered on student’s speech, language, & academic history
Referral for Articulation Evaluation received

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered: teacher/parent articulation observations, dialectical influences/phonemic contrast
Formal assessment in L1 and/or L2
Informal assessment (phoneme probes) in L1 and L2

Data indicates articulation disorder is present in both languages

Conflicting data: Some indicate a disorder and some indicate no disorder

Data indicates articulation disorder is not present

Conduct additional testing and informal assessments

Additional data supports presence of an articulation disorder in both languages

Additional data does not support presence of an articulation disorder

Data supports adverse effect on academic achievement or functional performance

No adverse effect resulting from articulation disorder

Data supports need for specially designed instruction from SLP

No need for direct SLP services

ARD meeting to determine SI eligible and develop IEP

ARD meeting to determine not SI eligible and role of SLP, if any
Referral for Language Evaluation received

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered: Parent/teacher language surveys, observations of language skills in academic and nonacademic settings; language sample; standardized tests; checklists, supplemental data from companion manuals for language with other disabilities

Data indicates language disorder is present

Conflicting data: Some indicate a disorder and some indicate no disorder

Data indicates language disorder is not present

Conduct additional testing and informal assessments

Additional data supports presence of a language disorder

Additional data does not support presence of a language disorder

Data supports adverse effect on academic achievement or functional performance

Data supports need for specially designed instruction from SLP

No adverse effect resulting from language disorder

ARD meeting to determine not SI eligible and role of SLP, if any

No need for direct SLP services

ARD meeting to determine SI eligible and develop IEP

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Fluency Flow Chart

Referral for Fluency Evaluation received

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered: Teacher/parent data, observations of communication skills in academic and nonacademic settings; student data/interview; language/speech sample; norm-referenced fluency evaluations; standardized tests as needed

Data indicates a fluency disorder is present

Conflicting data: Some indicate a fluency disorder and some indicate no disorder

Data indicate a fluency disorder is not present

Collect additional information: Criterion-referenced measures, additional data from other school-based professionals and family members, and additional SLP interview/observations
*For concomitant language, articulation, or voice concerns, please see other eligibility templates.

Data supports adverse effect on academic achievement or functional performance

Additional data supports presence of a fluency disorder

Additional data does not support presence of a fluency disorder

No adverse effect resulting from fluency disorder

Data supports need for specially designed instruction from SLP

No need for direct SLP services

ARD meeting to determine SI eligible and develop IEP

ARD meeting to determine not SI eligible and role of SLP, if any
Voice Flow Chart

Referral for Communication Evaluation received
*Talk with school nurse/special education director to initiate ENT visit*

Individual Evaluation Plan developed based on student data

Assessment and testing data gathered:
Voice case history form, parent/teacher checklist, student checklist, observation of voice production in academic and nonacademic setting, voice sample, voice protocol, ENT report

Data indicates voice disorder is present

Conflicting data: Some indicate a disorder and some indicate no disorder

Data indicates voice disorder is not present

Conduct additional testing and informal assessments

Additional data supports presence of a voice disorder

Determine adverse effect on academic achievement or functional performance

Determine need for specially designed voice intervention

ARD meeting to determine SI eligible and develop IEP

Additional data does not support presence of a voice disorder

No adverse effect resulting from voice disorder

No need for direct SLP services

ARD meeting to document not SI eligible and role of SLP, if any

TSHA Eligibility Guidelines 2009
IV. Guidelines for Speech Impairment Eligibility
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<tr>
<td>❑ Test name</td>
<td>If the above are not in agreement, select from informal measures listed in technical manuals for additional data:</td>
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<td>(List results of informal measures, indicating level of concern on each)</td>
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<tr>
<td>Parameters Assessed</td>
<td>Disorder Guidelines</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Informal Evaluations</td>
<td>Parent data</td>
</tr>
<tr>
<td>- Parents’ observation</td>
<td>Teacher data</td>
</tr>
<tr>
<td>- Teacher’s observation</td>
<td>SLP opinion</td>
</tr>
<tr>
<td>- Point-to-Point Comparison</td>
<td>and</td>
</tr>
<tr>
<td>- Observation in academic setting</td>
<td>Results on standardized test</td>
</tr>
<tr>
<td>- Percentage of Consonants Correct</td>
<td>at the 7th percentile or below</td>
</tr>
<tr>
<td>- Consistency Index*</td>
<td>If the above are not in agreement, select from the following informal measures for</td>
</tr>
<tr>
<td>- Percentage of Intelligibility on 100-word sample (PK)</td>
<td>additional data:</td>
</tr>
<tr>
<td>Standardized Tests</td>
<td>Point-to-Point Comparison differs by significant amount</td>
</tr>
<tr>
<td>- Goldman Fristoe 2 Test of Articulation</td>
<td>or</td>
</tr>
<tr>
<td>- Arizona Articulation Proficiency Scale 2000</td>
<td>Percentage of Consonants Correct yields a difference of 15 points or greater for</td>
</tr>
<tr>
<td></td>
<td>single words than for spontaneous speech</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>Articulation Consistency Index for spontaneous speech is 15 points or greater than</td>
</tr>
<tr>
<td></td>
<td>single words</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>Intelligibility measure for pre-school-aged students (See “Assessment of Intelligibility” in Articulation Eligibility Manual, Section V)</td>
</tr>
</tbody>
</table>

*Currently no information is available for determining a concern for Consistency Index.*
### Guidelines for Determining an Articulation Disorder for CLD Speakers of English

<table>
<thead>
<tr>
<th>Parameters Assessed</th>
<th>Disorder Guidelines</th>
</tr>
</thead>
</table>
| **Informal Evaluations** | Parent data  
Teacher data  
Dialectal influences/phoneme contrast  
SLP opinion  
and  
Results on English standardized tests |
| Parents’ observation  
Teacher’s observation  
Dialectal influences/phoneme contrast  
Phoneme Probe (10-word minimum)  
Percentage of Consonants Correct  
Consistency Index |
| **Standardized Tests in English** | Results on formal test in Spanish (refer to appropriate developmental age norms; considered significant when the error is at the end of the age range for that phoneme) |
| GFTA – 2  
Arizona – 3 |
| **Formal Tests in Spanish** | Results on informal assessment (phoneme probe in language other than English) 50% or more in error  
and  
If the above are not in agreement, select from the following informal measures for additional data:  
Percentage of Consonants Correct yields a difference of 15 points or greater for single words than for spontaneous speech  
or  
Consistency Index > or = 15 point difference from single words to conversational speech |
| Spanish Pre-School Articulation Test (SPAT)  
Spanish Articulation Measures Revised (SAM) [non-standardized]  
Contextual Probes of Articulation Competence – Spanish  
Pre-School Language Scale – 4 (PLS-4) Articulation Screener  
Spanish Language Assessment Procedures (SLAP) |
## Guidelines for Determining a Language Disorder

<table>
<thead>
<tr>
<th>Measure</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal Data</strong></td>
<td></td>
</tr>
<tr>
<td>• Parents’ Language Survey</td>
<td>Parent data</td>
</tr>
<tr>
<td>• Teacher Language Survey</td>
<td>Teacher data</td>
</tr>
<tr>
<td>• Observation in academic setting</td>
<td>Observation data</td>
</tr>
<tr>
<td>• Observation in nonacademic setting</td>
<td>SLP opinion</td>
</tr>
<tr>
<td><strong>Standardized Tests</strong></td>
<td></td>
</tr>
<tr>
<td>• Test of Language Development P – 4</td>
<td>Results on global standardized test standard score of 77 or less (7th percentile or below)</td>
</tr>
<tr>
<td>• Comprehensive Assessment of Spoken Language Skills</td>
<td><strong>or</strong> Cross Battery Assessment shows Gc below average and lower than other processing areas</td>
</tr>
<tr>
<td>• Clinical Evaluation of Language Fundamentals – 4</td>
<td><strong>and</strong> If the above are not in agreement, identify informal measures used for additional data:</td>
</tr>
<tr>
<td>• Oral and Written Language Scales</td>
<td></td>
</tr>
<tr>
<td>• Preschool Language Scale – 4</td>
<td></td>
</tr>
<tr>
<td>• Clinical Evaluation of Language Fundamentals-Preschool – 2</td>
<td></td>
</tr>
<tr>
<td><strong>Semantics</strong></td>
<td></td>
</tr>
<tr>
<td>• Type-Token Ratio</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td>• DELV</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td>• Repetition of Non-Words</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td>• Test of Word Finding</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td><strong>Syntax</strong></td>
<td></td>
</tr>
<tr>
<td>• MLU-M</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td>• Analysis of Grammatical Errors</td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td>• Analysis of Inflectional Morphemes and Certain Free Morphemes</td>
<td>NPC – less than 4/100 utterances</td>
</tr>
<tr>
<td>• Subordinate Analysis</td>
<td>Adverbials – less than 8/100 utterances</td>
</tr>
<tr>
<td>• Analysis of Mazes</td>
<td>RC – less than 1/100 utterances</td>
</tr>
<tr>
<td></td>
<td>More than 1 ½ SD below the mean</td>
</tr>
<tr>
<td><strong>Pragmatics</strong></td>
<td></td>
</tr>
<tr>
<td>• Conversation</td>
<td>Qualitative impairment documented</td>
</tr>
<tr>
<td>• Narrative</td>
<td>Standard score of 77 or less on the Test of Narrative Language</td>
</tr>
<tr>
<td>• Pre-suppositions</td>
<td>Qualitative impairment documented</td>
</tr>
<tr>
<td><strong>Metalinguistics</strong></td>
<td></td>
</tr>
<tr>
<td>• Defining</td>
<td>Qualitative impairment documented</td>
</tr>
<tr>
<td>• Describing</td>
<td></td>
</tr>
</tbody>
</table>
# Guidelines for Determining a Fluency Disorder

## Parameters Assessed

<table>
<thead>
<tr>
<th>Parameters Assessed</th>
<th>Disorder Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Evaluations</td>
<td>Results on norm-referenced tests and informal evaluations indicate the presence of a fluency disorder.</td>
</tr>
<tr>
<td>- Parents’ observations</td>
<td>Norm-referenced tests</td>
</tr>
<tr>
<td>- Teacher’s observations</td>
<td>and</td>
</tr>
<tr>
<td>- Observation in academic setting</td>
<td>Parent data</td>
</tr>
<tr>
<td>- Observation in nonacademic setting</td>
<td>Teacher data</td>
</tr>
<tr>
<td>Norm-Referenced Tests</td>
<td>SLP judgment</td>
</tr>
<tr>
<td>- Assessment of the Child’s Experience of Stuttering (Yaruss, Coleman, &amp; Quesal, 2005)</td>
<td>in agreement</td>
</tr>
<tr>
<td>- Communication Attitude Test (Brutten, 1984)</td>
<td>or</td>
</tr>
<tr>
<td>- Communication Attitude Test for Preschool and Kindergarten Children Who Stutter (Vanryckeghem, M. &amp; Brutten, E.J., 2007)</td>
<td>The student exhibits any atypical disfluencies, such as prolongations, blocks, pitch or loudness changes during moments of disfluency, struggle, or secondary behaviors</td>
</tr>
<tr>
<td>- Stuttering Prediction Instrument (Riley, 1981)</td>
<td>and</td>
</tr>
<tr>
<td>Criterion-Referenced Measures</td>
<td>Teacher data</td>
</tr>
<tr>
<td>- Fluency Evaluation Procedures (Fluency Task Force, 2003–05)</td>
<td>SLP judgment</td>
</tr>
<tr>
<td>- Paper-Pencil Tasks (Chmela &amp; Reardon, 2001)</td>
<td>in agreement</td>
</tr>
<tr>
<td>- Personalized Fluency Control Therapy, 3rd Edition (Cooper &amp; Cooper, 2003)</td>
<td>or</td>
</tr>
<tr>
<td>- Pragmatic Stuttering Intervention (Tanner, 2004, 2005)</td>
<td>The student exhibits significant covert stuttering tendencies that are adversely affecting academic and extracurricular performance</td>
</tr>
<tr>
<td>- Predictive Cluttering Inventory (Daly, 2006)</td>
<td>and</td>
</tr>
<tr>
<td>- Scale of Stuttering Severity (Williams, Darley, &amp; Spiestersbach, 1978)</td>
<td>Parent data</td>
</tr>
<tr>
<td>- Stocker Probe for Fluency and Language (Stocker &amp; Goldfarb, 1995)</td>
<td>Teacher data</td>
</tr>
<tr>
<td>Other: ______________________________</td>
<td>SLP judgment</td>
</tr>
</tbody>
</table>

The impairment must not be related primarily to limited exposure to communication-building experiences, the normal process of acquiring English as a second language, or dialect use.
### Guidelines for Determining a Voice Disorder

<table>
<thead>
<tr>
<th>Parameters Assessed</th>
<th>Disorder Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Evaluations</td>
<td>Parent data Teacher data Data from student report Observation data Otolaryngologist report data and</td>
</tr>
<tr>
<td>□ Parent report</td>
<td></td>
</tr>
<tr>
<td>□ Teacher report</td>
<td></td>
</tr>
<tr>
<td>□ Student report</td>
<td></td>
</tr>
<tr>
<td>□ Otolaryngologist report</td>
<td></td>
</tr>
<tr>
<td>□ Observation in academic and nonacademic settings</td>
<td></td>
</tr>
<tr>
<td>□ Voice sampling procedure</td>
<td></td>
</tr>
<tr>
<td>Standardized Tests</td>
<td>Results of Voice Evaluation Protocol indicate impairment (rating of 11 or more) in at least one item assessed in the following voice areas:</td>
</tr>
<tr>
<td>□ None available</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Phonation/Vocal Quality</strong> Hoarseness Harshness Hard/harsh glottal attack Aphoniat****</td>
</tr>
<tr>
<td></td>
<td><strong>Pitch</strong> Habitual speaking pitch P:pitch range Pitch breaks</td>
</tr>
<tr>
<td></td>
<td><strong>Resonance</strong> Hypernasality Nasal air emission Articulation errors</td>
</tr>
<tr>
<td></td>
<td><em>When the results on the Voice Evaluation Protocol indicate impairment only in the following voice areas, referral may be indicated but the student does not exhibit a disorder:</em> Tremor Pitch breaks during puberty Hyponasality Cul-de-sac resonance Associated factors Untreated respiratory infection and/or allergy</td>
</tr>
</tbody>
</table>
V. Reevaluation/Dismissal
Reevaluation Flow Chart

1. 3-year reevaluation due; special request by ARD committee; dismissal being considered

2. Individual Evaluation Plan developed based on student data
   - Review existing evaluation data: Progress on IEP and present levels of academic achievement and functional performance; teacher data; parent data; observations of communication skills in academic and nonacademic settings; language/speech sample; checklists; SLP opinion; and if needed standardized tests
   - Data indicates communication disorder is present
     - Conduct additional testing and informal assessments
       - Additional data supports presence of a communication disorder
         - Data supports adverse effect on academic achievement or functional performance
           - ARD meeting to determine SI eligible and develop IEP
         - No adverse effect resulting from communication disorder
           - Data supports need for specially designed instruction from SLP
             - ARD meeting to determine SI eligible and develop IEP
           - No adverse effect resulting from communication disorder
   - Conflicting data: Some indicate a disorder and some indicate no disorder
     - Conduct additional testing and informal assessments
       - Additional data supports presence of a communication disorder
         - Data supports adverse effect on academic achievement or functional performance
         - ARD meeting to determine SI eligible and develop IEP
       - Additional data does not support presence of a communication disorder
         - No need for direct SLP services
     - Data indicates communication disorder is no longer present
   - No other areas of suspected disability

TSHA Eligibility Guidelines 2009
Dismissal Considerations

According to IDEA 2004, dismissal criteria mirror eligibility criteria. Therefore, in making decisions to dismiss a child from IEP services, the following questions must be considered:

1. Does the student continue to exhibit a communication disorder?
2. Does the communication disorder continue to adversely affect academic achievement and/or functional performance?
3. Does the student continue to require specially designed instruction from the SLP to be involved in and make progress in the curriculum?

Determination of continued eligibility is to be made by the IEP team upon consideration of the reevaluation data presented by the SLP. These data include feedback from teachers and parents, and standardized, observational, and descriptive information about the student’s progress in the general education curriculum and in meeting IEP goals.

If, upon review of the data, the IEP team determines the student no longer exhibits a communication disorder, or the communication disorder no longer adversely effects academic achievement and/or functional performance, or no longer requires specialized instruction from the SLP, the student is not eligible and can be dismissed from speech-language pathology services.

Challenges in making dismissal decisions:

1. Can students be dismissed from services when they are no longer making progress toward their goals?
2. Can students be dismissed when their lack of motivation and interest prevents them from benefiting from the specialized services?
3. Can students who exhibit medical, oral, or facial structural limitations that limit their potential to achieve goals be dismissed once the SLP has determined that continued therapy will not remediate the disorder?
4. Can students in special education services be dismissed from related services by the SLP when their primary disability limits their ability to benefit from the specialized services of the SLP?

These questions can be addressed in the light of student-centered data. The IDEA 2004 regulations are written to ensure that students who need special education services to make progress in the general education curriculum have access to receiving them. There is no specific guidance in federal regulations or state rules to guide us in making dismissal decisions for students who continue to exhibit a communication disorder but no longer benefit from SLP services. This lack of specificity results in students remaining in SLP services for the duration of their time in school. Many districts face challenges with over-identification of SI students and unmanageable caseloads, due in part to confusion about how and when to dismiss students from SLP services.

**IDEA guidelines regarding lack of progress**

One role of the IEP team/ARD Committee is to “review the student’s progress to determine whether the annual goals are being achieved and revise the IEP as appropriate to address any...
lack of expected progress” [34 CFR 300.343 (c)]. It is clear that the ARD committee is empowered to make decisions in the best interest of the student and is entrusted to consider all data presented to them in making those decisions. Often, the SLP is the only team member who has the scientific knowledge necessary to determine the student’s potential for improvement as a result of intervention. Therefore, the SLP is responsible for presenting supporting documentation to the committee so it can make informed decisions. If motivation is an issue, the team must determine if the student is having motivational problems in other educational settings. If so, a joint effort would be pursued to address motivation. If the issues apply only to SLP services, the clinician might suggest a change in intervention focus or delivery method, or could recommend other support options to the IEP team for discussion. Though IDEA does not provide us with specific guidelines to help us make dismissal decisions in the problematic circumstances listed above, IDEA does underscore the role of the IEP team in the decision-making process.

**Presenting dismissal recommendations to the IEP team when intervention is no longer appropriate, though the communication disorder still exists:**

1. Provide documentation of the consistent lack of progress.
2. Educate IEP team members, particularly parents, about the nature of the speech/language issue and how the associated structural or medical factors, or primary disability, affect the child’s ability to benefit from continued SLP services.
3. Encourage discussion of the relative value of continued work on speech-language issues versus shifting focus to other educational needs. Often parents and teachers are responsive to discussion about the efficiency of use of instructional time for the student. It may be that it is in the best interest of the student for time spent with the SLP to be eliminated, allowing for more time to be spent in general or special education.
4. Provide documentation that a variety of evidence-based practices have been attempted in therapy with little or no success.
5. Explore and discuss all possibilities for a continuum of support services, which may include SLP consultation that is gradually reduced in frequency and duration, or education and recommendations to parents and teachers.

When making decisions regarding dismissal from services or addressing a student’s lack of progress, SLPs must follow procedures set forth by their local educational agencies. Although Texas adheres to IDEA requirements, many districts/SSAs have local policies and operating guidelines that must also be adhered to.

Resource:  
http://www.asha.org/members/slp/schools/IDEACaseload/dismissal.htm