Writing Legally Defensible Speech/Language Reports

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Disclaimer

1. The content presented today comes from IDEA 04, California Ed Code, Legal Presentations, and has been approved by the WACSEP Legal Division.

2. Your school district may have specific rules or requirements in addition to those in the law that they want in the IEP. Check with your special education coordinator/director.

3. Every district may have its own template for reports. What we are presenting is an overview of what all reports MUST contain. Your district’s template may have additional sections, may be in a different order, or the sections may be called something different; but the content is still applicable.

4. Do not take anything personally. We will be using real life examples from cases we have dealt with and you may recognize a fact pattern or situation presented. We are presenting this information as an opportunity to grow and learn. We will not disclose the name of any assessor.
Why We’re Here
The Data Tells the Story

• Students identified as Speech Language Impaired
  – LA County= 19%
  – WACSEP= 23%

• Are we over identifying students with speech and language impairments?
Why We’re Here

• The vast majority of cases that are filed against the districts have to be settled.
• Since the assessment is the foundation of any IEP, the main reason there is a settlement is indefensible reports.
• Most assessors reports are indefensible due to an accumulation of minor defects.
Objectives

1. To understand IDEA and its impact on conducting speech/language evaluations and resulting IEP recommendations.
2. To understand the process of conducting a legally defensible speech/language evaluation.
3. To understand the components of a legally defensible speech/language evaluation.
4. To understand the considerations to be included in assessments for specific populations.
5. To write a legally defensible speech/language evaluation report.
What do we mean by “Legally Defensible”?

Reports are challenged in one of two ways:

1. Request for Independent Educational Evaluation ("IEE")
2. Denial of a Free Appropriate Public Education
The Independent Educational Evaluation (IEE):

IEEs are requested by families when they are not in agreement with the assessment completed by the District.

- The District must respond in one of two ways:
  - The District may agree to the IEE, in which case they provide the family with the qualifications (SELPA policy) required for the IEE assessor.
  - The District may not agree to the IEE in which case the District would need to file for a Due Process Hearing and defend their assessment.
The Independent Educational Evaluation (IEE):

- The decision as to whether the District agrees or disagrees to the IEE hinges entirely on whether or not the assessment is defensible in a Due Process Hearing.

- Typically the District communicates their decision through a Prior Written Notice, but an IEE may also be agreed upon in an IEP meeting as well.
Definition of Free and Appropriate Public Education (FAPE)

The Purpose of Special Education Legislation:

It is the intent of the Legislature, through enactment of this chapter, to the extent feasible, to do all of the following: - Cal. Ed. Code § 56845

- Ensure that children and young adults with disabilities are provided a FAPE in accordance with applicable federal and state law and regulations.
- Ensure that children and young adults with disabilities receive the necessary educational support and services they need to complete their education.
Denial of FAPE

Definition of an appropriate education

Some of the criteria specified in various sections of the IDEA statute include requirements that schools provide each disabled student an education that:

• is designed to meet the unique educational needs of that one student,
• addresses both academic needs, social emotional needs, and functional needs,
• provides “...access to the general curriculum to meet the challenging expectations established for all children” (that is, it meets the approximate grade-level standards of the state educational agency, to the extent that this is appropriate)
Denial of FAPE

• is provided in accordance with the Individualized Education Program (IEP), and
• is reasonably calculated to enable the child to receive educational benefit.

The FAPE offered in an IEP need not be the best possible one, nor one that will maximize the child's educational potential; rather, it need only be an education that is specifically designed to meet the child's unique needs, supported by services that will permit him to benefit from the instruction. The IDEA guarantees only a basic floor of opportunity, consisting of specialized instruction and related services which are individually designed to provide educational benefit.
Legal Mumbo-Jumbo

Why are we doing this to begin with and what is required?
KEEP CALM
YOU'RE
THE EXPERT
Qualified Assessor

- Assessments must be conducted by qualified persons.
- The assessment must be conducted by persons competent to perform the assessment, as determined by the local educational agency. (See 34 C.F.R. Sections 300.304, 300.305; Education Code sections 56320, 56322.)
Assessment Requirements

Pursuant to 20 U.S.C. Section 1414(b) when conducting the assessment, the school district is required to:

1. Use a **variety of assessment tools and strategies** to obtain relevant, functional and developmental information;

2. Include **information provided by the parent**, that may assist in determining whether the child is a child with a disability and the content of the child’s IEP;

3. Include **information related to enabling the child to be involved in and progress in the general curriculum**, or, for preschool children, to participate in appropriate activities.

4. The school district is required **not to use any single procedure** as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child, and to use **technically sound instruments** that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
Assessment Requirements (cont.)

California law is more specific. Under Education Code section 56320, assessment must be conducted in accordance to all of the following:

1. Materials and procedures are selected and administered so as not to be racially, culturally, or sexually discriminatory, and shall be provided in the pupil’s native language or mode of communication, unless it is clearly not feasible to do so;
Assessment Requirements (cont.)

2. Tests and other assessment materials meet all of the following requirements:

a. Are provided and \textit{administered in the language and form most likely to yield accurate information} on what the pupil knows and can do \textit{academically, developmentally, and functionally}, unless it is not feasible to so provide or administer;

b. Are used for purposes for which the assessments or measures are \textit{valid and reliable};

c. Are administered by trained personnel \textit{in conformance with the instructions provided by the producer of such tests} and other assessment materials, except that individually administered tests of intellectual or emotional functioning shall be administered by a psychometrist or credentialed school psychologist.
Assessment Requirements (cont.)

3. Materials include those tailored to assess specific areas of educational needs and not merely those that are designed to provide a single general intelligence quotient;

4. Tests are selected and administered to best ensure that, when a test administered to a pupil with impaired sensory, manual or speaking skills produces test results that accurately reflect the pupil’s aptitude, achievement level, or other factors the test purports to measure and not the pupil’s impaired sensory, manual, or speaking skills unless those skills are the factors the test purports to measure;

5. No single procedure is used as the sole criterion for determining an appropriate educational program;
6. The pupil is assessed in *all areas related to the suspected disability*, and a *developmental history is obtained, when appropriate*;

7. The assessment of a pupil, including the assessment of a pupil with a suspected low incidence disability, shall be conducted by persons knowledgeable of that disability. Special attention shall be given to the unique educational needs, including, but not limited to, skills and the need for specialized services, materials, and equipment.
Written Report Requirements

The personnel who assess the pupil are required to prepare a written report or reports, as appropriate, of the results of each assessment. Per Education Code section 56327, the report must include all of the following:

1. Whether the pupil may need special education and related services;
2. The basis for making the determination;
3. The relevant behavior noted during the observation of the pupil in an appropriate setting;
4. The relationship of that behavior to the pupil’s academic and social functioning;
Written Report Requirements (cont.)

5. The educationally *relevant health and development, and medical findings*, if any;

6. For pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services;

7. A determination concerning the effects of environmental, cultural, or economic disadvantage, when appropriate; and

8. The need for specialized services, materials, and equipment for pupils with low incidence disabilities.
So, what does this mean for us?
Deciphering the law and applying it to our reports.
A section-by-section review.
Summer Vacation!
...but I have a few more reports to do.

Courtesy of Daniel Miller.
The Law Drives the Assessment Process and Report

- Knowing the eligibility requirements will ensure you have covered all the bases.
- Beginning every assessment with the eligibility requirements in mind will ensure you apply the appropriate criteria.
Example: Articulation Disorder

“Pursuant to 5 CCR section 3030(c)(1)(A), a student qualifies as having an articulation disorder if: 1) the pupil displays reduced intelligibility or an inability to use the speech mechanism; 2) which significantly interferes with communication; and 3) it attracts adverse attention.

Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.”
Example: Articulation Disorder

In sum, you need to look at these things to determine whether a student has an articulation disorder:

1. Reduced intelligibility or inability to use the speech mechanism;
2. That significantly interference with communication;
3. Attracts adverse attention;
4. Adversely affects the student’s educational performance; and
5. Requires special education and related services.
“Missith Thmith...a bunch of uth got together before cloth and dethided that YOU are the one with the thpeech problem.”
The Report

Section by Section
Demographics
Cover Page Issues

• Name: Is it consistent throughout the report? Is it correct?
• Primary Language: Is it correct and is it the language you assessed in?
  — *We’ll explore this in more detail later on.*
• Parents: Are they biological parents, foster parents, guardians, relatives, etc.. This is important to keep track of as you will want input from the biological parents if the student is residing in a foster home or with a caregiver.
Reason for Referral & Suspected Areas of Disability
Reason for Referral

Should include, but is not be limited to:

• Source of referral (teacher, parent, Student Success Team, Intervention Team, related service provider, etc.)
• Description of presenting behaviors
• Major reason why student was referred
• Other identified concerns
• Concerns in other areas related to the suspected disability (References and Resources)
• List of disabilities suspected (e.g., Language and Speech, Emotional Disturbance, Specific Learning Disability, Other Health Impaired, etc.)
Reason for Referral (cont.)

Things that could give rise to a “suspected disability”:

- Is the student struggling academically?
- Has the parent expressed a concern verbally or in writing?
- Has a teacher or assessor expressed a concern verbally or in writing?
- Is the student receiving services privately?
- Is the student a Regional Center consumer?
- Does the student receive services from California Children’s Services?

*Threshold for suspected disability is very low… it’s on the floor.*
Background & Review of Records
Health and Developmental History

Should include, but is not limited to:

• Developmental milestones/Developmental History
• Any health issues that might impact learning (i.e., frequent ear infections, seizures, cleft palate, oral motor issues, etc.)
• Language developmental milestones
• Family history of stuttering and/or student history of stuttering
• Relevant medication information
• Vision - glasses? for near or far?
• Hearing - hearing impairment? aided?
• Outside health reports: private doctors, Regional Center
• Drug and Alcohol History

Sample Health & Development Handout
Family History

Family history should include, but may not be limited to information that reveals:
- Foster home or Licensed Children’s Institution (LCI) residence
- Family members with whom the student now lives
- History of household changes that the student has made, including changes in family members in the household
- Home Language, EL status, CELDT scores
- Description of family relationships
Family History (cont.)

• Indicators in the home that may impede educational performance
• Lacking in basic necessities (i.e., food, clothing, homeless, etc.)
• Family history of developmental, medical, and/or learning difficulties
• Family’s goals for student’s performance in the home, school, and community
• Parent(s) occupation
• Identify holders of educational rights
AN APPLE I HAVE.

I HAVE AN APPLE
Educational History

Sources of data:
• Cumulative records
• Teacher comments
• Report Cards
• School Records
• Parent interview
• IEP Records/ SEIS
Educational History (cont.)

Educational history should include, but not limited to:

• History of schools attended and duration
• Student’s strengths and areas of concern
• Areas in which progress has been made
• History of difficulties (e.g. difficulties that are documented in school records)
• Attendance history
• Discipline history
• Office discipline referrals
• Suspensions or expulsions
Educational History (cont.)

- Achievement history
- Report card information
- Elementary reading program and assessment
- EL proficiency and program
- Elementary: Periodic assessments in literacy, mathematics, and science
- State Assessment Data:
  - DRDP, SBAC/ CAASPP
  - California Standards Test (CST)
  - California Alternative Performance Assessment (CAPA)
Educational History: FAQs

How much information do I need to include?
- What if there is missing information?
- What if there is something in the records that show we “dropped the ball”?
- What if there are other assessors?
Review of Previous Assessments
Results of Previous Assessments

Previous assessments should be reviewed as part of the records review.

- Relevant information from:
  - Initial assessment
  - Previous comprehensive evaluations and re-evaluations
  - Results from private assessors or Regional Center
Results of Previous Assessments (cont.)

• IEP History - Note changes in:
  – Student’s disability
  – Related services
  – Instructional setting

This information may be informative in determining what you need to address/investigate.
Interviews

(Parent, Teacher, Student Input)
PLEASE... NO!
NOT THE PICTURE CARDS AGAIN!

Speech Pathologists
Have ways to make you talk
Interview

Two purposes for interviews:

1. Determine if there are additional areas of concern/eligibility;
2. To gather information about already known areas of concern/eligibility.
   a. Ask questions specific to the suspected areas of eligibility that you are already aware of.
   b. Look at the legal requirements for the area of suspected disability and tailor your questions to tease out the details to determine if the student meets the requirements.
   c. Gather academic, developmental, and functional information.

See Semi-Structured Interview Questions for Parent handout to get you started.
Interview (cont.)

Must include relevant information from the parent(s), student, and teacher interviews:

• Social skills with peers and adults
• Current family factors that are related to school functioning
Interview (cont.)

- Classroom, playground and yard behavior information during Nutrition and Lunch periods
- Feelings toward self
- Internalizing and externalizing behaviors
- Evidence of anxiety
- Student attention and concentration ability
Interview (cont.)

- Work-habit skills
- Social-emotional strengths and weaknesses
- Relationship of social/emotional functioning to educational progress
- Interventions that have been successful and interventions that have not worked
Interview (cont.)

• If examiner is not a related services provider, obtain permission to consult with the outside provider to get a summary of progress

• Mental health information, if applicable, from outside providers
Observations
Observations

Two purposes for observations:

1. Determine if there are additional areas of concern/eligibility;

2. To gather information about already known areas of concern/eligibility.

   a. Observe academic, functional, and academic capabilities.

   b. Student should be observed in the classroom, unstructured time (recess, lunch, transition, etc.), and during testing.
Observations (cont.)

b. The number of observations is not controlled by law…what is appropriate to gather the information you need?

c. The same is true for how long you should observe...have you spent enough time to get a clear picture of the student? Have you observed the areas of need parent and teacher have brought up during interviews?

d. Observations should be driven by suspected areas of disability, but not limited to those areas.
Observations
Classroom & Unstructured

Observing children in natural settings will give you information about their language preference and communication skills. Look for behaviors that are consistent from one setting to another and those that are not.

- Performs daily activities
- Interacts with parents, siblings, other children, other adults, and animals
- Communicates with other children and adults
Observations
Classroom & Unstructured (cont.)

- Reacts to limits set by adults
- Complies with request from others
- Gains attention from adults
- Plays alongside or with others
- Expresses emotions
- Performs several tasks at the same time
- Problem solves
Observations
Classroom & Unstructured (cont.)

• Copes with distractions
• Uses gross-motor and fine-motor skills
• Reacts to different environments
• Reacts to different tasks
• Learns something new
• Deals with success, failure, criticism, and competition
Testing Observations

What to look for and report:

• Personal Appearance
• Attitude
  – Attitude toward the Examiner
  – Attitude toward the test situation
• Attention
  ○ Overall Attention
  ○ Following Directions-cuing?
Testing Observations (cont.)

- Affect
- Describe how the student responds - eg. delayed, impulsive, laughing, complete sentences, short phrases
- Language
  - Speech, Expressive Language, and Receptive Language
  - Gestures and Nonverbal Behavior
  - Content and Style of Communications
Testing Observations (cont.)

- Vision and Hearing
- Behavior
  - Test Performance
  - Work Habits
  - Problem Behavior
  - Reactions to Test Items
  - Reinforcers
Testing Observations (cont.)

• Nonverbal Behavior
  – Facial Expressions
  – Posture
  – Gestures, Mannerisms, Motor Behaviors
  – Vocal Behaviors
  – Senses
  – Attention
• Verbal Behavior
Observations: FAQs

• How many observations do I need to do?
• Do I have to observe student when he is at .............?
• How long do I need to observe?
Validity Statement
Validity

Statement of validity must be included in your report

Validity of Assessment

• Is this a valid measure of the child’s ability at this time?
• Are the assessment instruments valid for the purposes for which they are used?
• Is this assessment culturally or linguistically biased?
• Degree of confidence the examiner has in the validity of the assessment for the child at this time:
  if assessment is not valid - explain why.
  consider testing limits - you must note any deviation in the standardized administration
Validity Statement

Statement of qualifications and validity of assessments:
EXAMPLE:

A credentialed speech language pathologist administered all speech and language testing. Test and assessment materials and procedures used for the purposes of assessment and placement of individuals with exceptional needs were selected and administered so as not to be racially, culturally, linguistically, or sexually discriminatory. Child’s dominant language was considered in selecting assessment instruments. Tests have been validated for the specific areas of educational need. The results that have been provided accurately reflect the child’s current abilities as measured by the assessment procedures.
Current Testing
Choosing Assessment Instruments

Your selection of tests should be based on the following:

- Areas of Suspected Disability and corresponding Ed. Code:
  - Articulation Disorder
  - Abnormal Voice
  - Fluency Disorder
  - Language Disorder
  - Hearing loss resulting in speech or language difficulty
Current Testing Results (cont.)

- Primary Language
- Observations
- Parent Interview
- Results of other testing...if new areas of concern are raised
- Hearing, vision, motor ability, physical limitations
- Existing conditions (e.g., Diagnosis of Cerebral Palsy)
Testing: Other Considerations

- Structure and Function: Oral-Motor Examination, Oral Mechanism Exam, Oral-Peripheral Exam
- Standardized Measures
- Speech Sample analysis
- Non-Standardized and Criterion-referenced measures
- Phonetic Inventory
- Phonological Processes and Articulation Errors
- Differentiation between developmental speech sound disorders from problems with hearing, speech mech. structure and function (e.g., cleft palate) or motor speech (e.g., apraxia); WHY? Implications for intervention
Assuming that Articulation is the Only Area of Suspected Disability...

• Don't over-test
• Give assessments that will provide information in the area of suspected disability and if need be investigate other areas of disability that may arise.
Selecting Assessment Tools

http://www.asha.org/assessments.aspx
Apraxia

Considerations:

• Review of history (e.g., feeding difficulties, TBI, parent interview etc.)
• Hearing screening
• Oral Mechanism Examination (e.g., non-speech movements - smile, kiss, facial groping, salivary control, etc.)
• Language Sample:
  – Rule out articulation errors and phonological errors
  – Analyze for characteristics of apraxia
• Kaufman Speech Praxis Test for Children (KSPT)
  – Ages 2;00-5;11
Considerations for Apraxia

Apraxia:
1. Apraxia is due to a motor-programming deficit not due to muscle weakness. It is important to rule out other suspected areas that may be impacting speech (e.g., articulation, phonological processes, and/or dysarthria).
2. Currently, there is no validated list of diagnostic features differentiating Childhood Apraxia of Speech (CAS) from other childhood speech sound disorders, including those due to phonological-level delay or neuromuscular disorder (dysarthria).
Considerations for Apraxia (cont.)

1. Three segmental and suprasegmental features consistent with a deficit in the planning and programming of movements for speech have gained some consensus among those investigating CAS:
   a. inconsistent errors on consonants and vowels in repeated productions of syllables or words,
   b. lengthened and disrupted coarticulatory transitions between sounds and syllables,
   c. inappropriate prosody, especially in the realization of lexical or phrasal stress. (ASHA, 2007a)
Considerations for Apraxia (cont.)

Other Reported Characteristics that have been reported in children diagnosed with CAS and that represent the difficulty with planning and programming movement gestures for speech include:

- high incidence of vowel distortions;
- limited consonant and vowel phonetic inventory in young children;
- frequent sound distortions and distorted consonant substitutions;
- initial consonant deletions;
- voicing errors;
- schwa additions/insertions to consonant clusters, within words and on the ends of words;
- predominant use of simple syllable shapes;
Considerations for Apraxia (cont.)

Other Reported Characteristics Continued

- greater ease in producing automatic (e.g., frequently used phrases, such as "I love you") versus volitional utterances (e.g., novel phrase or sentence);
- difficulty with smooth, accurate movement gestures;
- better performance on speaking tasks that require single postures versus sequences of postures (e.g., single sounds such as [a] vs. words such as [mama]);
- difficulty achieving accurate articulatory movement gestures when trying to imitate words not yet mastered;
- presence of groping behaviors when attempting to produce speech sounds or coordinate articulators for purposeful movement;
Considerations for Apraxia (cont.)

- altered and/or inconsistent suprasegmental characteristics (rate, pitch, loudness);
- increased difficulty with longer or more complex syllable and word shapes (often resulting in omissions, including word-initial consonant deletion);
- predominant errors of consonant, vowel, syllable, and/or word omissions;
- atypical levels of regression (e.g., words or sounds mastered, then lost);
- sequencing errors affecting sounds (e.g., metathesis, migration), syllables, morphemes, or words.

(Campbell, 2003; Caruso & Strand, 1999; Davis et al., 1998; Davis & Velleman, 2000; McCabe, Rosenthal, & McLeod, 1998; Shriberg et al., 1997; Strand, Shriberg, & Campbell, 2003)
Where does apraxia fall within the eligibility categories?

- Articulation Disorder
- Language Disorder

*If the student does not meet the eligibility requirements for one of these disorders, then the student does not qualify.
DO NOT
Make Me Use My
Speech Language
Pathologist Voice!
Special Populations
Preschool Age
Preschool Age

- Need to augment standardized assessment especially when interfering behaviors are present or access to easel based is limited
- Consider the young age & using developmental scales
- Consider second language and English Language exposure
- Play Based Assessments and examination of development of play skills and pre-linguistic developmental milestones is not be neglected
Preschool Age

BEHAVIOR

• What is the behavior communicating?
• Careful consideration of parent/caregiver and teacher input
• Inconsistencies may result in multiple observations and interactions to gather enough data to base your interpretations on
Preschool and Educational Impact

What is considered an educational impact for a student who has never attended school?
Central Auditory Processing Disorder (C)APD
Considerations for (C)APD

Central Auditory Processing Disorder (C)APD:
A multidisciplinary team approach is critical to fully assess and understand the cluster of problems exhibited by children with (C)APD.

• People who may be involved and input is important:
  – Teacher or educational diagnostician to assess academic difficulties
  – Psychologist may evaluate cognitive functioning in a variety of different areas
  – Speech-language pathologist may investigate written and oral language, speech, and related capabilities; and so forth.

(Adapted from: http://www.asha.org/public/hearing/Understanding-Auditory-Processing-Disorders-in-Children/)
Considerations for (C)APD

- APD is an auditory disorder that is not the result of higher-order, more global deficit such as autism, intellectual disability, attention deficits, or similar impairments.
- Not all learning, language, and communication deficits are due to APD.
- No matter how many symptoms of APD a child has, only careful and accurate diagnosis can determine if APD is, indeed, present.
- Although a multidisciplinary team approach is important in fully understanding the cluster of problems associated with APD, the diagnosis of APD can only be made by an audiologist.
- Treatment of APD is highly individualized. There is no one treatment approach that is appropriate for all children with APD.

(https://www.asha.org/public/hearing/Understanding-Auditory-Processing-Disorders-in-Children/)
Considerations for (C)APD

Some of these professionals may actually use test tools that incorporate the terms "auditory processing" or "auditory perception" in their evaluation, and may even suggest that a child exhibits an "auditory processing disorder." Yet it is important to know that, however valuable the information from the multidisciplinary team is in understanding the child's overall areas of strength and weakness, none of the test tools used by these professionals are diagnostic tools for APD, and the actual diagnosis of APD must be made by an audiologist.

(http://www.asha.org/public/hearing/Understanding-Auditory-Processing-Disorders-in-Children/)
Considerations for (C)APD

If there are concerns about (C)APD, you must consider eligibility under:

- Articulation
- Language Disorder
- Fluency
- Voice Disorder
English Language Learners (ELL)
Special Considerations for ELs

Information on English Learner (EL) students should include, but may not be limited to:

- Number of years in the United States
- Number of years receiving instruction in English
- Elementary—English Language Development (ELD) level based on ELD portfolio
  - Entering level
  - Current level
- Secondary – English as a Second Language (ESL) level
  - Entering level
  - Current level
Special Considerations for ELs

California English Language Development Test (CELDT) performance data

• Scored on a scale of 1-5
  – Beginning
  – Early Intermediate
  – Intermediate
  – Early Advanced
  – Advanced

*if a student falls in the Beginning, Early Intermediate, and even Intermediate range consider completing a bilingual assessment.

• Domain scale scores and/or performance level
  – Listening
  – Speaking
  – Reading
  – Writing

• Report Card (ELD grades/progress marks)
Considerations for ELD

- Must have current ELD level
- Consider years of English instruction
- Primary language spoken in the home?
- What language do they use when speaking to friends?
- Ensure selected assessment tools are appropriate for the student’s current language development
- Based on this information, determine if assessment in primary language is warranted.
Second Language Acquisition

Basic Interpersonal Communication Skills (BICS)
- ability to communicate basic needs and wants
- ability to carry on basic interpersonal conversations
- takes 1 - 3 years to develop
- insufficient to facilitate academic success

Cognitive Academic Language Proficiency (CALP)
- ability to communicate thoughts and ideas with clarity and efficiency
- ability to carry on advanced interpersonal conversations
- takes at least 5-7 years to develop, possibly longer
- required for academic success
Second Language Acquisition (cont.)

Knowledge of second language acquisition is important factor in analysis of CLD students

- “Basic Interpersonal Communication Skills (BICS) is the type of language used in social settings and is contextualized to the situation. In contrast, Cognitive Academic Language Proficiency (CALP) refers to the language skills needed to be successful in decontextualized academic settings.

- While students develop peer appropriate conversation or BICS within two years, it takes students five to seven years to acquire CALP (Collier, 1989) and approach grade-level norms in the second language.

- Unfortunately, some professionals who are not knowledgeable about these developmental processes make the assumption that when children demonstrate BICS they should also be able to complete academic work in English.” Page 171

There is no Perfect Method

The typical evaluation methods may include:
- Modified Methods
- Nonverbal Methods
- Native Language
- English Language

Nondiscriminatory Assessment: Processes and Procedures

ISSUES IN MODIFIED METHODS OF EVALUATION

Modified and Altered Assessment:

- “testing the limits:” alteration or modification of test items or content, mediating task concepts prior to administration, repeating instructions, accepting responses in either language, and eliminating or modifying time constraints may all help the examinee perform better, but violates standardization.

- “translator/interpreter:” use of a translator/interpreter for administration helps overcome the language barrier but also undermines score validity, even when the interpreter is highly trained and experienced; tests are not usually normed in this manner.

- Alterations or modifications are perhaps most useful in deriving qualitative information—observing behavior, evaluating learning propensity, evaluating developmental capabilities, analyzing errors, etc.

- A recommended procedure would be to administer tests in a standardized manner first, which will potentially allow for later interpretation, and then consider any modifications or alterations that will further inform the referral questions.
Hey everybody, look out! It's one of those... um... you know... uhh, with the fire and stuff...
Autism Spectrum Disorder (ASD)
New Ed Code Definition

Autism means a developmental disability significant affecting verbal and nonverbal communication and social interaction, generally evident before age 3, and adversely affecting a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
What does this mean for you the SLP?

• Must assess verbal, non-verbal and pragmatics for every student suspected of meeting criteria under autism.
• Multi-faceted assessment across settings, social situations and communicative partners, communicative intents & functions, and non-literal language comprehension and expression (e.g., sarcasm, irony, figurative expressions)
• Your assessment will need to yield data to help you with your analysis on eligibility for ASD in contrast to SLI
Non-Verbal Students & Augmentative & Alternative Communication (AAC)
Considerations for Non-Verbal Students

- Non-verbal students still need to be assessed!! How do they communicate?
- Reports must state assessments considered/attempted and why ruled out or discontinued
  - Note all informal/modification to assessments (i.e. given choices) DO NOT STANDARDIZE
- Assess Receptive Language skills, this usually only requires pointing
  - If no basal/ceiling is obtained, note that in the report, as well as if assessment is discontinued.
- Parent/teacher interview (How is the student communicating and getting needs met?)
- Functional Communication Profile is a great informative tool
- Observe in all settings (i.e. play vs. participation, circle vs. group)
- Assess nonverbal communication (how are they using their body and surroundings)
Augmentative and Alternative Communication (AAC)
- All forms of communication (besides oral speech) that are used to communicate. (i.e. pictures, symbols, facial expressions, tablets, keyboards, etc.)
- An AAC assessment is necessary for students that are not able to communicate functionally and get their daily needs met
- AAC assessments should involve all people working with the child, family included
- AAC assessments are conducted by an SLP who has knowledge in the area
- No individual should be denied the right to communicate!
Considering an AAC Assessment? Make sure your Speech report includes the following at a minimum:

- Background History
- Current Speech and Language Functioning, including: hearing, vision, physical status, ambulatory status, cognition, current communication, daily communication needs (partners, environments, needs), assessment results *NOTE: Most of this can be obtained by using the Functional Communication Profile during your assessment.*
  - Receptive Language abilities (formal and/or informal) What does the child understand?
  - Language Levels- use formal and informal language assessments to obtain level of functioning for vocabulary, grammar, categorization, literacy, etc.)
- Intelligibility Rating: How much do you understand? Familiar and unfamiliar listeners/contexts. (if uses any oral speech)
- Informal Language Sample (if they use oral speech)
- Are there any behaviors? Do you know the triggers? This gives a lot of information!
- Are the child’s communication needs being met through current interventions and mode(s) of communication?
- What methods have been used (i.e. choice boards, picture symbols, objects, etc.)? Effective? Ineffective?
- Reason for Referral (Why are you considering AAC?)
Deaf and Hard of Hearing Population
# Signs of Typical Hearing Development: Questions for Parents and/or Classroom Teacher

## 0-4 Months
- Awaken or stir at loud sounds?
- Startle at loud noises?
- Calm at the sound of a familiar voice?
- Respond to your voice (smiles or coos)?

## 4-9 Months
- Turn eyes toward source of familiar sounds?
- Smile when spoken to?
- Notice rattles and other sound-making toys?
- Cry differently for different needs?
- Make babbling sounds?
- Seem to understand simple word/hand motions such as "bye-bye" with a wave?

## 9-15 Months
- Babble a lot of different sounds?
- Respond to his/her name?
- Respond to changes in your tone of voice?
- Say "ma-ma" or "da-da"?
- Understand simple requests?
- Repeat some sounds you make?
- Use his/her voice to attract attention?

## 15-24 Months
- Point to familiar objects when they are named?
- Listen to stories, songs and rhymes?
- Follow simple commands?
- Use several different words?
- Point to body parts when asked?
- Name common objects?
- Put two or more words together?

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Palo Alto Medical Foundation, 2015
Signs of a Potential Hearing Loss:
Questions for Parents and/or Classroom Teacher

Preschool and Older
Turn up the volume of the TV excessively high?
Respond inappropriately to questions?
Not reply when you call him/her?
Watch others to imitate what they are doing?
Have articulation problems or speech/language delays?
Have problems academically?
Complain of earaches, ear pain or head noises?
Have difficulty understanding what people are saying?
Seem to speak differently from other children his or her age?

Palo Alto Medical Foundation, 2015
A hearing screening needs to be completed and dated within one year of all initial and triennial IEPs.

Follow district protocols for vision and hearing screenings.
Hearing Loss and Initial Assessments

If the student does not have a diagnosed hearing loss and did not pass their hearing screening, follow-up is necessary.

The school district needs to put forth every effort to ensure the child is tested.

If the student is diagnosed with a hearing loss, medical clearance will be necessary in order for the student to be fitted with amplification.
A failed hearing screening often indicates fluid or wax presence. Follow-up is needed.

Excessive wax will often result in a temporary mild to moderate hearing loss. With treatment, a hearing loss of this nature will usually only be temporary. In these cases, be certain to conduct speech and language testing in a quiet, 1:1 environment, and provide visual cues. Note the failed hearing screening and implemented testing accommodations in your report. If you are unsure if testing should be warranted for a hearing impaired student or a student who did not pass their screening, consult with the audiologist.
When Do I Contact WACSEP DHH?

The WACSEP DHH Department should always be involved when the student has a confirmed hearing loss and audiogram.

DHH Department may also be involved when:

- Clarification is needed about potential hearing losses.
- Student has a history of failed hearing screenings, is performing poorly in the classroom, and is suspected of having a disability.
Assessing Students Who Have Hearing Aids/Cochlear Implants

Ling 6 Sound Check

WHY?

This informal test is a simple listening test to determine how well a hearing-impaired person can hear low, middle, and high frequencies of speech. This should be conducted on students who have hearing amplification. The six sounds represent the frequencies and intensities of all English phonemes.
Assessing Students Who Have Hearing Aids/Cochlear Implants

Ling 6 Sound Check

- /m/ - assesses frequencies up to 250 Hz
- /u/ - assesses frequencies up to 500 Hz
- /a/ - assesses frequencies up to 1000 Hz
- /i/ - assesses frequencies up to 2000-3000 Hz
- /sh/ - assesses frequencies up to 4000 Hz
- /s/ - assesses frequencies up to 8000 Hz
- No sound – assesses ability to respond that “no sound is present”
Assessing Students Who Have Hearing Aids/Cochlear Implants

Ling 6 Sound Check

If the student is unable to identify any of the Ling 6 Sounds, you should not expect the student to be able to produce that sound and potentially other sounds within the same frequency/pitch.

If the Ling 6 sound check is conducted regularly, an irregular sound check could indicate that something may be different about the student’s hearing such as 1) Fluid Presence, 2) Malfunctioning equipment, or 3) Changes in the student’s hearing.
Assessing Students Who Have Hearing Aids/Cochlear Implants

Ling 6 Sound Check

For example, if the student was unable to identify the /s/ sound, you should not expect the student to accurately produce /s/ in articulation tests or grammatical morphemes containing /s/ (e.g. plural –s). You may also observe the student to have difficulty in producing other high frequency sounds such as “th.”
How to Administer a Ling 6 Sound Check

1. In an individual and quiet setting, position the student about 1-2 yards from you.
2. The test should be completed in the auditory only condition so that the student does not receive any visual cues (lip reading, facial expression). You can cover your mouth with your hand or a listening hoop, or have the student turn their back toward you.
3. Be sure to vary the length of the pause between each sound so that the student does not anticipate the sound.
4. If this is the student’s first time completing the task, demonstrate what is expected.
5. Signal the student to listen.
6. Say each of the Ling sounds at a normal conversational loudness level. After you say each Ling sound, the student should point to a picture of the sound or repeat the sound heard in order to establish sound identification skills. Have the child raise their hand or clap after each sound in order to establish sound detection. For older students or students who are able, conduct the Ling 6 as an identification task in which the student repeats the sound that they heard after you say it.
7. Occasionally say nothing during the test.
Assessing Students Who Have Hearing Aids/Cochlear Implants

Ling 6 sound check

Identifying ALL Sounds

- Proceed to Communication Assessment tasks

Unable to Identify All Sounds

Check Equipment
1. If aid/implant is wet, it needs time to air dry
2. Cup aid in your hands to listen for feedback. If no feedback is heard, batteries may be out. Ask student for replacement batteries and replace them.

- If no batteries are available or troubleshooting is not possible, stop testing and follow up with parent.

- If sound check and aided audiogram are consistent, proceed with testing and make a statement of caution. Describe child’s hearing loss and how aided thresholds may impact his performance on testing. (e.g. “With his current equipment, child continues to present with a mild loss in his high frequency sounds”)

Check Aided Audiogram
...in order to determine if sound check performance is consistent with aided hearing levels/thresholds.

- If not consistent, proceed to “Check Equipment”
Assessing Students Who Have Hearing
Aids/Cochlear Implants

Be sure equipment is functioning prior to
beginning ANY testing. Testing completed
without proper amplification or the student’s
typical amplification could invalidate your
results!
Assessing Students Who Have Hearing Aids/Cochlear Implants

Aided Audiogram

If you are able to get an aided audiogram from the parent or from the student’s personal audiologist, chart the aided results on a copy of a “speech banana” audiogram to determine what the child can or cannot hear.

This audiogram belongs to a student who is unable to hear high frequencies /f, s, e/ and low frequencies /m, d, b, z, v, e, l/ when he IS wearing his amplification.
Assessing Students Who Have Hearing Aids/Cochlear Implants

Maximum Potential

Each hearing aid has a maximum amount of gain that can be set before sound distortion occurs. In this, even with hearing aids, a residual hearing loss may still exist and impact the student’s performance. In cases such as these, if a stronger amplification method is not recommended (e.g. cochlear implantation), the student will have to function with the equipment they have. “Work with what you’ve got.”

This audiogram belongs to a student whose hearing aids are set to their maximum potential, as they give the student approximately 50-60 dB of gain. His aided test results still indicate a mild hearing loss.
Hearing Age vs. Chronological Age in Students Who Have Hearing Aids/ Cochlear Implants

If your student wears hearing aids or cochlear implants, a hearing age needs to be calculated and included in your report and analysis.

**CHRONOLOGICAL AGE**: The age of the student, as measured from the student’s date of birth

**HEARING AGE**: The age of the student, as measured from the student’s date of device activation or consistent use of device.

For example, if today is January 1, 2015 and the student was born on January 1, 2008, his CHRONOLOGICAL AGE is 7 years. If his amplification was activated on January 1, 2009, his HEARING AGE is 6 years.
Hearing Age vs. Chronological Age in Students Who Have Hearing Aids/ Cochlear Implants

WHY DO WE CONSIDER HEARING AGE?

Throughout the time BEFORE the child receives amplification, the child may have been unable to hear conversations, words, environmental sounds, etc. During this time, the child was unable to acquire language in the same way that a normal hearing child would.

Once the child receives hearing amplification, the calculation of the hearing age can begin. In this, if a student’s chronological age is 8 years, but his hearing age is 6 years (he received amplification at the chronological age of 2), we would generally expect his abilities to reflect the skills of a 6 year old – NOT AN 8 YEAR OLD.

For the purpose of analysis, age-equivalent calculation would be warranted in order to compare hearing age to age equivalents on testing.
Impact of Hearing Loss on S/L Abilities

VOCABULARY

• Slow development of vocabulary
• Abstract words (e.g. before, after, jealous) and Function words (e.g. the, an, are, a) are difficult to learn
• Difficulty understanding multiple meaning words
• Often demonstrate a literal interpretation of language

(Effects of Hearing Loss on Development, ASHA)
Impact of Hearing Loss on S/L Abilities

SENTENCE STRUCTURE

• Generally comprehend and produce shorter and simpler sentences than typically hearing peers
• Difficulty understanding and writing complex sentences
• Often cannot hear word endings such as –s and –ed. This leads to misunderstandings and misuse of verb tense, pluralization, non-agreement of subject and verb, and possessives

(Effects of Hearing Loss on Development, ASHA)
Impact of Hearing Loss on S/L Abilities

SPEECH

• Often cannot hear higher frequency speech sounds such as “s, sh, f, t, k.”

• They may have variances in vocal pitch and intensity. They may have poor prosody and rate of speech

(Effects of Hearing Loss on Development, ASHA)
Impact of Hearing Loss on S/L Abilities

SOCIAL

• May not be able to easily follow conversations and instructions in noise

• May tend to try to control conversations to decrease the chance of mishearing others

• May not be able to follow abstract language such as slangs, idioms, figures of speech due to their literal interpretation of language
Yes Sir, we do specialize in lisp treatment...
DHH: Selecting Assessment Tools

Choose the tools that you feel will give the best/most accurate representation of the student’s communication abilities, while also ensuring adequate assessment of:

• Semantics and understanding of words (not just vocabulary identification and naming)

• Supralinguistic Skills (e.g. nonliteral language, inference, ambiguity, pulling meaning from context)
DHH: Selecting Assessment Tools

Interpret with Caution

The majority of communication standardized assessments were not normed on the DHH population. When using these assessments, be sure to make a note that results should be interpreted with caution, as the student has a hearing loss. It is acceptable to use tests which were not normed on DHH students for the DHH population, so long as the test is not invalidated by accommodations/modifications provided to the student.
Students with a hearing loss typically are unable to learn or access new information from incidental learning environments. In other words, students with a hearing loss do not gain information or learn language from overhearing others. In general, students with a hearing loss learn language and linguistic skills when those skills are explicitly taught to them.
A Note About Multiple Disabilities and DHH

When considering a communication system for a student who has a hearing loss, be sure to take into account the whole student. Determine what is most impactful upon the child’s communication.

Determine what communication system will be most functional for the student to access in his/her educational setting.

A DHH eligibility does not mean that the student’s options are limited to signing and/or speaking. It is possible that an AAC method such as PECS or a device may be the most appropriate.
A Note About Multiple Disabilities and DHH

Sign Language
Most of the DHH kids in the general school setting (in our SELPA) will be non-signers.

Most students in our SELPA who use ASL are already in a signing program. Some students may also be using basic sign language in an SDC environment such as a severely handicapped class or an autism focus class.
Summary & Eligibility
Analyze Whether Student Meets Requirements

• Clearly address each suspected disability separately.
• Include the Ed. Code definition!
• Address whether student meets each code requirement with gathered information.
• Do not avoid “adverse” information.
• Must meet **every prong** to be eligible.
Example: Articulation

“Pursuant to 5 CCR section 3030(c)(1)(A), a student qualifies as having an articulation disorder if: 1) the pupil displays reduced intelligibility or an inability to use the speech mechanism; 2) which significantly interferes with communication; and 3) it attracts adverse attention.

Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.”
Example: Articulation Disorder

In sum, you need to look at these things to determine whether a student has an articulation disorder:

1. Reduced intelligibility or inability to use the speech mechanism;
2. That significantly interference with communication;
3. Attracts adverse attention;
4. Adversely affects the student’s educational performance; and
5. Requires special education and related services.
Adversely Affects Educational Performance

• Neither federal nor state law defines this term.
• Education is adversely affected if, without certain services, the student’s condition would prevent her from performing academic and non-academic tasks or from being educated with non-disabled peers.
  – Example: Orthopedic Impairment that limits ability to take stairs is a non-academic task that limits ability to be educated.
Adversely Affects Educational Performance

FUNCTIONAL: difficulty interacting with peers and teachers, difficulty participating in daily activities at school, communicate wants and needs.

DEVELOPMENTAL: difficulty participating in age appropriate activities such as involvement in school clubs, recess games, classroom jobs.

ACADEMIC: difficulty learning, poor grades, limited participation during class time.
Adversely Affects Educational Performance

FUNCTIONAL:
• Is the child willing/able to explain things to his teachers and/or peers, such as why they were late coming to school?
• Is the child willing/able to ask his teachers or peers for assistance?
• Is the child willing/able to negotiate with peers?
• Is the child willing/able to participate in all of the school’s daily activities, such as requesting items in the lunch line?
Adversely Affects Educational Performance

DEVELOPMENTAL:

• Is the child willing/able to fulfill classroom responsibilities at his/her level such as reporting attendance to the front office?
• Is the child willing/able to participate in peer-organized games at recess?
• Is the child willing/able to participate in classroom/school clubs such as the debate club or the community service club?
Adversely Affects Educational Performance

ACADEMIC:
• Is the child raising his/her hand as much as peers?
• Is the child being called on in class as much as peers?
• Is the child an active participant in cooperative learning groups?
• Are the child’s answers as long and as complex as his peers?
• Is the child able communicate understandable answers?
Adversely Affects Educational Performance

Examples:
- Student is unable to access the curriculum in small group discussions because he does not initiate conversations.
- Student is unable to demonstrate his knowledge during class discussions because he will only answer questions that require a single word response.
- Student sits by herself at lunch because her severe stutter makes it difficult for her to communicate effectively with her peers.
- Preschool student bites when he cannot communicate his needs.
Requires Special Education or Related Services

• Does the student require your services or can less restrictive alternatives be utilized?
• Look at the deficit and determine if direct services are required.
• Can modifications to general education accommodate the need?
Requires Special Education or Related Services

- Example (OAH Case # 2013050308):
  - Deficits in oral vocabulary, syntactic understanding, sentence imitation, and morphological completion.
    - Provide a language rich environment;
    - Opportunities to summarize information and make inferences about information heard;
    - Provide encouragement;
    - Modeling appropriate grammar in positive way;
    - Permit student to correct without penalty;
    - Check for understanding during conversation and reading tasks;
    - Challenge student with more difficult word meanings for growth.
Conclusion

• Does the student qualify?
• Must state whether the student meets the definition, but you can qualify it with “but final determination on eligibility will be made by student’s IEP team.”
SLI Eligible v. Related Service

- When a student does not meet the definition of any impairment, then the student does not qualify for speech and language services as an eligibility category.
- BUT, if the student is eligible under one of the other 13 eligibility categories, speech may be added as a related service.
SLI Eligible v. Related Service

- Related services are any services that are necessary to help a student benefit from her special education program.
- A district does not have to provide a service to a student with a disability just because she will benefit from the service, or even if she requires the service.
- The service is only “related” if it is necessary to help her benefit from educational instruction.
SLI Eligible v. Related Service

Examples:
• Intellectual Disability
• Autism
Recommendations
Recommendations

• Recommendation for eligibility.
• Recommendation of identified areas of need that goals will be recommended in.
• If eligible, every report should include a recommendation for services, including frequency and duration.
• Accommodations and modifications to support student’s language and communication in the classroom.
• If student is not eligible, but has needs, still make recommendations for accommodations and modifications.

SIGN YOUR REPORT!!!!
Resources and Handouts

• Structured interview questions
• DHH Packet
• Developmental Sounds Guide
• Sample Report Template
• Bell Curve
• Preschool Learning Foundations
Thank You for Attending

Any questions?