

Polk County Schools

Speech Language Program

Procedural Manual 2013-2014

The mission of Polk County Public Schools is to provide a high quality education for all students.

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Introduction

The following contact information will be helpful as you begin the school year. If there are any other phone numbers that you need refer to the Polk County School Board Directory or go to your Outlook address book.

The ESE Office is located in the Division of Learning, at the Bartow Municipal Airport at the intersection of Hwy. 17 and Spirit Lake Road. The main switchboard phone number is 534-0930.

Speech/Language Program Specialist

Meryl Chayt
ESE Office
Route E
meryl.chayt@polk-fl.net

Speech/Language Diagnostician

Lorrie Prince
ESE Office
Route E
lorrie.prince@polk-fl.net

Private School SLP Contact

Carissa Johnson
ESE Office
Route E
carissa.johnson@polk-fl.net

Speech/Language Bilingual Diagnostician

Nilsa Rosado
Polk Life & Learning Ctr.
Route E
nilsa.rosado@polk-fl.net
519-8106

PreK SLPs

Sharon Acosta
ESE Office
Route E
sharon.acosta@polk-fl.net

Mayra Rodriguez-Leavitt
ESE Office
Route E
mayra.rodriguez@polk-fl.net

Shannon Whittemore
ESE Office
Route E
shannon.whittemore@polk-fl.net

LAT Team Leader

Joanne Stidham
ESE Office
Route E
joanne.stidham@polk-fl.net

County Paperwork

The following information will help you complete all county paperwork.

Speech-language pathologists are hired by the ESE department and are considered District Wide personnel. All job-related paperwork must come through the ESE Office. You are expected to check in and out of your schools each time you visit, and provide them with your weekly schedule and contact information in case of an emergency.

All speech-language pathologists in the district work a 7.75 hour day. You will send time sheets to Terri Jenks at the ESE Office via fax (519-8407) or through the courier **on the first of each month for the previous month.** Sick leave/personal leave forms need to be sent to Terri at ESE as soon as they are available – do not wait until the end of the month to submit these. If attending a work related workshop or conference during school hours you must complete the **Application for Temporary Duty Assignment** form and send to the ESE Department at least 30 days prior to the planned leave. You will also be required to attach an agenda or other documentation about the event. You will receive 10 sick leave days a year and 6 of those days can be used for personal leave days per year. You will be able to save them from year to year, but personal days not used convert to sick leave days the following year. You are required to log your absences into the Aesop System.

Itinerant personnel receive .445 cents/mile for travel from the first site they visit each day. An **In-County Travel Reimbursement Voucher** will need to be completed monthly and sent to the Mileage Desk at the ESE Office by the 14th of the following month. You can access the mileage chart at www.polk-fl.net by going to the **Staff** link. You can also access the In County Travel form in *Public Folders* → *All Public Folders* → *Business Services* → *Forms* → *In County Travel*. This is an Excel spreadsheet that will automatically compute the mileage total as you add your information. **Please make sure that you use the Vendor number and Cost Center number that will be sent to you from the Mileage Desk.**

Evaluations, supervision and reappointments will be handled by the ESE Department in collaboration with your school principal.

13-14 SLP Weekly Schedule

Name _____ Email _____

Schools Served _____

Base School Phone Number _____

***Please include school name and telephone number on schedule**

Monday Tuesday Wednesday Thursday Friday

A.M.	A.M.	A.M.	A.M.	A.M.
School:	School:	School:	School:	School:
Phone:	Phone:	Phone:	Phone:	Phone:
Time	Time	Time	Time	Time
P.M.	P.M.	P.M.	P.M.	P.M.
School:	School:	School:	School:	School:
Phone:	Phone:	Phone:	Phone:	Phone:
Time:	Time:	Time:	Time:	Time:

If there are any changes in this schedule, please notify Meryl Chayt at 534-0930.

Return this schedule electronically by September 10, 2013 to Meryl Chayt, Lorrie Prince, Nilsa Rosado and your Lead SLP. Also provide a copy to your principal(s).

Home Address _____

Home Phone _____ Cell Phone _____

The School Board of Polk County – SLP Time Sheet

Month: _____ Employee: _____ SAP#: _____

Position Held: _____ Work Location: _____

Week 1					
Day	Date	Time In	Time Out	Hours Worked	Hours Out (sick/personal)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Week 2					
Day	Date	Time In	Time Out	Hours Worked	Hours Out (sick/personal)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Week 3					
Day	Date	Time In	Time Out	Hours Worked	Hours Out (sick/personal)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Week 4					
Day	Date	Time In	Time Out	Hours Worked	Hours Out (sick/personal)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Week 5					
Day	Date	Time In	Time Out	Hours Worked	Hours Out (sick/personal)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

***Please send in leave forms immediately. Do not wait until the end of the month.**

Employee's Signature: _____ Date: _____

Documentation

Accountability is an integral part of your job. Documentation of attendance, implementation of IEP goals, and student progress are all auditable items and must be available for review by school and district personnel. You will be required to complete the following:

PCG Easy Trac System – <https://goeasyiep.com/flpolk>

- Documenting services
 - Date
 - Type
 - Duration
 - Group Size
 - Progress Report
 - Diagnosis
 - Comments

S/L Notebook

- A copy of your current caseload
- A copy of your schedule
- A list of IEP and reevaluation due dates
- Speech Problem Solving meeting paperwork/notes documenting interventions
- A list of your screenings and their results
- A log of referrals and current status
- Interactive model documentation
- Individual tally sheets and/or logs on each student
- A map of your school campus
- Students and documentation related to the Speech Improvement Program

Progress Reports (Federal Law)

- Completed at the end of each 9 weeks

Enrich/IEPs

- Document mastery of IEP goals on cumulative folder copy
- Stay current on IEP reviews and reevaluations
- Log in indirect therapy time for students
- Document “informal” reevaluations which can be billed for Medicaid every 6 months. Remember to write a short summary of your results and make sure that the date you complete the reevaluation matches the date you put on the Encounter Log.

Student Working Files

- Include copies of test protocols, a copy of the student’s current IEP, work samples for that academic year
- Should be kept for 5 years after transferring to another district, graduating or being dismissed.

Genesis

Initial Evaluations/60 day timeline information

A school has 60 school days (that the student is in attendance) to complete an initial evaluation. That timeline starts on the date the signed parent permission for evaluation is received and ends on the last day of the evaluation. This information is submitted to the state yearly. It is important to remember that this does not refer to reevaluations, even if another program's eligibility is being considered. The following procedures should be followed to make sure this documentation is recorded:

Initial SI or LI only

When you complete an evaluation for a student being considered for Speech Impaired or Language Impaired only, and no other program is being considered you must submit the student name, student ID, date you received the signed parent permission for evaluation, and the last date of the evaluation to the Speech/Language Program Specialist so that the information can be entered into the **Auxiliary Referral System (ARS)** on Genesis. This information must be documented, regardless of whether the child is found eligible or ineligible for the program.

Once your eligibility paperwork is completed, you must submit to your staffing specialist who will log in the eligibility status.

Initial SI or LI along with another ESE program

If SI or LI are being considered along with another ESE program you **DO NOT NEED** to submit the 60 day timeline information to the S/L Program Specialist. That will be logged in by the school's referral coordinator.

Updating ESE Information

Information regarding ESE program eligibility, IEP review and reevaluation dates and dismissal dates can all be accessed from Genesis by your school terminal operator or a staffing specialist. Your staffing specialist is the staff member responsible for maintaining this information accurately. Every time you complete an IEP for a student a copy of that IEP must be given to your staffing specialist so that they can log in the dates, and other information.

IMPORTANT: It is imperative that you make sure that your staffing specialist is aware of any changes you make, especially if SI or LI are the child's secondary exceptionality. If you have discontinued LI or SI services on a student's IEP please place the **Prior Written Notice** on top of the IEP, on so that your staffing specialist will be alerted to the change and will make the necessary changes on the ESE screen.

Running a Genesis Report

A report can be run from Genesis that includes all the active students on your caseload. To complete this go to:

Genesis → Report Manager → Report Manager → Tab 2 -Special Groups→DEMO17 ESE/Student List →

Under **Exceptionality** choose Selected

In the first dropdown **select F** (Speech Impaired)

In the second dropdown **select G** (Language Impaired)

Click **Start**

This report can be saved as an Excel spreadsheet or as a simple printed report.

This will give you all Speech Impaired and Language Impaired students at your school, including those who are SI or LI as a secondary exceptionality. This information is dependent on whether accurate information has been given to and logged in by your staffing specialist and requires collaboration between all ESE teachers and their staffing specialist. #

Standard Reports

Category: Demographics

ESE Student Listing by Exceptionality

DEM017 ESE Student Listing By Exceptionality

<input type="radio"/> My School Only <input checked="" type="radio"/> Entire District <input type="radio"/> Summer School	Selected School <input checked="" type="radio"/> All <input type="radio"/> Selected [Dropdown]	Grade Levels? <input checked="" type="radio"/> All <input type="radio"/> Selected <input type="checkbox"/> PK <input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 05 <input type="checkbox"/> 07 <input type="checkbox"/> 09 <input type="checkbox"/> 11 <input type="checkbox"/> KG <input type="checkbox"/> 02 <input type="checkbox"/> 04 <input type="checkbox"/> 06 <input type="checkbox"/> 08 <input type="checkbox"/> 10 <input type="checkbox"/> 12
Exceptionality <input type="radio"/> All <input type="radio"/> All / Exclude Gifted <input type="radio"/> Pri <input checked="" type="radio"/> Selected F [Dropdown] G [Dropdown] [Dropdown]	Teachers <input checked="" type="radio"/> All <input type="radio"/> Selected [Dropdown]	Sort By? <input checked="" type="radio"/> Exceptionality/Alpha <input type="radio"/> Schl/Exceptionality/Alpha <input type="radio"/> Schl/Exceptionality/Grade/Alpha <input type="radio"/> Schl/Tchr/Exceptionality/Alpha <input type="radio"/> Schl/Exceptionality/Race/Alpha <input type="radio"/> Schl/Grade/Alpha
Race <input checked="" type="radio"/> All <input type="radio"/> Selected [Dropdown]	<input type="checkbox"/> Migrant Students Only	Status <input checked="" type="radio"/> Active <input type="radio"/> WD <input type="radio"/> Both

Start
 View Rpt
 Print
 Excel
 Quit

Speech-Language Assistant

Speech-Language Assistants are licensed through the Florida Department of Health. An SLP-A must always practice under the supervision of an on-site, licensed SLP, with at least 2 years experience (post CFY). SLP-A's will be assigned based on current needs at each school site and may be moved to different sites throughout the year.

An SLPA **may** conduct the following tasks under the supervision of a speech-language pathologist:

- **assist** the SLP with speech-language and hearing screenings and assessments (without interpretation)
- **follow documented treatment or intervention plans** or protocols developed by the supervising SLP
- **document student performance** (e.g. tally data for the SLP to use; prepare charts, records, graphs) and report this information to the SLP
- **assist with clerical duties** and departmental operations, such as preparing materials and scheduling activities as directed by the SLP
- **perform checks and maintenance** of equipment
- **support** the SLP in research project, in-service trainings, and public relations programs
- **collect data** for quality improvement

What is outside of the speech-language pathology assistants' scope of responsibilities?

An SLPA **may not** perform the following tasks:

- **administer diagnostic tests**, conduct evaluations or interpret test results
- **screen or diagnose students for feeding/swallowing disorders**
- **participate in parent conferences or team meetings** without a certified SLP being present
- **provide counseling** for students, parents or families
- **write, develop or modify** a student's individualized intervention plan without consulting with the supervising SLP
- **sign** any formal documents
- **select or dismiss students** for/from services
- **disclose clinical or confidential information** to anyone other than the supervising SLP
- **represent** himself or herself as a Speech/Language Pathologist

Observation/Evaluation Requirements

Each SLP-A will have a Supervisory Plan that is on file at the Department of Health that outlines job activities and how they will be documented. During the SLP-A's first 12 months of continuous employment the supervising SLP will observe a minimum of one out of every five sessions, or a minimum of one session every two weeks. After that, a minimum of one out of every 15 sessions shall be observed. The S/L Program Specialist will also observe the SLP-A monthly. Additionally, there will be a quarterly review of progress conducted by the S/L Program Specialist utilizing a competency checklist. *See Appendix C.*

Clinical Fellowship Year

The following information will assist you as you complete your Clinical Fellowship Year:

Paperwork

You will be assigned a clinical fellowship year supervisor at the beginning of the school year. It will be your responsibility to file for your CFY by contacting ASHA and completing the appropriate paperwork. You and your supervisor will be responsible for completing the Clinical Fellowship Year Report.

Supervision

There will be at least 36 supervisory activities during your clinical fellowship year, including 18 hours of on-site observations in direct client contact and 18 other monitoring activities. Because the Polk County School Board is not accredited by the Professional Services Board (PSB) you will need to keep track of direct clinical activities. These will include assessment, screening, treatment, activities related to client management, in-service training and other activities. You will receive three ratings on 18 skills by your supervisor. The time between ratings will be divided equally among three segments.

Recommended Activities

- Observation of evaluations in articulation, language, fluency, voice, oral-motor, augmentative if available.
- Observation of therapy in articulation, language, fluency, voice, oral-motor, augmentative if available.
- Observation during Intervention Assistance Team meetings, staffings, and parent conferences.
- Review of paperwork related to student Individual Educational Plan; initial eligibility, reviews, reevaluations, dismissals.
- One written report including a student evaluation for articulation and language, case history and recommendations for therapy.
- Presentation at a speech/language meeting on a therapy technique, test, or journal article.
- One referral for additional testing to the appropriate team or audiologist.
- Observe another SLP chosen by your CFY supervisor.

Applying for Provisional Licensure

Before you apply for provisional licensure, make sure your CFY supervisor has an accurate, up to date license.

Requirements for a Teaching Certificate

Contact the Florida Department of Education at <http://www.fldoe.org/> for information to obtain certification in the area of Speech-Language Impaired (Grades K-12)

Florida Department of Education
Office of the Commissioner
Turlington Building, Suite 1514
325 West Gaines Street
Tallahassee, Florida 32399

2 year / 5 year rule

A temporary 2 year non-renewable certificate may be issued to an applicant holding a bachelor's degree in Speech/Language Pathology. To go from the 2 year temporary certificate to a 5 year non-renewable certificate, the SLP must have completed the General Knowledge test during their first year of employment. By April 1st of the expiration date of the temporary certificate, the SLP must have completed the Professional Educator Competency Program (PEC), have passed the professional education exam and be permanently enrolled in a Speech/Language master degree program.

When applying for the 5 year non-renewable certificate, the SLP must submit a paper application, fee, letter from the college or university showing permanent enrollment and provide a letter from Human Resource Services to extend the certificate. Once the packet is received from the DOE, the SLP will be cleared for hire. The SLP must pass the Speech/Language subject area exam during this five year period.

Peer Mentor

Any first year SLP is eligible for a peer mentor. This peer mentor will be another SLP who is assigned by the S/L Program Specialist. The beginning SLP will be required to maintain a log of meetings and other contacts with your peer mentor during the school year using the Mentoring Log. You will also be observed by the S/L Program Specialist several times during the school year.

Maintenance of Teaching Certificate

Your teaching certificate has a validity period of 5 years. You will receive notification from the Certification Department at the beginning of the school year in which your certificate expires. You must earn either 6 semester hours of college credit or 120 inservice points during your validity period. You can track your inservice points by logging into <http://pds.polk-fl.net/login.asp> and clicking on **Retrieve Inservice Record & Transcripts**.

ESOL

Any person holding a teaching certificate must complete 18 hours of ESOL (ESOL Strategies) within 12 months from the date flagged ESOL Category 3. The individual SLP is responsible for all certification requirements and maintenance of their certificate. The program manager has provided the contact information above.

Certification- Licensure Requirements and Maintenance

Speech/Language Pathologists working in Polk County schools have two options for certification; a state license from the Department of Health or a teaching certificate from the Florida Department of Education.

Speech/Language Pathology Assistants will be certified from the Department of Health.

Requirements for State Licensure

Contact the Florida Department of Health at <http://www.doh.state.fl.us/> or the Medical Quality Assurance Board for all initial certification requirements.

Medical Quality Assurance

4042 Bald Cypress Way
Tallahassee, FL
850-245-4224

A provisional license will be issued for one year following completion of a master's program in Speech-Language Pathology while the SLP is completing the Clinical Fellowship Year.

Maintenance of State License

Your state license has a validity period of two years and requires 30 continuing education units every 2 years for renewal. The CE Broker system is the Florida Department of Health continuing education tracking database. Your continuing education will be tracked whether or not you subscribe. Course completions submitted to CE Broker (www.cebroker.com) will be used to determine that licensees have met their continuing education requirements at the end of the effective license renewal period.

Maintenance of ASHA Certificate of Clinical Competence

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech/Language Pathology. Individuals holding their CCCs must accumulate 30 contact hours of professional development every three years.

CEUs can be obtained from CE providers approved by ASHA or by continuing education providers authorized by the Florida Department of Health. The Polk County Schools Speech/Language Program is an authorized continuing education provider. CEUs can also be earned through college coursework, employer-sponsored in-service or other continuing education activities that contribute to professional development. Refer to the ASHA document Certification Maintenance Guidelines for Meeting the Requirements of Standard VII: Maintaining Certification in Speech-Language Pathology available in the ASHA folder in Public Folders.

The individual SLP is responsible for all certification requirements and maintenance of their licensure and CCC's . The program manager has provided the contact information above.

How Do Points Work?

There are 3 different ways to earn inservice points/continuing education units (CEUs). The chart below should be able to help you understand which points/CEUs are applicable to your particular certification status and needs.

	Inservice points through Polk County Schools	Dept. of Health CEUs through Polk County Schools	ASHA Approved CEUs through an agency or organization other than Polk County Schools
Apply to recertification of a teaching certificate	Yes.	Yes, if you complete PD Form 006 Professional Learning through Conference Participation	Yes, if you complete PD Form 006 Professional Learning through Conference Participation
Apply toward ASHA CEUs	Yes. Keep a copy of the ARROW Form that will document number of points.	Yes. Keep CEU Certificate for documentation.	Yes. Keep CEU certificate for documentation.
Apply toward state licensure through the DOH	No.	Yes. Your points will be posted directly to CE Broker .	Yes. ASHA shares these points with CE Broker .

Speech Language Program Design

The mission of the Speech/Language Program is to provide necessary supports and training concerning students with communication deficits to the district, schools, teachers, students and parents.

Services in the schools are intended for students who **require** the specialized services of a speech/language pathologist to be successful in preacademic, academic, social, emotional, or vocational areas. They are not intended for students with:

- communication needs that can be met with classroom based strategies/interventions
- cultural or linguistic differences
- developmental deficits

Placement Decisions and Options

A student receiving Speech/Language services as either a program or as a related service can be served using a variety of service models, ranging from consultation to daily therapy, depending on the needs of the child. Service model options should be discussed at each IEP review. The amount of service that the student receives is based on need and determined by the staffing committee.

Typical service models for students receiving Speech/Language services include:

Consultation – Requires a face to face meeting with the general education teacher on either a weekly, monthly, or quarterly basis (as determined by the IEP committee) to progress monitor the student’s consultative goals and objectives as stated on the current IEP. Consultation services are intended to facilitate carryover of skills and to transition the student away from direct services. **A student typically receives consultative services for a short period of time.** Use the Consultation Log that is in Excent to document all of your meetings. Go to *Supplemental* → *Forms Generator* → *Consultation Log* to access this form. Both the SLP and the general education teacher are required to initial this form each time they meet.

Regular Class – Students are served in the general education classroom for more than 79% of the time, and Speech/Language services are provided either in the classroom or therapy room. Students may receive services in either the general education classroom, ESE classroom, therapy room or a combination of these. Services can be provided on a daily, weekly, or monthly basis depending on the needs of each child.

Dismissing/ Discontinuing Services – See Appendix A for *Guidelines for Discontinuation or Dismissal of Speech and/or Language Services*

Support Personnel

In addition to the Speech/Language Facilitator the following people are available to come out to assist all Polk County SLPs. Additional information about these teams is provided throughout this manual.

Bilingual Diagnostician

Autism Support Team

S/L Diagnostician

Oral Motor Team

Local Augmentative Assistive Technology Team

PreK Team

Roles and Responsibilities of the SLP

- Educate teachers and parents about the characteristics of speech and language development
- Consult with administrators, parents and teachers
- Assess students who have suspected communication disorders and provide evidence-based interventions through a variety of service models
- Maintain accurate documentation of attendance and therapy data through the use of Encounter Logs weekly
- Sign in and out of schools daily
- Sign in and out of classrooms where you provide the interactive model
- Provide schools with weekly schedule and contact info
- Provide the S/L Program Specialist with your updated weekly schedule at all times with emergency contact information (your home and/or cell phone number)
- Provide your terminal operator with your daily schedule
- Maintain and return time sheets/sick leave/personal leave to ESE weekly
- Be responsible for proper use and maintenance of equipment and software provided by the ESE Office
- Coordinate your schedule with the staffing specialist, other ESE teachers, and Problem Solving Team whenever possible
- Complete initial evaluations within 60 days
- Schedule initial placement IEPs in a timely manner
- Serve as a member of the PST when cases involving suspected communication disorders are discussed
- Upon leaving the district – return equipment and software to the designated site
- Maintain professionalism and confidentiality at all times
 - E-mail policies – All e-mails are public domain and can be acquired by law enforcement, school board officials, or by the court system. Be cautious about using a student’s name in any correspondence and do not put the student’s name in the subject line. Also, do not discuss your opinions about parents, teachers or students in an e-mail.
 - Parent meetings – You are a representative of Polk County Schools and should not discuss other students, parents, or job related difficulties during a parent meeting.
 - Confidentiality issues – Do not discuss cases, student information or parents while in the hallways, cafeteria, front office or off campus.

Scheduling and Planning

Each SLP is responsible for scheduling students for services according to the student's IEP Services page. It is important that you are familiar with each student's IEP and the all services that the student receives so that you can collaborate with both the general education teacher and any other service provider involved.

Indirect Services vs. Planning Time

As we continue to pursue a workload model we need to take into account the time we spend in "indirect" services to children as part of your daily job responsibilities. This indirect time could include preparation of visual supports for students and classrooms, collaboration with staff, time researching evidence based practices and developing interventions for at-risk students, observations, evaluations, and professional development for parents, staff and other support personnel. You can log some of this "indirect" time into a student's service log if you are focusing on a particular student when completing these activities.

Planning time is the time spent for lesson planning and paperwork that is necessary for completion of your job. To keep within the Teacher Collective Bargaining Agreement which represents all instructional personnel, we will follow **Item 6.3** which discusses Planning Time.

Item 6.3 in the Teacher Collective Bargaining Agreement

***Planning:** All teachers are to be guaranteed 300 minutes of planning time a week. Planning time shall be used primarily for lesson/program planning, parent conferences, student conferences, and conferring with other faculty members. Recognizing that curriculum changes are inevitable throughout all areas of instruction, team/common planning may occur and is encouraged in order to meet the needs of the students. Teachers are responsible for the proper utilization of planning time.*

It is important that everyone stays within the boundaries of the teacher collective bargaining agreement. When creating your schedule for the week please make sure that no more than 300 minutes is designated as planning. The rest of the time that you don't have scheduled for direct service may change weekly, but should be designated as time when *indirect services* to students are planned.

Also, make sure that you do not schedule students for therapy on the days when you know you are likely to be called to an IEP meeting (your staffing specialist's day) or a Problem Solving meeting so that you don't have a consistent pattern of cancelling therapy with the same group.

The SLP must attend and cannot be excused from IEP meetings in the following situations:

When reviewing new speech or language evaluation results, when recommending consideration for changes in services regarding speech or language, and when recommending discontinuation of speech or language services.

In other situations the SLP is not required to attend. If not in attendance the SLP will:

Update the present level information on the IEP, draft the speech or language goals, ensure that the LEA or other team member can discuss the goals with the parents, and contact the parent after the IEP meeting if there are any concerns.

What the SLP needs to know about General Education

Good Cause Exemption from Mandatory Retention (Third Grade)

Third grade students taking the FCAT 2.0 must score a Level 2 or higher in reading, on a scale of 1-5, to be promoted to fourth grade. For students scoring Level 2 or lower, the following “good cause” exemptions may be applied to allow the child to be promoted [Section 1008.25(5), F.S.]:

- Limited English Proficient (LEP) students who have had less than two years of instruction in an English for Speakers of Other Languages (ESOL) program;
- Students with disabilities whose Individual Education Plan (IEP) shows that it is not appropriate for them to take the FCAT 2.0;
- Students who demonstrate an acceptable level of performance on a state-approved alternate reading test;
- Students who demonstrate mastery (equal to at least a Level 2 performance on the FCAT 2.0) of the Next Generation Sunshine State Standards through a teacher-developed portfolio;
- **Students with disabilities who take the FCAT 2.0 and whose IEP or 504 Plan states that they have received intensive remediation in reading for more than two years but who still show a deficiency in reading and were previously retained in kindergarten through grade 3;**
- **Students who have received intensive remediation in reading for two or more years but who still have a deficiency in reading and have already been retained in kindergarten, grade 1, grade 2, or grade 3 for a total of two years.**

Both our Speech Impaired and Language Impaired students could qualify for a “good cause” exemption if they score a Level 2 or lower. The last two scenarios above would most likely apply to our Speech Impaired and Language Impaired students. **Because of this possibility, please include all information about a student’s reading proficiency and/or intensive reading interventions in the Present Level of the student’s IEP – even if a child is Speech Impaired only.**

Additionally, the state has included the Speech Language Pathologist as someone who can “provide intensive language and vocabulary instruction using a scientifically research-based program...” to meet the needs of a student who has been retained in third grade two times. This is not mandated, but does recognize the role that an SLP can play in designing the program for a child requiring intensive remediation or even working directly with certain students whose diagnosed reading deficiencies might best be addressed by a speech language pathologist. [Section 1008.25(7)(b)8, F.S.]

For a complete explanation of this requirement consult the Technical Assistance Paper – *Third Grade Student Progression*, Publication 2011-86, June 28, 2011, available in Public Folders.

Role in RtI

General Education Speech Improvement Program

Polk County Schools uses a General Education Speech Improvement Program for students with single sound errors that are likely to be remediated without considering ESE services. The program allows for students to receive instruction in speech sound production over a short, intensive period of time. Instruction is delivered in small groups either in the classroom or in an area outside the classroom for approximately 10 minutes a day until the student demonstrates an understanding and ability to produce the sound. A maximum number of responses should be encouraged during this time with ongoing progress monitoring during each session. Parental involvement is critical to the success of this program. Each SLP is encouraged to block out time during the week dedicated to working with students in this program. For more information refer to the **Response to Intervention: General Education Speech Improvement Program Manual**.

The SLPs Role in RtI for Language Based Deficits

The school based SLP has an integral role on the Problem Solving Team at the school level.

Tier 1 – Universal interventions may include:

- Provide information and activities for parents and teachers to support students' speech and language development.
- Encourage oral language development in kindergarten and first grade in socio-dramatic play centers, literacy stations, listening centers and "Good Speech" centers.
- Provide oral language –rich lessons in second and third grade to promote development of speech and language skills and effective communication behavior.
- Use scripted stories and story grammar with 3rd, 4th and 5th graders to practice similarities and differences between oral and written language conventions.
- Provide professional development on the language basis of literacy.
- Find correlations between grade-level standards in the curriculum and communication skills. Provide the information to teachers.

Tier 2 - Targeted interventions may include:

- Assist in the selection of research-based or evidence-based literacy interventions.
- Provide language specific intervention programs to prevent more serious problems later on or to remediate problems when students seem highly stimulable and ready for change.
- Identify, use, and disseminate evidence-based practices for speech and language skills and communication behaviors related to Tier 2 intervention.
- Assist in determining when students need Tier 2 interventions related to the language underpinnings of academic instruction.
- Conduct frequent progress monitoring of target skills for students in Tier 2 interventions (at least every two to three weeks).

Tier 3 – Intensive Interventions may include:

- Assist in the selection of research-based literacy interventions.
- Work closely with Tier 3 service providers to determine whether interventions are addressing the communication needs of the student.
- Conduct weekly progress monitoring of target skill(s) for students in Tier 3 speech or language intervention.
- Use a Workload Approach for scheduling Tier Three RtI activities

General Education Intervention and Referral Procedures

6A-6.0331

General Education Intervention and Referral Procedures must be followed for all exceptionality areas. These are:

- a. Parent Involvement in general education intervention procedures. Opportunities for parents to be involved in the process to address the student's areas of concern must be made available. In addition, there must be discussion with the parent of the student's responses to interventions, supporting data and potential adjustments to the interventions and of anticipated future action to address the student's learning and/or behavioral areas of concern. Documentation of parental involvement and communication must be maintained.
- b. Observations of the student must be conducted in the educational environment, and as appropriate, other settings to document the student's learning or behavioral areas of concern. At least one observation must include an observation of the student's performance in the general classroom.
- c. Review of existing data, including anecdotal, social, psychological, and medical and achievement (including classroom, district and state assessments) shall be conducted. Attendance data shall be reviewed and used as one indicator of a student's access to instruction.
- d. Vision and hearing screenings shall be conducted for the purpose of ruling out sensory deficits that may interfere with the student's academic and behavioral progress, and additional screenings or assessments to assist in determining interventions may be conducted, as appropriate. The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.
- e. Evidence-based interventions addressing the identified areas of concern must be implemented in the general education environment. The interventions selected for implementation should be developed through a process that uses student performance data to, among other things, identify and analyze the area of concern, select and implement interventions, and monitor the effectiveness of the interventions. Interventions shall be implemented as designed for a reasonable period of time and with a level of intensity that matches the student's needs. Pre-intervention and ongoing progress monitoring measures of academic and/or behavioral areas of concern must be collected and communicated to the parents in an understandable format.

For Speech Impaired Services

The general education interventions requirements set forth in paragraphs (a), (b), and (e) of this subsection **may not be** required for students suspected of having a disability if a team that comprises qualified professionals and the parent determines that these general education interventions are not appropriate for a student who demonstrates a speech disorder. Observations must be completed by the SLP.

For Language Impaired Services

All General Education Intervention and Referral Procedures must be followed. At least one observation must be completed by the SLP.

Articulation Services

Eligibility for articulation therapy is based on the State Board Rule

6A-6.03012 F.A.C:

Exceptional Student Education Eligibility for Students with Speech Impairments and Qualifications and Responsibilities for the Speech-Language Pathologists Providing Speech Services

*Speech impairments are disorders of **speech sounds**, fluency or voice that interfere with communication, adversely affect performance and/or functioning in the educational environment, and result in the need for exceptional student education.*

Speech Sound Disorder (SSD)

A speech sound disorder is a phonological or articulation disorder that is evidenced by the atypical production of speech sounds, characterized by substitutions, distortions, additions, or omissions that interfere with intelligibility. A speech sound disorder is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

1. Phonological disorder. A phonological disorder is an impairment in the system of phonemes and phoneme pattern within the context of spoken language.
2. Articulation disorder. An articulation disorder is characterized by difficulty in the articulation of speech sounds that may be due to a motoric or structural problem.

Evaluation Procedures

In addition to *the General Education Intervention and Referral Procedures (6A-6.0331) (1) F.A.C.*

the evaluation shall include all of the following:

- Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and description of speech characteristics. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
 - ✓ **Teacher Referral Form - Articulation**
 - ✓ **Parent Questionnaire – Articulation**
- Documented and dated observation(s) of the student's speech characteristics must be conducted by a speech-language pathologist to examine the student's speech characteristics during connected speech or conversation. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
 - ✓ **Articulation Focused Observation Record Form**
 - ✓ **Speech Intelligibility Worksheet**
- An examination of the oral mechanism structure and function must be conducted;
 - ✓ **Oral Peripheral Examination Form**
- One or more standardized, norm-referenced instruments designed to measure speech sound production must be administered to determine the type and severity of the speech sound errors and whether the errors are articulation (phonetic) or phonological (phonemic) in nature.
 - ✓ **Goldman-Fristoe Test of Articulation**
 - ✓ **Comprehensive Test of Phonological Processes**
 - ✓ **Clinical Assessment of Articulation and Phonology**
 - ✓ **Kaufman Speech Praxis Test**
 - ✓ **Khan-Lewis**
 - ✓ **Assessment of Phonological Processes – Revised**
 - ✓ **Hodson Assessment of Phonological Patterns-3rd Edition**

Eligibility for SSD Therapy

A student with a speech sound disorder is eligible for exceptional student education if there is evidence, based on evaluation results, of a **significant phonological or articulation disorder** that is characterized by the atypical production of speech sound(s). The atypical production of speech sound(s) may be characterized by substitutions, distortions, additions, or omissions. Evaluation results must reveal all of the following:

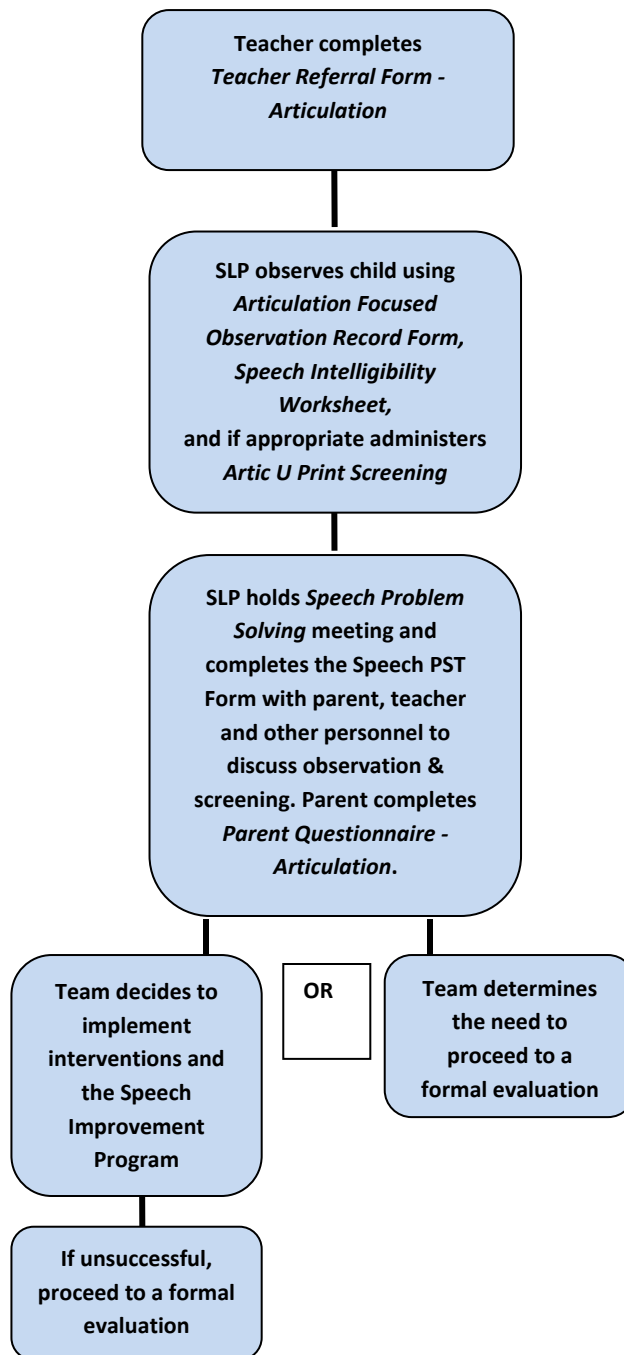
- The speech sound disorder must have a **significant impact on the student's intelligibility**, although the student may be intelligible to familiar listeners or within known contexts;
- **The student's phonetic or phonological inventory must be significantly below that expected** for his or her chronological age or developmental level based on normative data;
- The speech sound disorder **must have an adverse effect** on the student's ability to perform and/or function in the student's typical learning environment, thereby demonstrating the need for exceptional student education; and
- The speech sound disorder is **not primarily the result of** factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

✓ *Speech Sound Disorder Worksheet*

Recommended service models

- Service model options should be discussed at the eligibility staffing. The amount of service that the student receives is based on need and determined by the staffing committee.
- Middle and high school students should be served for a minimal amount of time to allow them maximum time in their academic classes.
- Therapy should be drill and practice oriented with maximum time spent on production and carryover.
- Attempt to include the classroom teacher and parents in monitoring and practice activities.
- Unintelligible students demonstrating speech apraxia should be considered for augmentative/alternative communication systems.
- You must be able to document educational relevance when placing for articulation services.

Articulation Referral Flow Chart



Teacher Referral Form - Articulation

Student _____ Teacher _____ Date _____

1. Does this student misarticulate sounds when talking? Yes No

2. In general, how intelligible is the student to you?

Unintelligible Fairly Intelligible Highly Intelligible Completely Intelligible

3. Is the student's academic performance satisfactory?

Yes, the student meets grade level standards.

No, the student does not meet grade level standards.

4. If No, in which of the following areas is the student performing below grade level?

Speaking Reading Writing Spelling Math

5. Do errors have a *significant* adverse affect on any of the areas that are below grade level? Yes No

6. If yes, identify each area of impact and tell how the misarticulation affects academic performance.

Area _____ Impact _____

Area _____ Impact _____

Area _____ Impact _____

7. What accommodations for the misarticulation(s) have you made to support the student in each affected academic area?

8. What have you done to correct the misarticulation(s)?

9. Do classmates react negatively to the misarticulations? Yes No

10. If yes, describe the negative reactions and their impact on the student.

11. What have you done to stop the negative reactions?

12. In your judgment, does this student have an articulation problem that adversely affects educational progress in a significant way? Yes No

Parent Questionnaire - Articulation

Student's Name _____ Date _____

Parent/Guardian Completing the Form _____

Your child has been referred by his/her teacher for a possible speech disorder. Please answer the following questions about your child's speech difficulties. Use the following rating scale for questions 1–8. Write the number that corresponds with your opinion in each blank.

0	1	2	3	4	5
Never	Rarely	Sometimes	Often	Always	NA

___ 1. Do you understand your child's conversational speech?

___ 2. Do you understand your child's production of single words?

___ 3. Do others understand your child's speech when talking face-to-face?

___ 4. Do others understand when your child talks on the telephone?

___ 5. Do others understand when your child talks on a topic familiar to the listener?

___ 6. Do others understand when your child talks on a topic unfamiliar to the listener?

___ 7. Do others understand when your child talks in a quiet environment?

___ 8. Do others understand when your child talks in a noisy environment?

9. Is your child aware of his/her speech differences? ___ If so, please explain his reaction.

10. Do others react to your child's speech differences? ___ If so, please explain.

11. Describe your concerns about your child's speech.

Articulation Focused Observation Record Form

Teacher _____ Student _____ Date _____

Start time _____ End time _____

Observations	Comments
What is the student you are observing doing and saying (e.g., reactions, and interactions with teacher and other students, elements of sound production)?	
Any other observations about the student's language, social interactions, and academics?	
How well did the student produce the previously identified error sounds in spontaneous speech? Please list the error sounds below.	
Any other observations about the student's speech?	

Speech Intelligibility Worksheet

Student _____ Teacher _____ Date _____

MEASURE OF INTELLIGIBILITY

Date

_____ Formal Speech Sample

Comments: _____

Instructions:

1. Write out each word in each utterance (use phonetics, if possible).
2. Use a dash (--) to indicate each unintelligible word.
3. Calculate intelligibility for words in utterances.

EXAMPLE

Utterances	# Intelligible Words	Total Words
Hi went hom	3	3
Ar ju – tu go	4	5
-- -- jum	1	3
Pwiz pwe wif mi	4	4
Ai want tu go hom	5	5
Totals	17	20

Intelligible words	17	
-----	----	= 85% Intelligibility of words in connected speech
Total words	20	

FINDINGS:

* % Intelligibility of words in connected speech: _____

* (See bottom of page 2 attached)

Age of child	Speech is significantly unintelligible if...
3 years	Less than 54%
4 years	Less than 73%
5+years	Less than 90%

Is this student’s speech significantly unintelligible? Yes No

Compiled data from a variety of clinical and research sources summarized by Friess Lake, WI School District

Articulation PST Summary and Recommendations

Name: _____ Date of Meeting: _____

Student ID# _____ DOB _____ Teacher/Grade: _____

Referral Date: _____ Screening Date: _____ Observation Date(s): _____

Results of referral info, screening, and observations: _____

Ongoing Assessment Data (OGA): DISCOVERY Testing: Reading level _____ DSS _____ Math level _____

DSS _____ STAR Reading _____ STAR Math _____ Writing (Expository) _____ (Narr) _____ (Pers) _____

Grades _____ Teacher comments regarding behavior _____

1. Is the articulation difference developmental? YES _____ NO _____
 - The sound difference is typical for the student's developmental age.
 - The sound is stimulable and likely to self-correct.
 - The student produces the sound correctly in some words.
 - The sound difference is outside age expectations.
2. Does the articulation disorder significantly interfere with intelligibility? YES _____ NO _____

Percent intelligibility of words in connected speech _____

 - 3 years old--- less than 54%
 - 4 years old—less than 73%
 - 5+ years old—less than 90%
3. Is the student's phonetic or phonological inventory significantly below that expected for his/her chronological age/developmental level based on normative data? YES _____ NO _____
 - The sound difference(s) is/are atypical for ALL developmental ages.
 - The sound difference is not stimulable and not likely to self correct.
 - The phonetic/phonological inventory is outside the developmental age expectancy.
4. Is the articulation difference due to English language learning or a dialectal difference? Y ___ N ___
 - The sound difference is related to the student's dialect/vernacular.
 - The sound difference is a factor of second language acquisition.
 - The sound difference is due to a transfer error between the first language and the second language.
 - The English sound is not in the student's first/primary language.
5. Does the speech sound disorder draw significant adverse attention? YES _____ NO _____
 - Results of classroom observations indicate negative reactions from listeners.
 - An interview with the teacher or parent indicates negative reactions from listeners.
 - An interview with the student indicates negative reactions to speaking.
6. Does the speech sound disorder have a significant adverse effect on educational progress? Y ___ N ___
 - OGA data reveals below grade level performance in reading, writing, or spelling.

SUMMARY:

- _____ The student has a speech sound difference, not a disorder (You answered 1 and 4 Yes)
- _____ The student does have a speech sound disorder, but it does not significantly affect intelligibility, draw adverse attention, or interfere with educational performance (You answered NO to question 1, 2, 4, 5, 6 and YES to questions 3.)
- _____ The student does have a speech sound disorder and it does significantly affect intelligibility, draw adverse attention, and/or interfere with educational performance. (You answered NO to questions 1, 4, and YES to 2, 3, 5, 6.)

RECOMMENDATIONS:

- Monitor development.
- Assist teacher with classroom strategies: _____
- Assist parent with home strategies: _____
- Recommend enrollment in the general education Speech Improvement Program.
- Recommend speech evaluation.
- Other: _____

Speech/Language Pathologist

Parent/Guardian

Classroom Teacher

Guidance Counselor

Other

Other

Speech Sound Disorder Worksheet

Student _____ Teacher _____ Date _____

Evaluation Data

Date _____

- _____ 1. **Teacher Referral Form - Articulation**
- _____ 2. **Parent Questionnaire - Articulation**
- _____ 3. **Articulation Focused Observation Record Form**
 - _____ a. Typical Learning Environment
 - _____ b. Other _____
- _____ 4. **Standardized Articulation/Phonological Measure**
- _____ 5. **Speech Intelligibility Assessment**
- _____ 6. **Oral Peripheral Exam**

Eligibility Requirements*

All 4 areas must be checked Yes in order for the student to be considered for eligibility as a student with a SSD.

<input type="checkbox"/> Yes <input type="checkbox"/> No	The speech sound disorder (articulation/phonological) has a significant impact on the student's intelligibility, although the student may be intelligible to familiar listeners or within known contexts.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student's speech sound inventory is significantly below that expected for the student's chronological age/developmental level, based on normative data.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The speech sound disorder has an adverse effect on the student's ability to perform and/or function in the student's typical learning environment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The speech sound disorder is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

****Eligibility information will be available in the eligibility section of Excent Enrich.***

Fluency Eligibility

Eligibility for fluency therapy is based on the State Board Rule

6A-6.03012 F.A.C.:

Exceptional Student Education Eligibility for Students with Speech Impairments and Qualifications and Responsibilities for the Speech-Language Pathologists Providing Speech Services

*Speech impairments are disorders of speech sounds, **fluency** or voice that interfere with communication, adversely affect performance and/or functioning in the educational environment, and result in the need for exceptional student education.*

Fluency disorder

A fluency disorder is characterized by deviations in continuity, smoothness, rhythm, or effort in spoken communication. It may be accompanied by excessive tension and secondary behaviors, such as struggle and avoidance. A fluency disorder is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Evaluation Procedures

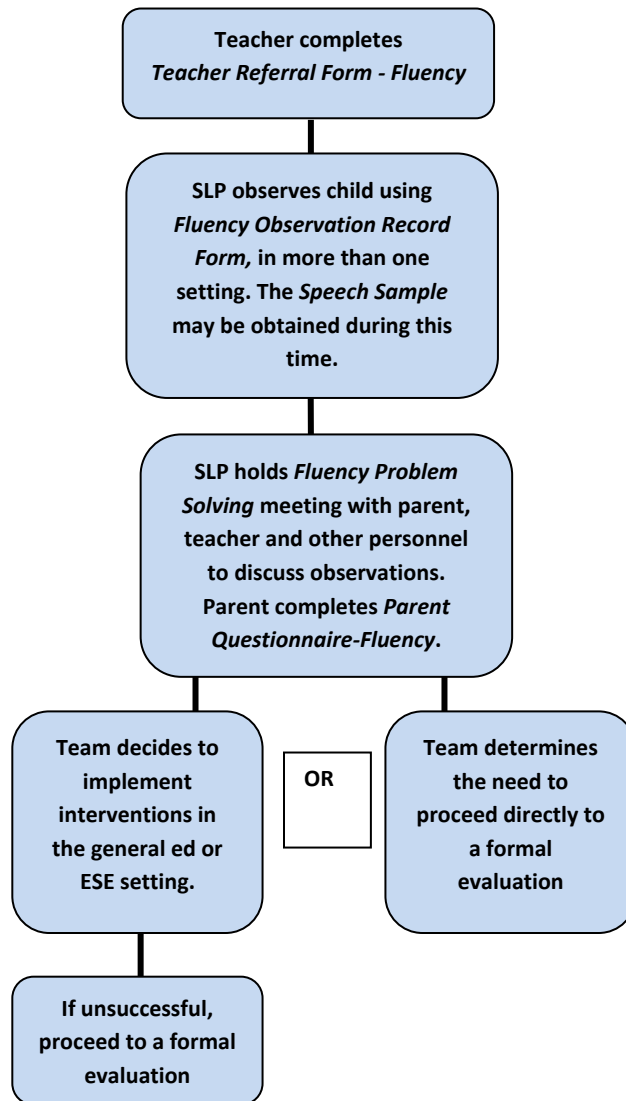
- In addition to *the General Education Intervention and Referral Procedures (6A-6.0331) (5) F.A.C.* the evaluation shall include all of the following:
- Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, to address the areas identified in paragraph (4)(d) of this rule. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
 - ✓ **Teacher Referral Form- Fluency**
 - ✓ **Parent Questionnaire – Fluency**
- A minimum of two (2) documented and dated observations of the student's speech and secondary behaviors must be conducted by a speech-language pathologist in more than one setting, including the typical learning environment. For prekindergarten children, the observations may occur in an environment or situation appropriate for a child of that chronological age. Observations conducted prior to obtaining consent for evaluation may be used to meet this criterion, if the activities address the areas identified in paragraph (4)(d) of this rule;
 - ✓ **Fluency Observation**
- An examination of the oral mechanism structure and function must be conducted;
 - ✓ **Oral Peripheral Examination Form**
- A fluency assessment of all of the following areas:
 - Motor aspects of the speech behaviors;
 - ✓ **SSI or other fluency assessment instrument**
 - Student's attitude regarding the speech behaviors;
 - ✓ **Assessing my Speech - Stuttering**
 - Social and educational impact of the speech behaviors; and
- A speech sample of a minimum of 300-500 words must be collected and analyzed to determine frequency, duration, and type of dysfluent speech behaviors. If the SLP is unable to obtain a speech sample of a minimum of 300-500 words, a smaller sample may be collected and analyzed. The evaluation report must document the rationale for collection and analysis of a smaller sample, the results obtained, and the basis for recommendations.
 - ✓ **Observation and Speech Sample**

Eligibility

A student with a fluency disorder is eligible for exceptional student education if there is evidence, based on evaluation results, of significant and persistent interruptions in the rhythm or rate of speech. Evaluation results must reveal all of the following:

- The student must exhibit **significant and persistent dysfluent speech behaviors**. The dysfluency may include repetition of phrases, whole words, syllables and phonemes, prolongations, blocks, and circumlocutions. Additionally, secondary behaviors, such as struggle and avoidance, may be present;
- The fluency disorder **must have an adverse effect** on the student’s ability to perform and/or function in the educational environment, thereby demonstrating the need for exceptional student education; and
- The dysfluency is **not primarily the result of** factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.
 - ✓ **Fluency Worksheet**

Fluency Referral Flow Chart



Teacher Referral Form - Fluency

Student _____ Teacher _____ Date _____

Disfluencies may come in the form of repetitions, long hesitations before speaking or between words, or insertions of uh-uh-uh or "filler" syllables, with possible facial or body posturing.

- 1. Does the student appear to be frustrated when speaking due to disfluencies? Yes No
- 2. Does the student avoid speaking in class because of disfluencies? Yes No
- 3. Do the student's disfluencies distract listeners from what he/she is saying? Yes No
- 4. Have you ever heard anyone call the student a "stutterer"? Yes No
- 5. Has the student ever mentioned to you that he/she has a fluency problem? Yes No
- 6. Have the student's parents ever talked to you about his/her disfluencies? Yes No

- 7. Is the student's academic performance satisfactory?
 - Yes, the student meets grade level standards.
 - No, the student does not meet grade level standards.

If No, in which of the following areas is the student performing below grade level?

Speaking Reading Writing Spelling Math

6. Do disfluencies have a *significant* adverse affect on any of the areas that are below grade level? Yes No

7. If yes, identify each area of impact and tell how the disfluency affects academic performance.

Area _____ Impact _____

Area _____ Impact _____

Area _____ Impact _____

8. What accommodations for the disfluencies have you made to support the student in each affected academic area?

9. Do classmates react negatively to the disfluencies? Yes No

10. If yes, describe the negative reactions and their impact on the student.

11. What have you done to stop the negative reactions?

12. In your judgment, does this student have a fluency problem that adversely affects educational progress in a significant way?

Yes No

Parent Questionnaire - Fluency

Student's Name _____

Date _____

Name of Parent/Guardian Completing the Form _____

Some examples of disfluencies (stuttering) are prolongations ("Mmmmmmy name is Bill."), silent prolongations (when a child has her mouth open as if "stuck" with no sound production.), part-word repetitions ("Thi thi this toy is mine."), syllable repetitions ("Hur-Hur-Hurry Dad."), whole word repetitions ("We we we go to the store."), and Interjections ("We um, had um steak for ah dinner.")

1. Give the approximate date at which disfluencies were first noticed. _____

2. Who first noticed the disfluencies? _____

3. In what situation was it first noticed or commented upon? Under what circumstances did it occur?

4. At the time when disfluencies were first noticed, did your child seem to be aware of the fact that he/she was speaking in a different manner?

5. Did your child ever show surprise or bewilderment after trying to say a word? If so, how did he/she show such reactions?

6. What attempts have been made to correct the disfluencies?

7. Do the disfluencies occur more often when speaking to certain people? Who?

8. Do the disfluencies occur more often with certain topics? Certain times of the day? Certain situations?

9. Since the disfluencies first began, has there been any change in the symptoms?

10. Do you have any other family members with a history of speech problems?

Fluency Observation Record Form

Student's Name _____

Date _____

Describe the location of the observation and the activity:

Disfluencies are

inconsistent consistent

Student is

not aware of problem aware of problem

Struggle behavior is present

none of the time some of the time most of the time all of the time

Stuttering behaviors observed

not present whole word repetitions hesitations

interjections broken words revisions

incomplete phrases part-word repetitions

prolongations other _____

Avoidances

not present present

Other Comments

Assessing My Speech (Stuttering)

Student _____ Teacher _____ Date _____

Circle the number that best describes how you would rate your speech.

1. When I stutter in class I feel embarrassed:

1	2	3	4	5
Never		Sometimes		Always

2. When I stutter while talking to friends I feel embarrassed:

1	2	3	4	5
Never		Sometimes		Always

3. I raise my hand to answer questions or participate in classroom discussions:

1	2	3	4	5
Never		Sometimes		Always

4. I enjoy reading aloud:

1	2	3	4	5
Never		Sometimes		Always

5. When I have to speak to a close friend I feel anxious:

1	2	3	4	5
Never		Sometimes		Always

6. When I have to speak to a classmate I feel anxious:

1	2	3	4	5
Never		Sometimes		Always

7. When I have to speak to a familiar adult I feel anxious:

1	2	3	4	5
Never		Sometimes		Always

8. When I have to speak to an authority figure I feel anxious:

1	2	3	4	5
Never		Sometimes		Always

9. I avoid speaking in class:

1	2	3	4	5
Never		Sometimes		Always

10. I avoid speaking on the telephone:

1	2	3	4	5
Never		Sometimes		Always
11. I avoid having conversations at school:				
1	2	3	4	5
Never		Sometimes		Always
12. Most of the time my stuttering is:				
1	2	3	4	5
Very Mild		Average		Severe
13. I think about my stuttering:				
1	2	3	4	5
Not at all		Sometimes		All the time
14. My family thinks my stutter is:				
1	2	3	4	5
Very Mild		Moderate		Severe
15. Other people (outside my family) think that my stuttering is:				
1	2	3	4	5
Very Mild		Moderate		Severe
16. How much <i>physical effort</i> does it take for you to talk?				
1	2	3	4	5
No Effort		Moderate Effort		Extreme Effort
17. How much <i>mental effort</i> does it take for you to talk?				
1	2	3	4	5
No Effort		Moderate Effort		Extreme Effort
18. When I talk at school, I ...				
1	2	3	4	5
Never Stutter		Sometimes Stutter		Stutter a Lot

Fluency Disorder Worksheet

Student _____ Teacher _____ Date _____

Evaluation Data

Date

- _____ 1. **Teacher Referral Form - Fluency**
- _____ 2. **Parent Questionnaire -Fluency**
- _____ 3. **Fluency Observations**
 - _____ a. Typical Learning Environment
 - _____ b. Other _____
- _____ 4. **Fluency Assessment** (includes motor aspects of speech behaviors and any secondary characteristics)
- _____ 5. **Speech Sample** -300-500 words; a written rationale must be provided if smaller sample is obtained. (Observation and Speech Sample – Stuttering)
- _____ 6. **Oral Peripheral Exam**
- _____ 7. **Assessing my Speech – Student form**

Eligibility Requirements *

All 3 areas must be checked Yes in order for the student to be considered for eligibility as a student with a fluency disorder.

<input type="checkbox"/> Yes <input type="checkbox"/> No	The student exhibits significant and persistent interruptions of rhythm or rate of speech.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The fluency disorder has an adverse effect on the student’s ability to perform and/or function in the student’s typical learning environment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The dysfluency is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

****Eligibility information will be available in the eligibility section of Excent Enrich.***

Voice Eligibility

Eligibility for voice therapy is based on the State Board Rule

6A-6.03012 F.A.C:

Exceptional Student Education Eligibility for Students with Speech Impairments and Qualifications and Responsibilities for the Speech-Language Pathologists Providing Speech Services

*Speech impairments are disorders of speech sounds, fluency or **voice** that interfere with communication, adversely affect performance and/or functioning in the educational environment, and result in the need for exceptional student education.*

Voice Disorder

A voice disorder is characterized by the atypical production or absence of vocal quality, pitch, loudness, resonance, or duration of phonation that is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Evaluation Procedures

In addition to *the General Education Intervention and Referral Procedures (6A-6.0331) (5) F.A.C.* the evaluation shall include all of the following:

- Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and description of voice characteristics. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
 - ✓ **Teacher Referral Form - Voice**
- **Parent Questionnaire – Voice**
- Documented and dated observation(s) of the student's voice characteristics must be conducted by a speech-language pathologist in one or more setting(s), which must include the typical learning environment...Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
 - ✓ **Voice Observation Form**
- An examination of the oral mechanism structure and function must be conducted;
 - ✓ **Voice Evaluation**
 - ✓ **Oral Peripheral Examination Form**
- A report of a medical examination of laryngeal structure and function conducted by a physician licensed in Florida in accordance with Chapter 458 or 459, F.S., unless a report of medical examination from a physician licensed in another state is permitted in accordance with paragraph 6A-6.0331(3)(c), F.A.C. The physician's report must provide a description of the state of the vocal mechanism and any medical implications for therapeutic intervention.
 - ✓ **Physician's Report - Voice Disorder**

Guidelines for Obtaining Physician Clearance for Voice Therapy

If the team decides to implement interventions prior to referring for a medical evaluation, those interventions should be short term and for the following reasons:

- Vocal abuse (awareness and reduction of abuse)
- Direct result or symptom of a medical issue (counsel family if a result of allergies, asthma, etc.)

REMINDER: A STUDENT CANNOT BE PLACED FOR VOICE THERAPY WITHOUT A MEDICAL DIAGNOSIS

If the team refers the student for an examination of laryngeal structure and function, do the following:

- School SLP completes *Voice Evaluation* and writes report in Excent.
- If results are significant (hypernasality, hyponasality, nasal air emissions, aphonia, unusually high pitch, glottal fry, inadequate breath support, etc), refer student to S/L Diagnostician for a second opinion voice evaluation. A written report will be given to the school SLP for the medical referral.
 - Complete a **Request for Support and/or Consultation** indicating the need for a second opinion for voice
 - Include a copy of your **Voice Evaluation**
 - Include a copy of the **Permission to Evaluate**, signed by the parent
 - Send to Lorrie Prince, S/L Diagnostician, ESE, Rt. E
- The parent will be given the option to take the child to their own physician for follow-up if they choose to use private insurance or are on Medicaid.
- The parent should bring the following to the appointment:
 - Copy of **Voice Evaluation and 2nd opinion**, if requested
 - **Physician Cover Letter** which summarizes the need for a medical exam
 - **Physician's Report Form** that needs to be completed by the physician prior to initial eligibility
 - **Release of Information** form so that the doctor will send results to the school
- The school SLP will follow up on physician's report and complete the eligibility paperwork in a timely manner.

OR IF THE MEDICAL REFERRAL GOES THROUGH THE ESE OFFICE

- The ESE office will pay for an initial evaluation by a school board authorized ENT in the child's geographic area, through a purchase order.
- The parent should bring the following to the appointment:
 - **Voice Evaluation**
 - **Second Opinion Voice Evaluation**
 - **Physician's Cover Letter**
 - **Physician's Report Form**
 - **Release of Information form**
- The S/L Diagnostician will do the follow-up paperwork and send to the school SLP to schedule an eligibility meeting.

Eligibility for Voice Therapy

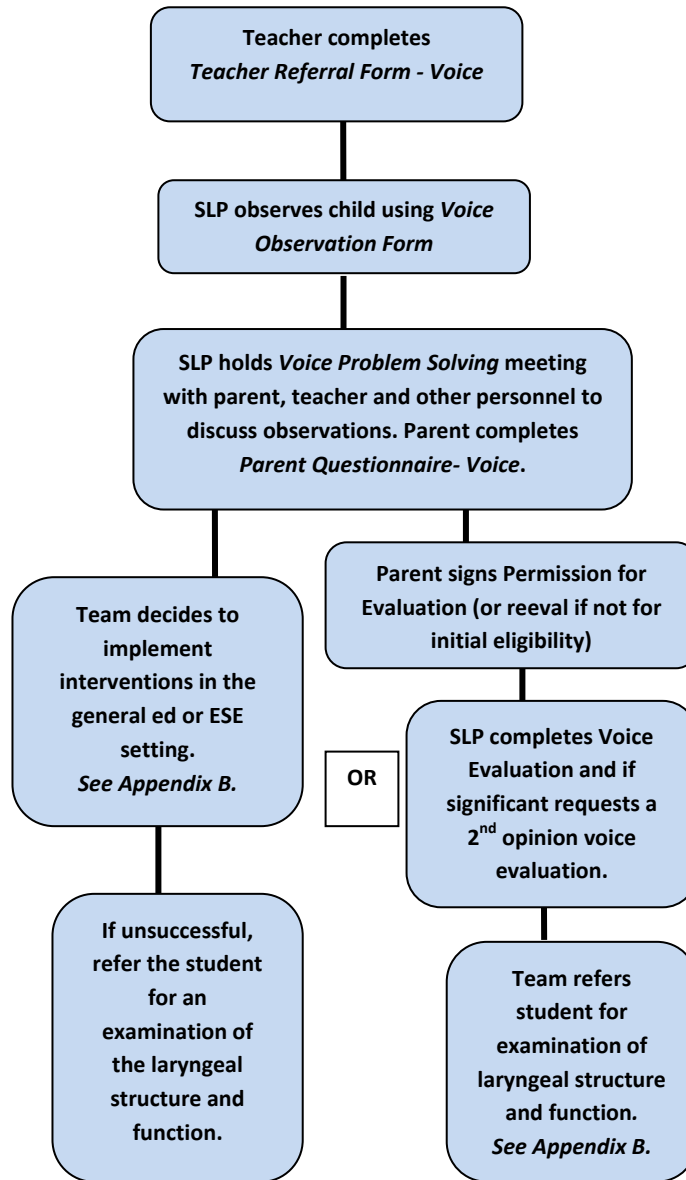
A student with a voice disorder is eligible for exceptional student education if there is evidence, based on evaluation results, of significant and persistent atypical voice characteristics. Evaluation results must reveal all of the following:

- The student must exhibit **significant and persistent atypical production of quality, pitch, loudness, resonance, or duration of phonation**. The atypical voice characteristics may include inappropriate range, inflection, loudness, excessive nasality, breathiness, hoarseness, or harshness;

- The voice disorder **does not refer to vocal disorders that are found to be the direct result or symptom of a medical condition** unless the disorder adversely affects the student’s ability to perform and/or function in the educational environment and is amenable to improvement with therapeutic intervention;
- The voice disorder **must have an adverse effect** on the student’s ability to perform and/or function in the educational environment, thereby demonstrating the need for exceptional student education; and
- The atypical voice characteristics are **not primarily the result of** factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

✓ **Voice Worksheet**

Voice Referral Flow Chart



Teacher Referral Form – Voice

Student _____ **Teacher** _____ **Date** _____

- 1. Is the student able to project loudly enough to be adequately heard in your classroom? Yes No
- 2. Does the student ever lose his/her voice by the end of the school day? Yes No
- 3. Does the student have an unusually loud voice or shout a great deal? Yes No
- 4. Is the student’s voice quality worse during any particular time of the day?
Is Yes, when? _____
Yes No
- 5. Does the student’s voice quality make it difficult to understand the content of his/her speech? Yes No
- 6. Does the student’s voice quality distract you from what he/she is saying? Yes No
- 7. Has the student ever mentioned to you that he/she has a voice problem? Yes No
- 8. Have the student’s parents ever talked to you about his/her voice? Yes No
- 9. Is the student’s academic performance satisfactory?

Yes, the student meets grade level standards.

No, the student does not meet grade level standards.

If No, in which of the following areas is the student performing below grade level?

Speaking Reading Writing Spelling Math

10. Does voice quality have a *significant* adverse affect on any of the areas that are below grade level? Yes No

. If Yes, identify each area of impact and tell how the student’s voice affects academic performance.

Area _____ Impact _____

Area _____ Impact _____

Area _____ Impact _____

11. What accommodations for the student’s voice have you made to support the student in each affected academic area?

12. Do classmates react negatively to the student’s voice? Yes No

13. If yes, describe the negative reactions and their impact on the student.

14. What have you done to stop the negative reactions?

15. In your judgment, does this student have a voice problem that adversely affects educational progress in a significant way?

Yes No

Parent Questionnaire - Voice

Student Name _____ Date _____

Parent/Guardian Completing Form _____

Your child has been referred by his/her teacher for a possible voice disorder. Please answer each question to the best of your knowledge.

1. Has your child ever been referred to an Ear/Nose/Throat doctor (ENT)? Yes No

2. Does your child have allergies? Yes No

3. Does your child have asthma? Yes No

4. Does your child excessively yell, shout or scream? Yes No

5. Does your child imitate vehicle or animal sounds? Yes No

6. Does your child excessively cough or clear his/her voice? Yes No

7. Does your child live with someone who smokes? Yes No

8. Has your child ever been diagnosed with a vocal disorder? Yes No

9. Have you noticed any hoarseness in your child's voice? Yes No

10. Does your child ever complain of a sore throat? Yes No

11. Is your child aware of his/her voice difference? _____ If so, please explain his reaction.

12. Do others react to your child's voice difference? _____ If so, please explain.

13. Describe your concerns about your child's voice.

Voice Observation-SLP

Student's Name _____ **Date** _____

Describe the location of the observation and the activity:

Pitch is

too high too low

Volume is

too loud too soft

Quality is

hoarse breathy

Resonance is

hypernasal hyponasal

Precipitating factors

throat clearing coughing congestion

loud environment other _____

Medical conditions

cleft palate hearing impairment allergies/asthma

Other Comments

Voice Worksheet

Student _____ **Teacher** _____ **Date** _____

Evaluation Data

Date

- _____ 1. **Teacher Referral Form – Voice**
- _____ 2. **Parent Questionnaire – Voice**
- _____ 3. **Voice Observations**
 - _____ a. Typical Learning Environment
 - _____ b. Other _____
- _____ 4. **Voice Evaluation** (includes vocal characteristics)
- _____ 5. **Oral Peripheral Exam**
- _____ 6. **Medical Exam** (Physician’s Report Voice Disorder Form) must include:
 - _____ Description of vocal mechanism
 - _____ Medical implications for therapy

Eligibility Requirements *

All 4 areas must be checked Yes in order for the student to be considered for eligibility as a student with a voice disorder.

<input type="checkbox"/> Yes <input type="checkbox"/> No	There is evidence, based on evaluation results, of significant and persistent atypical voice characteristics of quality, pitch, loudness, resonance, or duration of phonation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The voice disorder is not the direct result or symptom of a medical condition, or is amenable to therapeutic interventions as documented by a medical report from a licensed Florida physician.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The voice disorder has an adverse effect on the student’s ability to perform and/or function in the student’s typical learning environment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The atypical voice characteristics are not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

****Eligibility information will be available in the eligibility section of Excent Enrich.***

Language Eligibility

Eligibility for language therapy is based on the State Board Rule

6A-6.030121 F.A.C.:

Exceptional Student Education Eligibility for Students with Language Impairments and Qualifications and Responsibilities for the Speech-Language Pathologists Providing Speech Services

Language Impairments

Language impairments are disorders of language that interfere with communication, adversely affect performance and/or functioning in the student's typical learning environment, and result in the need for exceptional student education.

- A language impairment is defined as a disorder in one or more of the basic learning processes involved in understanding or in using spoken or written language. These include:
 - ✓ **Phonology.** Phonology is defined as the sound systems of a language and the linguistic conventions of a language that guide the sound selection and sound combinations used to convey meaning;
 - ✓ **Morphology.** Morphology is defined as the system that governs the internal structure of words and the construction of word forms;
 - ✓ **Syntax.** Syntax is defined as the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence;
 - ✓ **Semantics.** Semantics is defined as the system that governs the meanings of words and sentences; and
 - ✓ **Pragmatics.** Pragmatics is defined as the system that combines language components in functional and socially appropriate communication.
- The language impairment may manifest in significant difficulties affecting listening comprehension, oral expression, social interaction, reading, writing, or spelling. A language impairment is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Note: The SLP should be involved throughout the Problem Solving process to determine when academic and functional difficulties might be the direct result of a language impairment. Should this be determined, the data collection and observation process requirements for possible Language Eligibility should be implemented.

Evaluation Procedures

Prior to obtaining consent for initial evaluation, the requirements of subsection 6A-6.0331(1), F.A.C., related to general education procedures for kindergarten through grade twelve students, must be met. To ensure that the decreased performance and/or functioning of a student suspected of having a language impairment is not due to lack of appropriate instruction, the minimum evaluation procedures must include all of the following:

- **Review of data** that demonstrate the student was provided well-delivered scientific, research-based instruction and interventions addressing the identified area(s) of concern and delivered by qualified personnel in general or exceptional education settings;
- **Data-based documentation**, which was provided to the student's parent(s) or guardian(s), of repeated measures of performance and/or functioning at reasonable intervals, communicated in an understandable format, reflecting the student's *response to intervention during instruction*;
- **Information gathered** from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and a description of language skills. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
 - ✓ **Describing Language Difficulties K-3 Teacher Observation Form or**

- **Describing Language Difficulties 4-12 – Teacher Observation Form**
 - ✓ **Language Questionnaire – Language Parent Form (various grade levels)**
- **Documented and dated observation(s)** of the student’s language skills must be conducted by the speech-language pathologist in one or more setting(s);
 - ✓ **Language Observation**
 - ✓ **SLP Observation Report – Pragmatic Language (if considering LI for pragmatic deficits)**
- **Administration of one or more standardized norm-referenced instrument(s)** designed to measure language skills. The instrument(s) must be administered and interpreted by a speech-language pathologist to determine the nature and severity of the language deficits. If the speech-language pathologist is unable to administer a norm-referenced instrument, a scientific, research-based alternative instrument may be used. The evaluation report must document the evaluation procedures used, including the rationale for use of an alternative instrument, the results obtained, and the basis for recommendations.
- With the exception of the observation required by subparagraph (7)(c)4. of this rule, general education activities and interventions conducted prior to initial evaluation in accordance with subsection 6A-6.0331(1), F.A.C., may be used to satisfy the requirements of paragraph (6)(b) of this rule.

Eligibility for Language Impaired Services

A student meets the eligibility criteria as a student with a language impairment in need of exceptional student education if all of the following criteria are met:

- **Due to deficits in the student’s language skills, the student does not perform and/or function adequately for the student’s chronological age or to meet grade-level standards** as adopted in Rule 6A-1.09401, F.A.C., **in one or more of the following areas**, when provided with learning experiences and instruction appropriate for the student's chronological age or grade:
 - ✓ **Oral expression;**
 - ✓ **Listening comprehension;**
 - ✓ **Social interaction;**
 - ✓ **Written expression;**
 - ✓ **Phonological processing; or**
 - ✓ **Reading comprehension.**
- **Due to deficits in the student’s language skills, the student does not make sufficient progress to meet chronological age or State-approved grade-level standards** pursuant to Rule 6A-1.09401, F.A.C., in one or more of the areas identified in paragraph (7)(a) of this rule when using a process based on the student's response to scientific, research-based intervention;
- **Evidence of a language impairment is documented based on a comprehensive language evaluation**, including all evaluation components as specified in paragraph (6)(b) of this rule. There must be **documentation of** all of the following:
 - ✓ Documented and dated **observations show evidence of significant language deficits that interfere with the student’s performance and/or functioning in the educational environment;**
 - ✓ Results of standardized norm-referenced **instrument(s) indicate a significant language deficit in one or more of the areas listed** in paragraph (1)(a) of this rule, **as evidenced by standard score(s) significantly below the mean.** (An alternative, scientific, research-based instrument may be administered when necessary).
 - ✓ **Information gathered** from the student’s parent(s) or guardian(s), teacher(s), and when appropriate, the student, **must support the results of the standardized instruments and observations conducted;** and

- ✓ At least **one additional observation** conducted by the speech-language pathologist **when the language impairment is due to a deficit in pragmatic language and cannot be verified by the use of standardized instrument(s)**. The **information** gathered from the student's parent(s) or guardian(s), teacher(s), and when appropriate, the student, **must support the results of the observation(s) conducted**; and
- ✓ The group determines that its findings under paragraph (7)(a) of this rule are **not primarily the result of** factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Documentation of determination of eligibility

For a student suspected of having a language impairment, the documentation of the determination of eligibility must include a written summary of the group's analysis of the data.

- ✓ **Enrich- Assessment Report**
- ✓ **Excent Written Summary for Eligibility for Specific Learning Disability and/or Language Impaired (based on Worksheet for Specific Learning Disabilities and/or Language Impairment)**

Language Services

- A group of **qualified professionals determining eligibility** under requirements of this rule and subsection 6A-6.0331(6), F.A.C., **must include a speech-language pathologist**.
- A **speech-language pathologist shall be involved in the development of the individual educational plan** for students eligible for language services, whether as special education or as a related service for an otherwise eligible student with a disability.
- Language therapy **services shall be provided by a certified speech-language pathologist** pursuant to Rule 6A-4.0176, F.A.C., **or a licensed speech-language pathologist** pursuant to Section 468.1185, F.S.,

Service Models Options

The type and frequency of LI services is a staffing committee decision based on a number of factors, including the type and frequency of Tier 3 interventions that were necessary for the child to be successful in the ESE and general ed setting prior to LI placement. These may include but are not limited to:

- *Consultation*
- *Pull Out Therapy*
- *In-Class Therapy*
- *Support Facilitation with General Ed/ESE Teacher*
- *Resource Services with ESE Teacher*

If an LI student is receiving all ESE services from an ESE teacher who is focusing on language based academic deficits, then it is *not typically* necessary for that child to continue to receive pull out language therapy services, especially after the child enters middle school. In these cases the SLP should continue to serve as a resource to the ESE and general educator in matters of appropriate curriculum, teaching strategies and accommodations.

However, there may be times when pull out services need to be implemented for a period of time to address a specific, immediate need, as in the case of students using AAC or in need of specific pragmatic skills.

Describing Language Difficulties-Grades K-3 Teacher Observation Form

Student Name: _____ Grade _____ Teacher: _____ Date: _____

When compared to typically developing peers at this grade level, the student's performance is.....

	Within Normal Limits	Notably Different	Significantly Impaired
Phonological			
1. The student recognizes and produces rhyming words.			
2. The student uses age appropriate phonemic skills (initial/final sounds; segment, blend)			
Semantics/Vocabulary Concepts			
1. The student uses frequently occurring grade level prepositions (in/out, on/off, to/from, under/over, for/of, by/with)			
2. Uses vocabulary/vocabulary terms appropriate to grade (i.e., categories, actions, associations, functions, antonyms, synonyms)			
3. Grade 3- Uses multiple meanings, figurative language.			
4. Grade 3- Identifies and knows the meaning of most common prefixes, suffixes, root words.			
Expressive Language			
1. Speaks in complete sentences			
2. Uses grammar appropriate to age/grade.			
3. *Asks/answers what, who, where, when, questions functionally during classroom activities.			
4. Answers these questions after a read aloud.			
5. Uses grammar appropriate to age/grade.			
6. *Initiates and maintains conversations.			
7. Retells a story (beginning, middle, ending) and provides enough details for listener comprehension.			
8. *Contributes to classroom discussions.			
Receptive			
1. Follows oral directions relating to familiar objects with no more than one repetition.			
2. Understands new concepts taught.			
3. Retains and recalls old & new information.			
4. Interprets meanings (how, why)			

*Refers to those skills pertaining to social language/pragmatics

What is the impact on academic performance? *Please attach a work sample illustrating this difficulty.*

Area (s) /Impact:

Additional comments:

Are there any concerns with the student's hearing acuity? _____

Is the student identified as ELL? _____

Describing Language Difficulties-Grades 4-12 Teacher Observation Form

Student Name: _____ Grade _____ Teacher: _____ Date: _____

When compared to typically developing peers at this grade level, the student's performance is.....

	Within Normal Limits	Notably Different	Significantly Impaired
Phonological			
3. Decodes unfamiliar words.			
4. Speaks in complete sentences.			
Semantics/Vocabulary Concepts			
1. Defines curriculum vocabulary			
2. Demonstrates understanding of figurative language.			
3. Understands word relationships (idioms, multiple meanings)			
4. Uses vocabulary to inform or explain on topic.			
Expressive Language			
9. Explains what he or she has read.			
10. Gives main idea and supporting details on a topic.			
11. Sequences a story (verbal or written on grade level).			
12. Uses correct grammar while speaking (subject-verb agreement, pronouns)			
13. Uses prepositional phrases.			
14. * Expresses thoughts clearly/relevantly			
15. Writes clear complete sentences.			
16. Writes a variety of sentence types.			
Receptive			
5. Identifies main idea of story.			
6. Recalls information from a story.			
7. Follows written directions			
8. Remembers details from what he or she has read.			
9. Comprehends complex "WH" questions.			
10. Follows oral directions without repetition.			
11. *Initiates and maintains conversations.			

*Refers to those skills pertaining to social language/pragmatics

What is the impact on academic performance? *Please attach a work sample illustrating this difficulty.*

Area (s) /Impact:

Additional comments:

Are there any concerns with the student's hearing acuity? _____

Is the student identified as ELL? _____

Parent Language Questionnaire Kindergarten

Student's Name _____ **Date** _____
Name of Parent Completing the Form _____

Please check yes or no

8. My child follows 1-2 simple directions in a sequence. **Yes** **No**

9. My child listens to and understands age-appropriate stories that are read aloud. **Yes** **No**

10. My child follows a simple conversation. **Yes** **No**

11. My child is understood by most people. **Yes** **No**

12. My child answers simple "yes/no" questions. **Yes** **No**

13. My child answers open-ended questions correctly. **Yes** **No**

14. My child retells a story or talks about an event. **Yes** **No**

15. My child participates appropriately in conversations. **Yes** **No**

Comments:

Source: American Speech, Language and Hearing Association

Parent Language Questionnaire 1st Grade

Student's Name _____ Date _____

Name of Parent Completing the Form _____

Please check yes or no

1. My child remembers information. Yes No
2. My child responds to instructions. Yes No
3. My child follows 2-3 step directions in a sequence. Yes No
4. My child is easily understood. Yes No
5. My child tells and retells stories and events in a logical order. Yes No
6. My child expresses ideas with a variety of complete sentences. Yes No
7. My child uses most parts of speech (grammar) correctly. Yes No
8. My child asks and responds to "wh" questions (who, what, where, when, why) Yes No
9. My child starts conversations, stays on topic and takes turns talking. Yes No
10. My child gives directions. Yes No

Comments:

Source: American Speech, Language and Hearing Association

Parent Language Questionnaire 2nd Grade

Student's Name _____ Date _____

Name of Parent Completing the Form _____

Please check yes or no

1. My child follows 3-4 oral directions in a sequence. Yes No
2. My child understands direction words (e.g., location, space, and time words). Yes No
3. My child correctly answers questions about a grade-level story. Yes No
4. My child is easily understood. Yes No
5. My child asks and answers "wh" questions (e.g., who, what, where, when, why). Yes No
6. My child uses increasingly complex sentence structures. Yes No
7. My child clarifies and explains words and ideas. Yes No
8. My child gives directions with 3-4 steps. Yes No
9. My child uses oral language to inform, to persuade, and to entertain. Yes No
10. My child stays on topic, take turns, and use appropriate eye contact during conversations. Yes No

11. **Comments:**

Source: American Speech, Language and Hearing Association

Parent Language Questionnaire 3rd Grade

Student's Name _____ Date _____

Name of Parent Completing the Form _____

Please check yes or no:

- | | | |
|--|------------------------------|-----------------------------|
| 1. My child listens attentively in group situations. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. My child understands grade level material. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. My child speaks clearly with an appropriate voice. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. My child asks and responds to questions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. My child participates in conversations and group discussions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. My child uses subject-related vocabulary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. My child stays on topic, uses appropriate eye contact, and takes turns in conversation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. My child summarizes a story accurately. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. My child explains what has been learned. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:

Source: American Speech, Language and Hearing Association

Parent Language Questionnaire 4th and 5th Grade

Student's Name _____ Date _____

Name of Parent Completing the Form _____

Please check yes or no:

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | My child listens to and understands information presented by others. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | My child forms opinions based on evidence. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | My child listens for specific purposes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | My child uses words appropriately in conversation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | My child uses language effectively for a variety of purposes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | My child understands some figurative language (e.g., "the forest stretched across.."). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | My child participates in group discussions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | My child gives accurate directions to others. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | My child summarizes and restates ideas. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | My child organizes information for clarity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | My child uses subject area information and vocabulary (e.g., social studies) for learning. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | My child makes effective oral presentations. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

Source: American Speech, Language and Hearing Association

SLP Language Observation

Student's Name _____

Date _____

Describe the location of the observation and the activity:

Teacher

Questions

- Factually oriented
- Thought provoking
- Feeling/opinion
- Inferential
- Experiential
- Analytical
- Other

Cognitive/Linguistic Complexity

- Meaning (vocabulary)
- Grammar
- Sentence length
- Multiple ideas presented
- Experiential
- Analytical
- Other

Presentation of Information

- Repetition/redundancy
- Revision/repair exchanges
- Context driven
- Clarification statements
- Other feedback requests
- Motivates students

Secondary Aspects

- Reinforces listening
- Motivation
- Vocal expression
- Speaking rate
- Fluency of style
- Nonverbal expression
- Self-monitoring evident
- Positive attitude
- Other

Source: *Classroom Communication Observation, Secord and Wiggs, 2003*

Student

Responses to Questions

- Provides facts
- Elaborates
- Shares feelings
- States opinions
- Makes inferences
- Appears lost or confused
- Other

Responses to Complexity

- Understands meaning
- Understands structure
- Understands length
- Understands multiple ideas
- Makes inferences
- Appears lost or confused
- Other

Responses to Presentation

- Requests clarification
- Makes appropriate comments
- Focuses on task
- Appears lost or confused
- Other

Secondary Aspect Responses

- Attends to presentation
- Appears motivated
- Other

SLP Observation Report Pragmatic Language

Student Name: _____

Date: _____

Teacher: _____

Grade: _____ CA: _____

Setting: _____

Length of Time: _____

Presenting problem(s):

The student exhibits characteristics of a pragmatic language deficit not adequately measured on standardized, norm referenced tests.

Describe the activity:

During the observation, when compared with same age peers, the following characteristics were noted. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Does not interact appropriately with adults and/or peers. | <input type="checkbox"/> Does not ask questions to request help or seek clarification. |
| <input type="checkbox"/> Does not demonstrate awareness of others or give eye contact. | <input type="checkbox"/> Does not respond appropriately to/use body language. |
| <input type="checkbox"/> Does not initiate interaction. | <input type="checkbox"/> Does not respond appropriately to/use tone of voice. |
| <input type="checkbox"/> Does not maintain topic during conversation/classroom discussion. | <input type="checkbox"/> Does comprehend age appropriate humor, sarcasm or slang. |
| <input type="checkbox"/> Does not appropriately join a conversation. | <input type="checkbox"/> Does not understand/respond to classroom rules or routines if not explicitly stated. |
| <input type="checkbox"/> Does not take turns during a conversation. | <input type="checkbox"/> Does not take the perspective of another. |
| <input type="checkbox"/> Does not yield the floor to another speaker. | <input type="checkbox"/> Does not provide additional information to explain or clarify. |
| <input type="checkbox"/> Does not appear to be aware of appropriate physical boundaries. | |

Give some examples of the above:

Describe the impact the student's pragmatic errors have on performance or function in school.

Signature of SLP _____

Worksheet for Specific Learning Disabilities and/ or Language Impairment

Meeting Dates					
Demographic Information					
Student Name:			ID#:	ESOL Status:	
School:			Grade:	Retained: Y <input type="checkbox"/> N <input type="checkbox"/> What grade? _____	
Previous Eligibilities/Ineligibilities:				DOB:	
Identified Area(s) of Concern:					
Educationally Relevant Medical Findings:					

Observations (Attach observation documentation. For LI, observer SLP; For SLD, observer other than instructor)			
	Summary of Behavioral Observations	Relationship of noted behavior to academic performance	
Observation:	Date: Location: Observer:		
Observation:	Date: Location: Observer:		
Observation:	Date: Location: Observer:		
Diagnostic Assessment(s) Results:			
Standardized Norm-referenced Instrument(s) and Results:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Information gathered from the student's parent(s) or guardian(s), teacher(s), and the student, when appropriate, support the results of the observations and standardized instruments, if appropriate. (If no, explain.)	
Consideration of factors affecting student's performance. Indicate whether student's lack of performance and/or rate of progress are primarily the result of any of the following exclusionary factors. Specify documentation supporting the groups' conclusion for each.			
Yes	No	Exclusionary Factor:	Supporting Documentation:
		Lack of appropriate instruction	
		Patterns of irregular attendance	
		Limited English proficiency	
		Ethnicity and/or cultural factors	
		Vision, hearing or motor disability (SLD only)	
		Classroom behavior (SLD only)	
		Environmental/ economic factors (SLD only)	
		Emotional/behavioral disability (SLD only)	
		Intellectual disability (SLD only)	
		Chronological age (LI only)	
		Gender (LI only)	

Parent notification regarding student data, interventions, and progress. (Attach documentation of parent involvement)		
Date:	Date:	Date:
Date:	Date:	Parental Consent:

Intervention Summary (See attached)				RtI Response			
Instruction/Intervention		Implementer	Duration/Frequency	Evidence of Fidelity	+	?	-
Core/Tier 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted/Tier 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive/Tier 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Analysis of Response to Intervention Data
Performance discrepancy (Attach graphed data): <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> School <input type="checkbox"/> Class <input type="checkbox"/> Peer Subgroup
Rate of Progress (Attach graphed data representing intervention intensity, rate of progress, expected rate of progress)
Instructional Details of Educational Need:

For LI Only	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Results of a standardized norm-referenced or an alternative scientific, researched-based instrument, administered by the SLP, are significant for a language impairment.
Summary of eligibility criteria for exceptional student education services.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the student achieve adequately for his/her age, or does he/she meet grade-level standards in all of the following areas? If no, check all areas in which student is not meeting expectations.	
<input type="checkbox"/>	Mathematics calculation (SLD only)	<input type="checkbox"/>	Oral expression
<input type="checkbox"/>	Math problem solving (SLD only)	<input type="checkbox"/>	Listening comprehension
<input type="checkbox"/>	Basic reading skills (SLD only)	<input type="checkbox"/>	Reading comprehension
<input type="checkbox"/>	Reading fluency skills (SLD only)	<input type="checkbox"/>	Written expression
If any of the following statements are answered with "No," an eligibility determination cannot be made without caution and detailed documentation explaining reasons.			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	The student's learning difficulties are not primarily the result of lack of scientific, research-based instruction in the general education setting.	
<input type="checkbox"/>	<input type="checkbox"/>	The student's parent(s) or guardian(s) were notified about the amount and nature of student performance data that would be collected and the general education services that would be provided, interventions for increasing the student's rate of progress, and the parental or guardian right to request an evaluation.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Response to scientific, research-based instruction/intervention is inadequate OR <input type="checkbox"/> Intensive interventions are demonstrated to be effective but require sustained and substantial effort.	
<input type="checkbox"/>	<input type="checkbox"/>	The student demonstrates evidence of eligibility for: <input type="checkbox"/> language impairment <input type="checkbox"/> Specific learning disabilities	

Speech and Language as a Related Service

School districts are expected to ensure that IEP teams determine that a student with a disability will receive speech/language service as a related service, if needed, to benefit from special education services. If a student meets eligibility criteria for Speech and/or Language services as a program then S/L as a related service should not be considered.

Consideration for Services

A student can be considered for S/L as a related service at an initial ESE placement if the student

- Is eligible for another ESE program
- Shows a need for S/L services in order for the student to benefit from special education services

A student may also be considered for S/L as a related service at any annual review.

Determining a Need

Upon review of present level data, the IEP team *must* discuss several issues before determining a student's need for speech/language services. This data may include the use of a global language test as well as other instruments and methods such as classroom observations, collection of a speech/language sample, and/or administration of a supplemental speech/language test. The speech/language pathologist must be involved in the eligibility decision. The issues that should be discussed are as follows:

- What are the communication problems that the student is experiencing?
- What does the available data reveal about the student's communication needs?
- Consider whether the student's communication problems are impacted by factors such as limited English proficiency (LEP), need for augmentative and alternative communication (AAC), and/or identified physiological, psychological, or medical factors.

Use Appendix **A: *Guiding Questions for Determining the Need for Speech/Language Services as a Related Service*** for further guidance.

Service Delivery Options

A student can receive speech/language as a related service using a variety of service delivery options from consultation to direct therapy and with the same type, frequency and location as a student who receives S/L services as a program.

Discontinuation of Services

The decision to discontinue speech/language services as a related service must be addressed during an IEP team meeting and be based upon current, documented information regarding the student's progress and the continued need for the related service. A reevaluation is not required to discontinue services. The parent must be provided prior written notice of a proposed change in services before services cease, and the IEP team must revise the student's IEP, as appropriate.

For additional clarification refer to the Florida Department of Education Technical Assistance Paper 2009-099 entitled *Questions and Answers Regarding Speech/Language as a Related Service* available in Public Folders.

Appendix A: Guiding Questions for Determining the Need for Speech/Language as a Related Service

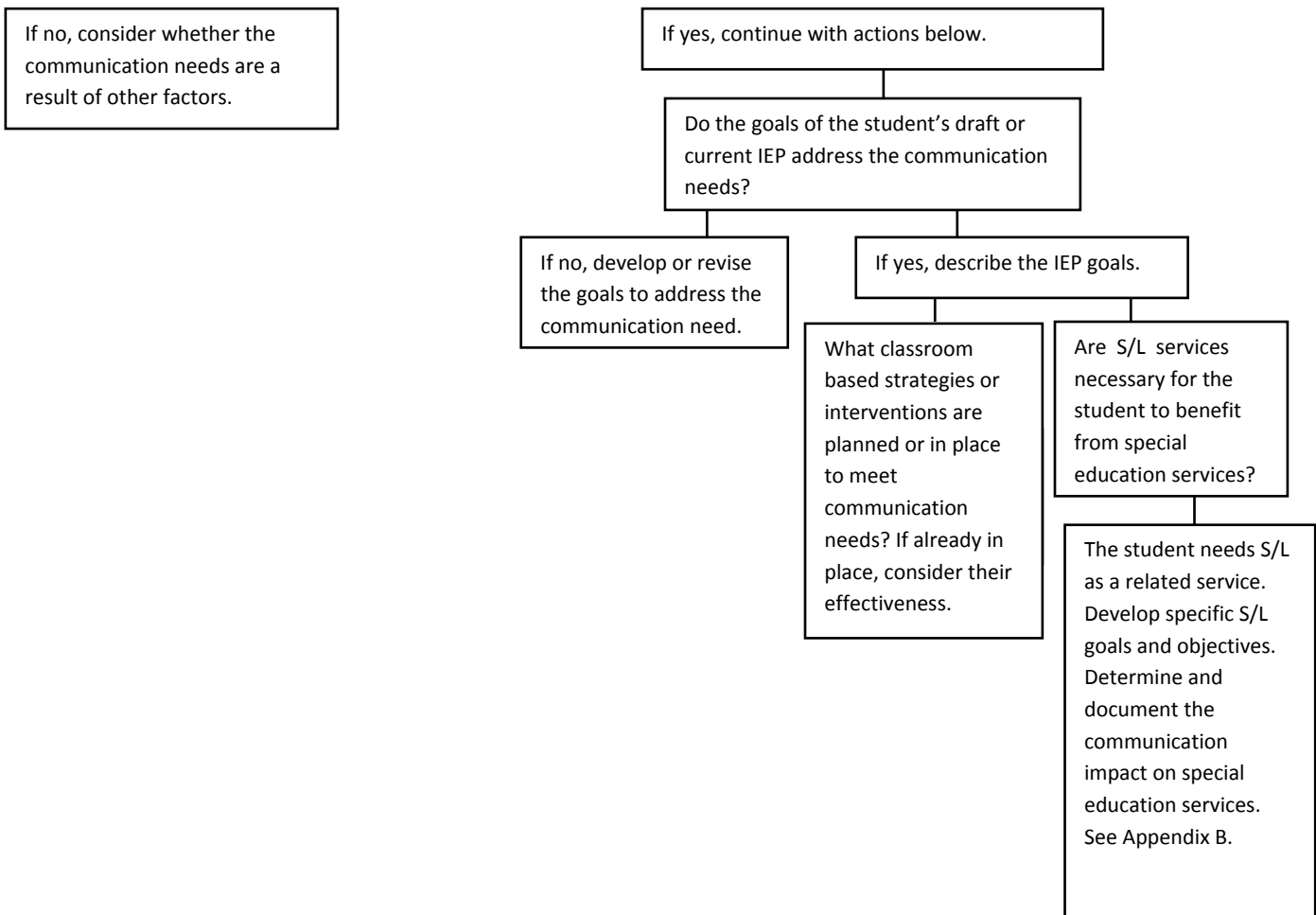
Student Name _____ ID# _____ Date _____

1. What are the communication problems that the student is experiencing?

2. What does the available data reveal about the student's communication needs? Based on:
 - _____ Comprehensive S/L Evaluation _____ Observations _____ current and past services
 - _____ Speech/language samples _____ Parent Input _____ Student's response to specific interventions

3. Consideration of whether the student's communication problems are impacted by factors such as:
 - _____ Limited English Proficiency _____ Need for AAC
 - _____ Identified Physiological, Psychological, or Medical Factors

If the student is not eligible for S/L program are the student's communication needs related to the student's identified disability?



Appendix B: Speech/Language as a Related Service Communication Impact on Special Education Services

School Board of Polk County

Student's Name: _____ D.O.B.: _____

ESE Program(s): _____ Related Service(s): ___ Speech ___ Language

Social Impact The deficit affects social or emotional development or adjustment in the school setting.	Educational Impact The deficit affects academic achievement.	Vocational Impact The deficit affects ability to demonstrate job-related skills/competencies.
Social areas affected by communication deficits (e.g., articulation, fluency, voice, and/or language deficits): ___ Communication deficits interfere with ability to be understood by adults and/or peers. ___ Student has difficulty maintaining and terminating communicative interactions. ___ Student demonstrates embarrassment and/or frustration regarding communication. Provide supportive data: _____ _____ _____	Academic areas affected by communication deficits (e.g., articulation, fluency, voice, and/or language deficits): ___ Reading ___ Math ___ Language Arts ___ Other: _____ Provide supportive data: ___ Difficulty with language-based activities. ___ Difficulty comprehending information presented orally. ___ Difficulty conveying information. Other: _____ _____ _____	Job-related skills student cannot perform due to communication deficits (e.g., articulation, fluency, voice, and/or language deficits): ___ Inability to understand/follow oral directions. ___ Inappropriate response to coworker's or supervisor's comments/questions. ___ Unable to answer/ask questions in a coherent/concise manner. Other: _____ _____ _____

According to 34 CFR 300.24, related services such as speech/language are provided to assist the student with a disability to benefit from special education. The *Guiding Questions for Determining the Need for Speech/Language as a Related Service* have been addressed by the individual educational plan team and the student has been determined in need of speech or language as a related service.

Signature – Speech-Language

Pathologist Date

ESOL Guidelines

The Problem Solving Team should consider the following information before requesting the services of the bilingual SLP as part of the Problem Solving process:

Basic Interpersonal Communication Skills (**BICS**) take approximately 2-3 years to develop to a native-like level under ideal conditions. Ideal conditions include continued support in the child's native language as well as comprehensive exposure to their second language (English). BICS involves communication that is cognitively undemanding and context-embedded. (*ASHA – Assessment of Bilingual Learners: Language Difference or Disorder? 2003*).

Cognitive-Academic Language Proficiency (**CALP**) takes from 5-7 years to develop to a native-like level under ideal conditions. Ideal conditions include support for the first language as well as English instruction. Under less than ideal conditions, **CALP** can take up to 10 years to develop to a native-like level. **CALP** involves proficiency in context reduced, cognitively demanding activities. (*ASHA – Assessment of Bilingual Learners: Language Difference or Disorder? 2003*)

Students who have good BICS after 2-3 years still need time to develop good **CALP**. Teachers need to be encouraged to utilize the ESOL strategies that are provided through ESOL training and by ESOL professionals.

Language Referrals

A referral for a speech-language evaluation by the bilingual SLP is appropriate only for those limited English speaking children who demonstrate problems in the use of their dominant language. You can consult with the teacher, ESOL para, parent or other staff at your school to determine if this is the case. **According to the Polk County Problem Solving Manual, all referrals for a bilingual evaluation should be submitted by the school based SLP, if the PST determines this is the most appropriate course of action.**

Complete the **Bilingual Referral Form** (available in Public Folders) with copies of documentation and send to:

Nilsa Rosado
Bilingual S/L Evaluator
Polk Life and Learning Center
Route E
519-8106

Articulation Referrals

Consult the *Developmental Norms for Spanish Speaking Students* for age norms and follow the Speech Evaluation Process. Consult with Nilsa regarding appropriate interventions to be done prior to a formal evaluation.

ESOL Levels

Levels

NES - Non-English Speaking

LES - Limited English Speaking

FES - Fluent English Speaking

Kindergarten – It is not recommended that you test in ENGLISH unless the student has been enrolled in an English speaking preschool for at least 2 years/ regardless of age. (ASHA Guidelines).

Grade 1 - You may test any student at Level D (LES)/ E (FES) or F (FES).

Grade 2-6 - You may test any student in Level E (LES) or Level F (FES).

Check cumulative record for ESOL designations.

Please remember these are only guidelines, and each child should be considered on a case-by-case basis. If there are concerns about the child's language abilities in his native language, contact Nilsa Rosado, Bilingual Diagnostician.

Level A Non-English Speaking

Level B, C, D Limited English Speaking (depending on the grade level: the test determines the level)

Level E, F Fluent English Speaking

Developmental Norms for Spanish Speaking Students

Source: Florida Dept. of Education

Many school districts require that norm-referenced measures be used in the identification of students with speech and language disorders. The effective use of such measures with Spanish speakers is often difficult because of the heterogeneity of the bilingual student population. Some students speak only Spanish at home, whereas others use English most of the time. Therefore, no single “norm” can be used with all Spanish speakers. Even if local norms are obtained, an individual student may have language experiences that are very different from the “average” student in the population. When using norms in educational decision-making, it is important to consider differences in children’s cultural and linguistic experiences. If a child’s language background and current language usage patterns are not examined carefully, errors in diagnosis may occur.

Several studies relating to the phonological development of Spanish-speaking children have been reported. Based on review of these studies, Merino (1992) reported the age at which 90 percent of Spanish speakers were able to produce Spanish consonants:

1. **By 3 years of age: ch, f, k, m, n, p, t, y**
2. **By 4 years of age: b, g, l, r**
3. **By 6 years of age: s**
4. **By 7 years of age: x, d, rr**

In reviewing these results, it should be noted that the /d/ sound in word-final position is often omitted by normal speakers. This may have accounted for the late acquisition age for the /d/ sound. With exception of /s/ and /rr/, Merino reported that consonant phonemes are “well established by age 5 years.”

When assessing speech production, it is important to distinguish dialectal differences from problems that are indicative of a disorder. Syllable-final /r/, for example, tends to be replaced by /l/ in Puerto Rico and by Spanish-speakers in the northeastern United States. Spanish-speakers from the Caribbean area, coastal Columbia, and Chile are often observed to substitute /r/ for /l/ in syllable-final position (Dalbor, 1980).

Phonological Influence

Potential Negative Interference from a First Language: Spanish

Adapted from Orlando Taylor, Howard University, Washington, D.C. from Florida DOE

THE SOUND SYSTEM

Substitution	Environment	Examples
“ch” for “sh”	all places	<u>ch</u> ip for <u>sh</u> ip ca <u>ch</u> for ca <u>sh</u>
“s” for “z”	all places	ri <u>ce</u> for ri <u>z</u> e su <u>e</u> for su <u>z</u> oo
“t” for “th”	all places	<u>t</u> in for <u>th</u> in pa <u>t</u> for pa <u>th</u>
“b” for “v”	after a nasal consonant environment	en <u>b</u> ironment for en <u>v</u> ironment Den <u>b</u> er for Den <u>v</u> er
“b” for “v”	at beginning of sentence	<u>b</u> an for <u>v</u> an <u>b</u> oat for <u>v</u> ote
“v” for “b”	between vowels; at end of words	<u>c</u> abinet, <u>r</u> obin, <u>R</u> obert, <u>t</u> ribe, <u>g</u> lobe, <u>l</u> ab
“n” for “ng”	at end of sentence	thin <u>n</u> for thin <u>g</u> sin <u>n</u> for sin <u>g</u>
“ng” for “n”	at end of sentence	tin <u>g</u> for tin <u>n</u> tan <u>g</u> for tan <u>n</u>
“n” for “m”	before “t”	sy <u>n</u> tom for sy <u>m</u> ptom en <u>t</u> y for em <u>m</u> pty
“ee” for “i”	everywhere	se <u>ee</u> p for si <u>i</u> p ne <u>ee</u> t for kni <u>i</u> t
“e” for “a”	everywhere	be <u>e</u> t for ba <u>a</u> t ke <u>e</u> ttle for ca <u>a</u> ttle
“a” for “e”	everywhere	pa <u>a</u> t for pe <u>e</u> t va <u>a</u> t for ve <u>e</u> t
variations in “oo”	all places	<u>oo</u> as in <u>fo</u> od for <u>oo</u> as in <u>fo</u> ot

Bilingual Speech Language Referral

Date of Referral: _____ Referred by: _____ #

Student's Name: _____ I.D. # _____ M - F #

Place of Birth: _____ D.O.B. _____ C.A. _____

School: _____ Teacher: _____ Grade: _____

Repeater: Yes _____ No _____ What grade(s)? _____

Reason for referral: _____

Hearing: DOE _____ Pass - Fail (Circle one) Vision: DOE _____ Pass - Fail (Circle one)

Is the student in the ESE program? Yes - No (Circle one) What is the exceptionality? _____

Is the student in the ESOL program? Yes - No (Circle one)

Is the student receiving direct service from an ESOL tutor? Yes - No

What is the student's primary language (obtain from Home Language Survey)? _____

Date of most recent ESOL / IPT test (Obtain from LEP folder in CUM): _____

ESOL Designation: NES _____ LES _____ FES _____

Length of residence in USA: _____

Parent's country of origin: _____ Language used in the home by parents _____

Language used by student in the home with parents _____ with siblings _____

K-BIT Information (if available)

DOE: _____ Vocabulary _____ Matrices _____ Composite _____

Psychological Information:

Has the student been referred for a psychological test? Yes _____ No _____

Mark one: Bilingual psychologist _____ School based psychologist _____

Psychologist Name: _____ DOE: _____

Psychological Test: _____ Verbal _____ Performance _____ Full Scale _____

Attach copy of: _____ Consent for Evaluation

_____ Teacher Referral/Input Form

_____ Parent Questionnaire

_____ Request for Support/Consultation form

_____ Additional S/L testing done (If student has lived 2 or more yrs. in U.S.: CELF- 4/English, GFTA-2, etc.)

Comments/Observations: _____

Send to: Nilisa Rosado, Bilingual SLP, Polk Life & Learning Center

PreK Eligibility

Referral Process

If you receive a request for testing on a preschool age child and /or a speech/language evaluation from an outside agency, please refer the parents to Child Find. Phone: 863- 647-4262. Fax:863-647-4257.

Evaluation Process

- Appointments are given to parents for screening which includes vision, hearing, speech, and developmental skills (Early Screening Inventory)
- Children who fail vision screening are encouraged to follow up with an eye doctor
- Children who fail hearing screening are provided with an appointment with our audiologist
- Children who fail the speech screening or developmental screening are provided with an appointment for an evaluation. (failed hearing or vision must be resolved prior to this evaluation)
- After the evaluation a report is written and mailed to the parent. The school will contact the parent to schedule a meeting to review the results of the evaluation and the IEP team will determine eligibility and write an IEP, if appropriate.

Currently, all children who are evaluated for eligibility determination and may potentially receive a preschool service in the public schools for at least 6 months are assessed using the Battelle Developmental Inventory-2 (BDI-2). This is **required** by the Florida Department of Education. Additional test instruments may be used to evaluate the child based on the review of the records and the areas of concern identified during the screening.

If the child is enrolled in a preschool program on your school campus i.e. Head Start or School Readiness/VPK, the staff of that preschool program has a procedure in place for making referrals to Child Find. **All referrals from those classes should go through the Head Start/School Readiness/VPK staff.**

Children are also transitioned into the ESE Pre-K program from the Early Steps Program, which is the Birth to Three Program. This information is reviewed by the Child Find specialist and one of the Pre-K speech language pathologists if speech and language testing has been done.

Initial Eligibility Staffing of Pre-K Students

Language/Developmental/Speech Testing

Once a child is evaluated, the file is sent for staffing. If the child received a language, speech, developmental and/or psychological evaluation, the file is sent to the PreK staffing specialist at the ESE area offices following the guidelines below:

- The staffing specialist will make arrangements for the eligibility meeting at the zoned school or the school that the child is likely to attend. The SLP at the school will be invited to attend, if required, and should receive copies of the evaluation prior to the meeting from the PreK office.
- Children who receive the BDI-2 (as required by DOE) **must be staffed within 90 days** of the administration of the Battelle.
- The "Ready to Staff" form will give a **recommendation of potential eligibility** for an ESE program. The file will also include a temporary student ID or Genesis number to use to access the Enrich program.

Pre-K language **eligibility is different** from K-12 eligibility. You can use **the Pre-K Language Eligibility Worksheet** in the SLP Public Folders in the PreK sub-folder as a tool to assist in determining potential eligibility.

Speech Only Testing

Preschool students identified through Child Find as speech impaired may be staffed for articulation, voice or fluency therapy at their zoned/flow public school following the guidelines below:

- The S/L report and copies of any important information will be sent to the SLP at the child's home school. This information will include a "Ready to Staff" form, Genesis ID/PreK ID number, and cover letter.
- Children who receive the BDI-2 screener (as required by DOE) **must be staffed within 90 days** of the administration of the Battelle. If a child has been given the BDI-2, a cover letter with more details will be attached to the SLP file. **The BDI screening results** (pass or fail) **will not be included in the report**. If the child did not pass, Child Find would proceed with a further evaluation before the staffing.
- It is the responsibility of the school SLP to contact the parent to schedule and conduct the staffing.
- When determining eligibility for the SI program for a PreK child, there must be an LEA, Evaluation Interpreter, and SLP (two or three professionals). If two professionals attend, it is appropriate for the SLP to sign as the SLP and Evaluation Interpreter. The parent must also be invited. If the child will be entering kindergarten during the duration of the IEP, then a kindergarten teacher must be invited to attend as well. If the child is enrolled in a School Readiness/VPK or Head Start program, the general education teacher must be invited to the staffing and should be included on the meeting notice. The general education teacher, if unable to attend, must provide written information regarding the general education program. The general education teacher's input and the excusal (located in the Enrich program) forms must be attached to the IEP and noted on page 1 of the IEP.
- Children who come from home or off-site programs for speech therapy, must be marked as "**separate class**" on the assessment/participation page. This is because they are placed with other "disabled" SI students when they come for speech therapy. Please mark "**regular class**" for children who are attending **PCSB** early childhood programs, such as **Head Start, School Readiness, or VPK**.
- After the staffing, complete the information on the SLP PreK Letter that was sent to you with the report along with the original signed paperwork (eligibility, consent, IEP, meeting notice) to ESE PreK, Bartow Airbase, Rt E. If the child is found ineligible, complete the SLP PreK Letter and send the ineligibility form and meeting notice to ESE PreK, Bartow Airbase, Rt E
- Therapy sessions are scheduled during the regular school day.
- These students must be enrolled at the school **prior to receiving any services**. They will be required to present the same registration materials to the school as any other entering child. If your terminal operator has questions, she may contact Pat Lee at ESE PreK (519-8870).
- If a parent declines these services or does not respond, document via phone log and meeting notices and return the file to the ESE PreK office along with appropriate documentation. You must provide documentation of two written meeting notices. Be sure to also document any phone calls as well. These attempts to contact the parent can be documented on the meeting notice. After two written attempts to contact the parent, you can proceed with the staffing.

Serving Pre-K Students

Classroom Options

1. **Self-contained ESE Pre-K Class** – Taught by an ESE teacher with a paraprofessional.
2. **Blended Class** – Taught by an ESE teacher and a CDAT with a paraprofessional. This class is a mix of both ESE and Regular Education students.
3. **Full Inclusion** – Usually one or two slots are reserved for ESE students. Taught by one or two regular education teachers and/or CDATs with support from an ESE Itinerant teacher. The majority of these students are regular education students. This option occurs within the Head Start, VPK, or School Readiness classrooms.
4. **“Walk-In Speech”** – These are students identified as Speech Impaired only who come to their zoned school just for therapy.

Program for Severe Speech students:

Cluster sites – Preschoolers with severe phonologic/apraxic disorder are provided more intensive services for two hours twice a week at four different sites in Polk County (Karen Siegel Academy, Carlton Palmore Elementary, Crystal Lake Elementary, and Stephens Elementary). The Clusters are staffed with an SLP, and may also have an SLPA. Children served in this model fall within the average range for developmental skills and receptive language skills. Expressive language skills might be slightly delayed but delay is related to poor speech intelligibility.

Therapy Service Models for Pre-K

Interactive Model

Speech language pathologists **must** serve all students in the ESE Pre-K self contained and Head Start or School Readiness Blended classes. Therapy is designed as an interactive classroom model for a minimum of one 30 minute session per week (**not** included on the IEP as a service). This model **does not** include the School Readiness or Head Start classes that are not staffed with an ESE teacher.

The SLP should design sessions/consultations based on the needs of the students and the teacher with the following goals in mind:

- Providing support/modeling for the teacher for language facilitation
- Identification and initiation of the re-evaluation process for students who might be in need of additional services
- Identification/training for the use of visual strategies, augmentative devices, PECS, etc.
- Observation and evaluation of the effects of your interventions and the changing needs of individual students in order to meet their needs
- Collaboration with the teacher
- Expanding on themes in the classroom
- Consultation/modeling around the needs of a specific student

Service options during the interactive session could include:

- Whole group lessons
- Consultative time for the SLP and classroom teacher
- Interaction with specific students or small groups during regular daily classroom activities.

These are **only suggestions** for service delivery. Each SLP and classroom teacher should determine which options or combination of options best serves the needs of the individual students in the class. The types of sessions might change from week to week or month to month based on the changing dynamics of the class.

It is important that the SLP document each visit with dates and times of each session. (There is a sample Activity Log for the Interactive Model in Public Folders.) The teacher should remain in the classroom during this period and work with the SLP. This is an opportunity to share ideas, plan strategies, and model successful techniques.

Pull out articulation sessions:

The decision for pull-out services for articulation in the Pre-K should be based on the following criteria:

1. The student has met eligibility criteria for speech-impaired services.
2. Speech intelligibility.
3. Maturity level of the student.
4. Special considerations such as cleft palate or apraxia.
5. Need for augmentative/assistive technology.

The amount of service that the student receives is based on need and determined by the staffing committee. PreK articulation students could be scheduled for more than one session per week if the severity of the disorder warrants. These students are generally seen with other Pre-K students or in a kindergarten group **in addition** to the interactive classroom time.

Pre-K Curriculum

Most of the Pre-K classrooms follow the High Scope Educational Approach, the Beyond Centers and Circle Time, or the Tools of the Mind curriculums. These curriculums focus on developmentally appropriate activities and have a strong language component.. Tools of the Mind is a research-based early childhood program that builds strong foundations for school success by promoting their intentional and self-regulated learning. All curriculums provide many opportunities for the teacher and SLP to work together to stimulate language development within the regular daily activities. ***Pre-K students typically do not receive pull out language therapy due to the nature of the curriculum and need to facilitate language in the natural environment. Research shows that young children learn language best in a natural environment.***

Planning Transitions from ESE Pre-K to K

ESE Pre-K Classrooms

All exiting Pre-K students receiving more than speech services should be discussed at transition/re-evaluation planning meetings with the classroom teacher prior to their kindergarten year. It is suggested that these meetings be scheduled from late August to December to allow ample time for re-evaluations to be completed. The team must include the SLP if speech/language issues are to be discussed and will determine the need for further testing. The SLP should review all previous speech/language testing as well as any other pertinent testing to determine if S/L testing is necessary. The Pre-K SLPs will assist with any questions regarding the need for further testing.

A label of Developmental Delay must be removed by the student's sixth birthday. If, based on classroom performance the child is demonstrating significant deficits characteristic of InD or ASD, the child should be reevaluated following the reevaluation process. **The SLP should be included as part of the reevaluation team in order to provide input regarding this request and will be responsible for the S/L assessment.** Otherwise, preacademic/developmental testing conducted by the classroom teacher can be used for dismissal from DD. It is not imperative to look for a label in order to receive academic support in kindergarten. Many general education supports are now available through the problem solving team at each school.

The classroom teacher is responsible for administering the full BDI-2 for exit data.

Options for placement for the next school year might include:

1. Dismissal from ESE
2. Eligibility for another ESE program
3. Continued S/L or DD program

Speech only services

For SI “walk-ins”, the SLP may want to hold a review at the end of the year or beginning of the kindergarten year to modify the type and amount of service provided.

BDI-2 Exit Screener

All SI “walk-ins”, including Head Start and School Readiness students served for **speech only**, need to have a BDI screener before entering kindergarten. Angela Bottom, ESE PreK Senior Manager, will notify you of the students who have been in the program for more than 6 months who need a BDI exit screener. This includes students who move here from another county. All SLPs should have a BDI screener kit at their elementary school. Additional protocol forms are available from your lead SLP.

Please notify Angela when you get a preschool speech only student with an IEP from another county or state.

Referrals from Head Start/School Readiness Programs

If the PreK SLP diagnosticians receive a request for an articulation evaluation and the information on the articulation screener is unclear, the PreK SLPs will ask that the school based SLP follow up by rescreening the student. If an evaluation is needed the PreK diagnosticians will do the evaluation.

To make sure that the referral is appropriate, the school based SLP will re-screen the referred student using the following procedure.

1. When the initial referral/screening is received by the PreK office, the school based SLP will be faxed a **Permission to Screen** form that includes the student’s name, a PreK artic screening form and copy of the screening pictures.
2. The school based SLP will complete the screening using the PreK artic screening form and fax the results back to the PreK office at 519-7559.

The PreK office will follow up with the referral by contacting the teacher and parents with results.

For Further information, contact the PreK SLPs listed below:

Sharon Acosta, 519-8870

Mayra Rodriguez-Leavitt, 519-8870

Shannon Whittemore, 519-8870

For questions related to staffing issues, contact the ESE PreK staffing specialists:

Georgia Clark, 534-0930

Jerri Waszkiewicz, 534-0930

Service Plans for Private Schools

To ensure service and meaningful participation of students in private schools, the Polk County School Board, in consultation with private school representatives and parents has recommended that the board contract with a private agency to provide Speech/Language services, as appropriate, and as funding permits to be used with IDEA eligible students.

The state definition of a private school is a school that includes a kindergarten grade level.

The Referral Process for Articulation, Voice or Fluency Concerns

- The private school will submit the appropriate referral form to the Private School SLP Agency Contact.
- The Private School SLP Agency Contact will review any records from private agencies, IEP documents or other relevant information that would support the referral.
- A Problem Solving Team meeting will be held and interventions will be put into place, if appropriate.
- If additional testing is required the parent will give permission.
- The Private School SLP Agency Contact will conduct the evaluation at the private school site.
- An eligibility staffing will be held, and if eligible a Service Plan will be developed.

If the student is enrolled in a private Pre-K only program, it is not considered a private school. These students will continue to be served as Pre-K walk-ins.

The Referral Process for Language Concerns

Private School students whose parents or teachers suspect a language disorder will follow the general procedures outlined in the Intervention Procedure Guide.

Students with an existing IEP

A Service Plan will be developed by the Public School SLP Contact to meet the student's current needs.

Students with a McKay Scholarship

A Service Plan will be developed by the Public School SLP Contact to meet the student's current needs.

Hospital /Homebound

The following procedures will be followed for students who are Hospital/Homebound:

If a student who is currently on your caseload is being considered for Hospital/Homebound services please make sure that you are included in that IEP team meeting. At that time the team will determine how to best meet that student's needs.

Consideration of frequency and type of service should be based on the student's current level of need and other factors that could be affected by their medical status. If the IEP team determines that the student will receive direct therapy, contact the Speech/Language Program Specialist to discuss scheduling issues.

Home School/ Virtual School

The Referral Process

All referrals for students in a home education setting will be completed at the child's zoned school.

Articulation, Voice and Fluency Referrals

- Arrange for the child to be brought to the school for a screening.
- Discuss the results of the screening with the parent and suggest interventions, if appropriate, to be implemented at home for a designated period of time.
- If interventions are unsuccessful, or if the speech disorder is significant, the parent will sign the **Permission to Evaluate** form.
- The SLP will complete the evaluation, determine eligibility, and if eligible write an **IEP** that indicates the special education services that will be provided.
- The **IEP** will be reviewed annually.

Language Referrals

If only a language evaluation is recommended the school SLP will have the parent sign the **Permission to Evaluate**.

- The SLP will complete the evaluation, determine eligibility, and if eligible write an **IEP** that indicates the special education services that will be provided.
- The **IEP** will be reviewed annually.
- **If both a psycho-educational evaluation and a language evaluation** are recommended, a staffing specialist will conduct the eligibility meeting once all evaluations are complete.

Serving Home Education Students

Home education students who qualify for S/L services will be served at their zoned school during the regular school day. They must be dual-enrolled in the zoned school and home education in order to receive services. The SLP should work with the parent to schedule an appropriate therapy time. The amount of time, service model and service delivery are determined by the staffing committee.

Serving Virtual School Students

Students enrolled in Virtual School who qualify for S/L services will be served at their zoned school during the regular school day. The SLP should work with the parent to schedule an appropriate therapy time. The amount of time, service model and service delivery are determined by the staffing committee.

Interactive Model

The speech/language pathologist plays an integral role in meeting the communication needs of students with autism and students enrolled in the ESE PreK and blended units. Part of this support can be provided weekly through the **Interactive Service Model**. These populations are the target of this service model because of the underlying language and pragmatic deficits that interfere with academic performance, and are evident in the performance of these students in these classrooms. **This is an expectation of parents, teachers and administration. It is not an optional service.** For additional guidance regarding PreK service models, consult the PreK section of this manual. The Interactive Model is intended as collaboration between the SLP and ESE teacher. Co-planning, co-teaching and assisting each other in all phases of implementation and documentation will result in maximum benefit and outcomes for the students.

Writing the IEP

The Interactive Model is **not** listed as an ESE program or service on the IEP. The classroom teacher is responsible for the communication goals on all students who do not receive additional pull-out therapy.

The IEP team may choose to write additional goals and objectives for students who have the speech/language label as a program or a related service. This service is listed on the ESE Services Page, and the speech/language pathologist and exceptional student education teacher are responsible for implementation. This therapy time is **in addition** to the Interactive Model time built into the SLP's schedule, and is written as therapy room/ESE room to provide flexibility to benefit the student.

Interactive Model Service Delivery Options

Decisions regarding the type of service should be based on teacher input and student needs.

- The SLP will provide direct literacy, language and/or phonological sessions to the entire group. Ideally, this should be provided weekly at a designated time. However, since the purpose of this model is to facilitate and model communication strategies in the classroom, at times it may also include some of the following:
 - Show teacher use of PECS, other AAC systems or visual strategies
 - Modeling data collection
 - Assisting individual students with their AAC needs
- In certain circumstances the IEP team may decide to use the Interactive Model time as a child's therapy time. These students must have a separate speech/language goal on their IEP, with the SLP as responsible. In these cases, the SLP must be providing services directly related to the IEP goal. They must collect data and complete an Encounter Log for these students without compromising the group lesson intended for all students.

Documenting Services

You must keep a log documenting date, time and general activity for each week.

Other ESE self-contained classes

The SLP may choose to provide the Interactive Model to other self-contained ESE classrooms for students with Intellectual Disabilities, as appropriate, after consulting with the teachers and IEP team members.

Autism Spectrum Disorders

Initial Referrals for ASD

If a student is being considered for the ASD program you may be involved as a member of the Problem Solving Team. All students being considered for ASD must have a comprehensive speech-language evaluation that includes pragmatics to meet eligibility for the program.

- The *Pragmatic Language Skills Inventory* is available for checkout from the S/L Facilitator or your Lead SLP, or you can use the *Pragmatic Language* section of the *Functional Communication Profile*, or any of the checklists in Public Folders.

Reevaluations

Reevaluations for these students will be the same as for any other student and are the responsibility of the school based SLP.

For severe school age students with ASD see the Multidisciplinary Team Evaluation information sheet in this manual. All other students with ASD should be evaluated by the school based team. For PreK students being considered for ASD see the PreK section of this manual.

See the **Autism Manual** and the **Autism Manual Resource List** in Public Folders -> All Public Folders -> ESE -> SLP -> Autism for additional information.

Multi-Disciplinary Team

The **Multi-disciplinary Diagnostic Team (MDT)** is a county level team consisting of the following members: MDT Psychologists, Educational Diagnostician (for students with Autism), Autism Support SLP, Educational Diagnostician (for students with an intellectual disability), Physical Therapist, Occupational Therapist, Local Augmentative/assistive Technology SLP, S/L Diagnostician, Bilingual S/L Diagnostician, Social worker, Bilingual Social Worker, Rehabilitation Nurses, Audiologist and a vision Specialist on request.

Students who are generally referred to the MDT are those who are exhibiting **significant** developmental/academic delays or who have **significant** behaviors and are therefore more challenging than what a school's educational diagnostic team feels able to assess.

The **MDT** meets monthly during the school year to discuss referred cases and schedule evaluations. For students being referred to the MDT from the PST, the following steps must be completed:

1. A school psychologist must be involved in the Problem Solving process to ascertain if an initial referral to the MDT team is appropriate.
2. The referral coordinator enters a referral on the Genesis Psychological Services Referral Application and must submit the following additional referral materials via courier to Psychological Services, Bartow Municipal Airport, Route E.
 - a. A printed copy of the Genesis referral with "**MDT REFERRAL**" written clearly at the top center of the printed referral.
 - b. A copy of the **MDT Diagnostic Questionnaire** completed by a member of the PST.
 - c. A Case Contact Report from the school based psychologist stating need for team involvement and additional observations of the student.
3. The **MDT** will then consider the referral at its next meeting. If MDT feels that the referral is not appropriate for the **MDT**, the school referral coordinator will be notified promptly with suggestions for completing the evaluation process in a timely manner in order to comply with 60 day timeline. If any collateral is missing from the referral packet it will be returned to the school for correction.
4. If the **MDT** feels that the referral is not appropriate and the referral is sent back, the school psychologist will need to complete the assessment following consultation with an MDT psychologist.

Possible reasons for return:

 - School psychologist has the ability to checkout additional observation forms from Psychological Services to complete ASD initial referral information without need for ASD support staff.
 - School teams should be able to complete most reevaluation assessments for ASD or InD students unless their behavior grossly interferes with the assessment process. Consultation with any MDT psychologist or appropriate team member can assist the school based team with any questions/concerns.

For more information about referral requirements for MDT please contact Psychological Services at the Bartow Airport.

Local Augmentative and Assistive Technology Team (LAT)

An Assistive Technology Device is defined as the following:

Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability.

Law: 34CFR 300.5 (Authority: 20 U.S.C 1401 (1))

IDEA states that at each staffing we must do the following:

The IEP Team also shall...(v) Consider whether the child requires assistive technology devices and services.

Law: 34CFR 300.346 (a)(2)(v) (Authority: 20 U.S.1414 (d)(3)(B)(v))

Many simple augmentative and assistive technology supports such as basic communication boards and classroom accommodations can be provided by the school staff, however when the school team sees a need for additional supports or augmentative devices for an individual student, the following procedures should be followed in making a referral to the Local Augmentative and Assistive Technology Team.

Before a LAT evaluation can be completed, a Reevaluation planning meeting must be held and permission for reevaluation must be signed. For LAT Referral information please see the LAT information in Public Folders.

Role of the LAT Team Members

1. To serve on the evaluation team at the district level. The purpose of the evaluation is to determine if assistive technology devices and/or services are required in order for the student to access and benefit from the educational setting.
2. To provide training at the county or school level on assistive technology systems, the engineering of classrooms and the use of augmentative strategies within the classroom, when requested.
3. To consult with school staff and parents on developing and implementing systems for school or home use, when requested.

Local Augmentative/Assistive Technology Specialists

The state created the statewide Assistive Technology Education Network. Each county was then required to select a designated Local Augmentative/Assistive Technology team for their area. In Polk County, all of the team members have had special training and have been certified as Assistive Technology Practitioners. (ATP's)

Local team members are:

Joanne Stidham	Team Referral Coordinator Speech/Language Pathologist	ESE	534-0930
Lourdes Day	Technology Specialist	FDLRS	647-4258
Lorrie Prince	Speech/Language Pathologist	ESE	534-0930
Judy Sanders	Occupational Therapist	NCSS	298-7567

Request for Support

If a student needs a LAT or oral motor evaluation (apraxia or dysarthria):

A student **must** already be staffed into an ESE program prior to requesting a LAT or Oral-Motor evaluation.

- Complete the **Request for Support and/or Consultation** Form. Be as specific as possible. This form is available in Public Folders as a Word document template and can be completed and sent electronically.
 - For **Oral-Motor** referrals include a copy of your most recent evaluation, including the articulation testing, oral peripheral examination and copies of data sheets reflecting lack of progress in therapy.
 - For **LAT** requests such as classroom consultation, visual strategy supports, or device trouble shooting, continue to utilize the Request for Support and/or Consultation form.
 - For **LAT** referrals, follow the LAT referral guidelines included in this manual.
- When the form is completed, send to the following referral coordinators and they will contact you:

Oral Motor- Meryl Chayt, ESE Office, 534-0930

LAT Referral – Joanne Stidham, ESE Office, 534-0930

- Following an evaluation, you will receive a report with recommendations and will need to follow up with an appropriate staffing. The staffing committee should consider any educational recommendations when developing the Individual Education Plan. It is the school's responsibility to implement and follow through with these recommendations. It may not be necessary for members of the assessment team to attend the meeting.

If the student needs a traumatic brain injury team evaluation:

- Contact the Traumatic Brain Injury Assessment Team Rehabilitation Nurse at North Central Support Services, 291-5313
- In lieu of general procedures, the following information must accompany referrals when a TBI is suspected.
Parent Permission for Evaluation or **Notice of Reevaluation** if the student is currently in an ESE program
Release of Information for relevant medical data
- Eligibility will be determined by the staffing committee.

Hearing Referrals

Audiometers

You will need to pick up your audiometer from the ESE Office at the Bartow Airbase at the beginning of the school year. You will also be responsible for returning the audiometer at the end of the school year for calibration over the summer.

Schoolwide Screenings

County wide hearing screeners will schedule your school's mass hearing screenings with your guidance counselor or assistant principal during the school year. All students in grades K, 1 and 6 will be screened. You may be asked to screen students who were absent on the screening and make-up days or are new to Polk County.

In addition, you may also be asked to conduct a hearing screening on children who are going through the Problem Solving Process, and do not already have hearing screening information recorded in Genesis. The procedure for completing hearing screenings is as follows:

1. Conduct screenings at 20dB at 1000 Hz, 2000 Hz, and 4000 Hz. No other frequencies or threshold levels should be screened. Be sure to screen/rescreen in a quiet room and away from distractible noises (air conditioner, hallway, windows, etc.) Enter results on your Hearing Screening log and report results to your terminal operator.
2. If a student fails at one or more of the above frequencies in either ear, repeat the screening within two weeks.
3. **If the student fails a second time, you will follow procedures for referring for a complete audiological evaluation. Those procedures are not in place at this time, but you will receive them as soon as they are available.**

Appendix A: Guidelines for Discontinuation or Dismissal of Speech and/or Language Services

Articulation

- The student's intelligibility in connected speech is appropriate for age and/or developmental level
- Phonological processes have been deleted in accordance with student's age and/or developmental level

Language

- The student has learned compensatory strategies to function successfully in the educational setting. The strategies include: _____
- The student's language skills are judged to be adequate in remediated area(s) determined by state/district data and are no longer impacting the student's academic performance.
- The student has not developed an alternative communication system although a variety of strategies have been attempted over a significant amount of time and include: _____

Voice

- The student no longer presents with atypical voice characteristics.
- There is improved status of the laryngeal area, such as reduced thickening or reddening, or the reduction or elimination of additive lesions such as nodules as reported by a licensed Florida physician.
- The student and/or parent is satisfied with the voice changes and/or the student reports little or no irritation or discomfort in the laryngeal area.
- Therapy is now contraindicated as reported by a licensed Florida physician.

Fluency

- The student no longer presents with significant and persistent disfluent speech behaviors and/or secondary characteristics.
- The student is able to use compensatory fluency strategies in the educational environment.

You should also be able to document at least two or more of the following related to the student's overall performance:

- ___ The student is successful in the general curriculum/access points curriculum.
- ___ Speech/language goals and objectives are met.
- ___ Speech/language no longer negatively impacts the student's ability to benefit from the curriculum, to interact with peers and adults, or to participate in vocational activities.
- ___ Speech production is within the student's expected performance range based on current medical, dental, neurological, physical, emotional, and/or developmental factors.
- ___ The student's communication needs are being met within another instructional setting.

Guiding Questions:

1. Does this student continue to exhibit a disability?
2. Is this student still in need of special education and related services to enable the student to meet IEP goals and objectives? OR...to participate as appropriate in the general curriculum?
3. If yes, how will these services be delivered?

Appendix B: Guidelines for Feeding Concerns

Crisis Intervention for Feeding Problems

If the team has concerns about a student who is showing any of the following behaviors while eating (coughing or choking, vomiting, has raspy breathing, is resistant to taking certain food textures, refuses to swallow, or has any other problems related to feeding or swallowing) do this:

1. School personnel complete a **Request for Support and/or Consultation** form electronically. Mark an **X** in the *Other section* and write in “Oral Motor/Feeding Consultation/Support” and state the concerns.
2. The school obtains **Parent Permission for In-School Screening**. This is available in the PS/RtI Manual.
 - a. A copy of the form with parent signature must be included in the referral packet.
3. The school will send the completed referral packet, which includes #1 and #2 above and parent contact information, to Lorrie Prince, S/L Diagnostician, ESE Department, Bartow Airbase, Route E.
4. Once received, the referral will be assigned to one of the ESE Rehabilitation Nurses and any additional team members, and a copy will be sent to the ESE Senior Manager in that area.
5. The ESE Rehabilitation Nurse will contact school personnel to schedule a time to review the cumulative file and relevant medical data.
6. The consultation/observation will be scheduled and completed. The information obtained will be recorded in the *Recommendations* section on the **Request for Support and/or Consultation** form by the team members and distributed to the following people:
 - a. Lorrie Prince
 - b. Senior Manager
 - c. Parent
 - d. SLP/OT
 - e. ESE Department
7. The Oral-Motor team members will follow-up with the teacher and/or parent to determine additional needs ie. Physician’s letter, Diet Modifications, Release of Information, and feeding strategies.

Appendix C: Verification of Technical Proficiency of a Speech-Language Pathology Assistant

Speech-Language Pathology Assistant _____

Supervising SLP _____ Location _____

Clerical/Administrative Skills	Observed	Date
Assists with clerical duties and departmental operations (i.e., preparing materials, scheduling activities, keeping records)		
Participates in in-service training		
Performs checks, maintenance, and calibration of materials		
Supports supervising SLP in research projects and public relations programs		
Collects data for quality improvement		
Interpersonal Skills		
Uses appropriate forms of address with patient/client, family, caregivers and professionals (i.e., Dr., Mr., or Mrs.)		
Greets patient/client and family and identifies self as a speech-language assistant		
Restates information/concerns to supervising SLP as expressed by patient/client, family and caregivers as appropriate		
Directs patient /client, family and caregivers to supervisor for clinical information		
Is courteous and respectful in various communication situations		
Uses language appropriate to a patient/client, family or caregiver's education level, communication style, developmental age, communication disorder, and emotional state		
Demonstrates awareness of patient/client needs and cultural values		
Conduct in Work Setting		
Recognizes own limitations within the ASHA-approved SLPA job responsibilities		
Upholds ethical behavior and maintains confidentiality as described in the ASHA-approved job responsibilities of an SLPA		
Maintains client records in accordance with confidentiality regulations/laws as prescribed by supervising SLP		
Discusses confidential patient/client information only at the direction of the supervising SLP		
Identifies self as an assistant in all written and oral communication with client, family, caregivers and staff		
Demonstrates ability to explain to supervising SLP the scope of information that should be discussed with the patient/client, family, caregivers and professionals		
Arrives punctually and prepared for work-related activities		
Completes documentation and other tasks in a timely manner		
Maintains personal appearance and language expected for the specific work setting		
Evaluates own performance		
Uses screening instruments and implements treatment protocols only after appropriate training, and only as prescribed by supervising SLP		
Seeks clarification from supervising SLP as needed to follow the prescribed treatment or screening protocols		
Actively participates in interaction with supervisor demonstrating use of supervisor's feedback		
Maintains accurate records representing assigned work time with patients/clients		
Implements appropriate infection control procedures and universal precautions consistent with the employer's standards and guidelines		
Implements injury prevention strategies consistent with employer's standards and guidelines		
Uses appropriate procedures for physical management of clients according to employer's standards and guidelines and state regulations		

Technical Skills as Prescribed by Supervising SLP		
Accurately administers screening instruments, calculates and reports the results of screening procedures to supervising SLP		
Provides instructions that are clear, concise, and appropriate to the client's developmental age, level of understanding, language use, and communication style		
Follows treatment protocol as developed and prescribed by supervising SLP		
Provides appropriate feedback to patients/clients as to accuracy of their responses		
Identifies and describes relevant patient/client responses to supervising SLP		
Identifies and describes relevant patient/client, family, and caregiver behaviors to supervising SLP		
Uses appropriate stimuli, cues/prompts with the patient/client to elicit target behaviors as defined in the treatment protocol		
Maintains on-task or redirects off-task behavior of patients/clients in individual or group treatment consistent with the patient's/client's developmental age, communication style and disorder		
Accurately reviews and summarizes patient/client performance		
Uses age-appropriate and culturally appropriate treatment materials appropriate to the patient's/client's developmental age, communication style and disorder		
Starts and ends the treatment session on time		
Obtains co-signature of supervising SLP on documentation		
Accurately records target behaviors as prescribed by supervising SLP		
Accurately calculates chronological age of the patient/client		
Correctly calculates and determines percentages, frequencies, averages, and standard scores		
Uses professional terminology correctly in communication with supervising SLP		
Maintains legible records, log notes, and written communication		
Appropriately paces treatment session to ensure maximum patient/client response		
Implements designated treatment objectives/goals in specific appropriate sequence		

Additional Comments

Source: American Speech-Language-Hearing Association. (2004). *Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants* [Guidelines]. Available from www.asha.org/policy.