

TSHA DISABILITY DETERMINATION GUIDELINES FOR SPEECH IMPAIRMENT

REVISED 2020



Overview Guidelines Revision Team

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General Information

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Purpose and Intended Use of the SI Determination Guidelines

The purpose of these guidelines is to provide structure within which the multidisciplinary team and the SLP, in particular, can complete a comprehensive Full and Individual Evaluation of a student's communication skills and make recommendations to the ARD Committee regarding eligibility for speech-language pathology services. It is the intent of these guidelines that school district SLPs adhere to the requirements of the Individuals with Disabilities Education Act (IDEA, 2004) and the Texas Commissioner's Rules and Regulations.

To achieve that goal, this manual is an overview of the TSHA disability determination guidelines and is designed to (a) outline the principles and processes recommended to provide consistency in identifying students with Speech Impairment (SI), and (b) assist speech-language pathologists (SLPs) adhere to the requirements of federal and state statutes regarding SI disability determination. Detailed manuals have been developed for:

Articulation,
Articulation in Cultural and Linguistically Diverse Students,
Voice,
Fluency, and
Language

along with companion manuals for:

Language with Intellectual Disability,
Language with Autism,
Language with Specific Learning Disability, and
Language in Cultural and Linguistically Diverse Students.

This overview manual is intended to provide the background needed for making both a disability determination of Speech Impairment and recommendations to the Admission Review Dismissal (ARD) Committee for eligibility. It is intended for use by those interested in this process including, but not limited to, school-based SLPs, administrators, university course developers, and parents. Additional information regarding the TSHA Disability Determination Guidelines can be found online at www.txsha.org.

Federal Position on Adverse Effect on Educational Performance

The ultimate purpose of speech-language pathology services in public schools is consistent with the purpose of all special education services: to meet the unique needs of students with disabilities and to prepare them for further education, employment, and/or independent living. The individual evaluations of children suspected of having a disability must be designed for educational relevance (ASHA, 2007; Brandel & Petersen, 2018).

Concerns from teachers, parents, and other personnel about articulation, phonology, voice, stuttering, language, and basic interpersonal communication skills in social contexts need to be explored not only in academic classrooms but also across all school environments. Both academic achievement and functional performance are required components of the evaluation of a child's communication skills.

In November 2006, the U. S. Department of Education clarified "adverse effect on educational performance" as it relates to a speech or language impairment.

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance." It remains the Department's position that the term "educational performance" as used in the IDEA and its implementing relations is not limited to academic performance. Whether a speech and language impairment adversely effects a child's educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas [34 CFR § 300.101 (c) (11)].

Guidelines for Disability Determination

Federal Guidelines and Texas Register/Commissioner's Rules

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

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

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

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

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

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

A student is eligible for speech-language pathology services through IDEA 2004 when s/he exhibits a speech impairment that has an adverse effect on educational performance to the degree that specially designed instruction or related services and supports are needed from the SLP to help the student make progress in the general education curriculum. Determination of eligibility for individualized education program (IEP) services with an SI is a three-stage process that involves collecting data to answer two questions to document disability determination and a third question, if a disability is documented, for the ARD Committee to deliberate regarding the need for specially designed instruction and services from the SLP.

Stage 1: Is there a communication disorder (such as stuttering, impaired articulation, a language impairment, or a voice impairment)?

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

If the answers to the Stage 1 and Stage 2 questions are both yes, the criteria have been met for the determination of a disability for Speech Impairment. When the disability condition of SI is documented, consideration is given to the Stage 3 question.

Stage 3: Are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the curriculum?

NOTE: When the student presents with a communication disorder/disability condition (Stage 1) that results in an adverse effect on educational performance (Stage 2), the conditions to establish an eligibility condition (Speech Impairment) have been met and the need for specialized services from an SLP (Stage 3) should be documented and included in the recommendations section of the Full and Individual Evaluation report.

The Disability Determination Guidelines set forth here describe the data collection and decision-making procedures needed to document the student’s communication skills and provide answers to the questions listed above.

Overview of the Role of the SLP in School-Based Service Delivery

IDEA 2004 regulations define speech-language pathology services as including “Identification, diagnosis, referral, provision of speech and language services for habilitation or prevention, and counseling” [34 CFR §300.34 (c) (15)]. Service delivery provided in pullout, once- or twice-a-week for 30 minutes, and/or small-group speech therapy session continues to be the service delivery model most commonly associated with school-based SLP services (ASHA, 2018). However, the SLP’s workload is comprised of much more than this. It includes considerable time for direct services to students through a variety of service delivery models, documentation and other activities necessary to support students’ education programs, implementation of evidence-based practices, and compliance with the IDEA definition of speech-language pathology services.

The SLP’s workload can be organized into four activity clusters: direct services, indirect services to support direct services, indirect activities to support students in the least restrictive environment (LRE) and general education environment, and compliance activities to meet federal, state, and local requirements (ASHA, 2002). Examples of types of activities included in these activity clusters are:

- Direct services to students
 - Provide direct intervention using a continuum of service delivery options to implement the IEP.
 - Evaluate and reevaluate for the presence of a communication disorder.

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- Provide direct intervention for the prevention of communication disorders.
- Counsel students and parents about communication disorders.

- Indirect services to support direct services
 - Analyze demands of the curriculum and effects on students.
 - Attend student planning team meetings to solve specific problems.
 - Analyze and facilitate environments to support opportunities for communication.
 - Observe students and assist with monitoring of student progress.
 - Facilitate IEP meetings.
 - Participate in development of IEPs, service plans, and transition plans.
 - Plan and prepare speech-language therapy sessions.
 - Collaborate with teachers to plan and prepare language-rich instruction in the general education and special education settings.
 - Program and maintain assistive technology and hearing systems and equipment.
 - Provide training for school staff, parents, and students about communication and communication disorders.

- Indirect activities to support students in the LRE and general education curriculum
 - Connect curriculum standards across content areas to the IEP.
 - Design/recommend accommodations and modifications to curriculum and delivery of instruction.
 - Engage in dynamic assessments of students.
 - Assist in the district's universal screening program for suspected problems with communication, learning, and literacy.
 - Observe students in classrooms with attention to the language of the classroom and students' facility with comprehension and production of expected language structures.
 - Observe students in the classroom with attention to educational and social success of students presenting with difficulties in the areas of articulation, voice, or fluency.

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

Description of Core Roles and Responsibilities of School-Based SLPs

The roles of the school-based speech-language pathologist can be divided into four categories: critical roles in an education setting, a wide range of roles and responsibilities, collaboration at a variety of levels, and leadership for a range of outcomes (ASHA, 2010).

- Critical Roles in Education
 - SLPs work with students identified with a Speech Impairment from age 3 years (preschool) to age 21 years (high school) in a variety of educational settings.
 - SLPs work with students exhibiting a range of disabilities. Students with communication disorders may receive special education services with SI as the primary (only) disability condition or as secondary to other disability conditions such as autism, intellectual disability, or specific learning disability.
 - SLPs in a school setting provide services to students with SI when the communication disorder results in an adverse effect on educational performance and when the ARD Committee determines that specially designed instruction is needed from the SLP. As such, SLPs have an important role in providing services with a language and literacy focus in order to support achievement in academics.
 - As experts in communication differences and disorders, SLPs in a school setting have insights into cultural and linguistic diversity and provide important contributions to support English learners and students from a variety of cultures.
- Range of Roles and Responsibilities
 - *Prevention* – SLPs provide direct and indirect services to address the prevention of communication disorders, referral for comprehensive evaluation, and/or placement in IEP services. Prevention services may or may not be provided within the district’s Response to Intervention (RTI) framework.
 - *Identification* – SLPs participate on the school team in identifying students who may be in need of interventions or assessments to determine possibility for special education or related services. Identification includes pre-referral data collection, screening, analysis of a student’s response to interventions provided, and referral for additional services or evaluations.
 - *Assessment* – SLPs conduct thorough and balanced speech, language, or communication assessments, including collecting data and gathering evidence to answer assessment questions using nonbiased tools and procedures, interviews, and structured observations.
 - *Evaluation* – SLPs interpret the assessment, giving value to the data, including the nature and severity of the disorders and the potential adverse effect on the student’s educational, social, or functional performance. Clinical judgment is required to differentiate between communication difference and disorder.

- *Caseload Management* – SLPs assist the team in selecting, planning, and coordinating the appropriate service delivery using an array of services and inclusive practices. SLPs may serve as case managers for some students.
 - *Intervention for Communication Disorders* – SLPs provide direct and indirect services for students using the most recent literature of the discipline, research or evidence-based intervention strategies, principles of effective instruction, and appropriate academic or developmental standards-based curriculum for each student identified for services. Intervention may be provided as an IEP service for students with disabilities who are eligible for special education. Intervention may also be provided in an RTI framework as a non-IEP service for the prevention of placement in special education.
 - *Intervention for Communication Variations* – SLPs must be knowledgeable about monolingual and bilingual language acquisition, the linguistic rules for social dialects and language differences, the use of interpreters and translators, and methods for conducting nonbiased assessments to assist the classroom teacher and others in supporting students' communication skills in the classroom and across school environments.
 - *Documentation and Accountability* – SLPs keep clear comprehensive records to justify the need for and effectiveness of assessment and intervention services. Performance appraisals, SHARS billing, and service delivery/student progress logs, and risk management records are maintained accurately, timely, confidentially, and in accordance with federal, state, and local reporting requirements.
- **Collaboration at a Variety of Levels**
 - SLPs who work in a school setting collaborate in partnerships to ensure the provision of effective SLP services for students with their parents and other members of the student's family, with teachers and other service providers, and with other SLPs outside of the school setting who may be working with the child.
 - SLPs work collaboratively on school-wide improvement teams, and contribute to continuous improvement efforts at their assigned schools.
 - Collaboration with university programs in Communication Sciences and Disorders serve to encourage action research to improve school-based service delivery.
 - **Leadership for a Range of Outcomes** - SLPs provide leadership in important areas to improve outcomes for students with communication disorders:
 - *Supervision* – SLPs may supervise other SLPs, licensed assistants in speech-language pathology, clinical fellows, licensed interns, support personnel, paraprofessionals, university practicum students, or volunteers. This supervision is conducted competently, ethically, and legally according to Texas licensure rules.
 - *Mentoring* – SLPs participate in mentoring relationships as a mentor or mentee in order to engage in life-long learning
 - *Professional Development* – SLPs provide leadership for campus and district professional development by participating and providing professional development sessions that link communication skills with high levels of literacy, academic achievement, and social-emotional development.

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- *Advocacy* – SLPs provide leadership in advocacy efforts to improve outcomes for students in areas such as
 - Using a Workload approach to caseload management
 - Working conditions to improve outcomes for students
 - Seeking in-depth, relevant professional development on research and evidence-based practices
 - Inclusion of SLPs on campus and district level improvement teams

The SI Disability Determination Process

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General Principles for Evaluation and Disability Determination

When conducting an evaluation for disability determination and eligibility recommendations for a student under the category of Speech Impairment, the following general principles should guide the evaluation process.

- Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child [34 CFR §300.304 (b) (1)]
- A single measure or assessment may not be used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate education program for the child [34 CFR §300.304 (b)(2)]
- Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors [34 CFR §300.304 (b)(3)].
- Ensure that assessments and other evaluation materials used to assess a child under this part:
 - are selected and administered so as not to be discriminatory on a racial or cultural basis [34 CFR § 300.304 (c)(1)(i)],
 - are provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer [34 CFR § 300.304 (c)(1)(ii)],
 - are used for the purposes for which the assessments or measures are valid and reliable [34 CFR § 300.304 (c)(1)(iii)],
 - are administered by trained and knowledgeable personnel [34 CFR § 300.304 (c)(1)(iv)], and
 - are administered in accordance with any instructions provided by the producer of the assessment [34 CFR §300.304 (c)(1)(v)].
- Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient [34 CFR §300.304 (c)(2)].
- Assessments are selected and administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or

speaking skills (unless those skills are the factors that the test purports to measure [34 CFR §300.304 (c)(3)].

- The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities [34 CFR §300.304 (c)(4)].
- In evaluating each child with a disability, the evaluation is sufficiently comprehensive to identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified [34 CFR §300.304 (c)(6)].
- As part of an initial evaluation and as part of any reevaluation, the team must review existing evaluation data on the child including
 - Evaluations and information provided by the parents of the child [34 CFR §300.305 (a)(1)(i)],
 - Current classroom-based, local, or state assessments, and classroom-based observations [34 CFR §300.305 (a)(1)(ii)], and
 - Observations by teachers and related service providers [34 CFR §300.305 (a)(1)(iii)].

The Disability Determination Process

Determination of eligibility for individualized education program (IEP) services with a Speech Impairment is a three-stage process that involves collecting data to answer two questions to document disability determination and a third question, if a disability is documented, for the ARD Committee to deliberate regarding the need for specially designed instruction and services from the SLP.

If the answers to the Stage 1 and Stage 2 questions are both yes, the criteria have been met for the determination of a disability. When the disability condition of Speech Impairment is documented, consideration is given to the Stage 3 question.

- Stage One – Is there a communication disorder (such as stuttering, impaired articulation, a language impairment, or a voice impairment)?
 - A communication disorder is an impairment in the ability to send receive, process, and comprehend verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the process of hearing, language, or speech; may be developmental or acquired; and may range in severity from mild to profound (ASHA, 1993).

- Establish that a communication disorder is present. A child may exhibit a communication disorder characterized by impairment in articulation, phonology, voice, stuttering, language, or communicative competence in social interactions (ASHA, 2016).
- Document that the communication disorder is NOT the result of cultural or linguistic differences or lack of instruction.
- Stage Two – Is there an adverse effect on educational performance (academic achievement and/or functional performance) resulting from the communication disorder?
 - This stage of the eligibility process recognizes that a child with a communication disorder may or may not be disabled by the disorder at different stages of his or her educational career. The U. S. Department of Education makes it clear that “educational performance as used in the IDEA and its implementing regulations is not limited to academic performance. Whether a speech and language impairment adversely effect`s a child’s educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas” (USDE, 2006).
 - The decision that the communication disorder adversely affects educational performance a two-pronged consideration:
 - *Adverse effect on academic achievement* – generally refers to a child’s performance in academic areas such as reading or language arts, math, science and history. The determination regarding whether there is an adverse effect resulting from the communication disorder on academic achievement requires an understanding of the general education curriculum and the language, speech, and communication demands on the student to make progress in academic activities (ASHA, 2007).
 - *Adverse effect on functional performance* – generally refers to skills or activities that are not considered academic or related to a child’s academic achievement and often used in the context of routine activities of everyday living (Federal Register, 71[156], p. 46661). The determination of whether there is an adverse effect resulting from the communication disorder on functional performance requires analysis of how “functional” the student’s communication is outside of the classroom learning environment. When the communication disorder limits participation in interpersonal activities (e.g., social conversations, group discussions, peer interactions) or extracurricular and nonacademic activities (e.g., athletics, meals, recess, and clubs), an adverse effect on functional performance is present (ASHA, 2007).

Note: When the student presents with a communication disorder/disability condition (Stage 1) that results in an adverse effect on educational performance (Stage 2), the conditions to establish an eligibility condition (Speech Impairment) have been met and the need for specialized services from a speech-language pathologist (Stage 3) should be documented. This question is addressed in the ARD Committee meeting.

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

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- The third stage of evaluation addresses the student’s need for special education in order to make progress in the curriculum and if so, who should provide the services.
 - Determine current level of functioning of communication skills
 - Independent performance
 - Student communicates effectively most of the time
 - Student knows what to do and only require periodic reminders
 - Minimal support
 - The student needs more cues, models, explanations, progress monitoring or assistance than typical students in the class
 - The student may need instructional accommodations to master grade level standards
 - Maximum support
 - The student may need curriculum modifications to make progress
 - The student does not perform effectively most of the time despite modifications and supports
 - Remedial instruction and/or intensive interventions needed
 - Determine amount of support, if any, needed from the SLP to maximize communication skills at school, at home and in the community
 - Determine ways that caregivers/other service providers can support maximizing communication skills
 - Parent/caregiver
 - General education teacher
 - Special education teacher
 - Speech-language pathologist
 - Licensed Assistant in Speech-Language Pathology

SI Disability Determination Step-by-Step

- The SLP provides classroom teachers with information regarding communication development and possible communication concerns through team meetings and training sessions. The SLP also provides suggestions for addressing specific areas of concern through modeling and examples of expansion and other techniques. Teachers or parents may bring communication concerns to their campus support or intervention team for consideration. If a student presents with an obvious disability, the campus team should expedite the referral for a Full and Individual Evaluation (FIE).
- If the teacher is unsuccessful with general recommendations for interventions in the classroom or through Tier 1 Response to Intervention (RTI) support, the student is brought to the attention of the campus team. Teachers and parents complete information about the

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

- If classroom interventions have been attempted for a specified period through Tier 1 or Tier 2 RTI, this data should be reviewed by the campus team to determine if adequate improvement in skill(s) has been achieved. If satisfactory progress has been demonstrated, an additional period of classroom intervention may be recommended. If not, a referral may be initiated for an FIE.
- If the campus team refers the child for a special education evaluation, a Prior Written Notice is issued, and the Guide to the Admission, Review and Dismissal (ARD) Process is given to parents along with Notice of Procedural Safeguards. The Notice and Consent for the FIE are obtained from the parent, guardian, or adult student.
- The SLP develops the Individual Assessment Plan based on information about the student, and determines areas that should be addressed and areas that should be assessed in depth.
- The SLP gathers informal assessment and when appropriate norm-referenced/standardized test data in the areas of concern.
- The SLP analyzes and evaluates data from all relevant sources to determine if a communication disorder is present. If there is no evidence of a communication disorder, there is no disability documented for Speech Impairment.
- If a disability condition (i.e., communication disorder) is present, the SLP documents adverse effects on educational performance that result from the communication disorder. If a communication disorder is present but there is no documentation of adverse effect on educational performance (i.e., academic achievement or functional performance), criteria for disability determination for Speech Impairment is not established.
- If the student exhibits a communication disorder that results in an adverse effect on educational performance, the criteria for SI disability determination are met. The SLP documents whether or not specially designed instruction from the SLP is needed for the student to make progress in the curriculum. If a communication disorder is present, along with documented adverse effect on educational performance, but there is no documented need for services from the SLP, the ARD Committee can determine that Speech Impairment as an eligibility condition is not warranted.

Note: wording in the FIE report may reflect the following – *While the need for specially designed instruction is an ARD Committee decision, it is the recommendation of this professional that the student does (or does not) need speech-language pathology services.* Recommendations can be provided regarding schedule of services and IEP goals, or conversely, that student needs are best served within other special education services or with accommodations.

- The SLP writes the comprehensive full and individual evaluation (FIE) report documenting strengths and weaknesses to support decisions and recommendations. The FIE report includes
 - Documentation of the presence or absence of a communication disorder,
 - Documentation of whether or not there is an adverse effect on educational performance resulting from the communication disorder,
 - Documentation of whether the student needs SLP services to mitigate adverse effects of the communication disorder on educational performance, **OR**
 - Documentation that the student does not have Speech Impairment as a disability, and no ARD Committee discussion about specially designed instruction provided by the SLP is warranted.

- If there is evidence to support SI eligibility, the SLP prepares recommendations for communication interventions (IEP goals) to be considered, contingent on the ARD Committee’s recommendation that the student with a Speech Impairment receive IEP services. Recommendations from the SLP include anticipated initial intervention targets (IEP goals/objectives), classroom accommodations, and assistive technologies required to support the student’s communication skills across school environments.

SI Disability Determination Flow Charts

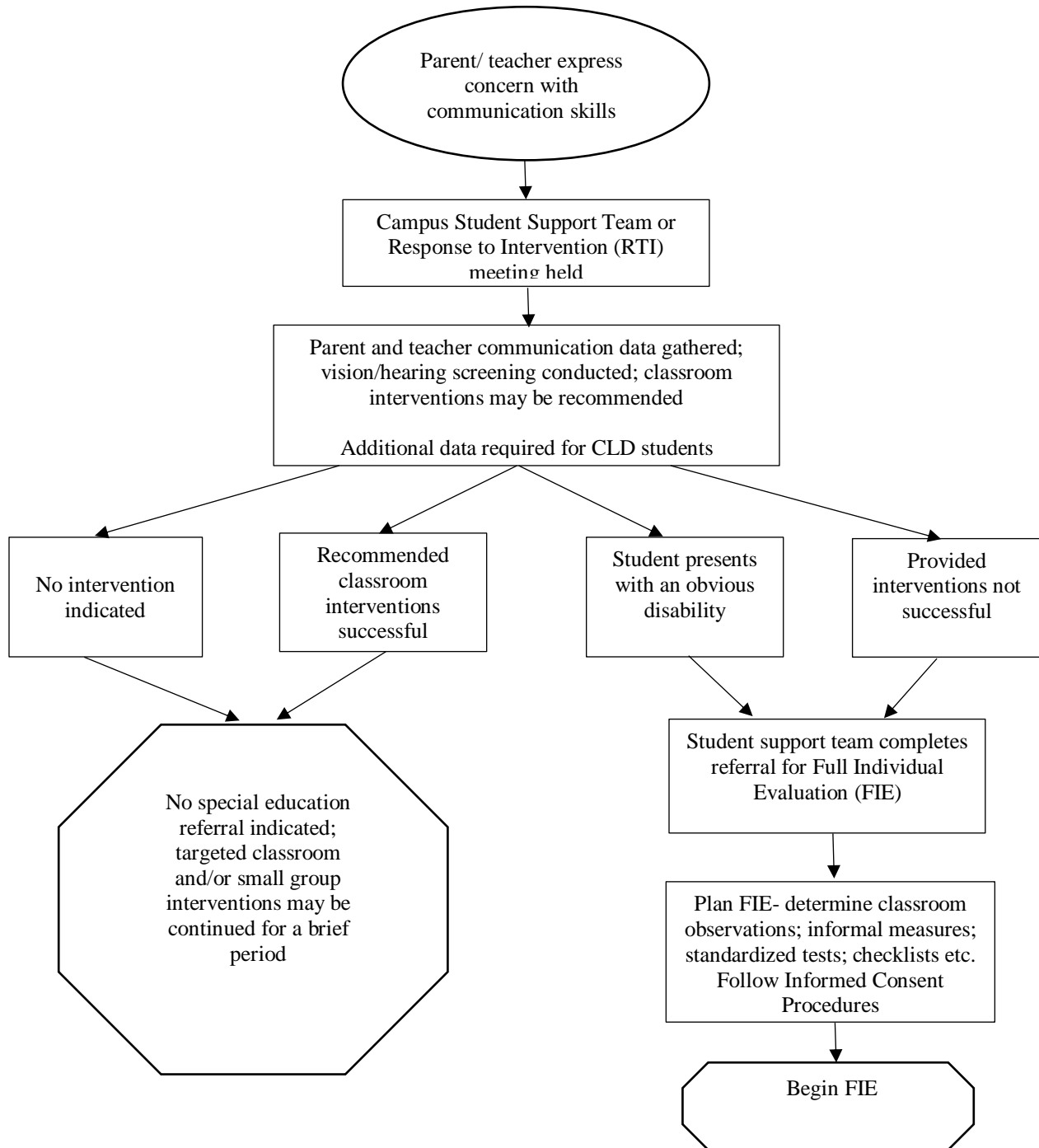
Flow Charts that Follow

Communication Concern Flow Chart

Speech Impairment Disability Determination Flow Chart

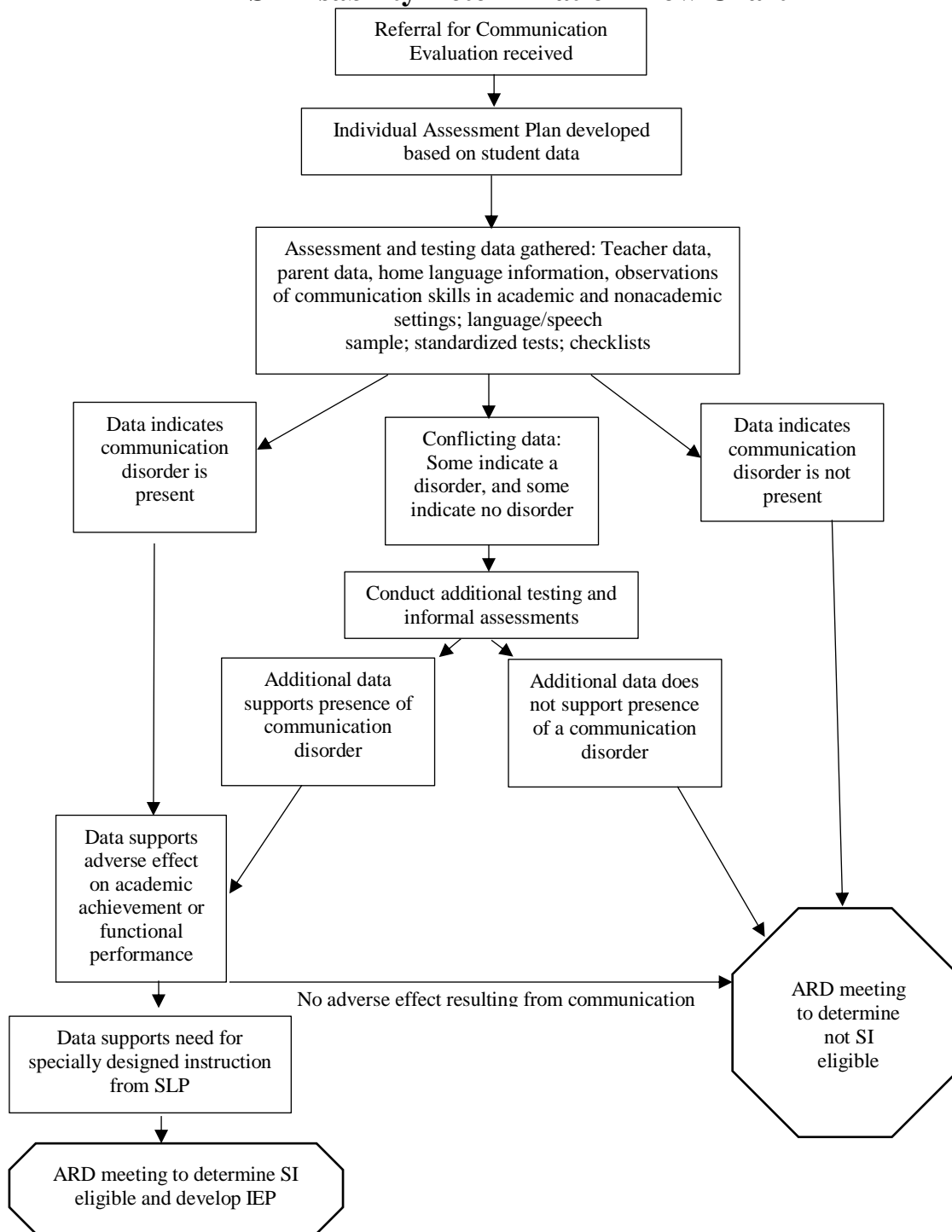
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Communication Concern Flow Chart



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SI Disability Determination Flow Chart



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Guidelines for SI Disability Determination

Charts that Follow

Speech Impairment Disability Determination Guidelines

Disability Determination Guidelines for Articulation Disorder

Disability Determination Guidelines for Articulation Disorder – CLD Speakers of
English

Disability Determination Criteria for a Fluency Disorder

Disability Determination Guidelines for Voice Disorder

Disability Determination Guidelines for Language Disorder

Disability Determination Guidelines for Language Disorder – CLD Speakers of English

Speech Impairment Disability Determination Guidelines	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information • Teacher Information • Observation in academic setting • Observation in nonacademic setting • Speech/Language Sample • Other: <p>Norm-Referenced Tests</p> <p>Criterion-Referenced Measures</p>	<p>Document Communication Disorder</p> <p style="text-align: center;">Parent Data Teacher Data Observation Data Speech/Language Sample SLP Professional Judgment Norm-Referenced Tests</p> <p style="text-align: center;">If all in agreement establish or rule out disability condition If data are not in agreement, select from informal measures listed in guideline manuals for additional data; look for convergence of data to establish or rule out disability condition</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p style="text-align: center;">Complete Adverse Effect Checklist in guideline manuals to document whether there is an adverse effect on educational performance resulting from the communication disorder</p> <p style="text-align: center;">Disability Determination Speech Impairment: Documentation of a communication disorder <i>and</i> adverse effect on educational performance resulting from the communication disorder</p> <p style="text-align: center;">No Disability Determination for Speech Impairment: No communication disorder documented <i>or</i> no Adverse Effect documented</p>

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Disability Determination Guidelines for Articulation Disorder	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Observations • Teacher Information/Observations • Observation in academic setting • Point-to-Point Comparison • Percentage of Consonants Correct • Speech Sample • Percentage of Intelligibility 100-word sample • Oral Mechanism Evaluation • Other: <p>Norm-Referenced Tests</p> <ul style="list-style-type: none"> • Goldman Fristoe Test of Articulation – 3 (GFTA-3) • Arizona Articulation and Phonology Scale– 4 • Clinical Assessment of Articulation and Phonology – 2 (CAAP-2) • Hodson Assessment of Phonological Patterns – 3 (HAPP-3) • Other: 	<p>Document Communication Disorder</p> <p style="text-align: center;">Parent Data Teacher Data SLP Professional Judgment Observation Data Speech Sample Intelligibility Rating Stimulability Rating Norm-Referenced Test Results</p> <p style="text-align: center;">If all in agreement establish or rule out articulation disorder</p> <p style="text-align: center;">If data are not in agreement, select from informal measures listed in guidelines manual for additional data</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p style="text-align: center;">Complete Adverse Effect Checklist in articulation guidelines manual to document whether there is an adverse effect on educational performance resulting from the articulation disorder</p>

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Disability Determination Guidelines for Articulation Disorder CLD Speakers of English	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Observations • Teacher Information/Observations • Observation in academic setting • Dialectal Influences/Phoneme Contrast • Phoneme Probe • Speech Sample • Percentage of Consonants Correct • Oral Mechanism Evaluation • Other: <p>Norm-Referenced Tests - English</p> <ul style="list-style-type: none"> • Goldman Fristoe Test of Articulation – 3 (GFTA-3) • Arizona Articulation and Phonology Scale – 4 • Clinical Assessment of Articulation and Phonology – 2 (CAAP-2) • Hodson Assessment of Phonological Patterns – 3 (HAPP-3) <p>Norm-Referenced Tests – Spanish</p> <ul style="list-style-type: none"> • Contextual Probes of Articulation Competence – Spanish (CPAC-S) • Bilingual Articulation and Phonology Assessment (BAPA) • Goldman-Fristoe Test of Articulation – 3 Spanish (GFTA-3 Spanish) • Spanish Articulation Measures – Revised (SAM) [non-standardized] 	<p>Document Communication Disorder</p> <p style="text-align: center;">Parent Data Teacher Data SLP Professional Judgment Dialectal influences/phoneme contrast Observation Data Speech Sample Intelligibility Rating Stimulability Rating</p> <p>Norm-Referenced Test Results when possible – Language 1 (L1) and Language 2 (L2)</p> <p>Results on informal assessment indicate a concern</p> <p>If all in agreement establish or rule out articulation disorder</p> <p>If data are not in agreement, select from informal measures listed in guidelines manual for additional data</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p>Complete Adverse Effect Checklists in guidelines manual to document whether there is an adverse effect on educational performance resulting from the articulation disorder</p>

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Disability Determination Criteria for Fluency Disorder	
Data Sources	Disability Determination Criteria
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Observations • Teacher Information/Observations • Observation in academic setting • Observation in nonacademic setting <p>Assessment of Speech Behaviors</p> <ul style="list-style-type: none"> • Analysis of Speech Sample • Pragmatic Stuttering Intervention for Adolescents and Adults • Pragmatic Stuttering Intervention for Children • Stuttering Severity Instrument, 4th Edition • The Stocker Probe for Fluency and Language <p>Attitude Scales</p> <ul style="list-style-type: none"> • A-19 Scale • Assessment of the Child’s Experience of Stuttering • Communication Attitude Test Revised (CAT-R) • Communication Attitude Test for Preschool and Kindergarten Children Who Stutter (KiddyCAT) • Cooper Personalized Fluency Control Therapy for Children • Cooper Personalized Fluency Control Therapy for Adolescents and Adults • Scale of Stuttering Severity • Overall Assessment of the Speaker’s Experience of Stuttering (OASES) <p>Other:</p>	<p>Results of tests indicate the presence of a fluency disorder</p> <p style="text-align: center;"><i>And</i></p> <p style="text-align: center;">Parent Data Teacher Data SLP Judgment in agreement</p> <p style="text-align: center;"><i>or</i></p> <p style="text-align: center;">The student exhibits <i>any</i> atypical disfluencies, such as prolongations, blocks, pitch or loudness changes during moments of disfluency, struggle, or secondary behaviors.</p> <p style="text-align: center;"><i>And</i></p> <p style="text-align: center;">Parent Data Teacher Data SLP Judgment in agreement</p> <p style="text-align: center;"><i>or</i></p> <p style="text-align: center;">The student exhibits significant covert stuttering tendencies that are adversely affecting his or her academic and extracurricular performance.</p> <p style="text-align: center;"><i>And</i></p> <p style="text-align: center;">Parent Data Teacher Data SLP Judgment in agreement</p> <p style="text-align: center;">Documentation of adverse effect on educational performance resulting from fluency disorder</p> <p style="text-align: center;"><i>The impairment must not be related primarily to limited exposure to communication-building experiences, the normal process of acquiring English as a second language, or dialect use.</i></p>

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Disability Determination Guidelines for Voice Disorder	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Observations • Teacher Information/Observations • Observation in academic setting • Observation in nonacademic setting <p>Voice Evaluation Protocol</p> <ul style="list-style-type: none"> • Speaking Sample • Voice Evaluation Protocol • Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V) <p>Physician Report</p>	<p style="text-align: center;">Document Voice Disorder</p> <p>Voice disorder is present if a score of 11 or more is rated on at least one item assessed in:</p> <p style="text-align: center;">Phonation/Vocal Quality Pitch Resonance</p> <p style="text-align: center;"><i>And</i></p> <p style="text-align: center;">Parent Data Teacher Data SLP Professional Judgment</p> <p>If all in agreement establish or rule out voice disorder</p> <p>If data are not in agreement, select from informal measures listed in guidelines manual for additional data</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p>Complete Adverse Effect Checklists in voice guidelines manual to document whether there is an adverse effect on educational performance resulting from the voice disorder</p>

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Disability Determination Guidelines for Language Disorder	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Checklists • Teacher Information/Checklists • Observation in academic setting • Observation in nonacademic setting • Language Sample • Probes as needed for semantics, syntax, pragmatics, metalinguistics <p>Standardized Tests/Subtests</p> <ul style="list-style-type: none"> • Clinical Assessment of Pragmatics (CAPS) • Clinical Evaluation of Language Fundamentals – 5 (CELF5) • Comprehensive Assessment of Spoken Language – 2 (CASL) • Expressive One-Word Picture Vocabulary Test • Oral & Written Language Scales (OWLS) • Receptive One-Word Picture Vocabulary Test • Test of Integrated Language & Literacy Skills (TILLS) • Test of Narrative Language – 2 (TNL-2) • Test of Pragmatic Language – 2 (TOPL2) • Other: <p>Criterion-Referenced Measures</p>	<p>Document Communication Disorder</p> <p style="text-align: center;">Parent Data Teacher Data SLP Professional Judgment Observation Data Language Sample Criterion-Referenced Measures Norm-Referenced Tests/Subtests</p> <p style="text-align: center;">If all in agreement establish or rule out disability condition If data are not in agreement, select from informal measures listed in language guidelines manual for additional data; look for convergence of data to establish or rule out disability condition</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p style="text-align: center;">Complete Adverse Effect Checklist in language guidelines manual to document whether there is an adverse effect on educational performance resulting from the language disorder</p>

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Disability Determination Guidelines for Language Disorder CLD Speakers of English	
Data Sources	Disability Determination
<p>Informal Evaluations</p> <ul style="list-style-type: none"> • Parent Information/Observations • Teacher Information/Observations • Observation in academic setting • Observation in nonacademic setting • Naturalistic Language Measures (e.g. MLU-words, narrative micro- and macro-structure, analysis of grammatical errors) • Learnability Measures (e.g. Dynamic Assessment, RTI) <p>Norm-Referenced Tests – Spanish</p> <ul style="list-style-type: none"> • Bilingual English-Spanish Assessment (BESA) • Preschool Language Scale – 5 Spanish (PLS-5) • Clinical Evaluation of Language Fundamentals Preschool-2 Spanish (CELF P2 – <i>Spanish</i>) • Clinical Evaluation of Language Fundamentals – 4 Spanish (CELF-4 Spanish) 	<p>Document Communication Disorder</p> <p style="text-align: center;">Parent Data Teacher Data SLP Professional Judgment Observation Data Language Sample Norm-Referenced Test Results when possible – L1 and L2</p> <p>Look for convergence of data to establish or rule out disability condition If in agreement establish or rule out language disorder If data are not in agreement/no convergence of data, select from informal measures listed in language for CLD guidelines manual for additional data</p> <p style="text-align: center;">Document Adverse Effect on Educational Performance</p> <p>Complete Adverse Effect Checklists in language for CLD guidelines manual to document whether there is an adverse effect on educational performance resulting from the language disorder</p>

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Re-Evaluation

Federal Regulations for Re-Evaluations (34 CFR §300.303)

A re-evaluation must occur at least once every three years, unless the parent and the public agency agree that a reevaluation is unnecessary after conducting a Review of Existing Evaluation Data (REED).

The local education agency (LEA) must ensure that a reevaluation of each student with a disability is conducted when:

- The LEA determines the student’s educational or related service needs, including improved academic achievement and functional performance, warrant a reevaluation,
- The student’s parent or teacher requests a reevaluation, or
- The admission, review and dismissal (ARD) committee is determining that the student is no longer a student with a disability.

A re-evaluation may not occur more than once a year unless the parent and the LEA agree otherwise and must occur at least once every three years unless the parent and the LEA agree that a reevaluation is unnecessary.

Federal Regulations for Review of Existing Evaluation Data (REED) 34 CFR §300.305

A review of existing evaluation data (REED) is required as part of an initial evaluation (if appropriate) and as part of any re-evaluation. The ARD Committee and other qualified professionals must review existing evaluation data on the child including:

- Evaluations and information provided by the parent,
- Current classroom-based, local, or state assessments, and classroom-based observations, and
- Observations by teachers and related services providers

On the basis of that review, and with input from the child’s parents, identify what additional data are needed to determine

- Whether the student continues to be a student with a disability,
- Whether academic achievement needs and developmental needs have changed,

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- Whether the student continues to need special education and related services, and
- Whether the student needs additions or modifications to the special education program and related services in order to meet annual IEP goals or participate, as appropriate, in the general education curriculum.

If the ARD Committee and other qualified professionals determine that no additional data are needed to determine whether the child continues to be eligible for special education and related services and to determine the child's educational needs, the LEA must notify the parents of that determination, the reasons for the determination, and the right of the parents to request an evaluation to determine continued eligibility and to determine educational needs. Parental consent is not needed before conducting a REED. However, the LEA is required to conduct a re-evaluation when requested to do so by the parents.

General Procedures for SLPs to Meet Re-Evaluation Requirements

In general, SLPs will conduct a re-evaluation at least every three years and follow Disability Determination Guidelines for establishing continued eligibility when:

- Speech Impairment is the primary disability condition, and
- The student exhibits significant change in speech, language, or communication skills since the time of the last Full and Individual Evaluation (FIE), and update assessments are needed to determine continued eligibility or to determine need for SLP services.

When Speech Impairment is the secondary or tertiary disability/eligibility condition, the SLP may participate in the REED process with the ARD Committee and other qualified professionals when:

- The student has had an initial evaluation and two subsequent three-year re-evaluations, and
- It is likely that there is sufficient information available from parents, teachers, and other service providers, as well as progress data on mastery of IEP goals and objectives to establish continued eligibility for the primary disability and to determine educational and communication needs.

Suggested REED Procedures

The following procedures may be followed to prepare for a REED when SI is a secondary or tertiary disability condition:

1. In August of the school year determine which students on the caseload with SI as a secondary disability have a three-year re-evaluation due in the current school year or within 30 days of

the start of the next school year. This should be an on-going process throughout the school year.

2. Meet with diagnostician or case manager to coordinate the REED schedule.
3. Federal regulations require the following information be considered at a REED meeting: outside evaluations, the most recent Full and Individual Evaluation (FIE) report, local/state assessments, information from the parent, curriculum-based assessments, report cards, discipline records, attendance, medical and health records, and observations from teachers and related service providers. The case manager is usually designated as being responsible for coordinating the collection of this information.
4. When SI is a secondary disability the SLP gathers information related to the student's communication functioning by collecting information about the student's progress on the speech-language therapy IEP goals and participation across school environments using communication skills. The SLP may collect information from a variety of performance-based measures including:
 - Teacher Evaluation/Observation Forms
 - Speech-Language Skills Checklist
 - Pragmatics Teacher Evaluation Checklists
 - Independent Living Skills Checklists
 - Parent Information Form
 - SLP Observation Form - Communication Skills Across School Environments
 - Language Sample analysis
 - Progress report on speech-language therapy IEP goals & objectives
 - Other (e.g., Functional Communication Profile)
5. **Follow District REED Guidelines.** Based on the information collected and reviewed during the meeting, one of four options may be recommended:

Continued Eligibility for Speech Impairment

No additional data needed to continue eligibility of SI as a secondary disability condition.

Discontinued Eligibility for Speech Impairment

No additional data needed to discontinue SI eligibility; continue eligibility for special education under primary disability. *This action can only be completed in an Annual ARD Committee meeting and is subject to District guidelines.*

Additional Data Needed for Primary Disability and Speech Impairment as Secondary Disability

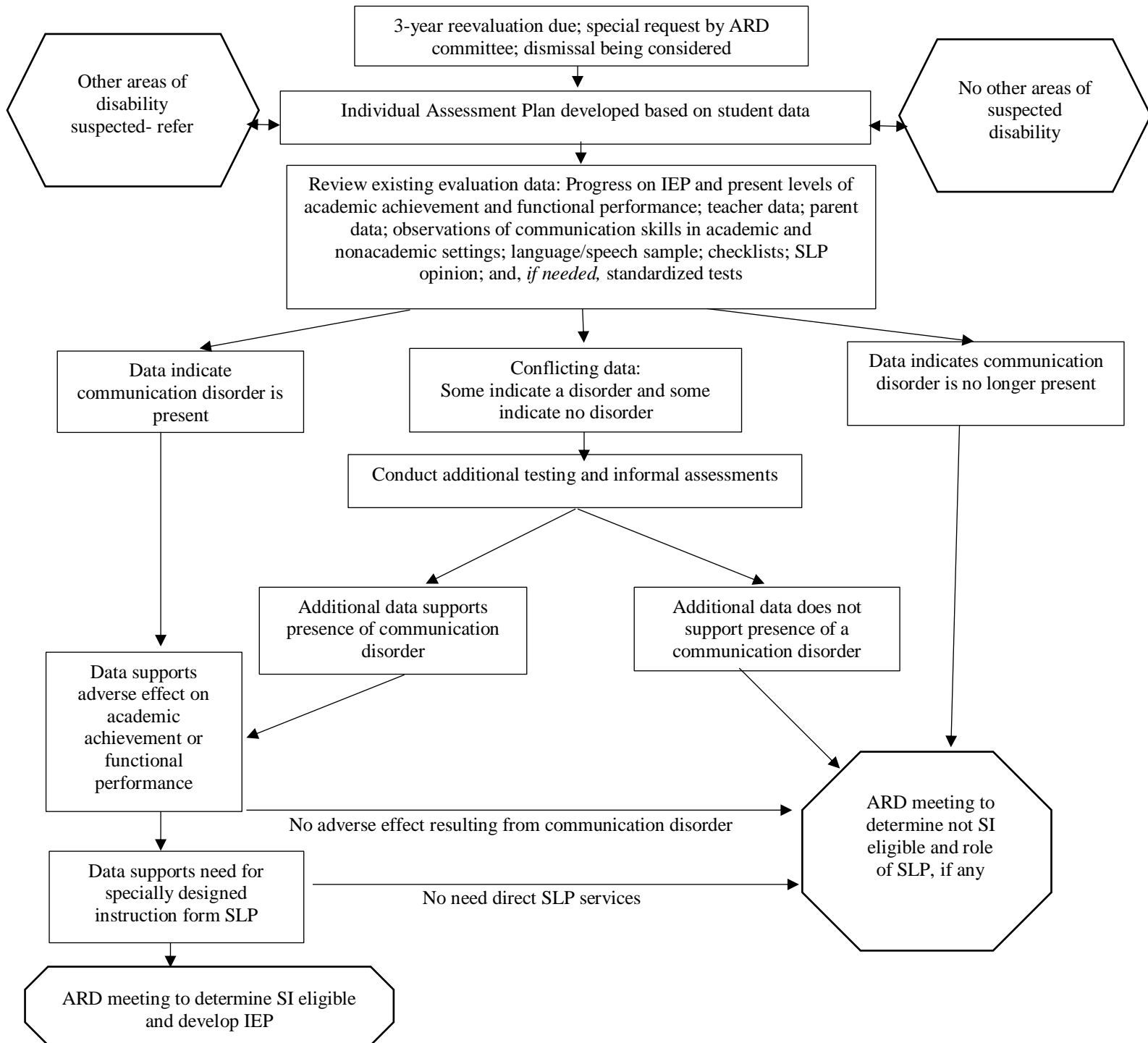
Additional data needed to continue eligibility for primary disability and Speech Impairment as secondary disability. The Prior Written Notice and Consent for Evaluation are completed by the parent at the REED ARD Committee meeting.

Additional Data Needed for Speech Impairment as Secondary Disability:

No additional data needed to continue primary disability; additional data needed to continue SI as a secondary disability condition. The Prior Written Notice and Consent for Evaluation are completed by the parent at the REED ARD Committee meeting.

Note: The SLP must be in attendance at the REED ARD Committee meeting to document a continuing eligibility of Speech Impairment or no longer eligible with Speech Impairment. These procedures pertain to SI as a secondary disability only. Discontinuation of Speech Impairment as the primary disability cannot be completed in a REED. Per federal regulations, a primary disability cannot be removed without informed parent consent and formal re-evaluation.

Re-Evaluation Flow Chart



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Dismissal Considerations

Dismissal Considerations

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

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

Determination of continued eligibility is to be made by the ARD Committee upon consideration of the re-evaluation data presented by the SLP. The following information should be considered in addition to the data gathered in Stages 1 and 2 when recommending continued eligibility or dismissal to the ARD Committee.

- How long has the student received speech/language therapy services?
- What service delivery models have been attempted with the student?
- What is the student's current level of performance on IEP goals and objectives?
- What level of support does the student need to be successful?

If, upon review of the data, the SLP team determines the student no longer exhibits a communication disorder, or the communication disorder no longer adversely affects academic achievement and/or functional performance, then SI as a disability condition is no longer warranted and the student should be dismissed from speech-language pathology services through ARD Committee action. If the disability condition of SI is documented by the SLP and the ARD Committee determines that the student no longer requires specialized instruction from the SLP, the student can be dismissed from speech-language pathology services.

Dismissal Based on Re-Evaluation

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 disability determination criteria for SI (document in Disability Determination Stage 1 and Stage 2).
- The student's speech/language/communication needs are being addressed through special education services by other service providers without the need of the SLP (document in Disability Determination Stage 2).
- The student's speech/language/communication skills are commensurate with the level of overall functioning, especially in adaptive skills (document in Disability Determination Stage 1).
- 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 Disability Determination Stage 1).
- The student who uses an augmentative or alternative communication system has achieved functional communication across environments and communication partners (document in Disability Determination Stage 2).
- 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.

Challenges in Making Dismissal Decisions

- Can students be dismissed from services when they are no longer making progress toward their goals?
- Can students be dismissed when their lack of motivation and interest prevents them from benefitting from the specialized service?

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- Can students who exhibit medical, oral, or facial structural limitations that limit their potential to achieve goals be dismissed once the SLP has determined that continued therapy will not remediate the disorder?
- Can students in special education services be dismissed from related services by the SLP when their primary disability limits their ability to benefit from the specialized services of the SLP?

These questions can be addressed in the light of student-centered data. The IDEA 2004 regulations are written to ensure that students who need special education services to make progress in the general education curriculum have access to receiving them. There is no specific guidance in federal regulations or state rules to guide us in making dismissal decisions for students who continue to exhibit a communication disorder but no longer benefit from SLP services. It is the responsibility of the ARD Committee to determine eligibility and how to best meet the educational needs of the student.

IDEA Guidelines Regarding Lack of Progress

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

Presenting dismissal recommendations to the ARD Committee when intervention is no longer appropriate, when there is documentation of a communication disorder

- Provide documentation of the consistent lack of progress.

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

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

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