

LANGUAGE ELIGIBILITY MANUAL

Companion II: Intellectual Disability/Multiple Disabilities



**TEXAS SPEECH-LANGUAGE-HEARING
ASSOCIATION**

2011

Language Eligibility Manual
Companion II: Intellectual Disability/Multiple Disabilities

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I. General Information

Introduction

The purpose of these Eligibility Guidelines is to provide a structure within which the speech-language pathologist (SLP) can participate as a member of the multidisciplinary team in using consistent evaluation practices to determine the presence of a communication/language disorder that may co-occur with intellectual disability or multiple disabilities. As a member of the multidisciplinary team, the SLP may support the team in:

- completing a comprehensive evaluation of a student's communication, language, and learning profile;
- identifying whether an intellectual disability and/or communication disorder is present; and
- making recommendations to the Admission, Review, and Dismissal (ARD) Committee regarding eligibility for special education services and supports based on intellectual disability, severe multiple disabilities, and/or speech impairment.

IDEA 2004 provides the following definitions:

- Intellectual disability [mental retardation] means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance. [34 CFR §300.8(c)(6)]
- Multiple disabilities means concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term multiple disabilities does not include deaf-blindness. [34CFR §300.8(c)(7)]
- Speech-language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance. [34CFR §300.101 (c)(11)]

A communication disorder can be diagnosed in an individual with intellectual disabilities if the specific deficit is out of proportion to the severity of the intellectual disability (DSM-IV-TR, p. 47). Speech-language pathologists (SLPs) provide evaluation and services to students with intellectual disabilities/multiple disabilities to address communication skills needed to function successfully in school environments (ASHA, 2005).

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington DC: Author.

American Speech-Language-Hearing Association (2005). Roles and Responsibilities of Speech-Language Pathologists in Service Delivery for Persons with Mental Retardation/Developmental Disabilities [Position Statement]. Available at <http://www.asha.org/members/deskref-journals/deskref.default>.

Definitions

Intellectual Disability

The term used in IDEA 2004 to replace “mental retardation.” In October 2010, President Obama signed Rosa’s Law changing the term mental retardation to intellectual disability (NICHCY, 2011), which is defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance [34 CFR §300.8(c)(6)].

Mental Retardation*

Mental Retardation is significantly sub-average general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. The age of onset must occur prior to age 18. Significantly sub-average intellectual functioning is defined as an IQ of about 70 or below (approximately 2 standard deviations below the mean). The standard error of measurement is to be considered (depending on the instrument, approximately 5 points) (DSM-IV TR; 34 CFR, §300.8(c)(6); TEA Commissioners Rules).

*Although this term is no longer to be used in educational records, many students were previously diagnosed using this term in the state of Texas.

Multiple Disabilities

The term used in IDEA 2004 to describe the disability condition when there are concomitant impairments such as mental retardation-blindness* or mental retardation-orthopedic impairment*, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness. This disability category is reserved for students with multiple severe conditions that often lead to limited functioning and dependence on others.

*Although this term is no longer to be used in educational records, use of the term is in transition from mental retardation to intellectual disability.

Speech-Language Impairment

The term used in IDEA 2004 that means a communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment, that adversely affects a child’s educational performance [34CFR §300.101 (c)(11)].

Communication Disorder

A communication disorder is impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities (ASHA, 1993). *A communication disorder can be diagnosed in an individual with intellectual disabilities if the specific deficit is out of proportion to the severity of the intellectual disability* (DSM-IV-TR, p. 47).

Language Disorder

A language disorder is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve (1) the form of language including phonology, morphology, and syntax, (2) the content of language/semantics, and/or (3) the function of language in communication/pragmatics, in any combination (ASHA, 1993).

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington DC: Author.

American Speech-Language-Hearing Association. (1993). *Definitions of Communication Disorders and Variations* [Relevant Paper]. Available from www.asha.org/policy.

Code of Federal Regulations, Title 34, Chapter 300.

NICHCY Disability Fact Sheet #8: Intellectual Disabilities. January 2011. Retrieved from <http://nichcy.org/wp-content/uploads/docs/fs8.pdf>.

Communication Bill of Rights

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. All people have the following specific rights in their daily interactions (National Joint Committee for the Communication Needs of Persons with Severe Disabilities, 1992).

Each person has the right to

- request desired objects, actions, events, and people;
- refuse undesired objects, actions, or events;
- express personal preferences and feelings ;
- be offered choices and alternatives;
- reject offered choices;
- request and receive another person's attention and interaction;
- ask for and receive information about changes in routine and environment;
- receive intervention to improve communication skills;
- receive a response to any communication, whether or not the responder can fulfill the request;
- have access to AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times;
- have AAC and other AT devices that function properly at all times;
- be in environments that promote one's communication as a full partner with other people, including peers;
- be spoken to with respect and courtesy;
- be spoken to directly and not be spoken for or talked about in the third person while present;
- have clear, meaningful, and culturally and linguistically appropriate communications.

From the National Joint Committee for the Communicative Needs of Persons with Severe Disabilities. (1992). Guidelines for meeting the communication needs of persons with severe disabilities. *Asha*, 34(Suppl. 7), 2–3.

Communication Model

(Rudebusch & Wiechmann, 2006)

Communication involves using hearing, language, and speech to receive, send, process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. The speech bases of communication include articulation of speech sounds, fluency, vocal quality, pitch, loudness, and resonance (Figure 1). The modalities of language (listening, speaking, reading, and writing) are used to exchange ideas, concepts, and information. Language systems consist of:

- Language form
 - Phonology – the sound system and rules that govern the sound combinations
 - Morphology – the system that governs the structure of words and construction of word forms
 - Syntax – the system governing the order and combination of words to form sentences and the relationships among the elements within a sentence
- Language content
 - Semantics – the system that governs the meanings of words and sentences
- Language function/use
 - Pragmatics – the system that combines language components in narrative, functional, and socially appropriate communication
 - Metalinguistics – the logical understanding of the rules used to govern language and to analyze language as a process or a system

Language and communication are used for three purposes: for social interaction, to express intentionality, and to regulate the behavior of self and others (Figure 1). The SLP has an important role in evaluating the communication skills that transcend symbol use expressed through speech and language.

Rudebusch, J. & Wiechmann, J. (2006). *The Communication Model*. Houston, TX: Authors.

The Communication Model was developed from the following resources:

Greenspan, S.I. & Wieder, S. (2000). A developmental approach to difficulties in relating and communicating in autism spectrum disorders and related syndromes. In S.F. Warren & J. Riechle (Series Eds.) & A.M. Wetherby & B. M. Prizant (Vol. Eds.), *Communication and language intervention series: Vol. 9, Autism spectrum disorders: A developmental transactional perspective* (pp. 279-306). Baltimore: Paul H. Brookes Publishing Co.

Mundy, P. & Stella, J. (2000). Joint attention, social orienting, and communication in autism. In S.F. Warren & J. Riechle (Series Eds.) & A.M. Wetherby & B. M. Prizant (Vol. Eds.), *Communication and language intervention series: Vol. 9, Autism spectrum disorders: A developmental transactional perspective* (pp. 55-77). Baltimore: Paul H. Brookes Publishing Co.

National Research Council, Division of Behavioral and Social Sciences and Education, Committee on Educational Interventions for Children with Autism (NRC). (2001). *Educating children with autism*. Washington, DC: National Academies Press.

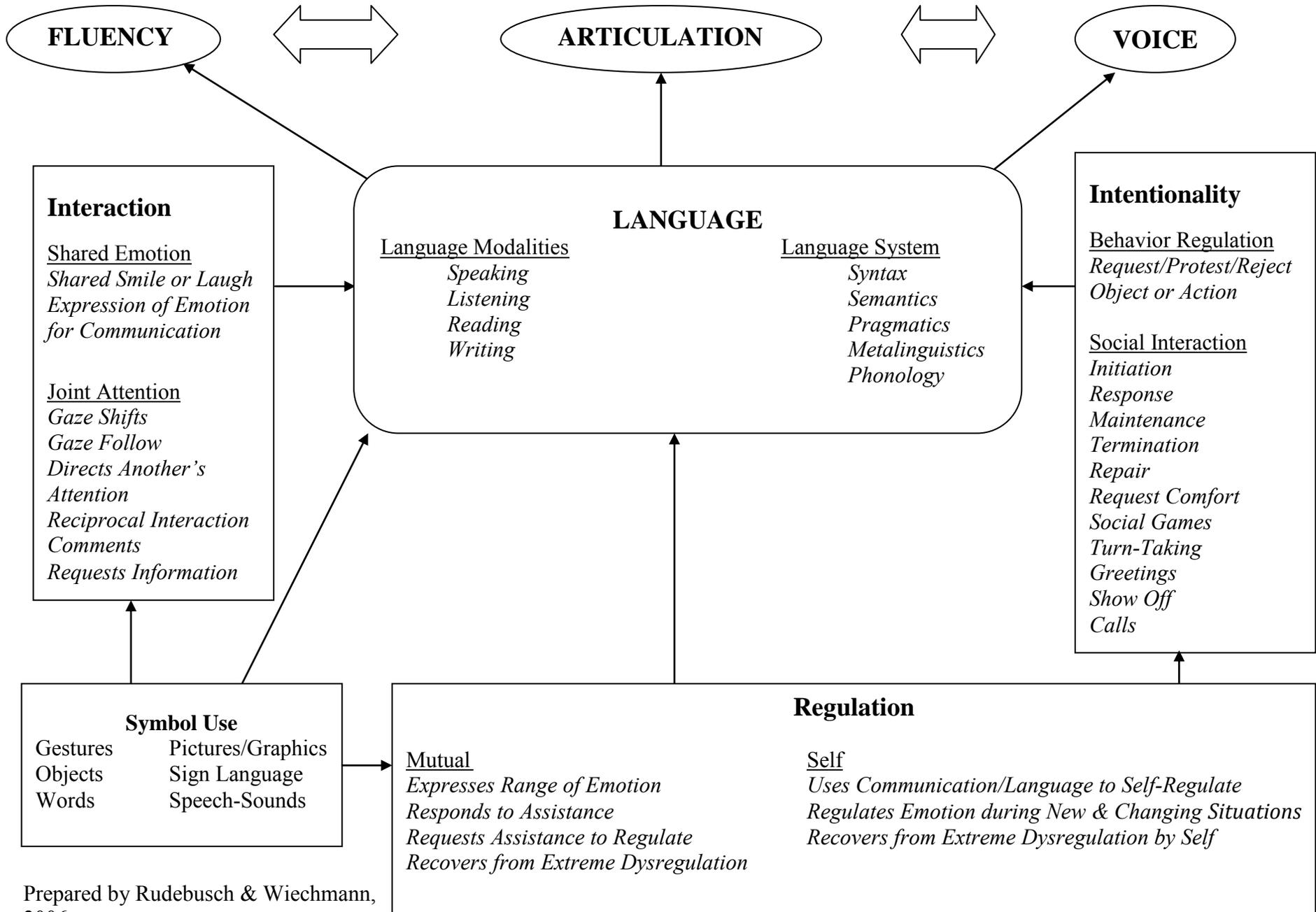
Prizant, B.M., Schuler, A.L., Wetherby, A.M., & Rydell, P.J. (1997). Enhancing language and communication: Language approaches. In D. Cohen & F.R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders* (2nd ed., pp. 572-605). New York: Wiley.

Prizant, B.M., Wetherby, A.M., Rubin, E., Laurent, A.C. & Rydell, P.J. (2006). *The SCERTS model: A comprehensive educational approach for children with autism spectrum disorders*, (Vol. 1, *Assessment*). Baltimore, MD: Paul H. Brookes Publishing Co.

Rydell, P.J. & Prizant, B. (1995). Assessment and intervention strategies for children who use echolalia. In K. Quill (Ed.), *Teaching children with autism: Strategies to enhance communication and socialization* (pp. 105 – 129). Albany, NY: Delmar.

Wetherby, A.M. & Prizant, B.M. (2002). *Communication and Symbolic Behavior Scales: Developmental Profile (CSBS DP)* (1st normed ed.). Baltimore: Paul H. Brookes Publishing Co.

Communication Model



Service Delivery and Systems of Supports

Speech-language pathologists have a critical role in ensuring that the communication needs of persons with intellectual disabilities and multiple disabilities are met across the lifespan (ASHA, 2005). Specific to school settings, SLPs provide direct and indirect services for students with communication disorders when these services and supports are needed to assist students in making progress in the general curriculum or benefiting from the specially-designed instruction specified in the Individualized Education Program (IEP). SLPs address communication skills that promote the following (ASHA, 2005):

- Literacy and functional academic skills;
- Access to the general curriculum, extracurricular activities, and experiences with peers of the same age without disabilities;
- Participation in general education assessments and evaluations with appropriate accommodations and alternative assessments as needed; and
- Successful future transitions to post-high school environments (educational, residential, recreational, vocational).

A service delivery framework and systems of supports for students with intellectual disabilities and multiple disabilities are provided that allow for communication interventions that focus on functional communication outcomes and intervention environments that provide numerous and sustained interaction opportunities for communication involving:

- Multiple communication functions and content;
- Multiple communication partners; and
- Multiple communication contexts.

Purpose of SLP Services for Students with Intellectual Disabilities/Multiple Disabilities

The Individuals with Disabilities Education Act (IDEA 2004) describes speech-language therapy as a related service but gives states discretion to consider speech-language therapy as an instructional service. Specifically, IDEA defines related services as transportation and such developmental, corrective, and other supportive services necessary for a child with a disability to benefit from special education. “In Texas, speech-language therapy is considered an instructional service. This means it can be a stand-alone service as well as a supportive service” (Texas Education Agency, 2009). When speech impairment is the only disability, speech-language therapy is considered an instructional service. Speech-language therapy services are considered a related or supportive service when there are one or more other disabilities.

When speech impairment is the only disability, the purpose of speech-language therapy is to provide the specially-designed instruction (outlined in the IEP) that the student needs in order to make progress in the general curriculum.

When speech impairment is present with intellectual disability or multiple disabilities, the purpose of speech-language therapy is a supportive service to help the student benefit from the specially designed instruction provided in special education. Speech, language, and communication skills are embedded in state standards in the form of the Texas Essential Knowledge and Skills (TEKS) and core curriculum for each grade level and course. Speech, language, and communication skills are typically most closely aligned with English Language Arts and Reading TEKS and should be addressed on a daily basis by the classroom teacher. The SLP should consider the assistance and support the teacher might need in order to address the speech, language, and communication skills that are part of the curriculum. As a supportive service, speech-language therapy is provided to enhance the student's academic and functional communication abilities for independence and self-advocacy and to make progress through the curriculum (ASHA, 2005).

Service Delivery Framework

The service delivery models used by SLPs for students with intellectual disability, multiple disabilities, and communication disorders are individualized on the basis of each student's communication needs and the supportive services needed to help them benefit from their special education program. The dimensions of service delivery include the type of service (direct or indirect), where the services are provided, by whom, and on what schedule. The student's Individualized Educational Program (IEP) must specify the frequency, location, and duration of special education and related support services. In addition, the IEP should delineate the direct and/or indirect SLP services needed to support the student in his/her special education program.

Service delivery options for students with intellectual disability or multiple disabilities typically include three models: pull-out, classroom-based, and collaborative consultation (ASHA, 2005). The Admission, Review, Dismissal (ARD) Committee determines the service delivery model or combination of service delivery models most likely to result in progress for the student, keeping in mind the overarching purpose of improving functional communication and supporting the student in making progress in the specially designed instruction provided through special education.

- **Pull-Out Model:** The SLP typically works with a small group outside of the classroom, often in a speech therapy room. The rationale for this model is that it may be more effective and efficient than other models for teaching specific skills that benefit from repeated trials (e.g. articulation training), for teaching new behaviors (e.g. initial use of an AAC device), for structuring conversational exchanges, for minimizing auditory and visual distractions, and for privacy. Despite these considerations, exclusive use of the pull-out model for students with intellectual disability/multiple disabilities is rarely appropriate because of the compelling need to provide services and opportunities to use communication skills in naturally occurring contexts and environments.
- **Classroom-Based Model:** The SLP provides direct and indirect services within the context of the classroom to support the communication skills needed to benefit from instruction. The classroom-based model typically consists of co-teaching approaches such as team-teaching, station-teaching, or parallel-teaching provided by the classroom teacher

and SLP. It is best practice for the classroom teacher and paraprofessionals to remain in the classroom with the SLP in order to maximize opportunities for them to learn communication strategies.

- Collaborative Consultation Model: The SLP provides indirect services to support communication skills in the classroom and across multiple contexts and environments at school, home, and in the community. Collaborative/consultation services are provided directly to the classroom teacher/s or other service providers on behalf of the student in order for the IEP to be implemented. These services may include observations of the student, peers, and instructors in the learning environment, discussions with teachers, paraprofessionals, and other service providers regarding methodology and strategies, or written recommendations provided to the classroom teacher or other service provider.

American Speech-Language-Hearing Association. (2005). Principles for Speech-Language Pathologists Serving Persons With Mental Retardation/Developmental Disabilities. Available at <http://www.asha.org/members.deskref-journals/desref/default>.

Texas Education Agency. (2009). Related Services for Students with Disabilities – Questions and Answers. Available at <http://ritter.tea.state.tx.us/special.ed/resources/relservqna.pdf>.

Service Delivery & Support Services for Intellectual Disabilities/Multiple Disabilities

	Pull-Out	Natural Learning Environment/Classroom-Based			Natural Learning Environment/ Combination Direct and Indirect	Indirect Service Only
		Team-Teaching	Parallel-Teaching	Station-Teaching		
Model	Small group; typically for teaching new skills, discrete trial	Teacher and SLP/A share responsibility of leading whole group instruction with different but equally active roles.	Students are divided into two groups. SLP/A and teacher lead same instruction/lesson during the same timeframe.	Teacher and SLP/A divide class into 3 groups. Teacher and SLP/A each lead a group. and one group works independently. Students rotate to all stations.	Based on the student's communication needs, a combination of direct and indirect services are provided.	Indirect services are provided to adults on behalf of the student's IEP. The student may or may not be present.
Location	Speech therapy room	Classroom (general ed or special ed)	Classroom (general ed or special ed)	Classroom (general ed or special ed)	Classroom (general ed or special ed), speech therapy room, community-based	Multiple school environments
Provider	SLP/A	SLP/A and classroom teacher and/or service providers	SLP/A and classroom teacher and/or service providers	SLP/A and classroom teacher and/or service providers	SLP/A and classroom teacher and/or service providers	SLP/A works with classroom teachers, service providers, and/or parents on behalf of the student's IEP
Schedule of Services	Instructional	Instructional	Instructional	Instructional	Instructional and supplementary aids/services	Supplementary aids/services and/or accommodations
SHARS	Billable	Billable	Billable	Billable	Direct services are billable. Indirect services are not billable.	Not billable

Multidisciplinary Team Evaluations for Intellectual Disability and Communication Disorder

IDEA 2004 requires the use of a multidisciplinary team (MDT) to determine eligibility and develop the IEP for students with disabilities. Required team members include “an individual who can interpret the instructional implications of evaluation results...” and/or “other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate...” [CFR §300.321; 19 TAC §89.1050 (c)(1)]. For students with a suspected disability in the areas of speech, language, or communication, this requirement is met with the inclusion of the SLP on the multidisciplinary evaluation team.

In response to these guidelines, TSHA has provided additional guidelines for the determination of a communication disorder. Included in these guidelines is the use of multiple sources of data. As the specialist in the area of communication disorders, the SLP becomes an integral part of the MDT for:

- defining the assessment question/s;
- collecting data from multiple sources;
- assessing the communication competence (use of communication, listening, expressive communication, non-verbal communication, and use of assistive technology, as appropriate);
- determining the impact communication skills in relation to the student’s intellectual abilities;
- identifying the presence of a communication disorder;
- evaluating the impact of the communication disorder on academic achievement and functional performance; and
- developing an educational plan to address the student’s needs.

II. Planning the Evaluation

Assessment Questions

1. The multidisciplinary team examines the referral information to determine the areas of concern.
2. The team develops assessment questions that, when answered, provide sufficient information about the student's learning profile to guide instruction, intervention, or IEP decisions.
3. The assessment questions determine which formal and informal tests and procedures are selected for administration. When assessing for possible intellectual disabilities, the multidisciplinary team poses questions about the deficit areas or areas where the student seems to be struggling to meet grade-level expectations and practical and social adaptive skills expected for that age-level.

Example:

- a. Teacher concerns: Student has difficulty across academic areas and adaptive behavior skills (such as communication, self help skills, etc.).
 - b. Assessment question: Does the student exhibit an intellectual disability and/or a communication disorder that contributes to low academic performance?
 - c. The team may choose to include a formal measure of language, a classroom observation of communication environments, an informal measure of functional communication skills, a formal measure of intelligence, and a formal measure of adaptive behavior.
4. For three-year re-evaluations, the multidisciplinary team uses the present levels of academic achievement and functional performance as well as data about progress on IEP goals and information from the student's curriculum (general education and/or special education) to develop the assessment questions.

Individual Evaluation Plan

1. IDEA 2004 requires that the child is assessed in all areas related to the suspected disability, including, if appropriate [CFR §300.304 (c) (4)]:
 - a. Health
 - b. Vision
 - c. Hearing
 - d. Social and emotional status
 - e. General intelligence
 - f. Academic performance
 - g. Communicative status
 - h. Motor abilities
 - i. Adaptive behavior

2. The Individual Evaluation Plan allows the multidisciplinary team (MDT) to identify the areas that have been sufficiently addressed with data in the referral information and the areas that need further in-depth assessment. The Individual Evaluation Planning form is then completed. MDT members' responsibilities are defined, and a targeted completion date is given. The MDT should allow time for analysis and interpretation of assessment data along with collaboration to determine if the assessment data is comprehensive enough to diagnose and make educational recommendations for the ARD committee to consider.

3. The SLP's role in planning the evaluation is to review the available information and discuss the tests and subtests needed to address communication skills that may contribute to the student's struggle to meet grade-level expectations or make progress in their curriculum (general education or special education). Consideration should also be given to planning assessment activities that provide comprehensive information about the student's communication profile and adaptive functioning.

4. When evaluating a student with possible intellectual disabilities or multiple disabilities, the SLP should focus more on informal measures than formal measures. Due to the cognitive limitations of the student, standardized scores typically do not yield useful information for describing or making recommendations for the student's communication skills. Formal measures may be used for initial diagnosis of intellectual disability, but generally do not yield information that is useful for identifying a speech impairment in the area of functional communication skills.

5. It is beneficial for the SLP to provide the MDT with examples of the student's current communication modes (e.g. nonverbal, Picture Exchange Communication System, pointing to objects from a field of 5). This will help determine if standardized tests are valid measures for the student or if the test(s) need to or can be modified.

Detailed information regarding various formal and informal assessments is included in the TSHA Language Eligibility Manual, 2011. Additional data collection tools are available in section VI. Forms of this manual.

Individual Evaluation Planning Form

Student: _____ **Grade/Age:** _____ **School:** _____ **Primary Language:** _____

Multidisciplinary Team Members: _____ **Current Mode of Communication:** _____

Date Referral Received: _____ **Date of Planning Session:** _____

Referral Information/Concern:

Learning Profile:
Teacher data or RTI data

Assessment Question/s:

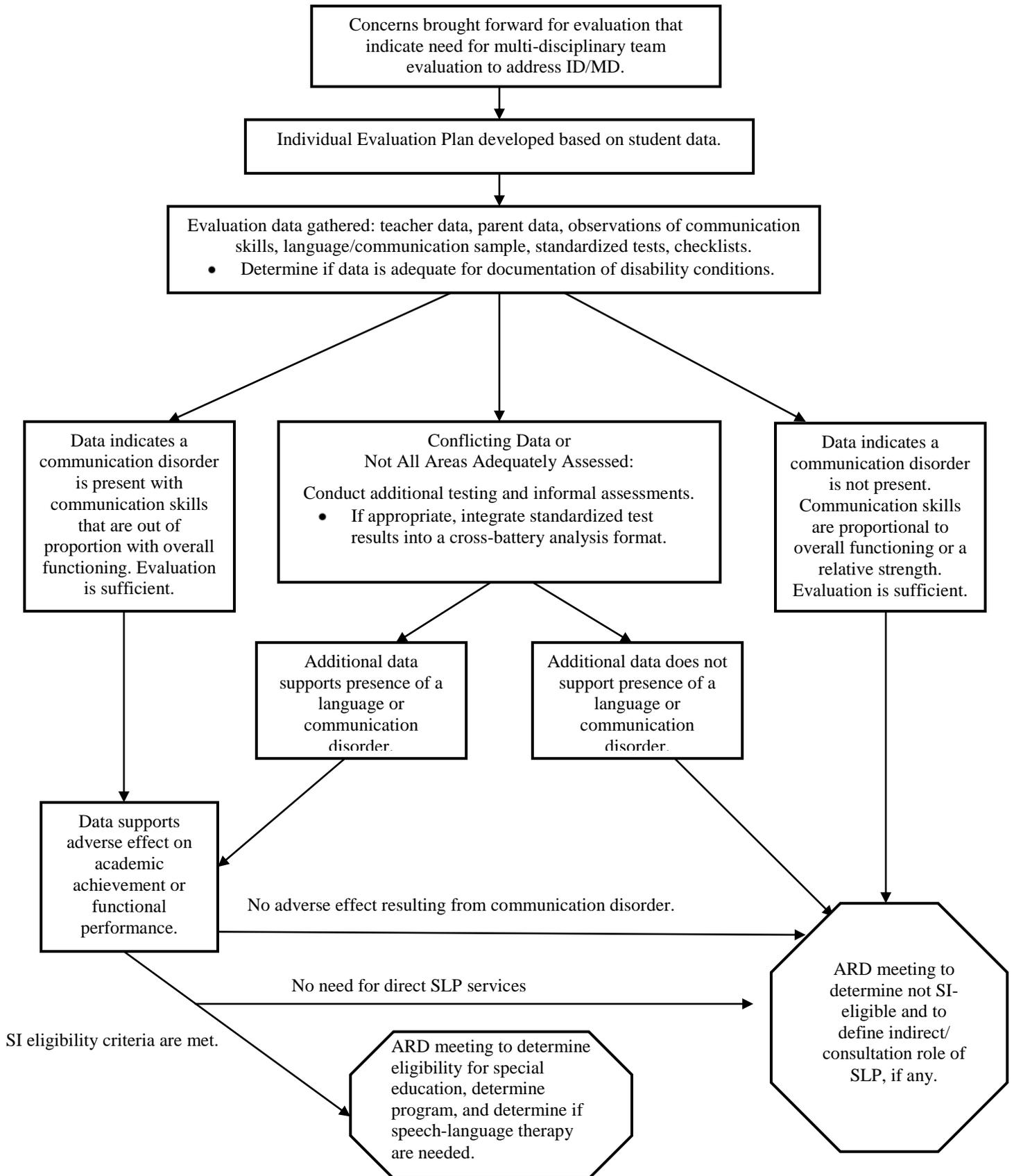
Area	Address	Assess	MDT Member Responsible	Tests/Procedures	Target Completion
Sociological	<input type="checkbox"/>	<input type="checkbox"/>			
Physical/Motor/ Medical	<input type="checkbox"/>	<input type="checkbox"/>			
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>			
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>			

Emotional/ Behavioral	<input type="checkbox"/>	<input type="checkbox"/>			
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>			
Speech- Language Communication					
<u>Articulation</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Voice</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Fluency</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Language</u>					
Syntax	<input type="checkbox"/>	<input type="checkbox"/>			
Phonology	<input type="checkbox"/>	<input type="checkbox"/>			
Semantics	<input type="checkbox"/>	<input type="checkbox"/>			
Pragmatics	<input type="checkbox"/>	<input type="checkbox"/>			
Metalinguistics	<input type="checkbox"/>	<input type="checkbox"/>			

Tests and Assessment Procedures to be Used:

III. Conducting the Evaluation

A. Language with Intellectual Disabilities/Multiple Disabilities Eligibility Flow Chart



Step-by-Step for SI-Eligibility

1. A non-identified student, teacher, or parent brings learning concerns to the Student Support Team (SST). If language is indicated as a concern, the Speech-Language Pathologist (SLP) participates in a review of existing data. Parent(s), teacher(s), and other school staff provide information about the student to bring to the Student Support Team (SST) meeting, including:
 - a. Vision and hearing screening;
 - b. Data about student performance, such as grades, attendance, response to extra support and intervention, state and district assessment results, and/or reading level; and
 - c. Parent Language Survey and Parent/Teacher Communication Survey.

2. SST members discuss concerns about the student and:
 - a. suggest recommendations for further classroom support or focused intervention
and/or
 - b. refer for special education evaluation if the student has an obvious disability.

In the case of (2a), the SST reconvenes after the recommended support and intervention have been provided and determines from data collected if referral for a full and individual evaluation is recommended or if interventions have been successful.

In the case of (2b) or if classroom support and interventions have not been successful, the SST makes a referral to special education for a full and individual evaluation. If an intellectual disability is suspected, the SST should be careful to not delay a referral to special education for evaluation.

3. In the case of a student already identified as having a disability but for whom an additional disability is suspected, the SST or the Admission, Review, Dismissal (ARD) Committee reviews existing data, including prior evaluations. If the student has been previously identified as having a Speech Impairment (SI), and/or language is indicated as a concern, the SLP participates in the multidisciplinary team review of existing data.
4. If a referral is initiated or an additional evaluation is planned, follow district procedures for providing all Notice, Consent, and Procedural Safeguards to parents.
5. The MDT reviews the referral to plan the evaluation. The Individual Evaluation Planning form is completed.
6. SLP, Educational Diagnostician, Licensed Specialist in School Psychology (LSSP), and other MDT members complete standardized testing and formal and informal assessment procedures, including collecting teacher data, parent data, observation data, language/communication sample, and checklists.

7. When a communication disorder is present, the SLP compiles documentation to address whether there is an adverse effect on educational performance (i.e. academic achievement and functional performance) resulting from the communication disorder.
8. The Educational Diagnostician and/or LSSP, in cooperation with the SLP, write an integrated Full and Individual Evaluation (FIE) report that addresses all areas of disability with links to instructional considerations that address area(s) of disability.
9. If there is evidence for SI eligibility with the communication disorder, the SLP should prepare communication remediation recommendations to be presented to the ARD Committee.
10. The ARD meeting is scheduled to review the FIE to determine eligibility for special education and related/supportive services.
11. If SI eligibility and direct services are warranted, the SLP drafts goals and objectives for ARD approval.
12. If SI eligibility is not determined with direct services, the ARD committee, with SLP input, defines indirect/consultation role of SLP, if any.
13. If SI eligibility is not determined, the SLP may make recommendations for instructional accommodations or modifications for the classroom teacher based on the evaluation data. The communication-related instructional recommendations should be incorporated in the ARD/IEP.

Formal Data Collection

Formal measures may be administered to students with possible intellectual disabilities or multiple disabilities. Refer to the *TSHA Language Eligibility Guidelines Manual 2011*, for detailed descriptions.

When evaluating students with possible intellectual disabilities or multiple disabilities, standardized scores allow the SLP to quantify the student's communication skills and assist with determination about whether communication skills are relative strengths or weaknesses within the student's overall developmental and learning profile. However, the SLP should conduct informal measures in order to more fully describe the student's present levels of functional performance in the area of communication.

Informal Data Collection

Informal data collection for students with possible intellectual disabilities or multiple disabilities yields a qualitative description of the student's communication skills. Informal measures allow for an analysis of the student's communication strengths and weaknesses across communication environments and with a variety of communication partners.

Refer to the *TSHA Language Eligibility Guidelines Manual 2011*, to review the available informal assessment tools. In particular, the Conversational Checklist and Communicative Intent Evaluation (Wetherby, Cain, Yonclas, & Walker, 1988) may be applicable for this type of evaluation.

Additional resources for informal measures of communication skills:

Parent/Teacher Communication Inventory (included in Forms section of this manual)

Functional Communication Profile: Revised

L. I. Kleiman, available from LinguiSystems

Functional Language Assessment and Intervention Sourcebook

L. J. Mattes, available from Academic Communication Associates

School Function Assessment

W. Coster, available from Pearson Education, Inc.

IV. Analyzing and Interpreting the Data

Evaluation Summary Form
Communication Profile: Intellectual Disabilities/Severe Multiple Disabilities

Student: _____ **SLP:** _____

Date of Birth: _____ **CA:** _____ **Campus:** _____ **Date Completed:** _____

Assessment Questions: _____

Evaluation Tool	Results	Data Supports Concern	
		Yes	No
Teacher Language/ Communication Survey			
Parent Language/ Communication Survey			
<u>Informal Achievement Data</u> <input type="checkbox"/> Criterion-Referenced Measures <input type="checkbox"/> Curriculum-Based Measures <input type="checkbox"/> Functional Independence Data <input type="checkbox"/> Work Samples <input type="checkbox"/> Classroom Tests <input type="checkbox"/> Grades <input type="checkbox"/> Intervention Data <u>Formal Achievement Data</u> Tests used:	Area of Academic Concern: <input type="checkbox"/> Language Comprehension <input type="checkbox"/> Oral Expression <input type="checkbox"/> Semantics <input type="checkbox"/> Syntax <input type="checkbox"/> Metalinguistics <input type="checkbox"/> Pragmatics <input type="checkbox"/> Phonology <i>Communication skills are/are not proportional to level of achievement.</i>		

MDT Assessment Cognitive Abilities Tests Used/Results: Adaptive Functioning Tests Used/Results:	Functional Skills	Results/Comments	Yes	No
	Self-Care:			
	Motor Skills:			
	Daily Living Skills:			
	Social Interaction: Nonverbal Behaviors to Regulate Interactions Turn-Taking Joint Attention Shared Emotion Use of Communication to Regulate Interactions Initiate/Sustain Conversation			
	Communication: Intentionality Request, Protest, Reject Interaction Initiate, Respond, Maintain, Terminate, Repair, Request, Greetings Language Socio-Dramatic/ Pretend Play Symbol Use			

<p>Language Samples:</p> <input type="checkbox"/> Conversation/Adults <input type="checkbox"/> Conversation/Peers <input type="checkbox"/> Narrative	<p>Verbal</p> <p>MLU-M _____</p> <p>No. of Words: Receptive ___ Expressive ___</p> <p>Overall Intelligibility _____</p> <p>Comm. Modalities: Verbal with ___ gesture, ___ sign, ___ AAC</p>		
<p>Communication Sample:</p>	<p>Nonverbal</p> <p>Communication modality: _____ (i.e. sign, gesture, AAC)</p> <p>___ initiate ___ social interaction</p> <p>___ clarify ___ request</p>		
<p>If all of the measures reported above support the referral concern, a pattern of intellectual disabilities or multiple severe disabilities has been identified by the MDT, and communication skills are out of proportion with the severity of the intellectual disability, then consideration of a communication disorder secondary to intellectual disabilities is indicated. If there is any disagreement within the data listed above, continue the assessment by administering additional informal procedures to collect sufficient data.</p>			
<p>Additional Informal Measures:</p>			

Recommendations to the ARD Committee			
		Yes	No
<p>Stage I: Presence of a Communication Disorder</p> <p>Communication skills are disproportionate to the severity of intellectual disabilities.</p>	<p>Evidence:</p>		
<p>Stage II: Adverse Effect on Educational Performance</p> <p>Ability to benefit from special education program is compromised because of communication skills.</p>	<p>Evidence: (enter rating from Adverse Effect Rubric)</p> <p>Academic Achievement: _____ Functional Performance: _____</p>		
<p>If yes to Stage I and II, then SI eligibility criteria is met.</p>			
<p>If SI, then address Stage III:</p> <p>Is specially designed instruction by an SLP needed to help the student benefit from the special education program?</p>	<p>Evidence:</p>		

Disability Condition/s Considerations

Eligibility Recommendations for Intellectual Disabilities

The diagnostician/licensed specialist in school psychology (LSSP) and the MDT members conduct formal and informal assessments and provide recommendations to the ARD committee regarding a possible intellectual disability. An intellectual disability is established when the answer is “yes” to the following two questions:

1. Does the student exhibit a significantly sub-average IQ (below 70) plus or minus the standard error of measurement?
2. Does the student exhibit significant limitations in adaptive functioning in at least two areas (i.e. communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety)?

The presence of a communication disorder may or may not be linked to the presence of an intellectual disability. *A communication disorder can be diagnosed in an individual with intellectual disabilities if the specific deficit is out of proportion to the severity of the intellectual disability* (DSM-IV-TR, p. 47).

Eligibility Recommendations for Multiple Disabilities

The diagnostician/licensed specialist in school psychology and MDT members conduct formal and informal assessments and provide recommendations to the ARD committee regarding the presence of multiple disabilities. The term multiple disabilities is used to describe the disability condition when two or more severe disabilities are present, resulting in significant educational needs that cannot be accommodated in special education programs solely for one of the impairments. This disability category is reserved for students with multiple severe conditions that often lead to limited functioning and dependence on others. Deaf-Blind is not included in the multiple disabilities category. A speech impairment paired with another disability also does not meet the criteria for multiple disabilities.

The SLP ensures that the student’s communication functioning and needs are addressed in the evaluation report and makes recommendations to the ARD committee regarding SI eligibility and services.

Eligibility Recommendations for Speech Impairment

Refer to the evaluation summary **Communication Profile for Intellectual Disabilities/Multiple Disabilities** for a summary of evaluation data to support the eligibility recommendation for speech impairment. When the answers to stage I and stage II questions are “yes,” the MDT recommends consideration of speech impairment as an eligibility condition.

- Stage I: Is there evidence of a communication disorder that is out of proportion with the student's overall functioning?
- Stage II: If so, is there evidence of an adverse effect on educational performance (academic achievement or functional performance) resulting from the communication disorder?

If speech impairment eligibility criteria are met, then a third question should be answered.

- Stage III: Are specially designed services by a speech-language pathologist or SLP-assistant needed in order for the student to benefit from his/her special education programming?

The condition of speech impairment is not recommended when student data leads the SLP to answer "no" to Stage I or II. If the answer to Stage I is "no," the Stage II question is automatically answered "no."

A Word about Cognitive Referencing

Cognitive referencing refers to the comparison of scores on norm-referenced tests of language abilities to scores on norm-referenced tests of cognitive abilities or intellectual functioning (ASHA, 2000). Cognitive referencing *should not be used* for the identification of speech or language impairment. In the case of assessing for a communication disorder with an intellectual disability, language skills are compared to the student's intellectual functioning, but emphasis is placed on functional communication, social problem solving, and adaptive skills. The SLP considers the intellectual functioning of the student with a reasonable expectation that language skills (scores or functional performance) may be within the student's range of significantly below-average functioning. Therefore, references to a student's language skills being commensurate or not commensurate with overall functioning, including adaptive problem-solving and intellectual functioning, is viewed as part of the student's cognitive profile. *Use of a simple discrepancy calculation should not be used for determination of a language disorder.*

Using a Cross-Battery Analysis with Intellectual Disabilities

The SLP may complete a cross-battery analysis (XBA) in order to look at the student's cognitive abilities in Gc (Crystallized Knowledge) as related to overall cognitive performance. Some thoughts to consider when completing cross-battery analysis for a student with intellectual disabilities include:

- It is not uncommon for diagnosticians/LSSPs to administer different intellectual and achievement tests than what is typical for an XBA learning disability evaluation. Therefore, the multidisciplinary team (MDT) may not have measured all of the broad and narrow cognitive abilities in the Cattell-Horn-Carroll (CHC) theory of cognitive abilities.
- When completing cross-battery analysis for a student with intellectual disabilities, the SLP focuses on the language areas of cognition as part of the student's cognitive profile. One would expect the scores to be below average; however, the language area may be a

relative strength for the student. A relative strength is a higher level of functioning in a particular area, such as oral expression, when compared to the student's other levels of functioning, such as memory and fluid reasoning. For example, a student may have standard scores in the area of language ranging from 65-75, but the scores in memory and fluid reasoning range from 50-60. In this case, language is considered a relative strength. This is important because the student has developed communication skills that are most often very functional. The SLP should analyze the functionality of the language skills and explain this in relation to cognition in the interpretation portion of the evaluation report.

- Refer to the *TSHA Language Eligibility Manual Companion I: Language with Learning Disabilities Using Cross Battery Analysis* for more complete information on cross battery analysis.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington DC: Author.

American Speech-Language-Hearing Association. (2000, July). Cognitive referencing. In P. M. Rhyner (Ed.), *Newsletter of Special Interest Division 1, Language Learning and Education* (Vol. 7, Issue 1). Rockville, MD: Author.

Documentation of Adverse Effect on Educational Performance

The Adverse Effect on Academic Achievement and/or Functional Performance Rubric is a tool to guide the SLP to address the second prong of the federal definition of speech impairment. If a communication disorder is established in stage I, through the use of formal and informal assessment data, then the academic and functional implications that result from the communication disorder must be addressed in stage II.

SLPs are encouraged to methodically review the assessment data as they consider each section of the Academic Achievement Rubric and the Functional Performance Rubric. The SLP rates the impact of the communication disorder on academic achievement and functional performance using a 3-point scale: 0=No Adverse Effect; 1=Temporary or Episodic Adverse Effect; and 2=Significant Adverse Effect. Descriptive statements are provided in each category to assist the SLP in correlating the communication disorder with academic achievement and functional performance.

- **Rating of 0: No Adverse Effect**

The second prong of speech-impairment eligibility is **not** met. The ARD committee meets, considers documentation, and does not identify the student with speech impairment.

- **Rating of 1: Temporary or Episodic Adverse Effect**

The second prong of speech-impairment eligibility may or may not be met. The SLP describes the adverse effect of the communication disorder on academic achievement and/or functional performance and makes recommendations in the evaluation report related to communication needs and the need for direct and/or indirect speech services to benefit from the special education program. The ARD committee meets and discusses the evaluation results and the adverse effect of the communication disorder on educational performance. The ARD committee determines if the student meets the criteria for speech impairment.

- **Rating of 2: Significant Adverse Effect**

The second prong of speech-impairment eligibility determination is met. The ARD committee meets and identifies the student with speech impairment and describes speech-language therapy supportive services in the IEP.

Adverse Effect on Educational and/or Functional Performance Rubric

Instructions: Read the statements in each column. Rate 0, 1, or 2 the student’s communication skills in regard to academic achievement and functional performance.

Speech or language impairment means a communication disorder that adversely affects a child’s educational performance [300.8(c) (11)]. In developing each child’s IEP, the IEP Team must consider the academic, developmental, and functional needs of the child [300.324(a) (1)]. The IEP must include a statement of the child’s present levels of *academic achievement* and *functional performance* [300.320(a) (1)].

Academic Achievement – generally refers to a child’s performance in academic areas (reading or language arts, math, science, history)

0	1	2
No Adverse Effect	Temporary or Episodic Adverse Effect	Significant Adverse Effect
<p>Student’s communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment, has no adverse effect on academic performance.</p> <p>Student’s communication skills are proportionate with overall functioning level.</p> <p>Evidence that student is benefiting from specially designed instruction/special education without speech-language therapy as a related service.</p>	<p>Data about the student’s learning profile indicates that the student has a communication disorder and that any adverse effect on academic achievement is likely to be short-term, temporary, or episodic.</p> <p>Student’s rate of learning, motivation, and responsiveness to intervention are positive indicators.</p> <p>Data indicates that the student’s performance in the special education curriculum will likely require specially designed instruction from the SLP.</p>	<p>There is a direct, noticeable relationship between the student’s communication disorder and performance or achievement.</p> <p>The student’s communication disorder contributes to academic struggle or below-expected achievement on the IEP.</p> <p>The student’s communication disorder is out of proportion with overall intellectual functioning level.</p> <p>The student needs speech-language therapy as a related service to benefit from special education.</p>

Functional Performance – generally refers to skills or activities that are not academic or related to a child’s academic achievement; often used in the context of routine activities of everyday living

0	1	2
No Adverse Effect	Temporary or Episodic Adverse Effect	Significant Adverse Effect
<p>Student’s communication disorder has no adverse effect on functional performance.</p> <p>Student’s communication skills are proportionate with overall adaptive and functioning level.</p> <p>Student is benefiting from special education without direct speech-language therapy as a related service.</p>	<p>Data about the student’s learning profile indicates that the student has a communication disorder and that any adverse effect on functional performance is likely to be short-term, temporary, or episodic.</p> <p>Student’s rate of learning, motivation, and responsiveness to intervention are positive indicators.</p> <p>Data indicates that the student’s communication during activities of daily living will likely require specially designed instruction from the SLP.</p>	<p>Communication skills limit participation in self-care, interpersonal, and daily routines. The student has no functional communication, limited means of expression, or social/emotional adjustment is affected by the communication disorder.</p> <p>Communication patterns are noticeably disrupted and interfere with interaction and functional performance.</p> <p>The student’s communication disorder is out of proportion with overall intellectual and adaptive functioning level.</p>

Sample Wording for Evaluation Report

Sample Section for Determining Speech Impairment (SI):

SUMMARY/CONCLUSION

Speech/Language

The speech/language summary in the Full and Individual Evaluation (FIE) report should include answers to stage I and stage II eligibility questions for SI:

- Stage I: Is there a disability condition (i.e., communication disorder) that is out of proportion with the student's overall abilities?
- Stage II: Is there an adverse effect on educational performance (academic achievement or functional performance) resulting from the disability condition?

The answer to **both** of these questions must be **yes** in order to make an eligibility recommendation **for speech impairment**.

Example for a student evaluated for suspected intellectual disability and speech impairment:

In order for a student to meet eligibility criteria for special education as a student with mental retardation/intellectual disability, the student must be determined to have significantly sub-average intellectual functioning as measured by a standardized, individually administered test of cognitive ability in which the overall test score is at least two standard deviations below the mean when taking into consideration the standard error of measurement of the test and is concurrently exhibiting deficits in at least two of the following areas of adaptive behavior: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

Add specifics of the student's profile here. . . .

>>>>>'s overall test scores were more than two standard deviations below the mean with significant deficits in the adaptive behavior areas of (select: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, safety) as demonstrated by:

As part of >>>>>'s evaluation, a qualified professional considered existing evaluation data, information provided by the teacher and parent/s, and observations to determine the presence or absence of a communication disorder that may be contributing to his/her educational need. According to the speech impairment eligibility criteria and the federal definition of speech-language impairment, a student must meet two prongs of eligibility in order to be identified with speech impairment. The following are the two criteria stages and the determination based on the evaluation results:

1. *Stage I – Is a communication disorder/disability present such that the student’s communication skills are significantly out of proportion with cognitive abilities and adaptive/functional performance?*
2. *Stage II – Is there an adverse effect on functional performance in the current curricular/classroom setting that results from the communication disorder?*

Based on test results and student data from a variety of sources, >>>> meets/ does not meet eligibility criteria as a student with speech impairment.

Based on the assessment data, the student’s language/communication skills indicate that >>>. It is the professional judgment of the speech-language pathologist/multidisciplinary team that the student does/does not exhibit a communication disorder. Therefore, there are/are no language/communication factors that directly affect the student’s ability to make progress in the educational programming.

It is the responsibility of the ARD committee to determine eligibility and educational need for special education and related/supportive services.

RECOMMENDATIONS

Recommendations in the FIE should include an answer to the stage III eligibility question for SI:

Since the student meets the eligibility criteria for speech impairment, the third question is asked in order to make recommendations to the ARD committee.

- Stage III: Are specially designed services by a speech-language pathologist/assistant needed in order for the student to benefit from his special education program?

Example:

Based on the evaluation data, it is recommended that the ARD committee consider the information in this report when determining eligibility. If eligible with speech impairment, the SLP is recommending that speech-language pathology services be provided in a direct/in-class/consultative role.

or

Based on the evaluation data, it is the recommendation of the speech-language pathologist that the ARD committee not consider the student eligible with speech impairment. Weaknesses noted in the area of communication are best addressed in the context of the student’s curriculum through >>>. (Give recommendations that should be addressed in the ARD/IEP goals/objectives, accommodations, etc.)

Sample Wording for an Evaluation Report when a Syndrome is Present with Communication Implications:

(SLP should research the communication characteristics and aspects of the syndrome.)

CONCLUSION

Speech/Language

As part of the student's evaluation, the multidisciplinary team considered existing evaluation data, information provided by the teacher and parent/s, and observations to determine the presence of speech impairment that may have an adverse effect on educational performance. According to the XXXXX ISD Eligibility Guidelines and the federal definition of speech impairment, a student must meet two prongs of eligibility in order to be identified with speech impairment. The following are the two criteria stages and the determination based on the evaluation results:

- *Stage I: Is there a disability condition (i.e., communication disorder) that is out of proportion with the student's overall abilities?*

Results of this evaluation indicate this xx-year, x-month-old female presents with speech and language abilities commensurate with her adaptive functioning. With intellectual abilities documented to be within the intellectually disabled range, her speech (articulation) and language abilities are on par with her acquired knowledge, language comprehension, and intentional cognitive processing and do not constitute a disability. Specifically in the area of articulation, XXXX's errors were inconsistent and were considered very much a part of her genetically based XXX Syndrome. As discussed earlier, oral hypotonia and poor oral-motor coordination, cited in the literature and exhibited by XXXX, are primary characteristics of this syndrome. The conclusion of the study of patients with XXX Syndrome was that these characteristics of oral motor hypotonia made these individuals resistant to treatment. It is considered highly unlikely that any portion of additional speech-language therapy beyond the many years of past provision will increase XXXX's intelligibility.

- *Stage II – Is there an adverse effect on functional performance in his/her current curricular setting that arises from the disability?*

Based on parent and teacher interviews, XXXX is viewed as being an effective communicator within the class environment. Therefore, there is no documented adverse effect on academic achievement or functional performance in XXXX's curricular setting that arises from his/her disability.

Based on the previous statements, XXXX does not meet eligibility criteria as a student with speech impairment.

V. Dismissal Considerations

Dismissal Considerations

A student may be considered for dismissal from speech-language therapy/IEP services, **based on a re-evaluation**, when one or more of the following conditions exist:

- Based on re-evaluation (formal or informal) and therapy data, the student no longer meets the district eligibility criteria for speech-language impairment (document in Eligibility Stage I and Stage II).
- The student's speech/language/communication needs are being addressed through special education services or by other service providers without the need of the speech-language pathologist (document in Eligibility Stage II).
- The student's speech/language/communication skills are commensurate with the level of overall functioning, especially in adaptive skills (document in Eligibility Stage I).
- The goals and objectives of treatment have been met and the educational need for services has been mitigated (document in IEP).
- The student's communication abilities are comparable to those of the same chronological age, gender, ethnicity, intellectual level, or cultural and linguistic background (document in Eligibility Stage I).
- The student who uses an augmentative or alternative communication system has achieved functional communication across environments and communication partners (document in Eligibility Stage II).
- The student is unable to tolerate treatment because of a serious medical, psychological, or other condition.*
- The student demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.*
- Speech-language therapy no longer effects change in the student's communication skills. There does not appear to be any reasonable prognosis for improvement with continued treatment.*

*When using these as basis for dismissal, the campus SLP should work with the multidisciplinary team to document minimal educational benefit from speech-language therapy services.

Source

ASHA, (2004). Admission/Discharge Criteria in Speech-Language Pathology: Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology. Rockville, MD: Author.

VI. Forms

Parent Language Survey

Student: _____ School: _____ Date of Survey: _____ Age: _____ Grade : _____

Person Completing Form:

WHAT LANGUAGES ARE USED IN THE HOME? _____ (Country of language origin _____) If ENGLISH only, skip the rest of the page.	
<p>Fill in this column if child functionally uses 2 languages before 3 years of age (functionally communicates in two languages vs. rote language learning, i.e., ABC, counting)</p> <p style="text-align: center;">SIMULTANEOUS LANGUAGE LEARNER</p> <p>1. How well does the child use each language?</p> <p>2. What % of the time does the child hear each language? Language _____ % _____ Language _____ % _____</p> <p>3. Which language does the child prefer now?</p> <p>4. Have there been any changes in the child's ability in each language?</p> <p>5. If so, what do you believe to be the cause of the change?</p>	<p>Fill in this column if second language was introduced in one of the following: (check one) <input type="checkbox"/> Ages 3-5 <input type="checkbox"/> Age 5 through elementary <input type="checkbox"/> Middle school through graduation</p> <p style="text-align: center;">SEQUENTIAL LANGUAGE LEARNER</p> <p>1. How was the second language introduced?</p> <p>2. What % of the time does the child hear each language? Language _____ % _____ Language _____ % _____</p> <p>3. How well does the child use each language?</p> <p>4. Which language does the child prefer now?</p> <p>5. How was the first language developing before the second language was introduced?</p> <p>6. Were there any changes in the first language after the second language was introduced? How?</p>
<p>For both columns, record the following SOCIOLINGUISTIC FACTORS</p>	
1. What do you think your child's attitude is toward speaking English?	
2. Is the child very social with peers? (Y / N) In the home? (Y / N)	
3. Which language does your child speak with peers?	
4. Which language does your child speak in the classroom?	
5. Which language does the caregiver need the child to speak?	
<p>**Following to be completed by appraisal personnel** Summary: Language(s) for assessment: Data/Rationale:</p>	

<i>Does your child...</i>	<i>Usually</i>	<i>Rarely</i>
1. Maintain appropriate eye contact?		
2. Use gestures appropriately?		
3. Use appropriate facial expressions?		
4. Indicate yes and no (nods and shakes head, other)?		
5. Initiate communication?		
6. Take turns in conversation?		
7. Maintain topics?		
8. Change topics appropriately?		
9. Seek clarification?		
10. Listen to stories?		
11. Follow one-step directions?		
12. Answer basic questions?		
13. Listen to classroom instructions?		
14. Follow two-step directions?		
15. Label common nouns?		
16. Express needs/wants?		
17. Use basic verbs?		
18. Ask for help?		
19. Use "no" appropriately?		
20. Describe an experience?		

Summary Sheet

Student: _____ *Campus:* _____ *Date of Survey:* _____ *Age:* _____ *Grade:* _____

SLP Scoring Form: _____

Nonverbal

Rarely	Comments
1, 2, 3, 4	
Total:	

Communication

Rarely	Comments
5, 6, 7, 8, 9	
Total:	

Listening

Rarely	Comments
10, 11, 12, 13, 14	
Total:	

Expressive Language

Rarely	Comments
15, 16, 17, 18, 19, 20	
Total:	

Notes: _____

Individual Evaluation Planning Form

Student: _____ **Grade/Age:** _____ **School:** _____ **Primary Language:** _____

Multidisciplinary Team Members: _____ **Primary Mode of Communication:** _____

Date Referral Received: _____ **Date of Planning Session:** _____

Referral Information/Concern:

Learning Profile:
Teacher data or RTI data

Assessment Question/s:

Area	Address	Assess	MDT Member Responsible	Tests/Procedures	Target Completion
Sociological	<input type="checkbox"/>	<input type="checkbox"/>			
Physical/Motor/ Medical	<input type="checkbox"/>	<input type="checkbox"/>			
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>			
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>			

Emotional/ Behavioral	<input type="checkbox"/>	<input type="checkbox"/>			
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>			
Speech- Language Communication					
<u>Articulation</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Voice</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Fluency</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Language</u>					
Syntax	<input type="checkbox"/>	<input type="checkbox"/>			
Phonology	<input type="checkbox"/>	<input type="checkbox"/>			
Semantics	<input type="checkbox"/>	<input type="checkbox"/>			
Pragmatics	<input type="checkbox"/>	<input type="checkbox"/>			
Metalinguistics	<input type="checkbox"/>	<input type="checkbox"/>			

Tests and Assessment Procedures to be Used:

Evaluation Summary Form
Communication Profile: Intellectual Disabilities/Severe Multiple Disabilities

Student: _____ **SLP:** _____

Date of Birth: _____ **CA:** _____ **Campus:** _____ **Date Completed:** _____

Assessment Questions: _____

Evaluation Tool	Results	Data Supports Concern	
		Yes	No
Teacher Language/Communication Survey			
Parent Language/Communication Survey			
<u>Informal Achievement Data</u> <input type="checkbox"/> Criterion-Referenced Measures <input type="checkbox"/> Curriculum-Based Measures <input type="checkbox"/> Functional Independence Data <input type="checkbox"/> Work Samples <input type="checkbox"/> Classroom Tests <input type="checkbox"/> Grades <input type="checkbox"/> Intervention Data <u>Formal Achievement Data</u> Tests used:	Area of Academic Concern: <input type="checkbox"/> Language Comprehension <input type="checkbox"/> Oral Expression <input type="checkbox"/> Semantics <input type="checkbox"/> Syntax <input type="checkbox"/> Metalinguistics <input type="checkbox"/> Pragmatics <input type="checkbox"/> Phonology <i>Communication skills are/are not proportional to level of achievement.</i>		

MDT Assessment Cognitive Abilities Tests Used/Results: Adaptive Functioning Tests Used/Results:	Functional Skills	Results/Comments	Yes	No
	Self-Care:			
	Motor Skills:			
	Daily Living Skills:			
	Social Interaction: Nonverbal Behaviors to Regulate Interaction Turn-Taking Joint Attention Shared Emotion Use of Communication to Regulate Interactions Initiate/Sustain Conversation			
	Communication: Intentionality Request, Protest, Reject Interaction Initiate, Respond, Maintain, Terminate, Repair, Request, Greetings Language Socio-Dramatic/ Pretend Play Symbol Use			

<p>Language Samples:</p> <p><input type="checkbox"/> Conversation/Adults</p> <p><input type="checkbox"/> Conversation/Peers</p> <p><input type="checkbox"/> Narrative</p> <p>Communication Sample</p>	<p>Verbal</p> <p>MLU-M _____</p> <p>No. of words: Receptive ___ Expressive ___</p> <p>Overall Intelligibility _____</p> <p>Comm. Modalities: verbal with ___ gesture, ___ sign, ___ AAC</p>		
	<p>Noverbal</p> <p>Communication Modality: _____ (i.e. sign, gesture, AAC)</p> <p>___ initiate ___ social interaction</p> <p>___ clarify ___ request</p>		
<p>If all of the measures reported above support the referral concern, a pattern of intellectual disabilities or multiple severe disabilities has been identified by the MDT, and communication skills are out of proportion with the severity of the intellectual disability, then consideration of a communication disorder secondary to intellectual disabilities is indicated. If there is any disagreement within the data listed above, continue the assessment by administering additional informal procedures to collect sufficient data.</p>			
<p>Additional Informal Measures:</p>			

Recommendations to the ARD Committee		Yes	No
<p>Stage I: Presence of a Communication Disorder</p> <p>Communication skills are disproportionate to the severity of intellectual disabilities.</p>	<p>Evidence:</p>		
<p>Stage II: Adverse Effect on Educational Performance</p> <p>Aability to benefit from special education program is compromised because of communication skills.</p>	<p>Evidence (enter rating from Adverse Effect Rubric):</p> <p>Academic Achievement: _____</p> <p>Functional Performance: _____</p>		
<p>If yes to Stage I and II, then SI eligibility criteria is met.</p>			
<p>If SI, then address Stage III:</p> <p>Is specially designed instruction by an SLP needed to help the student benefit from the special education program?</p>	<p>Evidence:</p>		