**Schools for
All Children**

LOS ANGELES UNIFIED SCHOOL DISTRICT

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**The Los Angeles Unified School District
Position Paper**

SPEECH AND LANGUAGE PROGRAM

BACKGROUND

Educational reform evidenced in recent years, in combination with legal mandates and evolving professional practices has influenced the transformation of school-based speech and language services. Critical roles and responsibilities of school based clinicians have broadened in order to more efficiently and effectively achieve outcomes for students with increasingly diverse linguistic and cultural backgrounds.

Speech and Language services are provided in public schools as a related service defined by the federal government in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Related services are described as "such developmental, corrective and other supportive services as may be required to assist a child with a disability to benefit from special education…" Speech and language services specifically address communication disorders such as stuttering, articulation, language or voice impairment that adversely affect a child's educational performance.

Speech and language services are defined as:

  i.   Identification of children with speech or language impairments;
  ii. Diagnosis and appraisal of specific speech and language impairments;
  iii. Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
  iv. Provision of speech and language services for the habilitation or prevention of communicative impairments; and
  v.   Counseling and guidance of parents, children, and teachers regarding speech and language impairments. (*34 C.F.R. 300.24 [14]*).

Speech and language services can also be identified **as special education** service if they are considered so under state and federal guidelines (*34 C.F.R. 300.26[1] [2] [I]*). The California Education Code, Section 56333, states "A pupil shall be assessed as having a language or speech

disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services."

The policies identified in this paper are based on the IDEA (Individuals with Disabilities Act (2004), the California Education Code, the professional issues statement of the American Speech-Language-Hearing Association (ASHA) entitled *Roles and Responsibilities of the Speech-Language Pathologists in Schools* (2010), as well as the Los Angeles Unified School District Special Education policies and procedures. Recommendations for the nature, type, or location of service delivery are "based on the need to provide a free appropriate public education for each student in the least restrictive environment and consistent with the student's individual needs…" In addition, ASHA's position on inclusive practices is consistent with a report from the U.S. Department of Education (CEC Today, 1996) indicating that "an array of speech… (and language)…services should be available in educational settings to support children and youths with communication disorders."

PURPOSE

The purpose of this document is to define the roles, and describe the responsibilities, of the speech-language pathologist within the Los Angeles Unified School District. This position paper is an official policy statement of the Speech and Language Program in LAUSD. "Speech Language Pathologists (SLPs) have integral roles in education and are essential members of school faculties." (ASHA 2010) SLPs have a vital responsibility to provide appropriate and culturally relevant service for students across all levels (students aged 3 – 22 in preschool, elementary, middle and high school) with a broad range of communication disorders while ensuring educational relevance by providing a unique contribution to the curriculum.

Critical roles include helping students meet performance standards by participating in Response to Intervention and Instruction (RtI^2) strategies and providing comprehensive assessment and intervention services, while employing a broad range of service delivery options in the least restrictive environment. Finally, school-based practitioners like all educators, are accountable for student outcomes and must be compliant with state and federal mandates.

In order to meet these roles and responsibilities effectively, SLPs collaborate with other school professionals, universities, families, the community and students. The Speech and Language Program encourages providers to be educational leaders, ensuring productive and appropriate service delivery to students. Leadership roles include supervision and mentorship for new professionals, as well as being a valuable resource for the entire school community by providing professional development for educators as well as parent training and support.

In order to succinctly describe these roles and responsibilities, this position paper is divided into four sections:
        Section I: Pre-referral and Response to Intervention and Instruction (RtI^2)
        Section II: Assessment and Eligibility
        Section III: Service Delivery Models within Special Education
        Section IV: Service Completion Guidelines

POSITION
The District believes that in an effort to ensure a successful school experience for all children that:

- The communication needs of students will be addressed early in their education.
- As determined appropriate, students with suspected language and speech delays will:
  - ✓ Participate in an intervention program for a specified period of time;
  - ✓ Have their progress in the intervention program assessed and monitored; and
  - ✓ Have their response to the provided interventions be evaluated for effective progress or a need for a speech and language evaluation.
- A parent may, at any time, request a speech and/or language evaluation. Upon receipt of the request, the District will follow special education policies and procedures for attending to the parent's request.
- Students found eligible for special education services due to a Speech or Language Impairment (SLI) will have Individualized Education Programs (IEPs) that focuses on student access to and achievement in the educational program.
- Wherever possible, students receiving LAS services have the opportunity to participate with their non-disabled peers.

SECTION I
PRE-REFERRAL AND RESPONSE TO INSTRUCTION AND INTERVENTION (RtI^2)

Response to Instruction and Intervention (RtI^2) is a systemic multi-tiered framework that guides the development of a well-integrated and seamless system of instruction (e.g., numeracy, language development, and positive behavior support across content areas), and intervention that is matched to student need and directed by student outcome data from multiple measures. (BUL-4827.1 Multi-Tiered Framework for Instruction, Intervention, and Support)

The RtI^2 framework establishes a process for providing increasing levels of instructional time and intensity whereby the needs of all learners are identified, supported early, and effectively, and high performing students have access to acceleration in learning. The RtI^2 framework is based on the provision of good, quality, first instruction and the use of data to identify students for appropriate acceleration and interventions. RtI^2 implementation is everyone's responsibility and advances student achievement through frequent progress monitoring, ongoing data collection and analysis as well as the provision of immediate, evidence-based intervention for students who need it. For the school based Speech and Language provider, this may include consultation regarding the normal acquisition of speech and language skills and monitored interventions to address mild communication difficulties.

Speech and Language Provider's role within the five essential components of RtI^2:
- Multi-tiered framework to instruction and intervention
- Problem-solving progress
- Data-based decision-making
- Time spent physically active and engaged
- Professional development

In a multi-tiered approach to instruction and intervention, Speech and Language providers may deliver instruction at each tier of service that is differentiated, culturally responsive, data-based and aligned to the grade-level Content Standards. The Speech and Language provider may play an important role in delivery of the RtI^2 process in the general education setting. By participating in this intervention approach, the Speech and Language provider contributes expertise to the problem solving process and provides strategies for students who may evidence challenges in the area of communication development. The problem solving process requires a step-by-step focus to define the problem, analyze why the student is unable to achieve academically, implement intervention strategies and evaluate the response to the instruction and intervention.

Tier 3: "Intensive Intervention," is for an estimated 1-5% of students who need individualized and/or very small-group instruction that is highly focused, in addition to Tiers 1 & 2, and designed to accelerate student progress.

Tier 2: 10-15% of students who need additional time and type of instruction to learn successfully.

Tier 1: Core Instruction
It is expected that of all of the students receiving core instruction, 80-85% of students will be proficient when good first instruction is delivered.
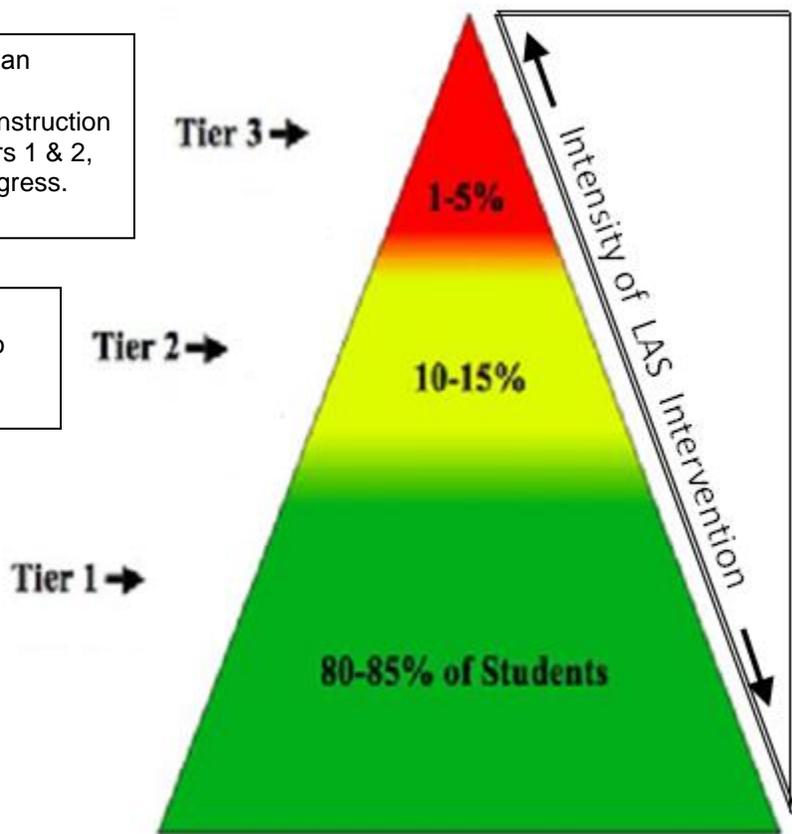
A Problem Solving Cycle in General Education
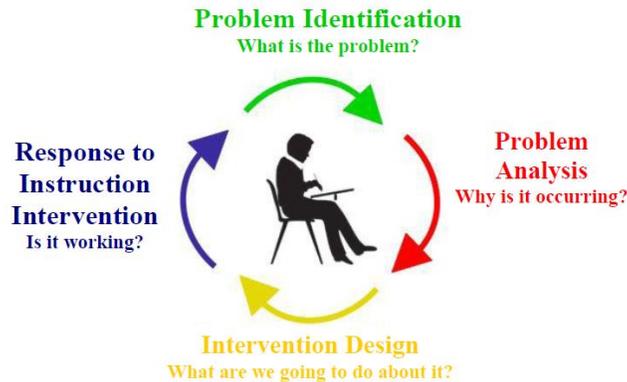
Identification
Speech-language pathologists may be called upon to assist in the identification of communication issues students may be experiencing.

Problem Analysis
Speech-language pathologists are highly trained experts in the identification of communication deficits in children and are a valuable resource in the analysis of speech and language patterns.

Intervention Design
Speech-language pathologists may consult with classroom general education teachers on speech and language developmental milestones, lesson design and instructional strategies for a student who may be experiencing speech and/or language difficulties that may be contributing to academic delays.

Response to Instruction and Intervention
Speech-language pathologists may also assist the classroom general education teachers with frequent progress monitoring and ongoing data collection and analysis to continually determine the level of intensity and support necessary for individual students.

Intervention Strategies

Tier 1: Core, Universal Instruction
During Tier 1, the speech-language pathologist acts as a consultant to the teacher, school staff and parents. Consultation focuses on increasing the knowledge base of teachers and parents regarding speech and language development, speech and language impairments and the relationship to progressing in the curriculum and functioning within the school environment. At this level of service students have not been identified as requiring Language and Speech services. Instruction is provided by the following means:
- Distribution of literature, provision of resources, as well as in-service presentations to school personnel, and parent groups
- Suggestions for general classroom and campus accommodations
- Adaptations to support communication development
- Suggestions for preferential seating or teacher position in classroom

Tier 2: Targeted, Supplemental Interventions & Supports
Within the Tier 2 level of services, the speech-language pathologist may screen a child to assist school staff in determining the appropriate level of intervention for that child and to establish measurement criteria.   Screening should not be confused with assessment, as placement decisions in special education cannot be based upon information obtained from screening. Care must be exercised not to single the child out when screening, as this is assessment and would require an assessment plan.

The screening process could include:
> •Review of school records.
> • Consultation with the classroom teacher or other school staff.
> • Parent interview/report.
> • Student Success Team action plan or 504 accommodation plan.
> • Observation of an entire class.

Screening may entail a review of any general education program, such as a teacher's class or an entire grade level. All individuals in the class or grade level are seen for brief periods of time. Since all members of a given group receive the same treatment, this type of screening is not considered to be individual in nature, as it does not target a specific child. It is important to ensure that children are not singled out.

For English Language Learners, at these first stages of intervention, utilization of the school-site Language Appraisal Team (LAT) is important. Every LAUSD school site should have a Language Appraisal Team comprised of general education staff to monitor use of Specially Designed Academic Instruction in English (SDAEI) strategies implemented in the classroom setting. The school based speech-language pathologist may be an ad hoc member of this team or provide general support with all staff toward the goal of an understanding of the variance between a communication difference and a communication disorder in children who are learning English as a second language. Cultural and linguistic differences, socioeconomic factors, lack of adequate prior instruction, and the process of acquiring English may contribute to this distinction. (ASHA 2010) The expertise of the speech-language pathologist in regards to these factors will lead to more accurate and appropriate identification of students in need of service. In addition the speech-language pathologist can address the impact of language differences and second language acquisition on student learning while providing assistance to teachers in promoting educational growth. (ASHA 2010)

Information obtained from screening can be used to determine the need to identify other adaptations, accommodations, or modifications needed for a child to participate in the general education program that are beyond Tier 1 supports. It is recommended that interventions and their outcomes be documented for a reasonable period of time.

Tier 3: Intensive, Individualized Interventions and Supports
Speech and language service moves into a Tier 3 phase if screening results in the recommendation for targeted intervention and accommodations to be implemented by the classroom teacher and/or parents. As part of this Tier, the speech-language pathologist provides

follow-up consultation and monitoring. The purpose is to focus on specific abilities required for the development of effective communication skills.

It is the responsibility of the classroom teacher to implement and document progress for the recommended targeted interventions. It is the responsibility of the speech-language pathologist to consult with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust those recommendations as needed. Tier 3 continues as long as the student continues to make progress in the development of the targeted skills.

If a student continues to struggle with speech and language skills after targeted interventions and accommodations are in place and documented for a reasonable length of time (as determined by the SST), a referral for a speech and language assessment may be initiated. The assessment will include all progress monitoring data as a basis for establishing the speech and language disability.

SECTION II
ASSESSMENT AND NEED FOR SERVICES

This section addresses the assessment process for determining a special education eligibility of Speech-Language Impairment (SLI) or Language and Speech (LAS) service for a student with another special education eligibility. A brief overview of assessment principles will be presented. Special considerations for assessment of the moderate to severe non-verbal special education population and evaluation of the English Learner (EL) student will be presented. Finally, an overview of eligibility criteria for SLI eligibility and LAS service will be provided.

Assessment
Once a referral for speech and language assessment is made, an assessment plan must be developed within 15 days of the referral (IDEA, 2006; CA EC 56333). Speech and language assessments must be completed by a licensed or credentialed speech-language pathologist. LAS assessments focus on suspected area of need, but should include statements related to following the areas of communication that fall under the scope of school-based speech-language pathologist practice per California Educational Code (56333): articulation, voice, speech fluency, receptive and expressive language (semantics, syntax, pragmatics.) For a speech and language assessment to be meaningful and useful, LAUSD providers adhere to the following five principles when gathering data for a comprehensive speech and language assessment: (Shipley & Macafee, 2004)

- Be *thorough*—Speech and Language assessment by LAUSD speech-language pathologists should include evaluation of all suspected areas of communication concern that may be negatively affecting educational access, including: speech articulation, voice, speech fluency, and receptive/expressive language. In addition, other relevant information should be gathered including: health, developmental, and educational histories. Cognitive functioning levels provided by the school psychologist are an essential component to language assessment (LAUSD BUL - 4191.0 *Speech Language Impairment (SLI) and Language and Speech (LAS) Eligibility Certification*.)

- Demonstrate use of a *variety of assessment instruments/modalities*: Speech and language assessment includes case history information obtained through record review and parent interview, formal and informal testing measures, and student observation. Teacher interview and observations of the student in the classroom setting are integral to the assessment process to clearly understand educational impact of the suspected speech and language disorder.

- Be *valid*: The assessment should truly evaluate the intended skills.

- Be *reliable*: Assessment should accurately reflect the student's communication abilities and disabilities. Repeated evaluations of the same students should yield similar findings, provided there has been no change in the student's status.

- *Individualize each assessment:* Assessments are conducted with consideration of the student's age, grade, educational setting, gender, skill and developmental levels, and cultural-linguistic background.

Special Considerations
Each school site special education team should be aware of the following special factors when referrals for a speech and language assessment are considered:

English Learners: Assessment must be conducted in both the student's primary language and in English, and take into consideration the normal language learning processes of the second-language learner in order to determine speech or language differences versus speech or language-learning disorders. Current Federal and State special education regulations require school districts to assure that the suspected disability is not due primarily to second language acquisition. Differences of oral language patterns may occur when spoken English is acquired as a second language. These variations in the production of standard American English are not perceived as disorders or deviations in speech. **A student who is acquiring English as a second language would be eligible for speech-language therapy services only if a communication disorder or deviation is found to be present in the student's primary language.** Prior to referral for speech and language assessment, the school site must ensure that:
- The student's primary language skills have been evaluated;
- The student has received an appropriate instructional placement as an English language learner;
- The school psychologist has ruled out second language learning as a contributing factor to school performance.

Severely disabled non-verbal population: Alternative assessment measures must be implemented for assessment of the severely disabled non-verbal populations. Utilization of alternative augmentative communication (AAC) strategies and technology is appropriate. Developmental and functional skills inventories, authentic systematic observations in a variety of settings and criterion-referenced assessments may be used to assess this population.

Consideration of Central Auditory Processing Disorders (CAPD): CAPD (Central Auditory Processing Disorders) or APD (Auditory Processing Disorders) are terms frequently used interchangeably (Bellis, 2003). This disorder occurs when hearing is within normal limits but

there is a disruption in the way auditory information is processed. CAPD/APD is not considered to be an "eligibility" for special education, as defined by the Individuals with Disabilities Education Act (IDEA); rather it is recognized as a characteristic of some of the eligibilities which are found within IDEA. Although a comprehensive speech/ language and psycho-educational assessment are necessary prior to the consideration of CAPD, *the speech-language pathologist may not diagnose a (central) auditory processing disorder or auditory processing disorder.* The audiologist is the only professional who may diagnose (or alternatively, rule out) central auditory processing disorder. Both the assessment of auditory behaviors/skills and recommendations for managing CAPD are included in the audiologist's scope of practice. (CSHA 2007) As such, referrals should not be made to the Speech and Language Program specifically for CAPD/APD.

Eligibility

After an evaluation by a licensed or credentialed provider, determination of eligibility for services is an IEP decision based on all assessment data presented at the IEP team meeting, with special consideration of the assessment results presented by the LAS provider.   The team can determine that the student's primary disability affecting access to the educational program is Speech and Language Impairment (SLI) or may determine a different over-arching disability, and recommend Language and Speech (LAS) services as a related service in order to address communication-related educational need. In both cases, SLI eligibility and/or LAS service must be certified by the IEP team using the SLI or LAS certification pages which are a component of the student's IEP document. For students whose suspected area of disability is language, a psycho-educational evaluation by the school psychologist is a requirement for SLI or LAS certification (LAUSD BUL - 4191.0.)

In order to meet the criteria for Speech Language Impaired (SLI), the IEP team must determine whether California Education Code 567333 has been met. Each area of communication (articulation, voice, fluency, language) has specific eligibility criteria in California Ed. Code, all of which are predicated on adverse educational affect in addition to scores and results of test data.

SECTION III
SERVICE DELIVERY MODELS WITHIN SPECIAL EDUCATION

Speech and language services include special education intervention in the areas of articulation/phonology, language, fluency, and voice disorders following a comprehensive assessment by a speech-language pathologist. It is the position of the District that speech and language intervention is dynamic and is implemented using an array of service delivery models which change as the needs of the student change to meet their ongoing needs to access their core curriculum. The speech-language provider designs evidence-based educational programs school-wide in the least restrictive environment to meet students' needs throughout the school year. No one service delivery model is necessarily used exclusively during intervention.

Services may fall into these 4 categories, and like a pendulum, service delivery may swing back and forth between more intense to less intense depending on the level of support needed at any given time to meet the student's core academic program needs:

- **Direct (Collaboration)** is a service by which general education teachers, special education teachers and/or related service providers work together to teach students with and without disabilities in the classroom. All are responsible for direct instruction, planning and delivery of instruction, student achievement, progress monitoring and discipline to support the student goals and objectives and to access the curriculum.
- **Direct (Single Special Education Provider)** is instruction or service by a single special education provider designed to support, bridge and strengthen student skills. It is an opportunity to provide specific skill instruction, re-teach, pre-teach, and scaffold instruction to support student goals and objectives and to access the curriculum.
- **Direct (3:1 Service Model) -** incorporates both direct service and collaborative activities. It is designed so that the related service provider implements ***direct*** *instruction to the student for three consecutive weeks, followed by a week of* ***collaborative activities***. This service delivery model allows service providers the ability to work both directly with students *and* to collaborate with school staff and parents within each 4-week period to effectively integrate IEP goals and objectives with the classroom curriculum and enhance the generalization of skills.
- **Indirect (Consultation) -** is a service provided indirectly to the student consisting of regular review of student progress, student observation, accommodations and modifications or core material, developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent and/or related service provider.

Least Restrictive Environment
Service Delivery Pendulum
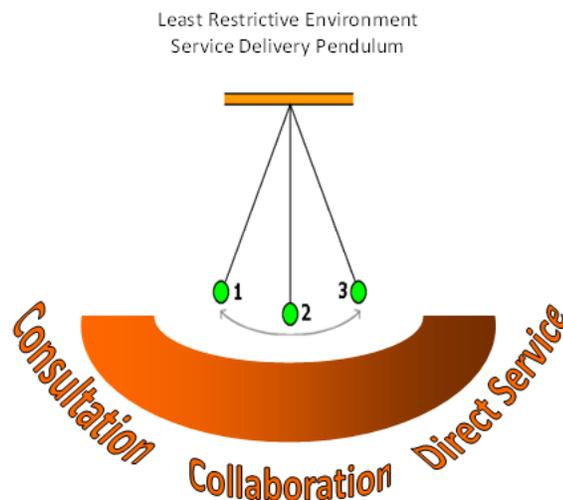
"It is no longer appropriate for speech-language pathologists to provide their services independently. The classroom teacher is the expert on curriculum. The speech-language pathologist is the expert on language acquisition. Putting these two together will facilitate the most efficacious treatment for the student." (Campbell, 1999). Collaboration and the implementation of innovative service delivery models are essential to achieve this goal. Working collegially with general education teachers, special education teachers, bilingual

coordinators, occupational therapists, school psychologists, audiologists will provide an instructional program that helps the learners reach their academic potential.

Research models that incorporate collaboration were the most effective in teaching curricular vocabulary for students enrolled in speech and language services (Thorenburg, Calvert, Sturm, Paramboukas, & Paul, 2000). In other research, "collaborative classroom intervention yielded significantly higher gains in children's articulation goals than did the traditional pull-out model even though the classroom-based approach involved only half as much practice" (Waldowski, 2002). Collaboration between speech-language pathologists and classroom teachers has been found to increase the likelihood of student success (Prelock, 1997; Montgomery & Rooney Moreau, 2003).

For students with severe disabilities, the District recognizes that practicing functional communication throughout the school day is critical to long-term success academically and vocationally. To facilitate this practice, the District implements the Special Education Center Collaborative Model. The purpose of the LAS Collaborative Model is to provide more consistent support school-wide in the areas of communication and language for all students while providing teachers with ongoing resources and input from the LAS provider. This service delivery model provides a support system for every classroom. The speech-language pathologist provides a variety of weekly interventions, including but not limited to demonstration lessons and activities, center participation, adjustments to AAC (Augmentative and Alternative Communication) devices, and the implementation of individual and class strategies and techniques that teachers can utilize throughout the school day. This model of support gives the speech-language pathologist and classroom teachers regular opportunities for consultation to continue to monitor progress and revise instructional techniques as needed.

It is recognized that students with speech and oral language disabilities may be at risk for failure with regard to the communication skills required by the language arts curriculum, specifically reading, writing, speaking and listening (Butler, 1996). Therefore, IEP goals in the areas of articulation, language, voice and fluency are to be developed in collaboration with the classroom teacher and must be developed and written to target the communication required for the performance of the same standards targeted by the teacher. Goal responsibilities are to be shared jointly between the classroom teacher and the speech-language provider, reflecting the three-tiered model of intervention.

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SECTION IV
SERVICE COMPLETION GUIDELINES

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Best practices require that expected outcomes and service completion criteria are discussed with the IEP team upon a student's enrollment in speech and language services and when any change in service is initiated (ASHA, 2000).

General Considerations

There are several factors the IEP teams should consider when making decisions regarding speech and language service completion:

1. The student's disability no longer negatively affects his/her educational performance in the regular education or special education program.

2. The student no longer meets the qualification criteria for a speech and language disorder under which he or she is receiving therapy as a primary special education service OR the student no longer requires therapy as a related/DIS service in order to benefit from his/her special education program.

3. The student consistently demonstrates behaviors that are not conducive to speech therapy such as a lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP Team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy interfering behaviors or conditions.

4. The student's needs will be better served by an alternative program and/or service, as determined by the IEP team.

5. He/she reaches the age of 22 years (or the end of the school year in which he/she turns 22 years of age).

6. He/she graduates from high school.

Attachment A

Developmental Milestones for Speech and Language
Adapted from Guidelines- Roles and Responsibilities of the School-Based Speech-
Language Pathologist, American Speech-Language Hearing Association (2000)

Age	Language and Speech Behaviors
1 year	recognizes his or her name
	understands simple instructions
	initiates familiar words, gestures, and sounds
	uses "mama," "dada," and other common nouns
1 ½ years	uses 10 to 20 words, including names
	recognizes pictures of familiar persons and objects
	combines two words, such as "all gone"
	uses words to make wants known, such as "more," "up"
	points and gestures to call attention to an event and to show wants
	follows simple commands
	imitates simple actions
	hums, may sing simple tunes
	distinguishes print from nonprint
2 years	understands simple questions and commands
	Identifies body parts
	carries on conversation with self and dolls
	asks "what" and "where"
	has sentence length of two to three words
	refers to self by name
	names pictures
	uses two-word negative phrases, such as "no want,"
	forms some plurals by adding "s"
	has about a 300-word vocabulary
	asks for food and drink
	stays with one activity for 6 to 7 minutes
	knows how to interact with books (right side up, page turning from left to right)
2 ½ years	has about a 450-word vocabulary
	gives first name
	uses past tense and plurals; combines some nouns and verbs
	understands simple time concepts, such as "last night," "tomorrow"
	refers to self as "me" rather than name
	tries to get adult attention with "watch me"
	likes to hear same story repeated
	uses "no" or "not" in speech
	answers "where" questions
	uses short sentences, such as "me do it"
	holds up fingers to tell age
	talks to other children and adults
	plays with sounds of language

3 years	matches primary colors; names one color knows night and day
	begins to understand prepositional phrases as "put the block under the chair"
	practices by talking to self knows last name, sex, street name, and several nursery rhymes
	tells a story or relays an idea has sentence length of three to four words
	has vocabulary of nearly 1,000 words consistently uses m, n, ng, p, f, h, and w
	draws circle and vertical line sings songs
	stays with one activity for 8 to 9 minutes asks "what" questions
4 years	points to red, blue, yellow and green
	Identifies crosses, triangles, circles, and squares knows "next month," next year," and "noon"
	has sentence length of four to five words asks "who" and "why"
	begins to use complex sentences correctly uses m, n, ng, p, f, h, w, y, k, b, d, and g
	stays with activity for 11 to 12 minutes plays with language (e.g., word substitutions)
5 years	defines objects by their use and tells what they are made of
	knows address identifies penny, nickel, and dime
	has sentence length of five to six words has vocabulary of about 2,000 words
	uses speech sounds correctly, with the possible exceptions being y, th, j, s/z, zh, and r knows common opposites
	understands "same" and "different" counts 10 objects
	uses future, present, and past tenses stays with one activity for 12 to 13 minutes
	questions for information identifies left and right hand on self
	uses all types of sentences shows interest and appreciation for print
6-7 years	identifies most sounds phonetically
	forms most sound-letter associations segments sounds into smallest grammatical units
	begins to use semantic and syntactic cues in writing and reading begins to write simple sentences with vocabulary and spelling appropriate for age;
	uses these sentences in brief reports and creative short stories understands time and space concepts, such as before/after, second/third
	comprehends mathematical concepts, such as "few," many," "all," and "except"

8, 9, 10, 11 years	by second grade, accurately follows oral directions for action and thereby acquires new knowledge
	substitutes words in oral reading, sentence recall, and repetition; copying and writing dictation are minimal
	comprehends reading materials required for various subjects, including story problems and simple sentences
	by fourth grade, easily classifies words and identifies relationships, such as "cause and effect"; defines words (sentence context); introduces self appropriately; asks for assistance
	exchanges small talk with friends
	initiates telephone calls and takes messages
	gives directions for games; summarizes a television show or conversations
	begins to write effectively for a variety of purposes understands verbal humor
11 - 14 yrs	displays social and interpersonal communication appropriate for age
	forms appropriate peers relationships
	begins to define words at an adult level and talks about complex processes from an abstract point of view; uses figurative language; organizes materials
	demonstrates good study skills
	follows lectures and outlines content through note taking
	paraphrases and asks questions appropriate to content
Adolescence & young adult	interprets emotions, attitudes, and intentions communicated by others' facial expressions and body language
	takes role of other person effectively is aware of social space zones
	displays appropriate reactions to expressions of love, affection, and Approval
	compares, contrast, interprets, and analyzes new and abstract Information
	communicates effectively and develops competence in oral and written modalities

Source: Ohio Statewide Language Task Force. (1990). Developmental milestones: Language behaviors. In *Ohio Handbook for the Identification, Evaluation and Placement of Children with Language Problems* (1991). Columbus: Ohio Department of Education, Reprinted by permission.

Editor's Note. These milestones are variable due to individual differences and variance in the amount of exposure to oral and written communication.

Attachment B

**Suggestions for Classroom Adaptations to
Enhance Listening and Speaking Skills**

Listening Comprehension may be improved by…
☐ Reducing noise levels in/outside classroom
☐ Cues that focus and direct attention to listening
☐ Instruction that can be seen from all points in the classroom
☐ Preferential seating to improve the student's opportunities for listening, learning, and communicating
☐ Reducing the rate of instructional speaking to allow time for student to process auditory information
☐ Reducing the complexity of instructional language
☐ Increasing the pitch and/or volume in instructional language to emphasize key words or phrases
☐ Varying the volume of the instructional voice based on the level of background noise in the classroom

Providing visual supports for auditory activities:
   ☐ Pictures
   ☐ Flow diagrams
   ☐ Graphs
   ☐ Outlines of lessons or texts
   ☐ Word webs, concept or mind maps
   ☐ List of procedural steps

☐ Pre-teaching the meaning of key-words and concepts before introducing a lesson, topic, or text

Providing cues to:
   ☐ follow two- or three-step directions accurately
   ☐ listen for and remember specific information (names, facts and details)
   ☐ listen for and understand main ideas and relationships
   ☐ listen for rhythm and rhyme and recognize patterns
   ☐ recognize intonation patterns and know the effects on meaning

Guided questioning and scaffolding to:
   ☐ listen for and evaluate supporting material and conclusions
   ☐ summarize main facts accurately
   ☐ sequence major events or procedural steps accurately
   ☐ detect and understand humor and joking
   ☐ recognize and evaluate the purpose of communications

Oral and Written Communication Skills may be improved by…

Spoken Cues:

- ☐ Phonetic and phonemic cues to help student retrieve a specific word during speaking or writing
- ☐ Letter-sound and alphabet cues to help correct naming or oral reading errors
- ☐ Contextual cues to help find a word for answering questions, speaking or writing
- ☐ Repetition of student's (incorrect) communication attempt with correct sound or language model
- ☐ Expansion of student's correct communication attempt to include a more complex language target

Written models, outlines, and scripts for:

- ☐ immediate recall of facts and details
- ☐ developing ability to inference
- ☐ developing hypotheses
- ☐ conveying intent to others for the purpose of social interaction
- ☐ conversations and sharing information by telephone or e-mail
- ☐ different types of discourse
- ☐ classroom conversation and discussion
- ☐ negotiating terms for games, play or group projects
- ☐ making appointments with others
- ☐ dealing with reprimands and punishment

Word webs, concepts and mind maps to:

- ☐ relate old and new information for the student
- ☐ build schema by capitalizing on the student's past experiences or familiar, popular conceptions
- ☐ generate ideas for speaking and writing
- ☐ plan and organize elements of story grammar for narrative production
- ☐ plan and organize key issues for different discourse types

Classroom routines which:

- ☐ are predictable and explicit
- ☐ are modeled and demonstrated
- ☐ are structured to prepare student for transitions between routines
- ☐ encourage students to communicate and interact
- ☐ allow for delays in processing and/or oral expression
- ☐ allow for augmentative or alternative modes for oral expression

Attachment C

Service Completion Guidelines Specific to Speech Language Impairment Area

Articulation Guidelines

Speech and language services for articulation/phonology disorders are completed when it is determined that any one or more of the following conditions exist:

1. The student has achieved at least 85% correct and acceptable use of articulation skill(s) targeted on the IEP as demonstrated in a conversational sample and successful transition from a Tier 2 to a Tier 1 level of intervention.
2. Articulation skills are determined to be commensurate with chronological and developmental age.
3. Other associated and/or disabling conditions prevent the student from benefiting from further therapy. Examples are dental abnormalities, velopharyngeal insufficiency, or inadequate physiological support for speech.

Fluency Guidelines

Speech and language services for fluency disorders are completed when it is determined that any one or more of the following conditions exist:

1. The student has achieved at least 85% correct and acceptable use of fluency skill(s) targeted on the IEP as demonstrated in a conversational sample and successful transition from a Tier 2 to a Tier 1 level of intervention.
2. Student perceives him/herself to be a normal speaker.
3. Other associated and/or handicapping conditions such as neurological impairments prevent the student from benefiting from further therapy.

Language Guidelines

Speech and language services for language disorders are completed when it is determined that any one or more of the following conditions exist:

1. The student has achieved at least 85% correct and acceptable use of language skill(s) targeted on the IEP as demonstrated in a conversational sample and successful transition from a Tier 2 to a Tier 1 level of intervention.
2. The student demonstrates receptive and expressive language skills within the range expected for his/her developmental level.
3. The student uses augmentative communication aids appropriately, effectively, and independently.
4. The student uses compensatory communication skills appropriately, effectively, and independently.
5. The student's communication skills are best reinforced and monitored in a classroom setting.

Voice Guidelines

Speech and language services for voice disorders are completed when it is determined that any one or more of the following conditions exist:

1. The student has achieved at least 85% correct and acceptable use of voice skill(s) targeted on the IEP as demonstrated in a conversational sample and successful transition from a Tier 2 to a Tier 1 level of intervention.

2. The student's voice is within normal limits as related to age, gender, and culture.
3. Other associated and/or disabling conditions prevent the student from benefiting from further therapy. Examples are dental abnormalities, velopharyngeal insufficiency, or inadequate physiological support for speech.
4. Persistent inappropriate vocal behaviors prevent the student from benefiting from therapy.

Related Resources

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Haager, D., Klingner, J., & Vaughn, S. (Eds.). (2007). *Evidence-based reading practices for response to intervention*. Baltimore: Brookes.

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