

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Mark K. McQuillan, Commissioner

George A. Coleman, Deputy Commissioner

Division of Family and Student Support Services

Charlene Russell-Tucker, Associate Commissioner

Bureau of Special Education

Anne Louise Thompson, Chief

Carolyn Isakson, Project Manager

Colleen Hayles, Education Consultant

Bureau of Curriculum and Instruction

Matthew J. Falconer, Editor

Guidelines for Speech and Language Programs

**Determining Eligibility for Special Education
Speech and Language Services Under IDEA**

**Connecticut State Department of Education
Revised 2008**

CONTENTS

Foreword v

Acknowledgments vi

Overview 1

Introduction

Rationale for Developing Statewide Eligibility Criteria 3

Process for Developing Guidelines 3

Concerns 3

- Concerns Regarding Early Intervening Services 3
- Concerns Regarding the Special Education Evaluation Process 4
- Concerns Regarding Report Writing 5
- Concerns Regarding Eligibility Decisions 5

Philosophical Framework

Organizing Concepts 7

Basic Premises and Rationale 8

IMPLEMENTING THE GUIDELINES

Section 1

Early Intervening Services: Regular Education Assistance 11

Rationale and Anticipated Outcomes 11

Recommended Practices 12

Recommended Procedures 14

Section 2

The Eligibility Evaluation 19

Purpose of the Initial Evaluation or Reevaluation 19

Planning the Evaluation or Reevaluation 20

Legal Considerations 20

Evaluation/Reevaluation Procedures 22

Assessment Procedures and Instruments 22

- Case Histories, Interviews, Rating Scales, Self-Evaluations 23
- Quantitative Measures 23
- Descriptive (Qualitative) Assessments 24
- Collaborative Teaming 27

Considerations in Evaluating Culturally and Linguistically Diverse Children 27

- Cultural Knowledge 27
- Determining the Languages to be Assessed 28
- Evaluation Personnel 28

Section 3

Interpreting and Reporting Assessment Results 30

Reporting Standardized Test Results 30

Cultural and Linguistic Considerations 33

- Background Information Considerations 33
- Language Considerations 33
- Phonology Considerations 34
- Fluency Considerations 34
- Voice Considerations 35

Language and Cognition 35

Considerations for the PPT When Discussing Language and Cognition 36

Section 4

Applying the Eligibility Criteria 38

Definitions 38

Instructions 38

Determination of Eligibility for Speech-Language Services as Special Education or as a
Related Service 60

Bibliography 63

Additional References 67

FOREWORD

Federal and state special education laws and regulations require school districts to identify, evaluate and provide speech and language services to children from 3–21 years of age who exhibit speech-language impairments that adversely affect educational performance. Policy letters from the United States Department of Education (1980 and 1989) that define “educational” performance as being broader than “academic” performance offer some guidance. However, there are no mandated procedures in Connecticut to determine eligibility for these services. Consequently, local school districts have either developed their own criteria or relied on the professional judgment of individual speech and language pathologists to guide the Planning and Placement Team (PPT). According to parents and school personnel, variations in these criteria and how they are applied have contributed to confusion when children move within and across school districts. In addition, as school administrators and boards of education have examined state special education prevalence data, increasing attention has been given to discrepancies among districts in the numbers of children identified as having speech-language disabilities.

The State Department of Education (SDE) offers these guidelines to help school districts determine which children are eligible for speech and language services under the provisions of the Individuals with Disabilities Education Act. This document addresses critical issues and recent research in the areas of assessment and identification, and builds on the philosophy and procedures described in SDE’s 1993 *Guidelines for Speech and Language Programs*.

It is important to reiterate the following statement in the Department’s 1989 Policy Memorandum (*Guidelines for Speech and Language Programs*, 1993, Appendix C, page 166): “If the PPT determines, following evaluation(s), that the communication impairment does not adversely affect educational performance, due to the importance of effective communication in the lives of children, districts should consider offering services to remediate the problem outside of special education.” This policy is also stated in the department’s February 1998 *Report on Special Education and Related Services*. Careful attention to students’ speech and language skills and communicative competence is an important part of our efforts to improve children’s educational performance.

Theodore S. Sergi
Commissioner of Education

ACKNOWLEDGMENTS

Sincere gratitude is expressed to many parents, speech and language pathologists in schools and other practice settings, school psychologists, school administrators, university faculty, state education agency colleagues. Personal and telephone communications with these individuals over many years, as well as the writings of important contributors to the professional literature in speech and language pathology and related fields, have helped to frame the philosophy and shape the contents of these guidelines.

Special recognition is given to the committees of speech and language pathologists and other professionals who contributed their expertise and many hours of their time beyond their regular working schedules to collaborate in the development of this document.

Language Committee

Carl Gross, New Britain Public Schools, chair

Preschool Subcommittee

Linda Strohmeier, Fairfield Public Schools, chair
Margaret Avallone, formerly Branford Public Schools
Fran Giffin, North Haven Public Schools (retired)
Joan Jauernig, East Haven Public Schools (retired)
Maggie Smith, Seymour Public Schools

Elementary School Subcommittee

Sherrill Ellis, New Haven Public Schools, chair
Joyce DeFrancesco, Avon Public Schools
Rochelle Friedman, Newtown Public Schools (retired)
Roberta Tunderman, West Hartford Public Schools
Elizabeth Zalaski, Avon Public Schools

Middle/Secondary School Subcommittee

Vernice Jury, Ellington Public Schools, chair
Phyllis Bishop, Ellington Public Schools
Jane Siebert, Madison Public Schools
Marvin Schnur, New London Public Schools (retired)

Bilingual Issues/Urban Schools Subcommittee

Glynis King Harrell, New Haven Public Schools, Co-chair
Sheila Way, Hartford Public Schools, Co-chair
Roberta Abell, Waterbury Public Schools,
Ann Dolan, Bridgeport Public Schools
Linda Liss-Bronstein, Hartford Public Schools

Phonology Committee

Lorraine Guile, Windsor Public Schools, Co-chair
Julie Pryzbycien, East Granby and Granby Public Schools, Co-chair
Julie Bymers, Tolland Public Schools
Denise Carabetta, Bristol Public Schools

Fluency Committee

Paula Bacolini, EASTCONN, Co-chair
Lynn Powell, Wethersfield Public Schools, Co-chair
Malcolm McMillen, Private Practice

Voice Committee

Jean Gregg, Regional School District 5 (retired), chair
Carol Graaco, Haskins Laboratory and private practice

Language Criteria Focus Group

Besides the Language Committee Chairs, the following people participated: Denise Carabetta, pupil personnel services supervisor, Bristol Public Schools; Valarie Coppola, speech and hearing coordinator, Hamden Public Schools; Kate Steel, speech and language pathologist, formerly Old Saybrook Public Schools

Language-Cognition Focus Groups

Susan Bartlett, speech and hearing clinic director, Department of Communication Sciences, University of Connecticut; Ervin Betts, school psychologist, Norwalk Public Schools; Marc Bishop, special education supervisor, Plainfield Public Schools; Denise Carabetta, pupil services supervisor, Bristol Public Schools; Valarie Coppola, speech-language coordinator, Hamden Public Schools; Glynnis King Harrell, speech-language supervisor, New Haven Public Schools; Vernice Jury, speech pathologist, Ellington Public Schools; Dr. Robert Lichtenstein, school psychology education consultant, State Department of Education; Lee McLean, director, University Affiliated Programs, University of Connecticut; Dr. Lourdes Alvarez Ortiz, school psychologist, Hartford Public Schools; Dr. Rhea Paul, professor, Department of Communication Disorders, Southern Connecticut State University; Dr. Jackson Schonberg, student services director, Wolcott Public Schools; Dr. Norma Sproul, education consultant, State Department of Education; Kate Steel, speech and language pathologist, formerly Old Saybrook Public Schools; Dr. Wayne Secord, chair, Department of Communication Disorders, Northern Arizona State University; Anne Louise Thompson, education consultant, State Department of Education.

ESL/Bilingual Issues Focus Group

Roberta Abell, speech and language supervisor, Waterbury Public Schools; Camille Jackson Alleyne, early childhood consultant, State Department of Education; Florelia Baldizon, bilingual speech and language pathologist, Bridgeport Public Schools; Hugh Birdsall, ESOL teacher, LEARN Regional Educational Service Center, Old Lyme; Kathleen Bresciano, adult bilingual programs education consultant, Connecticut Vocational Technical School System; Peter Chester, speech and language supervisor, Meriden Public Schools; Valarie Coppola, speech and language coordinator, Hamden Public Schools; Ann Dolan, speech and language supervisor, Bridgeport Public Schools; Susan

Ford, director of curriculum and instruction, Berlin Public Schools; Augusto Gomes, ESL/bilingual director, Danbury Public Schools; Peter Kenny, department head, ESL/bilingual education, East Hartford Public Schools; Elda Kluth, special education and student services director, Norwalk Public Schools; Joyce Milne, ESOL teacher, Milford Public Schools; Jeannette Palluzzi, ESOL teacher, Branford Public Schools; Alicia Powers, bilingual speech and language pathologist, New Britain Public Schools; Abigail Reilly, bilingual speech and language pathologist, Hartford Public Schools; Rose Marie Salafia, TESOL resource teacher, Hartford Public Schools; Ann Stekelberg, ESL coordinator, Glastonbury Public Schools; Lorraine Tragakes, speech and language pathologist, Waterbury Public Schools

Appreciation for constructive comments and encouragement is extended to the following individuals and groups:

Members of the Connecticut Council of Language, Speech and Hearing Coordinators in Public Schools; speech and language pathologists of the Bloomfield, Bristol, Middletown and New Britain Public Schools; members of the Connecticut Speech-Language-Hearing Association's School Affairs Committee; Dr. Wayne Secord, Chair, Department of Communication Disorders, Northern Arizona State University; Dr. Ken Appel, professor, Department of Communication Disorders, Western Washington University; Connecticut State Department of Education consultants; Connecticut Council of Administrators of Special Education.

Special thanks are also offered to the following people:

George Dowaliby, chief, Bureau of Special Education and Pupil Services, and Leslie Averno, associate commissioner of the Division of School Improvement, for their unwavering support; and Robert Lichtenstein, State Department of Education consultant for school psychology services, for his work on the sections about reporting standardized test results and language and cognition.

Appreciation is expressed to those who granted permission to reproduce or adapt materials. Thanks are also offered to the following agencies, whose eligibility criteria were reviewed in the preparation of this document: Bristol, East Lyme, Old Saybrook, Windham, Windsor school districts in Connecticut; the Arlington, Va., and Montgomery County, Md., public schools; and the State Departments of Education in California, Florida, Georgia, Illinois, Kansas, Ohio, Oregon, Michigan, Utah, Vermont and Virginia.

OVERVIEW

Guidelines for Speech and Language Programs: Determining Eligibility for Speech and Language Services Under IDEA is designed to facilitate the implementation of consistent practices in Connecticut for determining children’s eligibility for speech and language services as special education or as a related service. These practices focus on four major areas: early intervening services, evaluation procedures, documentation and Planning and Placement Team (PPT) decisions about eligibility. This publication is the revised edition of *Guidelines for Speech and Language Programs: Volume II: Determining Eligibility for Special Education Speech and Language Services*, which was published as a working draft in 1999. This edition includes revisions required by the reauthorization of the Individuals with Disabilities Education Act (called the Individuals with Disabilities Education Improvement Act, 2004) and its accompanying regulations (as amended in 2006), as well as amendments to Connecticut special education statutes and regulations. This updated document also reflects feedback and recommendations received by the Connecticut State Department of Education (CSDE) from school-based speech and language pathologists (SLPs), school administrators and faculty at the state’s university training programs in speech and language pathology.

Much of the 1999 edition has been preserved. Major revisions include:

- reorganized and expanded material about children from culturally and linguistically diverse backgrounds;
- descriptions of commonly used qualitative assessments;
- more in-depth information about measuring frequency of disfluencies;
- reorganization of some of the evidence codes in the various criteria to increase clarity and reduce redundancy;
- clearer emphasis on linking assessments to the general curriculum through curriculum work samples, curriculum standards, the Connecticut Mastery Test (CMT) and Connecticut Academic Performance Test (CAPT); and
- development of a separate form for reporting the results of a reevaluation to increase appropriateness of content.

These guidelines are organized in the following sections.

The introduction describes the process for developing the guidelines and the issues that were of concern to members of the various committees and forums as a result of their knowledge of the professional literature and experiences in their school districts.

The philosophical framework presents the organizing concepts of impairment and disability and includes the basic premises that are critical to achieving uniformity in implementing the criteria for eligibility determination.

The section on implementing the guidelines covers procedures and includes associated forms. It includes discussion of critical issues related to early intervening services* in regular education; planning, conducting and reporting on the eligibility evaluation; and applying the eligibility criteria.

* Note: The term “early intervening services” replaces “early intervention process” used in the 1999 edition of these guidelines to comport with language introduced in IDEA 2004.

Other materials include a bibliography and additional references.

The content of the Supplemental Resources Packet that was developed in 1999 has not been substantially updated; however, it remains important as a companion to this edition of the eligibility criteria. The packet, which is available on the CSDE Web site (<http://www.ct.gov/sde>), includes a wealth of materials from a variety of publications that are still relevant and can be copied for use in either or both of the early intervening services and eligibility evaluation stages.

To develop uniformity in reporting practices, templates have been developed for all related forms with space available for narrative comments where appropriate. They are designed for computer use, so that comments may be added where needed and to the extent necessary. These guidelines can be found on the CSDE Web site under publications of the Bureau of Special Education, as well as on the State Education Resource Center (SERC) Web site at <http://www.ctserc.org>.

These guidelines do not provide a list of recommended commercial tests. The selection of appropriate assessment instruments and procedures is left to the professional judgment of the SLP and other members of the PPT. Due to the requirements of the fluency criteria, however, specific procedures and instruments are recommended.

These guidelines also do not provide any formula for rating the severity of communication impairments for eligibility purposes, determining the length or frequency of intervention sessions for children with particular communication assessment profiles, or selecting the types of service delivery models. A variety of factors, such as the child’s age, type of communication impairment, attention span, as well as the intervention goals, presence of other impairments, placement in the least restrictive environment and the availability of other support systems influence those decisions.

The guidelines should be used systematically. The process has been developed in such a way that appropriate use of the PPT eligibility report is contingent on use of the recommended procedures for evaluation and documentation of assessment information. Fidelity of implementation is important for validating the appropriateness of districts’ identification of children as requiring speech and language services as special education or a related service. This is especially true for districts concerned about prevalence data in this area. Appropriate implementation of the recommended procedures requires not only professional development about the criteria but also ongoing training about current best practices in evaluation of communication disorders.

INTRODUCTION

Rationale for Developing Statewide Eligibility Criteria

Several influences provided the impetus for the original version of these guidelines. Parents and SLPs had reported confusion about eligibility for special education speech and language services due to inter- and intra-district variability in identification practices and decisions. When moving into a new district, parents of children who had been declared eligible for these services were suddenly confronted with their children's ineligibility or vice versa. When children moved to a different school within the same district, SLPs often expressed surprise that the PPT in the former school had determined special education speech and language services to be necessary, or conversely, that children now being brought to the PPT because of communication problems had not been "picked up" previously. These reports were confirmed during discussions held by the CSDE with special education directors. They were further substantiated by CSDE consultants reviewing school districts' special education files and prevalence data when conducting special education program reviews and technical assistance activities. Changes in laws and regulations governing special education; the evolution of professional knowledge; and feedback from SLPs, school administrators and parents converged to spur the need for these updated guidelines.

Process for Developing Guidelines

In preparation for compiling statewide eligibility criteria, 75 professionals representing speech and language pathology, school psychology, special and regular education administration, early childhood education and bilingual education were invited to participate in the project. Of those, 40 were available for the initial meeting to plan the organizational structure for accomplishing the task. Subsequently, a smaller group of committees was established to address the areas of language, phonology, voice and fluency. The language committee subdivided further to deal with the areas of early childhood, elementary and secondary education and issues related to urban districts and children acquiring English as a second language. In addition, focus groups met to discuss issues related to the complexities of identifying language disorders, the relationship between cognition and language and nonbiased evaluations for children who come from culturally and linguistically diverse (CLD) backgrounds. Special education program reviews conducted in school districts by the SDE and professional literature augmented the field information and experience that members of the various subgroups brought to their discussions. CSDE survey data (2006) helped validate some of the concerns.

Concerns

The following concerns related to the variability in eligibility determination were expressed. These issues were problematic both within and among school districts.

Concerns Regarding Early Intervening Services

Involvement of SLPs: SLPs, because of the itinerant nature of many of their jobs, are not always available when school personnel meet to address concerns about children's learning or behavior. Some

schools view SLPs as special educators, ignoring their pupil services (i.e., regular education) role and excluding them from early intervening services teams that are viewed as the responsibility of regular education. As a result, children may be referred for special education evaluation without recognition of the need for or adequate involvement of the SLP at this early intervening services stage. When the evaluation reveals difficulty with communication skills, these children may be determined eligible for special education speech and language services without benefit of appropriate or sufficient early intervening strategies, developed and implemented in collaboration with the SLP that may have prevented the need for special education identification. For children from CLD backgrounds, this practice may contribute to overrepresentation in special education.

Practices for Implementing Early Intervening Services: Some schools and districts have a formalized, institutionalized process carried out under the auspices of a team of regular and/or special educators (e.g., Child Study Team, Student Assistance Team). In other districts, the principal or some other coordinator is the agent who directs requests for early intervening services in regular education to the professional deemed most appropriate to address the needs of the child on whose behalf a consultation is requested. If school personnel associated with these activities lack information about normal communication development, including second language acquisition, they may not develop appropriate early intervening strategies.

Timelines for Implementing Early Intervening Services: Some children may not be given adequate time to benefit from early intervening strategies, including sufficient support for, and modifications to, the strategies that were developed to address the request for regular education assistance. Other children may be kept too long in the early intervening services phase. Either situation may arise when school personnel lack information to help them distinguish normal communication development from developmental delays or disorders, including differentiating cultural-linguistic differences and disorders.

Options for Early Intervening Services: Children are often determined eligible for special education speech and language services because there are insufficient options in regular education for supporting development of their communication skills. This is of particular concern for preschoolers, for children from culturally and linguistically diverse backgrounds or children who have had limited exposure to communication building experiences.

Concerns Regarding the Special Education Evaluation Process

Presence of SLPs at the Referral PPT: The itinerant nature of many SLPs' jobs may preclude their presence at the PPT that discusses the referral, acknowledges or rejects the need for evaluation, and plans the evaluation. SLPs frequently report their disagreement with PPT decisions made in their absence, which essentially "tie their hands."

The Use of Case History and Other School-Related Information: Sufficient background and current medical, health, developmental and other critical information (e.g., pertinent to normal communication building experiences and second language acquisition) may not be documented or related to the selection of appropriate assessment procedures and instruments and the interpretation of results.

The Number and Types of Assessment Procedures and Instruments Used in the Evaluation: The amount of time available in SLPs' schedules for evaluation often drives the type and depth of assessments. Eligibility determinations are suspect when made on the basis of a "canned" battery of tests or tests that are not clearly related to the referral concerns. Inspection of student files and interviews conducted during CSDE special education program reviews, as well as recent CSDE/SERC survey data (2006), indicate a need for training SLPs and other school personnel about appropriate procedures for evaluating CLD children in order to avoid biased evaluations that can influence overrepresentation of CLD children in special education. Survey data also support the need for training SLPs about descriptive language assessment procedures, including curriculum-based assessments.

Documentation of Adverse Effect on Educational Performance: File reviews continue to reveal eligibility decisions made on the basis of standardized tests, with little documentation of the educational impact of test results. Functional assessment of communication in the classroom or other natural environments, and academic and social performance are not routinely used to substantiate assessment findings.

Consideration of the Relative Contribution of Cognitive Factors: While language-cognition discrepancy formulas have fallen into disuse since the first edition of these guidelines was published, districts still struggle to sort out the relative contribution of cognitive and communication factors to a child's evaluation profile. Concerns persist about a narrow focus on verbal-performance discrepancies on standard tests of intelligence or on nonverbal intelligence measures, instead of a broader view of social and academic language competence as the basis for referral or eligibility decisions. Collaboration between school psychologists and SLPs continues to be reported as occurring later rather than earlier in the identification process.

Concerns Regarding Report Writing

Content and Length of Reports: File reviews indicate that many speech and language evaluation reports used for eligibility decisions continue to include little background information about the child and family, focus primarily on reporting the scores on standardized tests and make inadequate connections to the educational impact of communication problems exhibited by the child. Other reports are lengthy narratives from which it is difficult to extract the information critical to eligibility decision-making.

Report Format: Some districts have a standardized format for these reports, which may or may not be computer generated. In other districts, each SLP uses a unique format for his or her school, or for different children.

Concerns Regarding Eligibility Decisions

Program Options: Increasing numbers of districts provide speech and language services for children not eligible under IDEA or Section 504 of the Rehabilitation Act. However, many districts continue to lack these options for providing speech and language services for a variety of reasons, including lack of understanding of the role of SLPs as pupil services specialists in addition to their role as special educators or related service providers; lack of appreciation of the importance of communication in all aspects of students' lives or for the role of schools in building students' commu-

nicative competence; insufficient financial and personnel resources, or inability to reallocate these resources as a result, special education in these school systems remains essentially “the only game in town” to address communication difficulties.

PHILOSOPHICAL FRAMEWORK

Organizing Concepts

The Individuals with Disabilities Education Act (IDEA 2004) includes speech and language impairments that adversely affect educational performance among the types of disabilities requiring special education and related services [IDEA 2004, § 602(3)(A); 34 CFR, 300.8(a)(1); and 34 CFR, 300.8(c)(11)]. In determining eligibility for special education speech and language services, it is critical to distinguish between impairment and disability. The World Health Organization's (WHO) definitions of these two terms are useful in this regard.

According to the WHO, impairment means “any loss or abnormality of psychological, physiological, or anatomical structure or function” (Wood, 1980, p.4). The important words in this definition are loss or abnormality of structure or function. The WHO's definition of disability refers to “reduced ability to meet daily living needs” (Nelson, 1993, p.10).

When applied to speech and language, impairment refers to loss of, or abnormality in, the comprehension and/or production of speech and/or language. For purposes of a child's IDEA eligibility, such an impairment is considered a disability when:

1. It has an adverse effect on educational performance [34 CFR § 300.8(c)(11)].

and

2. By reason of that disability, he or she requires special education and related services [IDEA 2004, § 602(3)(A)].

Note: Special education means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability [IDEA 2004, § 602(29); 34 CFR § 300.39]. Related services are defined as those that may be required to assist a child with a disability to benefit from special education [IDEA 2004, § 602(26)]. IDEA has long identified speech and language services as one of the permissible related services. IDEA also has long allowed states to designate speech and language services as special education. The CSDE has issued a policy memorandum permitting inclusion of speech and language services as a special education service (1989). When a child has a primary or sole disability in speech and language, the child's speech and language services are considered special education (even if the child also needs other special education services to address the speech and language disability). When the speech and language issues are secondary to another disability (e.g., learning disability), speech and language services needed to assist the child to benefit from his or her special education services are considered a related service.

IDEA requires demonstrating adverse educational effect when determining eligibility for special education. Eligibility for a related service is based upon a child's need for that service to help him or her benefit from the special education services the PPT has determined are necessary. Notwithstanding this distinction, there continues to be broad consensus among SLPs around the state that the procedures recommended in these guidelines, including demonstrating adverse educational

effect, be used to determine eligibility for speech and language services as either a special education or a related service. This widespread consensus emerged from concerns that the need for decisions about a child's need for speech and language services as a related service be data-based.

Basic Premises and Rationale

Implementation of the eligibility criteria is based on the following premises.

1. When communication concerns have been raised about a child, it is vital for the SLP to be directly involved in the regular education process for early intervening services, the initial PPT meeting and the eligibility PPT meeting. This is recommended to prevent inappropriate referrals for special education speech and language evaluations, inappropriate recommendations about the content of these evaluations, and inappropriate eligibility decisions.
2. In-depth case history information is crucial to the development of appropriate early interventions, an individualized assessment battery, and the valid interpretation of assessment results. If existing information does not address all areas or is not sufficiently recent, supplemental information that is current must be assembled. Useful information may come from a variety of sources or records available from the school, family or community service providers.
3. *Communication is a complex process and communicative competence may vary across time, settings and communication partners. Therefore, eligibility for speech and language services should be determined based on information gathered about a student's communication strengths and weaknesses over time and from a variety of sources and/or settings. Avoiding inappropriate special education classification requires administrative support for time in SLPs' schedules to complete comprehensive evaluations in a timely manner.*
4. IDEA requires that children be evaluated in all areas related to a suspected disability. As a result of a speech-language evaluation, the SLP should be able to make statements about the child's comprehension and production in all areas of communication. However, this does not mean that every area has to be tested. On the other hand, the evaluation should be sufficiently focused to fully address the concerns that prompted the referral for evaluation. A focused evaluation is important in the cost-effective use of personnel.
5. *No child should be considered eligible for speech and language services solely on the basis of standardized test results.*

“No child should be considered eligible for speech and language services solely on the basis of standardized test results.”

Standardized tests tend to examine discrete skills in a decontextualized manner (i.e., away from natural communicative environments). Furthermore, not all children are suitable candidates for standardized tests. Appropriate standardized tests may not be available to tap all areas of concern about communication. Test norms may not be suitable for particular popula-

tions, such as children acquiring English as a second language. A comprehensive assessment should include an appropriate balance of formal and descriptive assessment instruments and procedures to identify areas of strength and weakness and to examine how the child functions communicatively in the environments in which he or she participates.

6. *A number of factors, such as environmental support, attitudes and motivation, may mitigate the impact of a communication impairment. Therefore, if a child scores poorly on standardized tests but meets communicative expectations on functional measures (e.g., descriptive instruments such as a speech and/or language sample; discourse and/or narrative analysis; curriculum-based assessments; observations in natural settings; grade-level, districtwide or state performance standards), the child's difficulties cannot be said to be adversely affecting educational performance.*

A child with such a profile is not eligible for speech and language services as special education or a related service. This child's communication development and educational performance should be monitored or non-special education intervention provided.

Conversely, if a child performs poorly on functional measures but scores well on standardized tests, the child may be eligible for speech and language services as special education or a related service.

Such a child may not be able to apply the specific communication skills demonstrated on the standardized measures outside the test environment. However, before an eligibility determination is made, the reasons for the poorer functional performance must be carefully probed.

7. The relationship between cognitive and communication development is complex. Some children exhibit communication skills that either exceed or are below what would be expected based on cognitive measures.

Eligibility for special education and related services may not be determined on the basis of a predetermined discrepancy between language and intellectual scores. However, appropriate cognitive measures may be used to support the findings of the speech-language evaluation. (See pages 35–37 for further discussion of this subject.)

8. The speech-language evaluation report should be concise, yet sufficiently comprehensive to facilitate eligibility decision making and to plan an appropriate intervention program if the child needs services.

It must address the multiple requirements of IDEA, including the presence or absence of any adverse impact of the child's communication impairments on his or her educational performance. (See pages 61–62 for the recommended evaluation report form.)

If an adverse effect is determined, it must be described in sufficient detail to enable the PPT to justify a decision about eligibility for services.

9. *Determining that a child is eligible for general or special education speech and language*

services does not automatically mean that the SLP must be the sole, or even the primary, provider of direct services to that child.

The school SLP may use support personnel and/or provide consultative/indirect speech and language services. However, under the Connecticut SLP licensure statute and regulations and codes of ethics of national and state professional associations, the SLP has legal authority and ethical responsibility for overseeing the design, implementation and supervision of such speech and language services.

IMPLEMENTING THE GUIDELINES

Section 1

EARLY INTERVENING SERVICES: REGULAR EDUCATION ASSISTANCE

Connecticut regulations require alternative procedures and programs in regular education to be explored and implemented, where appropriate, before a child is referred to special education [RCSA § 10-76d-7]. IDEA 2004 encoded requirements for early intervening services for children in kindergarten through Grade 12 (with an emphasis on kindergarten through Grade 3) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment. These services may include: professional development for school personnel to enable them to deliver scientifically based academic and behavioral interventions; and educational and behavioral evaluations, services and supports [IDEA 2004, § 613(f); 34 CFR. § 300.226]. When a district is found by the CSDE to have racial or ethnic disproportionality in its identification of children with disabilities, its identification policies, practices and procedures are subject to review and revision [IDEA § 618(d)(2)]. In this circumstance, the CSDE must require the district to expend the maximum amount of IDEA funds allocable for early intervening services to provide early intervening services, especially to children in groups identified as significantly over-identified.

Activities undertaken to address these requirements frequently are referred to as “the pre-referral process.” Misunderstandings about the purpose and value of this phase may result in it being no more than a short stop on the way to a special education referral. The term “early intervening services” is meant to help change this perception. Since these services are critical in distinguishing children who may benefit from regular education interventions from children who may need speech and language services as special education or a related service, it should be carried out with careful planning. However, neither the federal nor state requirements are intended to delay a referral to special education when a disability is suspected [34 CFR. § 300.225(c) and RCSA § 10-76d-7].

Rationale and Anticipated Outcomes

Many communication problems can be resolved or sufficiently mitigated without a referral to special education when appropriate educational accommodations, modifications in curriculum and instruction, socio-communicative behavioral plans, English language instruction for non-native speakers, or regular education remedial programs are implemented. When effectively executed, the early intervening services process has three important outcomes. First and most important with this preventive approach, children who need additional support promptly get it. Second, unnecessary referrals to special education are avoided. Third, information gathered by those providing or

overseeing early intervening services assists the PPT in planning and conducting a more focused evaluation to determine eligibility. This makes it easier to complete the evaluation on or before mandated deadlines, reducing pressure on personnel and facilitating the prompt implementation of necessary programs and services.

IDEA includes a response to scientific research-based intervention model as a means for identifying children with learning disabilities. This approach, which has been given the acronym RTI, is being extended beyond the group of children with suspected learning disabilities by various professional disciplines. RTI is based on the principles of early intervening services. Exactly how RTI will interface with the early intervening services component of IDEA is evolving. SLPs need to keep abreast of this process. ASHA is a useful resource about the role of SLPs in RTI models.

Recommended Practices

Implementing a successful, regular education early intervention process requires attention to the following recommended practices.

1. *Develop Public Awareness:* Teachers, parents, physicians or community agencies initiating a referral to special education are often unaware of the role the early intervention process can play in resolving or diminishing speech-language problems exhibited by children. Their motivation in making the referral may have more to do with seeking support services for a child that they believe are available only through special education than in having the child classified with a particular disability. It is important to educate referral sources about the range of regular education options available for addressing children's communication needs.
2. *Direct/Redirect Evaluation Requests:* When a referral to special education is made, it is important to determine whether:
 - (a) the referring party is seeking some attention to a child's communication development that should be addressed through the district's early intervening services process (e.g., mild articulation difficulties, occasionally hesitant speech, English language instruction for non-native speakers), Section 504 process or other regular education speech and language service; or
 - (b) the child in question has an already identified condition (e.g., severe speech unintelligibility, language comprehension or expressive language problems; Down Syndrome; autism; traumatic brain injury) that has a strong likelihood of resulting in determination of the presence of a disability requiring speech and language services as special education or as a related service.
3. *Ensure Involvement of the SLP and Others with Knowledge About Children's Communication Development:* For early intervening communication strategies to be implemented effectively, the SLP needs to be involved in their development and monitoring. Depending on the needs of the child, the SLP may also play a more- or less-direct role in implementation. As more districts look to transferring early intervening activities to regular education personnel, they need to be aware that SLPs, in addition to their special education roles, also have pupil service roles that

address the needs of all students (Connecticut State Board of Education Position Statement on Student Support Services, 2001). SLPs are an important resource for assisting with the clarification of teachers' concerns and identifying and monitoring the effectiveness of early intervening speech and language strategies. For children from culturally and linguistically diverse backgrounds, English as a second language (ESL) and bilingual education teachers should be involved in planning and implementing early intervening services. Early childhood educators can also be helpful in addressing concerns about communication development of preschool and early elementary grade students. Districts need to allocate the time necessary to conduct these important activities when planning staffing needs and assignments.

4. *Collaborate with Others to Gather Information:* Developing appropriate early intervening services requires access to considerable data about a child from parents, teachers, school records and other sources. This information is important in clarifying the expectations for the child, defining the areas in which the child is experiencing difficulty and establishing a baseline of the child's communication functioning. School district procedures and forms for parental consent to release information should be used. The confidentiality of all information gathered must be respected.

Areas to investigate include:

- prenatal, birth, developmental, medical, educational and social-emotional history;
- factors related to the composition and backgrounds of families and interactions of family members and other caregivers with the child;
- exposure to communication building experiences;
- influence of factors related to acquiring English as a second language or use of dialectical variations of American English;
- settings and circumstances in which the child's communication behavior is more and less problematic;
- curriculum standards for the child's grade;
- performance on district, state and national assessments;
- results of recent hearing and vision screenings;
- reports about any remedial services the child may have already received in school;
- evaluations or interventions that were conducted by other agencies; and
- parents' and teachers' expectations.

The Supplemental Resources Packet contains numerous examples of forms that may be used to collect information, including:

- a sample general case history form;
- supplemental case history questions and procedures related to communication building opportunities, acquisition of English as a second language, fluency and voice;
- classroom observation forms;
- interview forms; and
- textbook/curriculum analysis forms.

5. *Secure Administrative Support:* The building principal plays a significant role in ensuring that

sufficient time is available for the SLP, teachers and families to collaborate effectively. Regularly scheduled early intervening services team meetings or grade/cluster meetings facilitate this process. The SLP will also need time in his or her schedule to observe or converse with the child to help monitor the effectiveness of particular strategies or services.

Recommended Procedures

The following procedures are recommended for implementing regular education early intervening services when there are concerns about a child’s communication development. Addressing communication issues is not just the province of teachers and SLPs. Other school professionals, such as teachers in regular education classrooms; early childhood; Title I; bilingual, ESL and remedial instruction programs; as well as school counselors; nurses; psychologists; and social workers will often have important roles to play in addressing communication concerns about a child (e.g., observing learning styles, including those that may be culturally based, recommending learning strategies, gathering case history information, coordinating class schedule changes, coordinating referrals to other professionals or agencies).

SLPs and school personnel are often under the impression that the procedures for implementing a regular education early intervening services process is vastly different for children from culturally and linguistically diverse backgrounds from those used for native English speaking children. The basic procedures used for all children are similar; however, they require important modifications to address the needs of children who are not native English speakers. Those modifications are highlighted in italics.

1. Help clarify the nature of the teacher’s concerns about the child’s communication abilities and the impact of perceived communication deficits in the classroom and other relevant settings.
 - *Collect preliminary information about language dominance* and proficiency** by reviewing the results of the Home Language Survey and related language proficiency testing in listening, speaking, reading and writing in the child’s native language (L1) and English. The status of L1 should be clarified in collaboration with trained personnel in the field of English as a second language (ESL) or bilingual education.*

* Dominance is the language the child uses most frequently in a given situation.

** Proficiency is the skill with which the child communicates in a given situation.

Note that, for a variety of reasons, a child in a given situation (e.g., responding to externally imposed rules, attempting to fit in) may be dominant in a language he is less proficient in.

- *Seek to determine the teacher’s understanding of normal second language acquisition and dialect usage.*

“The basic procedures used for all children are similar; however, they require important modifications to address the needs of children who are not native English speakers.”

2. Review with the teacher his or her efforts to adapt curriculum, instruction or activities for the child and the effects of those efforts (e.g., using portfolios, progress reports, performance on district or statewide tests and anecdotal information).
3. Review history of other services, including dates, type and outcomes.
 - *Review history of English language support or instruction (e.g., English as a second language, dual language, bilingual education).*
4. Seek information from the parents to determine what, if any, concerns they have about their child, and whether they share the teacher's concerns. Gather relevant background information about the child's family and developmental, communication, social, educational and health-related experiences.
 - *Gather history of L1 and L2 development and dialect usage, including information about language loss in L1 and semi-lingualism. (See Supplemental Resource Packet Supplemental Case History form).*
5. Seek comparisons from the teacher and parents about the child's communication abilities relative to peers of the same age who have had similar experiences.
 - *Seek comparisons from the teacher and parents about the child's communication abilities relative to peers of the same age and language/dialect group who have had similar experiences (e.g., time of exposure to each language, acculturation).*
6. Gather information about the child's communication (including speech intelligibility, fluency, voice characteristics, oral and written receptive and expressive language proficiency, as appropriate) in a variety of settings with a variety of communication partners. Determine in which communication domain (listening, speaking, reading, writing) the child exhibits communication difficulties. The descriptive/qualitative assessments discussed on pages 24–27 can be used to collect the kind of data needed here.
 - *Gather information about the child's communication (including speech intelligibility, receptive and expressive language/dialect dominance and proficiency in both the native language/dialect and English in a variety of settings with a variety of communication partners. Determine in which communication domain (listening, speaking, reading, writing) and in which languages/dialects the child exhibits communication difficulties. Determine the influence of normal second language/dialect acquisition processes on the child's native and English receptive and expressive language/dialect proficiency.*
7. Review attendance and health records for information related to hearing and vision screening and any medical conditions that could affect communication development.
8. Review other educational records, (e.g., preschool, cumulative) to document any previous educational concerns related to communication development.
9. Generate possible early interventions, including any referrals to other professionals or agencies

(e.g., ear-nose-throat doctor for hoarseness).

10. Prioritize suggested early intervening strategies.
11. Select strategies for implementation.
12. Monitor the effectiveness of the selected strategies.
13. Revise strategies or select additional or alternative early strategies.
14. Monitor the effectiveness of revised/new strategies.
15. Compare the child's progress to that of other children of the same age, *language/dialect group* and background.
16. Discontinue the early intervening services process if, after systematically applying early intervening strategies in regular education, the child's communication problems resolve.
17. Initiate a referral to special education if, after systematically applying early intervening strategies in regular education, the child continues to exhibit communication problems that are unrelated to normal characteristics of speech and language acquisition.
 - *Initiate a referral to special education if, after systematically applied interventions in regular education, the child continues to exhibit communication problems in both the native language/dialect and English that are unrelated to normal, second language acquisition processes or dialectical variations.*

Information provided by the SLP on the Summary of Findings: Regular Education Early Intervening Services for Communication Concerns worksheet (pages 17–18) will assist the PPT in addressing the referral. Districts may use the forms on these pages, or may integrate the prompts into their own district forms, if those forms do not already contain this material.

[Insert School District Name]
**Summary of Findings:
Regular Education Early Intervening Services
for Communication Concerns**

Date _____ SLP _____

NOTE: *When completed, this worksheet becomes part of the child's education record. It should be completed before the initial PPT.*

Child _____ DOB _____

School _____ Grade _____

Teacher _____

- Reason for request for early intervening services included concerns related to communication. (Date of request _____) Yes___ No___

Areas of Concern:

SLP was an active participant in the early intervening services process. Yes___ No___
(If not, explain.)

Parental input was obtained. Yes___ No___
Comments:

- A review of existing records indicated areas of concern related to communication. Yes___ No___

Check which records were reviewed:

- ___ preschool (e.g., nursery, day care, early intervention)
- ___ cumulative
- ___ bilingual folder (e.g., language dominance and proficiency testing, history of bilingual or
- ELL services)
- ___ school health
- ___ other medical
- ___ active/inactive special education
- ___ other service providers (e.g., psychology, social work, OT, PT, private providers) specify _____
- ___ other (describe) _____

Comments:

- Home Language Survey was reviewed. Yes___ No___
(See sample in Cultural and Linguistic Diversity section of the Supplemental Resources Packet.)

Home language is _____.

- Native and English language dominance and language proficiency have been determined. Yes___ No___

Enter L1 or L2 in the boxes, using information from state required tests and other sources.

	Listening	Speaking	Reading	Writing
Child is dominant in				
Child is proficient in				

Comments:

- Date of last hearing screening: _____ Passed___ Failed___ Date Referral Made___
Date of last vision screening: _____ Passed___ Failed___ Date Referral Made___

Comments:

- Observation of the child was conducted. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments (include locations, length of time, activities observed and participants):

- Conversation was held with the child. Yes___ No___
(prior written permission secured, if school district policy requires)

Comments:

- Early intervening strategies were implemented. Yes___ No___
Describe progress monitoring of early intervening strategies.

- Progress monitoring of early intervening strategies was done for what length of time.

- Early intervening strategies were successful. Yes___ No___
(Date early intervening process was stopped _____)

- If early intervening strategies were unsuccessful, record data. Where and when was the child referred?

PPT _____ (Date _____) 504 Team _____ (Date _____)

Other (Place and date _____)

Attach this report to referral form.

THE ELIGIBILITY EVALUATION

The outcome of the initial PPT meeting does not always have to be a special education speech and language evaluation. Prior to determining whether such an evaluation is warranted, the team needs to:

- ensure the presence of the SLP at the meeting;
- discuss the concerns that prompted the referral;
- review what early intervening communication strategies or services were implemented, for what duration and with what effect; and
- determine that the SLP was involved in developing, implementing and monitoring the effectiveness of these strategies or services.

If the SLP was not involved in the regular education early intervening services process, the PPT should determine whether further attempts to resolve the problem might be more successful with such involvement.

Purpose of the Initial Evaluation or Reevaluation

There are two major purposes of the initial evaluation or a reevaluation. One is to help the PPT determine a child's initial or continued eligibility for special education and related services by describing the student's communication behaviors, including the nature and scope of any speech-language impairment and any adverse effects on educational performance. Another purpose is to help the PPT use the evaluation results to develop or revise (as appropriate) the goals and objectives in an eligible child's individualized education program.

IDEA 2004 [§ 614(a)(1); 614 (a)(2) and 614 (c); 34 CFR § 300.301(a); § 300.303 and § 300.305(e)] specifies the following times or circumstances that require an evaluation or reevaluation of a child:

1. before the initial provision of special education and related services;
2. not more than once a year (unless the parents and district agree), but at least every three years;
3. if the school district determines that the child's educational and related services needs, including improved academic and functional performance, warrant a reevaluation;
4. the child's parent or teacher requests a reevaluation; or
5. before determining that a child no longer has a disability except when termination of eligibility is due to graduation with a regular high school diploma or the student exceeding age eligibility for a free appropriate public education.

Planning the Evaluation or Reevaluation

In most cases, by the time a child is referred for a special education evaluation, there should already be considerable information on hand that was gathered as part of the regular education early intervening services process. Data collected about the child's progress after services are initiated will inform the reevaluation. This information should enable the PPT to formulate specific questions to be answered by the evaluation or reevaluation and to select assessment procedures and instruments to target the areas of concern.

A standard battery of assessments for all referred children violates IDEA's focus on the individual child.

Legal Considerations

IDEA 2004 requires informed parental consent for an initial evaluation, unless a district can demonstrate that it took reasonable measures to obtain the consent and the parents have refused to give it [IDEA Sec. 614(a)(D)(i)(1); 34 CFR §300.300(a); Sec. 614(c)(3) and §300.300(c)]. School districts may override parental refusal for initial evaluation by pursuing due process, including mediation; however, they are not required to do so [IDEA Sec. 614(a)(1)(D); 34 CFR §300.300(a)(3) and RCSA §10-76h-3(c)].

In reviewing the sections of IDEA and accompanying regulations that concern evaluations and reevaluations, it is important to note that there is no specific requirement to use standardized tests to determine a child's eligibility for speech and language services as special education or a related service. There are, however, requirements to follow if the PPT decides that such tests are appropriate as part of an evaluation or reevaluation.

The PPT needs to address the following legal requirements as it plans an evaluation or reevaluation.

The IEP Team and other qualified professionals, as appropriate, must review existing evaluation data on the child, including evaluations and information provided by the parents of the child; current classroom-based, local or state assessments and classroom-based observations; and teacher and related service providers observations; and, on the basis of that review and input from the child's parents, identify what additional data, if any, are needed [IDEA 2004, § 614(c)(1) and 34 CFR § 300.305(a)].

In conducting the evaluation, the local education agency must use a variety of assessment tools and strategies to gather relevant functional and academic information about the child, including information provided by the parent, that may assist in determining whether the child is a child with a disability and the content of the child's Individualized Education Program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities [IDEA 2004, § 614(b)(2)(A) and 34 CFR § 300.304(b)(1)].

No single measure may be used as the sole criterion for determining whether a child is a child with

a disability [IDEA 2004, § 614(b)(2)(B) and 34 CFR § 300.304(b)(2)].

The LEA also must use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors [IDEA 2004, § 614(b)(2)(C) and 34 CFR § 300.304(b)(3)]. However, not all children presenting with speech and language problems require cognitive assessment. The PPT needs to review available information and concerns about cognitive functioning to decide whether such assessment is needed.

The child must be assessed in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, and motor abilities [34 CFR § 300.304(c)(4)].

The LEA must ensure that the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified [34 CFR § 300.304(c)(6)].

Finally, the LEA must provide assessment tools and strategies that yield relevant information that directly assists in determining the educational needs of the child [34 CFR § 300.304(c)(7)].

School districts must ensure that assessments and other evaluation materials used to assess a child are selected and administered [IDEA 2004, § 614(b)(3)(A); 34 CFR § 300.304(c)(1)]:

- so as to be nondiscriminatory on a racial or cultural basis;
- 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 do so;
- for the purposes for which the assessments or measures are valid and reliable;
- by trained and knowledgeable personnel; and
- in accordance with any instructions provided by the producer of such assessments.

When a school district funds an independent evaluation, the criteria under which the evaluation is obtained, including the location of the evaluation and the examiner's qualifications, must be the same as those used when the district initiates an evaluation [34 CFR §300.502(e)]. Depending on the nature of the proposed independent evaluation, classroom observation may need to be included in its scope. This may be done by direct observation or through technology, such as videotaping. When parents fund an independent evaluation, the district must consider the results of that evaluation, if it meets the district's criteria [34 CFR §300.502(c)(1)]. Implementing the eligibility criteria that follow should assist districts when they review and consider the findings of independent evaluations.

Evaluation/Reevaluation Procedures

In conducting the evaluation, the SLP should:

1. Fill in gaps in background and current performance information that was reviewed at the initial PPT (e.g., existing data, reports, records). Collect this information from the teacher and parents, community service providers and others, as appropriate.
2. Interview the student, when appropriate, to determine his or her self-perception of communication abilities/difficulties, awareness of communication routines and demands in the classroom and other settings. Also, probe the student's awareness of strategies he/she has attempted to mitigate communication difficulties and to self-evaluate their effectiveness.
3. Update (or secure updated) pure tone and/or tympanometric screening if necessary. If medical and/or audiological referral is required for hearing testing, this must be done through the PPT.
4. Conduct observations of the student.
5. Collect samples of communication behavior under structured and unstructured conditions, using curriculum-based assessments linked to appropriate curriculum standards, audiotaped or videotaped speech-language samples. Videotaping is useful for identifying, clarifying and recording various aspects of verbal and nonverbal communication behavior, such as communicative intent, struggle behaviors during disfluent episodes, tension during vocalization, or reactions of the student and communication partners to the student's communication efforts.
6. Administer selected norm-referenced and/or criterion-referenced tests, if appropriate.
7. Examine oral structures and their function.

Assessment Procedures and Instruments

Human communication is a dynamic, interactive process. In the course of a school day, children need to be able to comprehend, integrate and use a number of modalities to process information and communicate effectively. They must be able to communicate in different forms for a variety of purposes, in several settings with different physical arrangements and learning materials, and with many partners who have different communication skills, styles and backgrounds. The competent communicator adapts to all these circumstances, which are not easily controlled. Because of these complexities, adequate sampling of a child's speech and language cannot be accomplished by a single test or single test session.

While the speech-language evaluation may focus on a particular area of communication, the SLP should be able to comment on the child's abilities in all areas of communication — language, phonology, fluency and voice (Basic Premise 4, page 8). To accomplish this, and to adequately evaluate the educational impact of any communication weaknesses the child exhibits during the assessment, the PPT needs to decide which quantitative and descriptive measures to select (Basic Premises 5 and 6, pages 8–9).

Case Histories, Interviews, Rating Scales, Self-Evaluations

Understanding the birth, developmental, health, sociocultural and educational background of children being assessed is critical to interpreting assessment information. Completion of case history forms by parents and interviews are common ways of gathering this information. The Case History section of the Supplemental Resource Packet includes a sample case history form, as well as supplemental questions to pose when evaluating culturally and linguistically diverse children, when there are concerns about a child's exposure to normal communication building experiences, or when the referral concerns are about voice or fluency.

Besides parents, the perspectives of teachers and other school personnel, the child, peers and various others involved with the child need to be considered. Besides interviews, rating scales and child self-evaluations are useful instruments for gathering information not just about the child, but also the environments in which he must function. This approach is often described as ethnographic (Nelson, 1993), because it examines the culture (i.e., expectations, rules, attitudes and values) of those settings. Besides commercially available products, the General Data Collection, Teacher Accommodations, Cultural and Linguistic Diversity and Fluency sections of the Supplemental Resource Packet contain materials that can be used to gather this kind of information.

Quantitative Measures

Quantitative assessments include both norm-referenced and criterion-referenced tests.

Standardized Norm-Referenced Tests: Standardized speech-language tests measure decontextualized communication skills using formalized procedures. Administered outside the normal contexts in which the child communicates, they capture neither the complexities nor the subtle nuances of the communication process. As a result, these tests may help define impairment, but not disability since disability “is defined relative to difficulty in meeting contextual demands” (Nelson, 1995, p.409). They are designed to compare a particular child's performance against the average performance of a group of children with the same age and other characteristics identified by the test authors in selecting the sample or norming population. Meaningful comparisons between the child's performance and that of the test population are possible only when the test has clear administration, scoring criteria and validity, and when it is reliable and standardized on a sufficiently large and representative sample population (Paul, 1995, pp. 37–38).

These issues are of particular concern in the implementation of unbiased assessments of culturally and linguistically diverse children, whose life experiences may differ from children in the mainstream culture (Laing & Kamhi, 2003). For example, English vocabulary tests often emphasize single-word nouns, whereas “there is evidence across languages that nouns are not always predominant early vocabulary types...” (Peña, 2001). Although revisions of English tests are including more diverse racial and ethnic representation in the norming sample, the child being tested may not come from any of the population groups in that sample. Spanish tests have been developed in response to the need for instruments that can be used with the nation's growing Hispanic population. However, test items do not always adequately represent the different forms of Spanish (e.g., Puerto Rican, Mexican, South American) used by the particular Hispanic subgroup from which the child being tested comes. Furthermore, existing tests are administered in English or the child's

native language. True evaluation of a bilingual child comes from the interpretation of the information from his or her performance on both the native language and English tests.

Criterion Referenced Tests: Criterion-referenced speech-language tests compare a child's performance on specific skills, grammatical structures or linguistic concepts to a previously determined performance level (Nelson, 1995; Laing & Kamhi, 2003). The criterion is based on expectations of what the child should be able to do. The Connecticut Mastery Test and the Connecticut Academic Performance Test are examples of criterion referenced tests that can provide useful information about students' language abilities. Commercially available criterion tests are also available. SLPs can also design their own criterion referenced measures with language, materials, contexts and interaction patterns that are familiar to the child being tested (Laing & Kamhi, 2003). The use of criterion referenced measures for culturally and linguistically diverse children continues to be hampered by "the lack of well-established developmental information on certain CLD populations" (Laing & Kamhi, 2003, p.46).

Modifying Testing Procedures: Standardized tests may not be easily administered according to the recommended procedures with certain populations (e.g., very young children, children with severe physical, cognitive, emotional or attention problems, or children from culturally and linguistically diverse backgrounds). In some cases, modifications of these procedures may yield important descriptive information about conditions under which the child's performance improves or deteriorates. Even when a child is able to perform under standardized conditions, procedural modifications may provide useful insights into the nature of the child's communication problem and suggest intervention strategies. Test modifications include: restating or repeating directions; allowing additional response time; allowing native language responses or code-switching; providing extra practice items before the test; substituting culturally relevant stimulus items; presenting the stimuli in meaningful situations; providing feedback to the child about his or her performance (simple or elaborated); asking the child to verbalize by describing the test question and how they arrived at their answer; or interviewing the child during the test about the thought process he or she is using (requires metalinguistic and metacognitive skills). For additional information on this subject, see Errikson & Iglesias, 1986; Ginsberg, 1993; Gutiérrez-Clellan & Peña, 2001; Kayser, 1989; Laing & Kamhi, 2003; Paul, 1995; Peña, 2001; and Roseberry-McKibbin, 1994 and 2003).

When tests are modified in any way, modifications should be reported and test norms cannot be applied, as they are no longer valid.

Descriptive (Qualitative) Assessments

Descriptive approaches to assessment examine how a child uses his or her knowledge of linguistic structure and communication rules with different communication partners in a variety of settings at various times and with various levels of support. They provide a more realistic picture of how a child naturally uses his or her communication knowledge and abilities in everyday situations and the impact of speech-language deficits in those settings.

For certain populations, such as children with severe disabilities or children whose English proficiency is limited, unbiased assessments will require focusing on descriptive measures.

Systematic observation, speech-language sampling and curriculum-based and dynamic assessments are valuable components of a comprehensive evaluation of a child's communicative competence.

Observation: The purpose of observation is to collect data regarding the child's functional communicative performance in a variety of naturalistic settings and activities or simulations thereof. The particular aspects of communication to be observed (including the languages/dialects used by multicultural children) and the selection of settings for such an ecological assessment will be driven by the concerns cited in the referral.

If the child attends school, observation should, at a minimum, occur in the classroom. Other recommended settings include the playground, cafeteria, gymnasium, home, daycare facility or preschool, as appropriate. It may be necessary to conduct more than one observation in any of these settings to ensure reliability of the data collected. The number and duration of observations will depend on the data to be collected and the success in gathering them. The General Data Collection section of the Supplemental Resource Packet includes a variety of samples for recording observations.

The target of the observation is not merely the child's communication skills, but the various factors that may affect that child's communication. These include: the communication demands of the situation (including the curriculum materials and rules of discourse and behavior), the communication style of the teachers, the structure of the lessons being observed and the general environment of the observation site (e.g., number of communication participants, noise level).

The role of the SLP, other adults or peers will vary along a continuum from indirect to direct involvement with the child being observed. The communication situation may be more or less structured depending on factors such as the communication skills of the child and the communication targets to be observed. If the SLP is not a speaker of the child's native language, assistance with the observation from a speaker of that language is necessary to ensure validity of the observation. Audio and video technology can be used for recording the observation to ensure reliability and to assemble a portfolio for use in assessing progress (with appropriate consideration for confidentiality and the effects of the introduction of technology on the child's cooperation).

“For certain populations, such as children with severe disabilities or children whose English proficiency is limited, unbiased assessments will require focusing on descriptive measures.”

Informal Comprehension Probes: Communication comprehension cannot be directly observed; it is inferred from behavior. It is heavily influenced by a child's culture and background knowledge and the communication context. Lund & Duchan (1983) suggest the following ways to assess comprehension. Comprehension probes can be designed to observe a child's response to requests to: follow expected and unexpected directions in familiar settings and with familiar materials; identify what is silly in improbable commands or statements; carry out unpredictable actions with items not generally associated with each other; or learn nonsense words within meaningful utterances and use the information from those utterances to figure out the conventional word. Discourse compre-

hension can be probed by the having the child retell a story that has been read or told or respond to inferential questions about the story. The child may also be asked to explain jokes, riddles and puns to explore comprehension of more complex language and metalinguistic knowledge. Analyzing the linguistic strategies a child uses in interpreting sentences with unexpected syntactic rules following presentation of sentences with more familiar rules (e.g., active to passive voice) can help identify the source of a child's comprehension problems.

Speech-Language Sampling: Collecting representative speech-language samples allows the SLP to identify and analyze the child's comprehension and use of various linguistic features in functional communication, including: phonological, semantic, grammatical, morphological and syntactic structures; rules and organization of discourse (e.g., conversational, narrative, expository and persuasive); voice and fluency parameters; pragmatic functions of communication. Analyzing speech-language samples of culturally and linguistically diverse children requires knowledge of the linguistic and social rules of the child's native language and their potential influence on the English sample. (See the Cultural and Linguistic Diversity section of the Supplemental Resource Packet.)

Factors to consider in selecting a particular approach to gathering the sample include: age, gender and cultural appropriateness of the activity and materials that will be used (e.g., play with toys, pictures, books, flannel boards for story retell); the child's familiarity with the environment and materials; strategies used to collect the sample (e.g., imitation, elicitation, spontaneous expression); length of the sample desired; languages or mode of communication in which the sample should be obtained and the role of an interpreter; and communication partners with whom the child will interact during the sampling. The procedures for analyzing the sample will vary according to the nature of the sample and the child's stage of language development.

Language sampling is labor intensive because of the time to transcribe and analyze the sample, in addition to recording the samples by hand or using audiotapes or videotapes. Even using available computerized applications for sample analysis requires sample transcription, which may require several replays to ensure correctness of the transcription.

Curriculum-Based Assessment (CBA): The purpose of curriculum-based speech and language assessment is to examine the child's communication skills in relation to the communication demands of the school setting, particularly the classroom, in order to identify mismatches. In speech and language pathology, CBA has come to refer to more than classroom curriculum. Nelson (1989) identified the following types of curriculums that the SLP should consider:

- official: an outline of the goals, objectives and content of various subjects or courses;
- cultural: the background or world knowledge gained inside and outside school that students must acquire to become literate and educated;
- *de facto*: the textbooks and other materials used in the classroom;
- school culture: the explicit and implicit rules that guide appropriate behavior; and
- hidden: the subtle messages conveyed by teachers.

CBA has valuable potential to clarify the educational impact of communication problems and to help identify relevant intervention targets, including modifications in teacher expectations or instructional approaches that will facilitate the student's access to the curriculum (Nelson, 1989).

Besides examining curriculum materials and student work samples (e.g., assignments, projects, tests), CBA includes observations and interviews.

Dynamic Assessment: This interactive assessment approach is similar to what in earlier years was referred to as “diagnostic therapy,” but has more focus on selecting targets and collecting data about changes in performance in response to specific facilitation techniques. It emerged from the work of Russian psychologist Lev Vygotsky with mediated learning. Vygotsky (1978, 1986) coined the term “zone of proximal development,” which is described as “the difference between a child’s current level of independent performance on a task and how he or she succeeds at that same task given guided assistance” (Laing & Kamhi, 2003, p.48). Based on this principle, examples of commonly used dynamic assessment approaches include: test-teach-retest; modifying the presentation of formal tests (as described above); and providing graded prompts (ibid). Dynamic assessment is another important avenue for reducing bias in assessing children from culturally and linguistically diverse groups because of its emphasis on a child’s learning potential rather than test performance that “may reflect different learning experiences or a lack of educational opportunity” (Gutiérrez-Clellan & Peña, 2001).

Collaborative Teaming

Collaboration among professionals to evaluate a student’s communicative behavior should be a natural outcome of the basic premises of these guidelines articulated earlier, the legal requirements for evaluation and the recommended assessment procedures described above. Classroom teachers, other pupil support specialists and community service providers are logical partners in the communication evaluation. If the collaboration is planned when the evaluation is being discussed, it should produce more comprehensive, holistic information while using the time of school personnel and the student more effectively. Professional partnering can also facilitate the eligibility decision and lead to the development of a more integrated IEP for the student when a disability is identified. Eligibility decisions for students with cognitive or developmental problems and for culturally and linguistically diverse populations are just two examples of the complexities that can be better addressed when there is collaboration between the SLP and professional colleagues, such as school psychologists and ESL/bilingual teachers.

Considerations in Evaluating Culturally and Linguistically Diverse Children

While there is considerable commonality among the components of an assessment of children who are native English speakers and those who are acquiring English as a second language/dialect, attention to the special considerations described in the following sections is required to distinguish a communication difference from a communication disorder.

Cultural Knowledge

Taylor and Payne (1983) suggest the following topics about which the SLP should seek information for particular cultures:

- cultural values;

- preferred modes of communication;
- nonverbal communication rules;
- rules of communication interaction (who communicates with whom? when? under what conditions? for what purposes?);
- child-rearing practices, rituals and traditions, perceptions of punishment and reward;
- what is play? fun? humorous?;
- social stratification and homogeneity of the culture;
- rules of interaction with nonmembers of the culture (preferred form of address, preferred teaching and learning styles);
- definitions of disabled and communicatively disabled; and
- taboo topics and activities, insults, and offensive behavior.

The Center for Applied Linguistics in Washington, D.C., (202-362-0700 or <http://www.cal.org>.) is a useful resource about other languages and cultures, as is the National Clearing House for Bilingual Education (202-467-0867 or <http://www.ncbe.gwu.edu>). Local and state cultural organizations may also be able to provide information.

Determining the Languages to be Assessed

The procedures for gathering information about culturally and linguistically diverse children in the Supplemental Resources Packet will provide substantial information to the PPT about the student's relative language proficiency in various linguistic domains and interpersonal settings. "A brief screening in the primary language may be sufficient if a student has little or no proficiency in that language. More extensive testing is necessary in situations in which the student is able to understand the language or uses the language functionally for communicative purposes" (Langdon 1996, p.9).

Chamberlain and Landurand (1991) note that the purpose of the evaluation and the skills of the student (e.g., social vs. academic language skills) are important considerations in selecting the languages to be used. They point out that, when more than one language is to be used, the evaluator needs to consider whether they will be used separately or simultaneously. Chamberlain and Landurand suggest using each language separately in assessment "for students who are young and come from primarily monolingual homes, have been enrolled in a quality bilingual program where academic instruction has been consistently delivered in the first language and who are recent arrivals in the United States" (ibid, p.134). They cite the work of M.D. Pollack, who found that when the languages are used separately, the stronger language should be used first to obtain optimum performance. Chamberlain and Landurand also report the use of both languages simultaneously as being most effective with students whose control of both languages is limited, whose native language combines the two languages and who are young and having difficulty separating the languages (ibid, p.135).

Evaluation Personnel

When no one on staff in the school district is able to administer a test or other evaluation in the student's native language, 34 CFR Attachment 1 suggests identifying an individual in the surrounding area who is able to administer a test or other evaluation in the child's native language and/or

contacting neighboring school districts, local universities and professional organizations.

Additional options that may be considered include using a trained interpreter or translator. Other school district personnel (such as teachers of foreign languages, general education teachers, bilingual education or English as a second language, paraprofessionals/aides or pupil services personnel) may either serve as resources or may have contacts outside the district that they may access. Various cultural or religious groups or teachers at commercial language schools may also be able to help.

In its annual membership directory, the Connecticut Speech-Language-Hearing Association (CSHA) maintains a list of SLPs and audiologists who speak languages besides English. CSHA can be reached at 860-666-6900 or csha.assoc@snet.net. The American Speech-Language-Hearing Association (ASHA) publishes a special directory of bilingual members by language and by state. The ASHA Action Center may be reached at 800-498-2071. An online search for bilingual SLPs can also be conducted on ASHA's Web site, <http://www.asha.org>.

Matties and Omark (1984, chapter 3) discuss the advantages and pitfalls of using bilingual paraprofessionals to help with assessment. They stress the importance of substantial training of these individuals to avoid compromising the assessment. Langdon (2002) and Langdon & Cheng (2002) offer extensive guidance to address the challenges of effectively collaborating with interpreters and translators.

In 1997, the Connecticut SLP licensure law was amended to permit the use of support personnel by an SLP. Section 6(g) of Public Act 97-213 specifies what activities support personnel may conduct under the direction of the qualified SLP. These include helping the licensed SLP with evaluations. The law also specifies the amount of supervision required.

The training, use and supervision of speech-language pathology assistants has been addressed in guidelines by ASHA (1994) and the CSDE (1999).

INTERPRETING AND REPORTING ASSESSMENT RESULTS

Evaluation involves interpretation of various sources of assessment information about children's communication abilities, including the results of their performance on standardized instruments. Three areas require particular attention: (1) the reporting of standardized test results, (2) the relationship between language and cognition and (3) considerations about culturally and linguistically diverse children.

Reporting Standardized Test Results

Standards for Educational and Psychological Testing (AERA, APA, NCME, 1985) includes the following guideline about interpreting test results:

Standard 15.10. Those responsible for testing programs should provide appropriate interpretations when test score information is released to students, parents, legal representatives, teachers, or the media. The interpretations should describe in simple language what the test covers, what scores mean, common misinterpretations of test scores, and how scores will be used.

The following recommendations address both this standard and the need to provide important technical information to other professionals:

1. To compare a child's test performance with that of the general population, scores must be presented in an appropriate format. Standard scores (usually based on a mean of 100 and standard deviation of 15) are recommended for this purpose.

The distribution of standard scores is described by specifying the mean and standard deviation for the normative sample. If the norms are based on something other than a nationally representative normative sample, the test user should consider whether it is appropriate to report quantitative test results and, if so, to qualify findings as needed. Raw scores do not provide information about a particular child's performance relative to the normative sample.

2. *In determining eligibility for speech-languages services under special education, it is recommended that 1.5 standard deviations (SD) below the population mean (approximately seventh percentile) be used as the threshold level for establishing a deficit. This cutoff should be applied to composite scores of comprehension or production, or to overall test scores, rather than individual subtests. Eligibility should not be determined, however, solely by comparing a composite or overall score to this cutoff level. First, evidence that a deficit is functionally significant must be gathered and considered along with descriptive assessment data (see pages 24–27) and other background information*

before a determination of eligibility can be made. Second, measurement error should be taken into account (see following point).

3. Test scores should be presented in a manner that conveys that some degree of error is inherent in the score, thereby discouraging the inappropriate interpretation that test scores are fixed and perfectly accurate representations of a child's functioning.

The degree of error associated with a score can be calculated with precision using psychometric models. The standard error of measurement (SEM), which is derived from the reliability of the measure, can be used to calculate a confidence interval that includes a hypothetical "true score" with a given degree of certainty. For example, a 90 percent confidence interval can be said to be 90 percent certain to include a student's true score.

These guidelines recommend a 90 percent confidence interval.

Since the first edition of these guidelines, many test publishers have begun to include SEM/confidence interval tables in their technical manuals. For those instruments lacking this important information, calculations are provided in the Supplemental Resource Packet.

4. The type of psychometric information that is useful to professionals (i.e., standard score and confidence interval, test mean and standard deviation) should be supplemented by presenting scores in ways that are readily understandable to parents and teachers.

Verbal descriptions of functioning level (e.g., low average to average range) may be helpful in characterizing performance levels. Percentiles can also be useful to the layperson, although they have certain psychometric limitations. For example, it may be necessary to explain to parents that the normal range covers the 16th to the 84th percentile (corresponding to +/- 1 standard deviation, which is considered within normal limits). Parents need to understand that percentiles only reflect their child's relative ranking compared to other test takers and do not describe performance in terms of percentage of correct items on a test. Improving from the 10th to the 20th percentile, for example, does not mean that the child's performance has improved 10 percentage points.

Percentile scores should be reported in a manner that conveys that results are estimates of functioning (e.g., "approximately 30th percentile," "10th–20th percentile range"). They should not be used as the basis for eligibility decisions.

5. Modifications or adaptations of standardized test procedures invalidate the use of test norms, but may provide qualitative information about a child's language abilities.

If a test administration appears to be invalid for any reason, test scores should not be subjected to usual interpretations and the reasons for invalidation should be clearly stated in oral and written presentations of test results. However, a description of the types of cues that supported the child's language (e.g., prompts, initial word, sounds) should be described, as these are valuable sources of information in determining appropriate intervention strategies.

6. *Age- or grade-equivalent scores should not be used in making eligibility decisions.*

Equivalent scores reflect the median score of children in the normative sample at a given age or grade. They do not account for normal variation around the test mean, as do standard scores. The normal range of variability of children of the same age or grade as the child being evaluated might include scores as low or high as the median scores of other ages or grades. Grade-level equivalents may be mistakenly understood to have a relationship to curriculum content at that level. Furthermore, since the age or grade equivalent scale is not an equal interval scale, the significance of a delay at different ages is not the same. While seemingly easy to understand, equivalent scores are highly subject to misinterpretation and should not be used to determine whether a child has a significant deficit.

7. *Interpretations based on scores from two or more different tests should be approached with great caution.*

One complication in using profile analysis concerns the error inherent in each obtained score. As each score contains some degree of error, the difference between pairs of scores may be affected to an even greater degree. “One can jump to the wrong conclusion about an individual’s relative strengths and weaknesses by assuming that all apparent differences in test scores represent real differences in behavior” (McCauley and Swisher, 1984, 342–343). Another complication is that different tests will have different normative samples. If the characteristics of these normative samples are dissimilar, scores will be less comparable than scores from within the same test. This source of error can be reduced by limiting cross-test comparisons to tests with large, well-selected national normative samples.

8. Two other items from the *Standards for Educational and Psychological Testing* merit particular attention. Standard 6.10 states:

Test administrators and users should not attempt to evaluate test takers whose special characteristics—ages, handicapping conditions, or linguistic, generational, or cultural backgrounds—are outside the range of their academic training or supervised experience.

A test user faced with a request to evaluate a test taker whose special characteristics are not within his or her range of professional experience should seek consultation regarding test selection, necessary modifications of testing procedures, and score interpretation from a professional who has had relevant experience.

Standard 6.11 states:

A test taker’s score should not be accepted as a reflection of lack of ability with respect to the characteristic being tested for, without consideration of alternate explanations for the test taker’s inability to perform on that test at that time.

A useful resource for understanding psychometric testing/interpretation for diagnostics in speech and language pathology is *Diagnosis and Evaluation in Speech Pathology*, 6th edition, by W.O. Haynes and R. Pindzola, published in 2004 by Pearson Educational Press in Boston.

Cultural and Linguistic Considerations

Interpreting the communicative behavior children exhibit during an assessment requires consideration of the sociocultural and linguistic communities in which they live. This is particularly important as our schools become increasingly diverse. The professional literature contains much useful information for ensuring valid interpretations of children's communicative performance. Some of that information is highlighted below (Anderson, 1994; Battle, 1996; Cheng, 1996, Goldstein & Iglesias, 1996; Leith, 1993; Roseberry-McKibbin, 1994; Schiff-Meyers, 1992; Stockman, 1996; Watson & Kayser, 1994).

Background Information Considerations

- Child rearing practices that may affect communication development (e.g., amount of parent-child vs. peer-peer talk).
- Cultural attitudes to impairment that may produce “learned helplessness” in child.
- Genetic conditions that may affect communication development (e.g., prevalence of sickle cell anemia among African Americans in relation to sensorineural hearing loss).
- Influence of difficulties or inconsistency in accessing health care system for identification or treatment of medical conditions that impact communication development (e.g., related to cultural values, families' lack of English proficiency, poverty).
- Stage of native language development when English was introduced.
- Disruptions in learning native language or English.
- Quality of English speech-language models.
- Stability of family composition, living circumstances related to opportunities to engage in normal communication building experiences.
- Attitudes of family and child to English language culture.

Language Considerations

- Stage of English acquisition (see Supplemental Resources Packet).
- Interference from native language that may cause English errors (e.g., in Spanish “*la casa grande*” literally means “the house big”).
- Fossilization (i.e., persistence) of errors in English even when English proficiency is generally good.
- Inconsistent errors that vary as the child experiments with English.
- Switching back and forth between native language/dialect and English (code switching) words or language forms to fill in gaps in English language knowledge or competence (child may have concept but not word; indicates awareness of the need to “fill a slot” to keep the communication going).
- Arrested development of the native language when English was introduced.
- Language loss in native language as English proficiency improves (may account for poor performance in native language).
- Historical linguistic influences on the vocabulary and language forms of African American English.
- Absence of precise native language vocabulary equivalents for English words.
- Influence of normal limitations in English vocabulary development on difficulties understanding and using multiple meaning words.
- Influence of normal difficulties in English language expression on ability to demon-

- strate comprehension (e.g., respond to questions).
- Absence in English of native language forms (e.g., Spanish “*tu*” and “*usted/ustedes*” vs English “you”).
- Restrictions or absence of certain uses of language due to cultural values (e.g., prediction in American Indian cultures).
- Influence of culture on nonverbal language (e.g., gesturing, eye contact).
- Influence of culture on discourse rules (e.g. acceptability of more interruptions among Hispanics).
- Influence of culture on proxemics (e.g., acceptability of greater proximity between listener and speaker among Hispanics).
- Influence of absence of written language forms in native language on English writing (e.g. capitalization, punctuation, paragraph structure in Chinese).

Phonology Considerations

- Dialect variations within language groups (e.g., Mexican, Puerto Rican, Cuban dialects of Spanish).
- Absence of sounds of native language in English or in the same position in English and vice versa (e.g., deletion of final consonants in English related to only five consonants appearing in word final position in Spanish; deletion of final consonant clusters in English as a function of their absence in Japanese).
- Effect on sound discrimination of meaningful sound differences in one language not being meaningful in another.
- Influence of articulation features of native language sounds on production of English sounds.
- Influence of dialectical variations on physical parameters of sounds (e.g., lengthening or nasalizing of vowel preceding a final consonant in African American English when that consonant is deleted).
- Historical linguistic influences on development of African American phonology.
- The child’s possible embarrassment about how he or she sounds in English.

Fluency Considerations

- Apparent universality of sound repetitions, sound prolongations and associated behaviors such as eye blinks and facial, limb and other body movements in stuttering across cultures.
- Influence of normal development of English language proficiency on occurrence of disfluencies (e.g., revisions, hesitations, pauses).
- Cultural behaviors that may be misinterpreted as avoidance behaviors (e.g., eye contact).
- Cultural variations on factors that enhance or disrupt fluency.
- Misinterpretation of mannerisms used to cover up limited English proficiency as secondary characteristics of disfluency.
- The relationship of locus of stuttering to phonemic, semantic, syntactic and pragmatic features of the native language and English.
- Possible influence of foreign accent on accuracy of measurement of speech rate and judgments of speech naturalness.

Voice Considerations

- Influence of vocal characteristics of native language on voice resonance in English (e.g., tone languages).
- Cultural variations in acceptable voice quality (e.g., pitch, loudness).
- Possible role of insecurity about speaking English on volume of voice in English. and
- Possible role of stress from adapting to a new culture on vocal tension affecting voice quality.

Language and Cognition

While the practice of excluding students from eligibility for speech and language services when language and cognitive scores are commensurate (cognitive referencing) has declined since the first edition of these guidelines, the SDE continues to field inquiries about the validity of this approach. Intensive scrutiny of the relationship between language and cognition and cognitive referencing in the professional literature provides a number of reasons for discouraging the practice, including the following:

1. “Language problems co-occur with weaknesses in other symbolic skills too frequently to be coincidental but with insufficient predictability for cognitive factors to be considered central to the disorder” (Nelson, 1993, p. 97).
2. The stability of the language-cognitive relationship varies over time. Cole et al.’s study (1992) of 125 preschool children over four years found “substantial changes” in the relationship, as well as great fluctuations on children’s eligibility for service when it was based on a discrepancy model (p. 131).
3. While the constructs measured on language and intelligence tests share variance in the verbal domain, the extent of that relationship varies greatly from test to test (Secord, 1992). The closer the match between the tasks on the tests being compared, the higher will be their correlation. For example, Secord (1992) reports the correlation between the Test of Language Competence (TLC) and the WISC-R to be +.72 because the TLC assesses metalinguistics, which requires metacognition that is measured by the WISC-R.
4. The confounding role of language is presumed by some to be controlled for by using performance or nonverbal measures of intelligence. However, Sattler (1988) notes that “the Verbal Scale subtests involve visualization or other nonverbal processes” (p. 172) and “the Performance Scale subtests involve language activity in the form of overt verbal responses or mediating symbolic activity” (p. 173). He concludes that “there are no *pure* tests of either verbal or nonverbal ability on the WISC-R and other Wechsler scales” (p. 173). Studies have shown that children with language impairment exhibit difficulty with tasks on nonverbal intelligence related to spatial rotation that require anticipatory imagery, nonverbal analogies, and manual-motor skills that could affect their nonverbal IQ scores. (See Swisher et al, 1994 for a review.)
5. Intelligence measures are not a meaningful gauge of whether a child may benefit from language services. Cole et al. (1990) found that children whose cognitive levels were commensurate with their language levels, as well as children whose cognitive levels exceeded their language levels,

benefited from language intervention.

Decisions to make direct comparisons between language and cognitive performance when interpreting assessment results stem from: (1) a misunderstanding of the requirements of IDEA for identifying a child with a speech-language disability and (2) the misapplication of IDEA requirements for the identification of a specific learning disability to children with communication impairments.

IDEA does not require determination of a significant discrepancy between intellectual ability and achievement for a child to be identified with a speech-language disability.

In fact, the following statements were included in a response by the Office of Special Education Programs to an inquiry:

...any guideline or other policy which, as written or implemented, acts as a categorical denial of related services to all students whose language or motoric skills are as delayed as their general developmental level, would be inconsistent with the requirements of the EHA-B. Such a categorical limitation on services would conflict with the EHA-B requirement that the services to be included in each student's IEP be determined on an individual basis [Rainforth, 17 EHLR 222].

The position of these guidelines is that determining eligibility for special education speech and language services should not be made on the basis of a discrepancy between language and cognitive measures. However, appropriate cognitive assessment may be used to supplement or support the findings of the speech-language evaluation (see Basic Premise 7, page 9).

“IDEA does not require determination of a significant discrepancy between intellectual ability and achievement for a child to be identified with a speech-language disability.”

IDEA 2004 does include general intelligence as one of the areas that may need to be addressed to ensure that a child is assessed in all areas of a suspected disability [34 CFR § 300.304(c)(4)]. Districts may also assess the relative contribution of cognitive factors [34 CFR § 300.304(b)(3)]. Collaboration between the school psychologist and the SLP in planning, implementing and reviewing the results of appropriate communication and cognitive assessments and interpreting their results will facilitate decisions about the role of cognition in the PPT's determination of eligibility for speech and language services as special education or related services. This topic is addressed on page 61 in Section B of the PPT Report of Eligibility for Speech-Language Services.

Considerations for the PPT When Discussing Language and Cognition

Deciding whether children with cognitive impairments are eligible for speech and language services under IDEA is complicated by the lack of clarity about how much cognitive ability children need to develop normal communication. The previous section delineated numerous reasons for not linking a child's language and cognitive scores, but also pointed out that general intelligence

testing may be included in an eligibility evaluation. The following questions may facilitate the PPT's discussion about the relative contribution of cognition to the documented language impairment, as well as the possible impact of the language impairment on cognitive scores.

1. How, and to what extent, did language play a role in the difficulties the student experienced on measures of cognition?
2. What cognitive skills could have played a role in the difficulties the student experienced on measures of communication?
3. Did the cognitive testing provide information about a variety of aspects of the student's intelligence (e.g. linguistic, social, etc.)? Does the student demonstrate communication deficiencies that severely affect his or her performance in these other intellectual domains? What are these communication deficits and what is their effect?
4. Were there any significant differences between the student's standardized test performance and functional communication assessment?
5. What is the relationship between the child's intelligence and educational achievement? What role might language play in any differences?
6. Does the student demonstrate impairments in adaptive behaviors? If so, do the student's communication skills interfere with adaptive behavior? Which ones? What aspects of the student's communication impairments affect the adaptive behaviors? Does the student perform better on adaptive measures than on intellectual measures? What is the relationship between the student's language comprehension and expression?
7. What communication skills does the student lack that are necessary to function in his or her current environments?
8. What aspects of improved communication skills would allow the student to do what he or she is not doing successfully in his current program/environment?
9. Does the student need specially designed instruction, or are there other educational supports available to address the concerns that prompted the special education referral?
10. If the student has another disability (e.g., mental retardation), how are the communication concerns addressed in the student's special education program? Does the student need speech and language services as a related service in order to benefit from his or her special education program?

APPLYING THE ELIGIBILITY CRITERIA

Definitions

When the PPT determines, based on evaluation or reevaluation results that a child has a communication impairment, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects his or her educational performance [34 CFR § 300.8(c)(11)] and, as a result, needs special education and related services [34 CFR § 300.8(a)(1)], that child is eligible for speech and language services under IDEA.

The following terminology clarifies the terms used in the above definition.

“A language impairment is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination” (ASHA, 1993, p.40).

An articulation impairment is the “atypical production of speech sounds ... that may interfere with intelligibility” (ASHA, 1993, p.40). Errors in sound production are generally classified as motorically based or cognitively/linguistically based (Bernthal and Bankson, 1988). Motorically based errors are generally called articulation impairments; cognitively/linguistically based errors are referred to as impairments of phonological processes. While some practitioners classify phonological process errors as language impairments, for purposes of these guidelines they are included with articulation impairments under the category of phonology.

A fluency impairment is “an interruption in the flow of speaking, characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words and phrases. This may be accompanied by excessive tension, struggles behavior, and secondary mannerisms” (ASHA, 1993, p.40).

A voice impairment is defined as “the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration which is inappropriate for an individual’s age and/or sex” (ASHA, 1993, p.40).

Instructions

The worksheets on the following pages are designed to assist SLPs in summarizing their evaluation findings in a way that facilitates providing information to the PPT for the eligibility determination. There are forms for language, phonology, fluency and voice. The forms are available electronically on the CSDE’s Web site (<http://www.ct.gov/sde>). Each section of the forms can be expanded to incorporate information deemed necessary by the district and evaluator. Since first published, these forms have been found useful in organizing information to clarify the eligibility decision.

The guidelines committee recommends the following procedures:

1. Upon completion of the assessment, fill out the relevant worksheets in this section. They may be completed using the codes provided or some alternate system that is convenient. However, if a different method is used for recording information, it should be consistent across the district. A written description of the alternate system should be prepared so that all SLPs in the district follow the same system for entering information and so that school personnel in a district to which a child transfers can interpret the information.
2. Attach the worksheets to the Special Education Speech-Language Evaluation Report Form (pages 58–59).
3. Present the information on the evaluation summary worksheets and the Special Education Speech-Language Evaluation Report to the PPT.

The PPT is responsible for determining the eligibility of a child for speech and language services as special education or a related service.

[Insert School District Name]

Summary of Evaluation/Reevaluation Findings: Language Worksheet

NOTE 1: Includes oral, written or nonverbal language, as appropriate.

NOTE 2: When completed, this worksheet becomes part of the child's education record.

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A. Remember that eligibility may not be determined solely on the basis of standardized tests.

Evidence Codes: 1 = language sample 2 = contextual probe 3 = structured observation
4 = classroom/curriculum work samples* 5 = standardized language tests**
6 = teacher report/interview 7 = child report/interview 8 = parent report/
interview

* including curriculum standards for effective oral and written communication (language arts) and CMT/CAPT

Note: Numbers 6, 7 and 8 are not sufficient evidence, by themselves, of weakness or impairment. They must be supported by objective data.

** When standardized language tests are used the threshold of impairment is 1.5 standard deviations below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Language Area	Evidence of Strength/Competency	Evidence of Weakness/Impairment
CONTENT		
Vocabulary		
Concepts		
Classification and categorization		
Semantic relationships		
Comprehension of questions		
Following directions		
Understanding stories and text		
Word finding		
Accurate and semantically appropriate production		

[Insert School District Name]

Child _____ Date _____

Language Area	Evidence of Strength/Competency	Evidence of Weakness/Impairment
FORM		
Grammar		
Morphology		
Variety of constructions		
Word order		
Length		
Complexity		
Variety of genres (e.g., narrative, expository, persuasive)		
Cohesion		
USE		
Variety of verbal and nonverbal functions (e.g., greeting, protesting, requesting, commenting)		
Discourse rules (e.g., joint attention/ referencing, initiating, turn taking, topic relevance, topic maintenance, closing, proxemics)		
Prosodic features		
METALINGUISTICS		
Phonological awareness		
Phonemic awareness		
Error awareness/correction (any aspect of language assessed)		
Figurative language (e.g., idioms, metaphors, similes, absurdities)		
Language of thinking (e.g., predicting, drawing conclusions, analogies, problem solving)		
METAPRAGMATICS		
Role of context		
Perspective taking		
AUDITORY PROCESSING		
EXECUTIVE FUNCTIONING (e.g., planning, organizing, self-monitoring)		

Codes for Educational Effect and Criteria: Language

Child _____ Date _____

Evidence Codes: 1 = language sample 2 = contextual probe 3 = structured observation
4 = classroom/curriculum work samples* 5 = standardized language tests**
6 = teacher report/interview 7 = child report/interview
8 = parent report/interview

Note: Numbers 6, 7 and 8 are not sufficient evidence by themselves. They must be supported by objective data.

* including curriculum standards and CMT/CAPT

** When standardized tests are used the threshold of impairment is 1.5 standard deviations below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Extent of Adverse Educational Effect:

Code Level of Functioning

A **Independent Performance:**

The student performs effectively all or most of the time with little, if any, assistance. He/she knows what to do and how.

B **Minimal Support:**

Data indicate that the student needs more assistance and progress monitoring than other students in his or her class. He/she may need some accommodations in or modifications to the current learning environment, general education curriculum, classroom instruction (e.g., prompts, cues, modeling, scaffolding, more examples, extra time, preferential seating, individualized instruction or tutoring) and/or require general education remedial instruction.

C **Maximum Support:**

Data indicate that the student does not perform effectively most of the time, despite the systematic provision of minimal support.

Eligibility: The child must be at level C in two areas of educational concern on page 43, with evidence that the problems are language based, according to the information from the language evaluation. (The worksheets on pages 40–41 will help document this.)

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage, or lack of instruction in reading or mathematics.

[Insert School District Name]
Educational Effect Worksheet: Language

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Child _____ Date _____

Area of Educational Concern	Evidence of a Language-Based Problem	Extent of Adverse Educational Effect	Comments
Attending behaviors			
Following classroom routines			
Listening comprehension			
Oral participation			
Reading			
Written language			
Content subjects			
Vocational programs (in school or community)			
Social-emotional adjustment/behavior			
Effectiveness of communication/ pragmatics			
Additional areas for prekindergarten students			
Play			
Peer interactions			

Codes and Criteria for Phonology Disability

Impairment Code: Y = Yes; N = No; N/A = Not Applicable

Evidence Code: 1 = speech sample 2 = contextual probe 3 = structured observation
4 = classroom/curriculum work samples 5 = standardized speech tests**
6 = teacher report/interview 7 = child report/interview
8 = parent report/interview

Note: Numbers 6, 7 and 8 are not sufficient evidence, by themselves, of impairment. They must be supported by objective data.

* When standardized speech tests are used the threshold of impairment is 1.5 standard deviations below the mean of the test. The threshold for other procedures will vary according to the procedure selected.

Adverse Effect on Educational Performance Code:

1 = oral participation 2 = oral reading 3 = spelling
4 = other curriculum/academic results** 5 = social-emotional adjustment/
behavior
6 = reaction of self, peers, teachers, parents

** including curriculum standards for effective communication (language arts) and CMT/CAPT

Note: Numbers 5 and 6 are not sufficient evidence, by themselves, of an adverse educational impact.

Eligibility: The child exhibits impairments in connected speech*** in both of the following areas, with accompanying adverse effects on educational performance in each area.

- (1) **SOUND PRODUCTION** (Articulation or Phonological Processes)
- (2) **OVERALL INTELLIGIBILITY**

*** If the child does not use connected speech, judge intelligibility at the typical length of utterance.

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, or dialect usage, or lack of instruction in reading or mathematics.

[Insert School District Name]
Summary of Evaluation/Reevaluation Findings: Phonology

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A. Remember that eligibility may not be determined solely on the basis of standardized tests.

Phonology Area	Impairment	Evidence	Adverse Effect on Educational Performance
SOUND PRODUCTION			
Articulation			
Isolation			
Syllables*			
Words*			
Spontaneous speech* (including babbling, jargon, as appropriate)			
Oral reading in initial, medial, final positions, blends, vowels			
Phonological Processes			
Final consonant deletion			
Cluster reduction			
Weak syllable deletion			
Glottal replacement			
Labial assimilation			
Alveolar assimilation			
Velar assimilation			
Prevocalic voicing			
Final consonant devoicing			

[Insert School District Name]

Child _____ Date _____

Phonology Area	Impairment	Evidence	Adverse Effect on Educational Performance
Affrication			
Fronting			
Gliding of fricatives			
Gliding of liquids			
Vocalization			
Stopping			
Other			
STIMULABILITY			
Sounds			
Syllables			
Words			
Spontaneous speech			
PHONOLOGICAL/ PHONEMIC AWARENESS			
OVERALL INTELLIGIBILITY			
Messages understood by familiar partners			
Messages understood by unfamiliar partners			
Messages understood in context			
Messages understood out of context			
Manner of production distracts from content			
AUDITORY DISCRIMINATION			
ORAL MECHANISM			
Structure			
Function			

* in initial, medial, final positions, blends, vowels

Codes and Criteria for Fluency Disability

Impairment Code: Y = Yes; N = No; N/A = Not Applicable

Evidence Code: 1 = fluency measurements from speech samples
2 = attitude/self-perception measures 3 = structured observation
4 = teacher report/interview 5 = child report/interview
6 = parent report/ interview.

Note: Numbers 4, 5 and 6 are not sufficient evidence, by themselves, of impairment. They must be supported by objective data.

Adverse Effect on Educational Performance Code:

1 = oral participation 2 = oral reading 3 = curriculum/academic results*
4 = social-emotional adjustment/behavior 5 = reaction of self, peers, teachers, parents.

* including appropriate curriculum standards for effective communication (language arts), CMT/CAPT results

Note: Number 4, reaction of self, peers, teachers, parents is not sufficient evidence, by itself, of an adverse educational impact.

Eligibility: The child exhibits disfluencies during connected speech in at least one of the following areas, with accompanying adverse effect on educational performance.

1. Frequency and/or durational measurements of disfluencies in one or more settings.
 - (a) more than 2 percent atypical disfluencies, with or without the presence of struggle behaviors, covert stuttering behaviors, or coping mechanisms; OR
 - (b) more than 5 percent typical disfluencies, with or without the presence of struggle behaviors, covert stuttering behaviors, or coping mechanisms, or with the presence of one or more risk factors.
2. Rate of speech at least +/- 1.5 standard deviations from the mean.
3. Speech naturalness outside the normal range of 3.0 for children and 2.12–2.39 for adolescents/adults on a 9-point naturalness rating scale.

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage, or lack of instruction in reading or mathematics.

[Insert School District Name]
Summary of Evaluation/Reevaluation Findings: Fluency

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Fluency Area	Impairment	Evidence	Adverse Effect on Educational Performance
FREQUENCY			
Type of Disfluencies			
Hesitations			
Interjections			
Revisions			
Unfinished words			
Sound repetitions			
Syllable repetitions			
Word repetitions			
Phrase repetitions			
Prolongations			
Blocks			
Struggle Behaviors			
<i>Visible Tension</i>			
Head			
Neck			
Shoulders			
Eyes			
Lips			
Tongue			
Jaw			
Larynx			
Inhalation			
Other			

[Insert School District Name]

Child _____ Date _____

Fluency Area	Impairment	Evidence	Adverse Effect on Educational Performance
FREQUENCY			
Struggle Behaviors			
<i>Audible Tension</i>			
Uneven stress			
Pitch changes			
Neutralized vowels			
Increased rate			
Inhalation			
Exhalation			
Other			
DURATION OF DISFLUENT EPISODES			
RATE OF SPEECH			
SPEECH NATURALNESS			
COPING MECHANISMS			
Awkward Phrases			
Distorted Grammatical Forms			
Circumlocutions			
Starter Devices			
Postponement Tactics			
Avoidance (to disguise stuttering)			
COVERT STUTTERING BEHAVIORS			
Emotional reaction			
Avoidance (of feared sounds, words, situations or people)			
Expectation of stuttering			
Expectation of fluency			

Fluency Measurement Options

Choose Option 1 Or Option 2

Option 1: Choose one fluency measurement from group A, one from group B and one from group C.

Group A:

1. To analyze *frequency of stuttering*, use the following:

In a variety of settings, using audiotape or videotape, collect appropriate speech samples that include monologue, conversation, oral reading, story retelling and pressure dialogue. Transcribe 200 syllables from each sample (Campbell & Hill, 1992) or, to increase validity for preschool and young school age children, transcribe 300 syllables (Lincoln & Packman, 2003). In the event of very severe stuttering, it may be difficult to collect a 200- or 300-syllable sample, in which case a 10-minute sample should be collected (Campbell & Hill, 1992). Videotape is preferable for analyzing blocks (silent pauses), hesitations, secondary characteristics and struggle behaviors. The 200 or 300 syllables to be analyzed should represent the intended message. To obtain the 200 or 300 syllables, do not include repetitions of sounds, words, syllables or other disfluencies as part of the intended message. Revisions, however, should be counted as part of the intended message.

Example: “I I I am go..go..go..go..ing to...(2 second prolongation) play climb on the on the slide. C C C uh C atch me?”

This 12-syllable example includes a repetition of a word 2 times (I); a repetition of a syllable three times (go); a two-second prolongation (to); a revision (climb); a repetition of a phrase (on the); and a three-component stutter (C C + uh + C) that contains a repetition of a sound two times (C C), an interjection (uh) and a repetition of a sound one time (C). In total, the example contains six instances of stuttering. The repetition of the word and the revision are typical disfluencies; the repetition of the syllable, prolongation and the three-component stutter are considered atypical disfluencies. Although “uh” is an interjection and a typical disfluency, the three-component stutter is atypical because it contains atypical disfluencies (repetitions of sounds). See the Continuum of Disfluent Speech Behavior in the Fluency section of the Supplemental Resources Packet.

In addition, count the number of instances of disfluencies, such as hesitations, interjections, revisions or prolongations and note struggle behaviors, such as audible or visible tension, that accompany the stuttering. Divide the number of instances of stuttering by the number of syllables in the sample and multiply by 100 to obtain the percentage of stuttered syllables. Subtract this number from 100 to obtain the percentage of fluent speech. Using the same formula, calculate the percentages of stuttered syllables for typical and atypical disfluencies (Campbell & Hill, 1992; Lincoln & Packman, 2003).

OR

2. To analyze *duration of stuttering*, the following measurements may be used:

- A. Collect a 10- to 15-minute speech sample of the student's conversational speech using videotape or audiotape. Videotape is preferable for analyzing secondary characteristics and struggle behaviors. Use a stopwatch to time five minutes (300 seconds) of the student's talking time. Review the sample and use a stopwatch to obtain the total number of seconds of disfluencies. Divide the total number of seconds of disfluencies by the total number of seconds in the speech sample and multiply by 100 to obtain the percentage of duration of disfluent speech (Bacolini, P., Shames, G., & Powell, L., 1993). If using a video sample, watch the video once again, noting the types of disfluencies and secondary characteristics listed on the Summary of Evaluation Findings: Fluency.
- B. Curlee & Perkins (1984) suggest the following method for analyzing duration:
 1. Use a stopwatch to time the length of 10 different stuttering moments at random within a speech sample. These moments of stuttering should be representative of the sample. To obtain the average duration of stuttering, divide the sum of the 10 stuttering moments by 10.
 2. Choose the three longest stuttering occurrences and time each with a stopwatch. Record the results.

Group B:

1. To analyze *rate of speech*, use the following procedure:

Collect a five-minute speech sample using speaking or oral reading (Peters & Guitar, 1991). You may need 10 minutes of taping to get the five minutes of the student's speaking time. Count the number of syllables (or words) in the intended message. Then, divide the number of syllables (or words) by the total number of minutes of the student's speaking/oral reading time in the sample to obtain a syllable per minute rating, or SPM (or a word per minute rating, WPM). See the Fluency section of the Supplemental Resource Packet for mean rates of speech.

OR

2. To analyze *speech naturalness*, use the following procedure:

Collect a five-minute speech sample. Use a 9-point naturalness scale to determine whether speech has a natural sounding quality. To analyze speech quality, judgments of naturalness may be made by SLPs or naive listeners (lay persons, graduate students). Review the sample (watch/listen) and at 15 second intervals make subjective judgments about the speech to determine whether it sounds highly natural or highly unnatural, despite the percentage of fluency. A total of at least 10 such judgments should be made. To calculate naturalness, add the number assigned at each rating and then divide that number by 10. The mean naturalness rating for adolescents/adults is 2.12 to 2.39

on the 9-point naturalness scale (Martin et al., 1984; Ingham et al., 1985). The mean naturalness rating for children is 3.0 (J. Ingham, 1998). See the Fluency section of the Supplemental Resource Packet.

Group C:

For children, choose one of the following procedures, if appropriate.

For adolescents, you must choose one.

1. To assess coping mechanisms, Culatta & Goldberg (1995) recommend using the following methods:

Observations, checklists, rating scales and self-rating protocols. (See the Fluency section of the Supplemental Resource Packet.)

Reports by the student of how he/she manipulates speech in order to cope with stuttering.

Reports by the student of experiences of tension.

Reports by the student of vigilance necessary to achieve and maintain fluent speech.

OR

2. To assess covert stuttering behaviors, Culatta & Goldberg (1995) recommend using a variety of interview and questionnaire protocols. (See the Fluency section of the Supplemental Resources Packet.)

<p>OPTION 2: Use Fluency Severity Rating Scale Procedures. (See samples in the Fluency section of the Supplemental Resources Packet.)</p>
--

Codes and Criteria for Voice Disability

Impairment Code: Y= Yes N= No N/A = Not Applicable

Evidence Code: 1 = voice measurements 2 = attitude/self-perception measures
3 = speech samples 4 = structured observation 5 = teacher report/interview
6 = child report/interview 7 = parent report/interview

Note: Numbers 5, 6 and 7 are not sufficient evidence, by themselves, of impairment. They must be supported by objective data.

Adverse Effect on Educational Performance Code:

1 = oral participation 2 = oral reading 3 = other curriculum/academic results*
4 = social-emotional adjustment/behavior 5 = reaction of self, peers, teachers, parents

* including curriculum standards for effective communication (language arts)

Note: Number 5, reaction of self, peers, teachers, parents is not sufficient evidence, by itself, of an adverse educational impact.

Eligibility: The child exhibits chronic/persistent (at least six weeks duration) impairments in connected speech in at least one of the following areas, with accompanying adverse effect on educational performance in each area.

1. **Phonation**
2. **Resonance**
3. **Prosody**

The impairments must not be related primarily to limited exposure to communication building experiences, the normal process of acquiring English as a second language, dialect usage, or lack of instruction in reading and mathematics and must not be related to unresolved upper respiratory infection, allergies or other medical conditions that are not being actively treated by a physician.

Note: No child should be enrolled for voice therapy without prior examination by an ear, nose and throat physician. However, the presence of a medical condition (e.g., vocal nodules) or a prescription from a physician does not a priori necessitate the provision of voice therapy as special education or a related service.

[Insert School District Name]
Summary of Evaluation Findings: Voice

NOTE: *When completed, this worksheet becomes part of the child's education record.*

Date _____ SLP _____

Child _____ DOB _____

School _____ Grade _____

Teacher _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
PHONATION			
Isolation			
Total pitch range			
Optimum pitch			
Pitch appropriateness for age			
Pitch appropriateness for sex			
Loudness range			
Aphonia			
Breathiness			
Diplophonia			
Glottal fry			
Hoarseness			
Harshness			
Tremor			
Connected Speech			
Voice onset			
Voiceless to voiced			
Appropriateness of loudness			
Pitch breaks			
Pitch range			
Habitual pitch			

[Insert School District Name]

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effect on Educational Performance
Aphonia			
Breathiness			
Diplophonia			
Glottal fry			
Hoarseness			
Harshness			
Tremor			
RESONANCE IN CONNECTED SPEECH			
Hypernasality			
Hyponasality			
Throatiness/cul de sac			
Nasal emission			
Assimilation nasality			
PROSODY IN CONNECTED SPEECH			
Stress			
Intonation			
RESPIRATION			
Type of Breathing Pattern			
At Rest			
In Connected Speech			
Breath Support for Speech			
Posture			
Tension			
ASSOCIATED FACTORS			
Vocal Abuse Behaviors			
Personality Factors			
ORAL MECHANISM			
Structure			
Function/Tension			
EAR, NOSE, THROAT EXAMINATION RESULTS			

[Insert School District Name]
Special Education Speech-Language Evaluation Report

Child _____ DOB _____

School _____ Grade _____

Teacher _____ SLP _____

Evaluation Dates _____ Report Date _____

Reason for the Referral: *(Include information documented during the regular education early intervening services, as well as any additional information that emerged at the referral PPT.)*

Background Information: *(Summarize pertinent case history information gathered during the regular education early intervening services process, as well as any additional information that emerged at the referral PPT.)*

- A comprehensive case history indicates areas of concern related to communication. Yes___ No___
Comments:

- All areas related to birth and development are within normal limits. Yes___ No___
Comments:

- There are medical issues that require consideration in interpreting assessment results. Yes___ No___
Comments:

- There are family/cultural issues that require consideration in interpreting assessment results. Yes___ No___
Comments:

- There are educational issues that require consideration in interpreting assessment results (e.g., grade retention, significant absences). Yes___ No___
Comments:

Assessment Information

NOTE: *No child can be considered eligible solely on the basis of standardized test results. Observations in the classroom and/or other relevant settings are required. Areas of difficulty delineated by standardized tests must be confirmed by descriptive measures of functional communicative ability to determine adverse educational impact.*

- Hearing Screening/Evaluation Results

Comments:

- Observations in the classroom and/or other relevant settings yielded the following pertinent functional information.

Comments:

Check which descriptive measures were used.

speech sample

oral language sample

written language sample

teacher reports, checklists, interviews

curriculum based assessments (e.g., portfolios, text analysis, class tests, curriculum standards)

parent reports, checklists, interviews

child reports, checklists, interviews

other (describe) _____

(Report and interpret results here.)

- Standardized tests were used. Yes___ No___

(Report test name, purpose, standard score, standard error of measurement at the 90 percent confidence level, test mean and standard deviation and interpret results. May use narrative format, attaching appropriate forms from pages 40–43, 44–46, 48–49, 54–55).

- When results of standardized tests and descriptive measures were discrepant, a weight of evidence from *multiple* descriptive measures supported the existence of a communication impairment. Yes___ No___ N/A___

Comments:

- Assessment results provide evidence of adverse effects of communication on educational performance. Yes___ No___

Comments:

Summary and impressions:

Recommendations for the PPT's consideration:

[Insert School District Name]
Special Education Speech-Language Reevaluation Report

Child _____ DOB _____

School _____ Grade _____

Teacher _____ SLP _____

Evaluation Dates _____ Report Date _____

Reason for the Reevaluation: *(Include pertinent information about initial/previous evaluation results; date of initial identification.)*

Summary of Services: *(Include history of speech and language and other services, speech-language intervention targets and progress since last evaluation as well as any additional information that emerged at the reevaluation planning PPT.)*

Pertinent Information: *(Summarize information gathered since last evaluation, such as changes in medical, health, family status, as well as any additional information that emerged at the reevaluation planning PPT.)*

Assessment Information:

NOTE: *No child can be considered eligible solely on the basis of standardized test results. Observations in the classroom and/or other relevant settings are required. Areas of difficulty delineated by standardized tests must be confirmed by descriptive measures of functional communicative ability in order to determine adverse educational impact.*

- Hearing Screening/Evaluation Results

Comments:

- Observations in the classroom and/or other relevant settings yielded the following pertinent functional information.

Comments:

Check which descriptive measures were used.

- speech sample
 oral language sample

written language sample
 teacher reports, checklists, interviews
 curriculum based assessments (e.g., portfolios, text analysis, class tests, curriculum standards)
 parent reports, checklists, interviews
 child reports, checklists, interviews
 other (describe)_____

(Report and interpret results here.)

- Standardized tests were used. Yes___ No___

(Report test name, purpose, standard score, standard error of measurement at the 90 percent confidence level, test mean and standard deviation and interpret results. May use narrative format, attaching appropriate forms from pages 40–43, 44–46, 48–49, 54–55).

- When results of standardized tests and descriptive measures were discrepant, a weight of evidence from *multiple* descriptive measures supported the existence of a communication impairment. Yes___ No___ N/A___

Comments:

- Assessment results provide evidence of adverse effects of communication on educational performance. Yes___ No___

Comments:

Summary and impressions:

Recommendations for the PPT’s consideration:

DETERMINATION OF ELIGIBILITY FOR SPEECH-LANGUAGE SERVICES AS SPECIAL EDUCATION OR AS A RELATED SERVICE

Determining appropriate eligibility for speech-language services requires attention to the following legal requirements and good practice suggestions.

1. The decision must be made by a team of qualified professionals and the parents and, when appropriate, the child [IDEA 2004 § 614(c)(1)(A) and 34 CFR § 300.306(a)(1)].
2. The SLP should be present at the eligibility PPT as the individual who can interpret the instructional implications of (the communication) evaluation results [IDEA 2004 § 614(d)(1)(b) and 34 CFR § 300.321(a)]. This will require consideration of an itinerant SLP's site schedule.
3. Information from a variety of sources must be used in interpreting evaluation data [34 CFR § 300.306(c)(1)]. For children with voice impairments, an updated report by a physician (ear, nose and throat and, when appropriate, allergist) is necessary, but not sufficient by itself, for determining special education eligibility. Medical information is necessary to determine the contribution of vocal pathology, upper respiratory infection or allergies to the voice symptoms.
4. The child cannot be determined to be a child with a disability if the determinant factor in the determination is lack of instruction in reading, including in the essential components of reading instruction, or math or limited English proficiency [IDEA 2004, § 614(b)(5) and 34 CFR § 300.306(b)(1)]. (See the CSDE Guidelines for Identifying Children with Learning Disabilities) for procedures to rule out lack of appropriate instruction in reading and math.
5. A copy of the evaluation report and the documentation of determination of eligibility must be given to the parents [IDEA 2004, § 614(b)(4)(B) and 34 CFR § 300.306(a)(2)].
6. When the speech-language disability is the child's sole or primary disability, the child is eligible for speech and language services as special education instruction. When it accompanies some other disability and the child needs speech and language services to benefit from the special education designed to address that disability, the child is eligible for those services as a related service.
7. A dissenting opinion may be filed when there is disagreement with the decision of the team [Commentary following RCSA 10-76a-1(p)].

The eligibility decision should be documented on the PPT Report of Eligibility for Speech-Language Services on pages 61–62.

[Insert School District Name]
PPT Report of Eligibility for Speech-Language Services

PPT Meeting Date _____

Child's Name _____ Date of Birth _____

School _____ Grade _____

This report is to be completed by the PPT based on the evaluation findings.

To be eligible for speech and language services as special education, the child must: (1) exhibit an impairment in one or more communication areas listed on the chart in Section A below *and* (2) exhibit an adverse impact on education in the identified areas of impairment. In addition, items 1–7 in Section B must be answered. For children with a voice impairment, items 8 and 9 in Section B must also be answered.

A. Results of the Speech-Language Evaluation and Educational Effect

Indicate “Yes,” “No” or “N/A” for each communication area. For each area that is checked “Yes,” indicate “Yes” or “No” in the column “Adverse Impact on Education.”

Communication Area	Impairment			Adverse Impact on Education		
	YES	NO	N/A	YES	NO	N/A
1. Oral language comprehension						
2. Oral language production						
3. Written language comprehension						
4. Written language production						
5. Social communication (pragmatics)						
6. Phonology						
7. Fluency						
8. Voice						

B. Ruling Out Other Factors

For the child to qualify under IDEA, all of the following factors must be ruled out:

1. Is the communication impairment related primarily to limited exposure to normal communication building experiences? Yes___ No___

2. Is the communication impairment related primarily to the normal process of acquiring English as a second language? Yes___ No___

[Insert School District Name]
PPT Report of Eligibility for Speech-Language Services

PPT Meeting Date _____

Child's Name _____ Date of Birth _____

- 3. Is the communication impairment related primarily to dialectical differences? Yes___ No___
- 4. Is the communication impairment due to lack of instruction in reading? (See 1999 SDE *Guidelines for Identifying Children with Learning Disabilities*, Appendix C.) Yes___ No___
- 5. Is the communication impairment due to lack of instruction in mathematics? (See 1999 SDE *Guidelines for Identifying Children with Learning Disabilities*, Appendix C.) Yes___ No___
- 6. Is the relative contribution of cognitive factors greater than communication factors without use of a language-cognition discrepancy formula? (See pages 30–32.) Yes___ No___
- 7. Is the relative contribution of behavioral factors greater than communication factors? Yes___ No___

For children with voice impairments:

- 8. Is the voice impairment of short duration (less than six weeks)? Yes___ No___
- 9. Is it related to unresolved upper respiratory infection or allergies that are not being actively treated by a physician? Yes___ No___

C. Determination of a Speech-Language Disability

The PPT has reviewed the information presented and has made the determination that (circle yes or no for each):

The child meets the eligibility criteria for a speech-language disability.	Yes	No
The child needs speech-language services as special education.	Yes	No
The child needs speech-language services as a related service.	Yes	No
The team needs more information to make an eligibility determination.	Yes	No

BIBLIOGRAPHY

- American Speech-Language-Hearing Association (1993). "Definitions of Communication Disorders and Variations." ASHA, 35 (31, Supplement 10), 40-41.
- American Speech-Language-Hearing Association (2004). "Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants." Rockville: MD: Author.
- Anderson, R.T. (1994). "Cultural and Linguistic Diversity and Language Impairment in Preschool Children." *Seminars in Speech and Language*, 15(2), 115-124.
- Bacolini, P.E., Shames, G.H., & Powell, L.E., (1993). "Case Studies in Stutter-Free Speech, Pre- and Post-Treatment." Paper presented at *The American Speech-Language-Hearing Association Convention*. Anaheim, California.
- Battle, D.E. (1996). "Language Learning and Use by African American Children." *Topics in Language Disorders*, 16(4), 22-37.
- Bernthal, J.E., & Bankson, N.W., *Articulation and Phonological Disorders* (1988). Englewood Cliffs: Prentice-Hall, Inc.
- Campbell, J.H., & Hill, D.G. (1992). "Systematic Disfluency Analysis." Presentation at *Stuttering Therapy: A Workshop for Specialists*. Northwestern University: Evanston, Illinois.
- Chamberlain, P. & Landurand, P.M. (1991). "Practical Considerations for the Assessment of LEP Students with Special Needs." in *Limiting Bias in the Assessment of Bilingual Students*, edited by A.V. Hamayan and J. Damico. Austin: PRO-ED.
- Cheng, L.L. (1996). "Beyond Bilingualism: A Quest for Communicative Competence." *Topics in Language Disorders*, 16 (4), 9-21.
- Cole, K.N., Dale, P.S., & Mills, P.E. (1990). "Defining Language Delay in Young Children by Cognitive Referencing: Are We Saying More Than We Know?" *Applied Psycholinguistics*, 11, 291-302
- Cole, K.N., Dale, P.S., & Mills, P.E. "Stability of the Intelligence Quotient-Language Quotient Relation: Is Discrepancy Modeling Based on Myth?" *American Journal on Mental Retardation* 1992: 97 (2), 131-145.
- Connecticut State Board of Education (1998). *Connecticut's Common Core of Learning*. Hartford: Author.
- Connecticut State Board of Education (1997). *Nurturing the Genius of Connecticut's Children*. Hartford: Author.
- Connecticut State Department of Education (1999). *Guidelines for the Training, Use and Supervi-*

- sion of Speech-Language Pathology Aides and Assistants in Connecticut*. Hartford: Author.
- Connecticut State Department of Education (2006). *A Blueprint for School Speech and Language Services in Connecticut: A Report of the School Speech and Language Forum*. Hartford: Author.
- Culatta, R. & Goldberg, S. (1995). *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon.
- Curlee, R.F. & Perkins, W.H. (1984). *Nature and Treatment of Stuttering: New Directions*. Needham Heights, MA: Allyn and Bacon.
- Erikson, J.G. & Iglesias, A. (1986). "Assessment of Communication Disorders in Non-English Proficient Children." in O.L. Taylor (ed.). *Nature of Communication Disorders in Culturally and Linguistically Diverse Populations*. San Diego: College-Hill Press.
- Ginsburg, H.P. (1993). *Do's and Don'ts of Clinical Interviewing*. New York: Columbia University.
- Goldstein, B.A. & Iglesias, A. (1996). "Phonological Patterns in Normally Developing Spanish-Speaking 3- and 4-Year-Olds of Puerto Rican Descent." *Language, Speech, and Hearing in Schools*, 27(1), 82-90.
- Gutiérrez-Clellan, V.F. & Peña, E. (2001). "Dynamic Assessment of Diverse Children: A Tutorial." *Language, Speech and Hearing Services in Schools*, 32: 212-224.
- Ingham, R.J., Gow, M., & Costello, J.M. (1985). "Stuttering and Speech Naturalness: Some Additional Data." *Journal of Speech and Hearing Disorders*, 50 (2), 217-219.
- Kayser, H., (1989). "Speech and Language Assessment of Spanish-English Speaking Children." *Language, Speech and Hearing Services in Schools*, 20, 226-241.
- Laing, S.P. & Kamhi, A. (2003). "Alternative Assessment of Language and Literacy in Culturally and Linguistically Diverse Populations." *Language, Speech and Hearing Services in Schools*, 34: 44-55.
- Langdon, H.W. & Saenz, T.I. (1996). *Language Assessment and Intervention with Multicultural Students*. Oceanside, CA: Academic Communication Associates.
- Langdon, H. W. (2002). *Interpreters and Translators in Communication Disorders: A Practitioner's Handbook*. Eau Claire, WI.: Thinking Publications.
- Langdon, H.W. & Cheng, L.L. (2002). *Collaborating with Interpreters and Translators*. Eau Claire, WI.: Thinking Publications.
- Leith, W.R. (1993). "Treating the Stutterer with Atypical Cultural Influences," in Adler, S. *Multicultural Communication Skills in the Classroom*. Boston: Allyn and Bacon.

- Lincoln, M. and Packman, A. (2003). "Measuring Stuttering," in Onslow, Mark; Packman, Ann; and Harrison, Elisabeth. *The Lidcombe Program of Early Stuttering Intervention: A Clinician's Guide*. Austin: PRO-ED, Inc.
- Lund, N.J. & Duchan, J.E. (1988). *Assessing Children's Language in Naturalistic Contexts*. Englewood Cliffs, NJ: Prentice Hall, Inc.
- Martin, R.R., Haroldson, S.K., & Triden, K.A. (1984). "Stuttering and Speech Naturalness." *Journal of Speech and Hearing Disorders*, 49 (1), 53-58.
- Matties, L.J. and Omark, D.R. (1984). *Speech and Language Assessment for the Bilingual Handicapped*. Boston: College Hill Press.
- McCauley, R.J. & Swisher, L. (1984). "Use and Misuse of Norm-Referenced Tests in Clinical Assessment: A Hypothetical Case." *Journal of Speech and Hearing Disorders*, 49,338-348.
- Merritt, D.D. & Culatta (1998). *Intervention in the Classroom*. San Diego, CA: Singular Publishing
- Miller, L., Gillam, R.B., & Peña, E.D. (2001). *Dynamic Assessment and Intervention*. Austin: Pro-Ed, Inc.
- Nelson, N. W. (1989). "Curriculum-Based Language Assessment and Intervention." *Language, Speech, and Hearing Services in Schools*, 20(2), 170-184.
- Nelson, N. W. (1993). *Childhood Language Disorders in Context*. New York: Macmillan Publishing Company.
- Nelson, N. W. (2001). *Childhood Language Disorders in Context, 2nd edition*. Needham Heights, MA: Allyn & Bacon.
- Paul, R (1995). *Language Disorders from Infancy through Adolescence*. St. Louis: Mosby.
- Paul, R. (2001). *Language Disorders from Infancy through Adolescence, 2nd edition*. St. Louis: Mosby.
- Peña, E. (2001). "Assessment of Semantic Knowledge: Use of Feedback and Clinical Interviewing." *Seminars in Speech and Language*, 22 (1), 51-63.
- Peters, T.J., & Guitar, B. (1991) *Stuttering: An Integrated Approach to Its Nature and Treatment*. Baltimore: Williams and Wilkins.
- Rainforth, B. (1990). 17 *EHLR [Education of the Handicapped Law Report]* 222, October 24.
- Roseberry-McKibbin, C. (1994). "Assessment and Intervention for Children with Limited English Proficiency and Language Disorders." *American Journal of Speech-Language Pathology*, 3 (2), 77-88.

- Roseberry-McKibbin, C. (2003). *Assessment of Bilingual Learners: Language Difference or Disorder?* Rockville, MD: American Speech-Language-Hearing Association.
- Sattler, J. M. (1988). *Assessment of Children*. San Diego: Jerome M. Sattler, Publisher.
- Schiff-Meyers, N.B. (1992). "Considering Arrested Language development and Language Loss in the Assessment of Second Language Learners." *Language, Speech, and Hearing Services in Schools*, 23, 28-33.
- Secord, W. (1992), "The Use and Abuse of Standardized Tests with Children with Special Needs." *The Clinical Connection*, Fall, 19 -23.
- Silliman, E.R. & Wilkinson, L.C. (2007). *Language and Literacy in Schools*. NY: Guilford Press
- Stockman, I.J. (1996). "Phonological Development and Disorders in African American Children." in A.G. Kamhi et al. (eds). *Communication development and Disorders in African American Children*. Baltimore: Paul H. Brookes Publishing Co.
- Swisher, L., Plante, E., & Lowell, S. (1994). "Nonlinguistic Deficits of Children with Language Disorders Complicate the Interpretation of Their Nonverbal IQ Scores." *Language, Speech, and Hearing Services in Schools*, 25, 235-240.
- Taylor, O. & Payne, K.T. (1983). "Culturally Valid Testing: A Proactive Approach." *Topics in Language Disorders*, 3 (3), 8-20.
- Ukrainetz, T. (2007). *Contextualized Language Intervention*. Greenville, SC: Thinking Publications.
- Vygotsky, L.S. (1978). *Mind in Society: The Development of Higher Psychological Processes* Cambridge, MA: Harvard University Press.
- Vygotsky, L.S. (1986). *Thought and Language*. Cambridge, MA: MIT Press.
- Wallach, G. (2007). *Language Intervention for School-Age Students*. NY: Elsevier.
- Watson, J.B. & Kayser, H. (1994). "Assessment of Bilingual/Bicultural Children and Adults Who Stutter." *Seminars in Speech and Language*, 15(2), 149-164.
- Wood, P. (1980). "Appreciating the consequences of impairments, disabilities, and handicaps." *The World Health Organization Chronicle*, 34, 376-380.

ADDITIONAL REFERENCES

Adolescents

Wiig, E.H. issue ed. (1995). *Assessment and Management of Adolescent Language Disabilities*. *Seminars in Speech and Language*, 16 (1).

Culturally and Linguistically Diverse Children

Battle, D.E. (1993). *Communication Disorders in Multicultural Populations*. Boston: Andover Medical Publishers.

Bedore, L.M. (2001). "Assessing Morphosyntax in Spanish-Speaking Children." *Seminars in Speech and Language*, 22 (1), 65-77.

Butler, K.G. issue ed. (1994). *Cross-Cultural Perspectives in Language Assessment and Intervention*. *Topics in Language Disorders Series*.

Connecticut State Board of Education (1990). *Providing Special Education Services to Limited-English-Proficient Handicapped Students*. Hartford: Author.

Genesee, F., Paradis, J., and Crago, M.B. (2004). *Dual Language Development & Disorders: A Handbook on Bilingualism & Second Language Learning*. Baltimore: Paul H. Brookes Publishing Co.

Goldstein, B. (2000). *Cultural and Linguistic Diversity Resource Guide for Speech-Language Pathologists*. San Diego: Thomson Delmar Learning.

Kamhi, A.G., Pollock, K.E., and Harris, J.L. (1996). *Communication Development and Disorders in African American Children: Research, Assessment, and Intervention*. Baltimore: Paul H. Brookes Publishing Co.

Kayser, H. issue ed. (1994). *Communicative Impairments and Bilingualism*. *Seminars in Speech and Language*, 15 (2).

Kayser, H. (1995). *Bilingual Speech-Language Pathology*. San Diego: Singular Publishing Group, Inc.

McGregor, K.K. et al. (1997). "The Use of Contrastive Analysis in Distinguishing Difference from Disorder: A Tutorial." *American Journal of Speech-Language Pathology*, 6 (2), 45-56.

Quinn, R. et al. "Clinical Forum." *Language, Speech, and Hearing Services in Schools*:27 (4), 345-387.

Restrepo, M.A. and Kruth, K. (1996). "Grammatical Characteristics of a Spanish-English Bilingual Child with Specific Language Impairment." *Communication Disorders Quarterly* 2000, 21 (2), 66-76.

Romaine, S. (1989). *Bilingualism*. Cambridge: Blackwell Publishers.

Seymour, H.N., Roeper, T.W., and deVilliers, J. (2005). *Diagnostic Evaluation of Language Variation*. San Antonio: Harcourt Assessment, Inc.

Tabors, P.O. (1997). *One Child, Two Languages*. Baltimore: Paul H. Brookes, Publishing Co.

Terrel, S.L. issue ed. (1983). Nonbiased Assessment of Language Differences. *Topics in Language Disorders*, 3 (3).

Van Keulen, J.E., Weddington, G.T., and DeBose, C.E. (1998). *Speech, Language, Learning, and the African American Child*. Boston: Allyn and Bacon.

Curriculum-Based Assessment

King-Sears, M.E. (1994). *Curriculum-Based Assessment in Special Education*. San Diego: Singular Publishing Group, Inc.

Fluency

Conture, E.G. (1990). *Stuttering*. Englewood Cliffs, NJ: Prentice Hall.

Curlee, R.F. and Siegel, G.M. (1997). *Nature and Treatment of Stuttering: New Directions*. 2nd Edition. Needham Heights, MA: Allyn and Bacon.

Meyers, S. issue ed. (1995). *Language, Speech, and Hearing Services in Schools*, 26 (2).

Ratner, N.B. (1993). "Parents, Children & Stuttering." *Seminars in Speech and Language*, 14 (3), 238-249.

Ratner, N.B. (1995). "Language Complexity and Stuttering in Children." *Topics in Language Disorders*, 33-47.

Rosenbeck, J.C. (1984). "Stuttering Secondary to Nervous System Damage." in *Nature and Treatment of Stuttering: New Directions*, edited by R.F Curlee. and W.H. Perkins. Needham Heights, MA: Allyn and Bacon.

Rustin, L., Cook, F., and Spence, R., (1995). *The Management of Stuttering in Adolescence*, San Diego, Singular Publishing Group.

Zebrowski, P.M. issue ed. (1995). *Language and Stuttering in Children: Perspectives on an Inter-*

relationship. *Topics in Language Disorders*, 15 (3).

Language

Bliss, L.S. (2002). *Discourse Impairments: Assessment and Intervention Applications*. Boston: Allyn & Bacon.

Lahey, M. (1990). Who Shall Be Called Language Disordered? Some Reflections and One Perspective." *Journal of Speech and Hearing Disorders*, 55, 612-620.

Miller, J.F. and Paul, R. (1995). *The Clinical Assessment of Language Comprehension*. Baltimore: Paul H. Brookes Publishing Co.

Narrative Analysis

Hedberg, N.L., and Westby, C.E. (1993). *Analyzing Storytelling Skills: Theory to Practice*. Tucson: Communication Skill Builders.

Hughes, D., McGillivray, L., and Schmidek, M. (1997). *Guide to Narrative Language: Procedures for Assessment*. Eau Claire: Thinking Publications,

Johnson, C.J. (1995). "Expanding Norms for Narration." *Language, Speech, and Hearing Services in Schools*:26 (4), 326-341.

Silliman, E.R., and Diehl, S.F. issue eds. (1995). The new Narrative Landscape: Interface Between Ability and Disability. *Topics in Language Disorders*. 15 (4).

Norms

Heinemann USA. (1994). *First Steps Oral Language Developmental Continuum*. Portsmouth: Author

Merrell, A.W. and Plante, E. (1997). "Norm-Referenced Test Interpretation in the Diagnostic Process." *Language, Speech and Hearing Services in Schools*, 28 (1), 50 -58

Nippold, M.N. (1995). "School-Age Children and Adolescents: Norms for Word Definition." *Language, Speech, and Hearing Services in Schools*, 26 (4), 320-325.

Norris, J. (1995). "Expanding Language Norms for School-Age Children and Adolescents: Is It Pragmatic?" *Language, Speech, and Hearing Services in Schools*, 26 (4), 342-352.

Phonology

Hodson, B.W., issue ed. (1994). From Phonology to Metaphonology: Issues, Assessment, and Intervention. *Topics in Language Disorders*, 14 (2).

Howell, J., and Dean, E. (1995). *Treating Phonological Disorders in Children: Metaphon-Theory to Practice*. London: Whurr Publishers Ltd.

Secord, W. (1998). "Intervention-Based Assessment of Articulation and Phonology: When Enough is Enough!" Short Course Presentation to *The Connecticut Speech-Language-Hearing Association*: May 8.

STATE OF CONNECTICUT

M. Jodi Rell, Governor

STATE BOARD OF EDUCATION

Allan B. Taylor, Chairperson
Janet M. Finneran, Vice Chairperson
Whitney L. Bartell
James C. Blake
Beverly R. Bobroske
Alice L. Carolan
Donald J. Coolican
Lynne S. Farrell
Theresa Hopkins-Staten
Patricia B. Luke
John H. Voss

Michael P. Meotti (ex officio)
Commissioner of Higher Education

Mark K. McQuillan
Commissioner of Education

The State of Connecticut Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons and does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, national origin, sex, disability, age, religion or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to the Affirmative Action Administrator, State of Connecticut Department of Education, 25 Industrial Park Road, Middletown, CT 06457-1543, 860-807-2071.

