West Virginia Department of
EDUCATION

Speech-Language Pathology:
Services in WV Schools
Guidance for West Virginia Schools and Districts

Speech Language Pathology Services
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West Virginia Department of Education
Office of Special Programs

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November 2013

Notes:
This guidance document incorporates and replaces the Department's technical assistance manual, Speech Language Pathology Services in WV Schools: Guidelines for Best Practice, 2011 and is available at *http://wvde.state.wv.us/osp/speechbestpractices.html.*

Additional guidance on the implementation of speech-language pathology services in the schools may be found in Policy 2419: Regulations for the Education of Students with Exceptionalities, July 2012.

Acknowledgements

Foreword

Communication skills are essential for students to succeed in school and to ensure every child's success. Speech-language pathologists (SLPs) serve a vital function in the West Virginia public schools by providing intervention and support for students with communication problems. Because of their unique training and expertise in understanding the relationship among language, literacy and learning, SLPs are also critical members of school teams developing and implementing programs that benefit all children.

The purpose of this guidance document is to provide a resource for SLPs working in the public schools which incorporate both state and federal regulations and best practices in the field of speech-language pathology. As school reform issues emerge and policies change, the role of the SLP continues to evolve. The information in this document will assist SLPs, special education directors and school administrators as they facilitate services in their schools and enhance the learning of students now for the future.

The West Virginia Department of Education supports the excellent work of these professionals in our state and recognizes their commitment to the students and schools they serve.

James B. Phares, Ed.D
State Superintendent of Schools

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Introduction

Communication skills are essential for students to succeed in school and to ensure every student's success as citizens and workers in the 21st century. Learning takes place through the ability to participate in active and interactive communication with peers and adults in the educational setting. Speech-language pathologists (SLPs) serve a vital function in the West Virginia public schools providing intervention and support for students with communication disorders. Because of their unique training and expertise in understanding the relationship among language, literacy and learning, SLPs are critical members of school teams developing and implementing programs that benefit all children.

The purpose of this guidance document is to provide a resource for school based SLPs, special education directors, school administrators and others as they facilitate the provision of speech-language services in their schools. Although regulated by the same legislation and state policies, program implementation in the 55 separate school districts is often inconsistent. This document incorporates both state and federal regulations and best practice in the field of speech-language pathology. SLPs and administrators throughout the state may reference these guidelines in discussions regarding the appropriate delivery of services to students with speech-language impairments and the role of the SLP. Additional information and resources are included in the appendices.

Special education practices and procedures for students receiving speech-language services are explained and clarified in an effort to provide statewide direction and consistency. This guidance document will address the special education process and regulations governing the delivery of speech-language services in West Virginia according to the following regulations:

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)
• Federal legislation that mandates special education services to eligible students, including speech-language services and recognizes that children with disabilities are legally entitled to the same educational experiences as their non-disabled peers.
• **Free appropriate public education** (FAPE) means that children with disabilities are entitled to a publicly financed education that is appropriate to their age and abilities and IDEA provides the framework for the special education process to provide FAPE.
WV BOARD OF EDUCATION POLICY 2419: **Regulations for the Education of Students with Exceptionalities**
• Regulations that set forth the policies and procedures WV school districts must follow to identify and serve students with disabilities ages 3-21 including students with speech-language impairments as required by IDEA.

Role of the SLP in Schools

Despite the changing roles and responsibilities of speech-language pathologists, improving the communication abilities of students remains their primary purpose. SLPs work with parents, teachers, administrators and others to assess and provide intervention for students with speech-language impairments as they become 21st century learners, problem-solvers and decision-makers. The school-based SLP's goal is to maximize the potential of their students as communicators within the educational environment.

Roles and Responsibilities of the School-Based SLP
- Identify children with speech-language problems.
- Screen, appraise and diagnose specific speech-language impairments.
- Refer for medical/other professional attention necessary for the habilitation of children with speech-language impairments.
- Provide services for the prevention of speech-language impairments.
- Provide counseling and guidance for parents, children and teachers regarding speech-language impairments.
- Participate in county Child Find system.
- Participate on student assistance teams (SAT) when appropriate.
- Participate on Eligibility Committees and Evaluation and Individualized Education Program (IEP) Teams.
- Provide intervention for students with speech-language impairments.
- Manage caseload (scheduling, grouping, service delivery).
- Facilitate the implementation of assistive technology.
- Collect and maintain documentation.
- Participate in Faculty Senate and other school groups/activities.
- Administer state assessments when requested.
- Supervise speech-language pathology assistants.
- Engage in ongoing professional development and maintain professional certification.
- Participate in literacy intervention models, when appropriate.

Responsibilities Not Within the Role of the SLP
- Substitute teaching in the general or special education classroom.
- Provide speech therapy for students who are homeschooled unless determined by school district.
- Primary provider in reading intervention. (SLPs are not credentialed reading teachers but should participate in appropriate literacy interventions as expertise/experience dictates).
- Teaching English to ESL/ELL students.
- Primary interventionist for students with selective mutism. An integrated treatment approach should be implemented by a team of professionals (Schum, 2002).
- SLPs may be assigned school duties/responsibilities as needed. However, these duties should not conflict with IEP implementation or professional responsibilities.

West Virginia Special Education Process
Speech-Language Therapy

The following section outlines the special education process and requirements focusing on the provision of services to students with speech-language impairments in WV according to Policy 2419, IDEA and other relevant WV State Board Policies. Specific implementation practices may differ in county school districts.

Identification and Referral

School districts must establish and implement an ongoing Child Find system to locate, identify and evaluate students with disabilities ages 3-21 residing and/or educated within the district's geographic boundaries. The school district is responsible for coordinating Child Find efforts for children ages birth to three years with the West Virginia Department of Health and Human Resources (WVDHHR).

Screening Requirements: WV Policy 2419 and WV State Code §18-5-17 require districts to conduct annual screenings in the areas of vision, hearing, speech and language. Screening must be conducted annually for:
  • All students entering preschool or kindergarten; and
  • All students entering WV public and private schools for the first time.
  • Counties must conduct developmental screening for children under compulsory school attendance age upon request of a parent or guardian within 30 days of the written request. (WV Code); and,
  • Children identified through the screening process are referred for further evaluation.

At least 10 days prior to initiation of screening, counties must provide public notice of the screening program. Information released through media sources should include purpose, types and dates of screenings and the means for parents to request their child not participate. Speech-language screenings should be conducted using a screening tool that meets the needs of the target population.

Follow up/Rescreening: Responsibilities of the SLP
  • If a student fails the screening, the SLP determines whether a special education referral should be made or another course of action pursued (e.g., inform parents, refer to Student Assistance Team (SAT), or refer to an outside agency).
  • Results should be documented and recorded in a consistent manner in accordance with county West Virginia Education Information System (WVEIS) procedures.
  • Children who are identified as "at risk" must be rescreened as developmentally appropriate and results documented.
      • *SLPs are the appropriate individuals to provide staff development for teachers regarding speech-language screening referrals (teacher friendly materials including developmental norms, etc.).*

Hearing Screening
Audiologists, SLPs, school nurses, or other qualified personnel may conduct hearing screenings. Audiologists should meet periodically with the personnel conducting the screening to ensure that reliable and valid screening techniques are being used and audiometers are appropriately calibrated.

WV Health Check (Kids First) Initiative

WV's Health Check initiative was implemented so that children could benefit from a health professional working closely with their parents and school, thereby creating a medical home for children. The screening includes height, weight, hearing, vision, speech, language, growth and development. Most children enrolling in PreK and kindergarten classes have the opportunity to receive this wellness exam free of charge. Parents/guardians should bring the Health Check form to public schools for pre-enrollment events.

> - Health Check and Child Find Requirements
>   Health Check is sufficient to meet enrollment requirements and may suffice for Child Find purposes as indicated in Policy 2419.   See *"HealthCheck: Tools for Schools"*
>   *http://wvde.state.wv.us/osp/speechlanguage.html*
> - Refer to county Health Check procedures.

Student Assistance Team (SAT)

Each public school is required to establish a SAT consisting of at least three persons (school administrator or designee, current teacher and other appropriate professional staff). The SAT process may be used by SLPs for students referred by teachers or others with suspected speech/language impairment or concerns. Students identified during the screening process including new enterers do not require SAT and should be referred for evaluation by the SLP according to county procedures.

Private/Religious Schools

Counties must locate, identify and evaluate all students suspected of needing special education services who are enrolled by their parents in private schools located in the county. Provision of special education and related services is determined by the county in collaboration with the private/religious school and reflected in a service plan, rather than an Individualized Education Program (IEP).

Parent and Other Interested Persons or Agencies

For school-aged students, the county must receive and process written referrals in accordance with the SAT process. Preschool, home-schooled or private school referrals are processed directly by the special education director or designee.

Evaluation/Reevaluation

SLPs must follow the evaluation procedures outlined in Policy 2419 in order to establish eligibility for students with speech-language impairment in WV. The evaluation team includes the same membership as the IEP Team and is responsible for making decisions regarding a multidisciplinary evaluation and assessments.

Evaluation Procedures and Instruments

The parent is a required participant on the evaluation team and business may be conducted with or without holding a meeting. If requested by the parent, a meeting will be held. A variety of assessment tools/strategies must be used to gather relevant functional and developmental information to assist in determining eligibility/educational needs. No single measure or evaluation may be used as the sole criterion and technically sound instruments must be employed. SLPs should consider the following when selecting assessments/other evaluation materials:

- Tests must be non-discriminatory on a racial or cultural basis.
  - *Evaluation materials must be provided and administered in the student's native language.*
  - *Document attempts to provide a qualified examiner.*
- Tests must be used for purposes for which they are valid and reliable, and administered according to instructions.
- Tests selected/administered to a student with impaired sensory, manual or speaking skills should accurately reflect the student's skill level and include the provision of accommodations, such as assistive technology.
- Information from parents/teachers must be included that will address how the student can be involved in and progress in the general education curriculum.
- Evaluation must be comprehensive enough to identify all special education/related services needs, whether or not commonly linked to the suspected exceptionality.

Obtaining Consent for Evaluation/Reevaluation

Within 5 school days of the district's decision to evaluate or reevaluate, written parental consent must be sought for initial evaluations and reevaluation. The school or county is responsible for designating the person responsible for documenting the date written parental consent is received and forwarded to the special education director or designee. Other considerations include:

- The SLP is usually responsible for obtaining/documenting consent for speech only referrals.
- Timeline is initiated and documented upon receipt of parental consent.
  - *The evaluation is conducted and the eligibility committee (EC) is convened within 80 days to determine a student's eligibility for special education (including speech-language).*
- Timeline does not apply when (1) parent fails/ refuses to produce student for evaluation or (2) student enrolls in another district prior to EC.
- If the parent fails to respond within 10 school days of the initial request, the district must mail or hand-deliver a second notice.
- If the parent fails to respond, the district must document reasonable measures.
- If the parent refuses consent, the district may use mediation or due process.
  - *Unless the student is in a parental private placement or home schooled.*

- WV Policy 4350, "Procedures for the Collection, Maintenance and Disclosure of Student Data" and Family Educational Rights and Privacy Act (FERPA) do not require parental consent to request information from other public school districts the student has attended and to send information to other public school districts.
  - *Parental consent is required to share information between the district of residence and district where a private school is located if a student is parentally–placed in the school and to request information from other agencies.*

Reevaluation

Reevaluation is conducted within three years of the date of the last EC or more frequently if requested by the parent or educator to determine a student's educational needs and continued eligibility for speech-language services. Existing data is reviewed including the current IEP, therapy logs, evaluations, information provided by the parent, current classroom/state assessments and observations by teachers and others. The team may conduct the review without holding a meeting but must document decisions on the Reevaluation Determination form. Additional evaluations requested by the EC or IEP Team must be completed and the meeting held within sixty days from the receipt of parental consent.

Prior Written Notice (PWN)

PWN is a written notice to inform a parent of the district's proposal or refusal to initiate or change the student's identification, evaluation, educational placement or provision of FAPE. The notice must be provided to the parent within five days prior to implementing the proposed action unless related to a disciplinary removal which must be on provided on the same day. The purpose of the PWN is to provide the parent with enough information to make an informed decision and provide a framework for data-based discussion and problem solving. PWN is provided to the parent for initial evaluation, reevaluation, initial placement, notification of eligibility, IEP amendment, annual IEP revision, age of majority, suspension/expulsion and results of revocation of consent.

Conducting a Comprehensive Speech-Language Assessment

Assessment is the process of data collection and gathering evidence. Evaluation brings meaning to that data through interpretation and analysis. In order to determine eligibility and appropriate educational planning for the student, a thorough and balanced assessment must be conducted to determine the existence of a communication disorder. A comprehensive assessment does not rely solely on standardized assessment instruments to determine a student's functional communication skills. Nonstandard assessment measures provide valuable information about the student's communication skills in educational settings (ASHA, 2000).

The assessment should be student-centered, functional, descriptive and document how current speech-language skills adversely affect the student's educational performance. Focusing on the classroom as a communication and language-learning environment will enable the SLP to identify how the child uses his/her speech-language skills in instruction, socialization, management, evaluation of knowledge and literacy. If the student is eligible for speech-language services, this information will be crucial in developing the present levels of academic achievement and functional performance and goals for the IEP. For students who are deaf or may have other significant communication disabilities, spoken language equates to receptive language skills and the use of an interpreter must be implemented when appropriate.

Components of a Comprehensive Assessment

A comprehensive assessment combines standardized (norm-referenced) and non-standardized (descriptive or authentic) assessments to produce a picture of a student's functional communication abilities and needs as they relate to the educational environment. A case history is essential for gathering information on speech-language development and other factors related to the student's communication skills. Information gathered from parents and teachers provide valuable insight into the student's effectiveness in communication. Other factors that must be considered when selecting assessment measures include the following:

- age-appropriate,
- match the stated purpose of the assessment to student needs,
- describe the differences when compared to peers,
- describe the student's specific communication abilities and difficulties, and
- describe real communication tasks (ASHA, 2000).

Assessment Measures

A comprehensive assessment may include the following:

- norm-referenced tests meeting psychometric criteria for validity and reliability,
- criterion-referenced measures,
- curriculum-based assessment
- developmental scales,
- dynamic assessment,
- parent, student, teacher interviews/checklists,
- observation in the educational environment,
- written and oral language samples,
- formal assessment in articulation/phonology, and
- oral-motor evaluation.

Use of Norm-Referenced Tests

SLPs should review carefully the norm-referenced tests selected. Multiple norm-referenced tests are only as accurate as the results of the least accurate test selected. Using a single, well-validated and reliable measure, normed on a population comparable to that of the target student is more effective than a variety of measures that are poorly constructed or used on a normative sample that does not represent the target student (ASHA, 2000).

A standardized test may have to be administered under non-standardized conditions or to a student who is older than the norms provided. Any variation from the test directions is considered a non-standardized administration and must be clearly stated in the evaluation report , even in situations in which the student cannot participate in standard administration procedures (e.g., a student who is deaf who is administered a test that does not allow for use of a sign language interpreter). The same situation applies when administering a norm-referenced test to a student older than the test norms.

The report should indicate that standard scores, percentiles, etc. could not be used and the test was administered only for informational purposes. The information may be reported according to the percentage of items correct and the type(s) of errors made on particular tests or the age ranges in which most correct responses occurred.

Assessment Adaptations

A student's disability or other issues may make it impossible for the SLP to follow the test administration protocol, especially for children with physical or sensory (hearing, vision) disabilities. Consider a student who is deaf and administered a test without an interpreter first and then with an interpreter for comparative purposes. Other student adaptations may be used such as enlarging the text or pictures, transferring the test to an alternate input device such as IntelliKeys, using sign language to present material and provide responses. *Any deviation from the standard administration must be reported in the evaluation report.*

Reports from Other Professionals

The SLP may refer to or require results from other professionals in the education or medical community, including:

- hearing screening results,
- audiological assessment for students with hearing loss,
- audiological assessment for students whose performance and assessment suggest a central auditory processing disorder (CAPD), and/or

- otolaryngologist evaluation for a student's vocal quality that suggests the presence of an abnormality. (Required by Policy 2419 for eligibility).

Interpretation of Assessment Components

When the data collection (assessment) is completed, information from both the standardized and non-standardized assessment measures must be interpreted (evaluation). The SLP must carefully interpret data to create a picture of a student's speech-language skills not relying on any one piece of information or assessment source. Identification of the student's strengths and weaknesses must be considered in order to appropriately determine eligibility and meet the educational needs of the student with regard to communication.

Speech-Language Report

The purpose of the report is to communicate evaluation findings to the committee so that all team members, including the parents, can meaningfully participate in the eligibility discussion. Therefore, the report should be written in easily understood language without extensive use of professional jargon and should include the following components:

- student history
- recent hearing screening
- oral exam
- interpretation of assessment results
- observations
- strengths/weaknesses
- preferred mode of communication (oral, sign, augmentative)
- impact of the speech/language impairment on the student's ability to access/ progress in the general education curriculum, and
- recommendations.

Eligibility

An eligibility committee (EC) is established to determine the student's eligibility for special education services within 80 days of receipt of consent for evaluation. Membership consists of the parent, administrator or designee, teacher and appropriate personnel with expertise in the areas evaluated. An SLP must be included when speech-language evaluations have been conducted. *For a speech-only EC and/or IEP Team meeting, the SLP may act as the administrator's designee and the special educator as long as the team consists of at least three (3) members.*

Eligibility decisions for students in school settings have to be made within the framework of federal and state regulations. IDEA stipulates that the goal of providing services is to help students progress in the general curriculum. The EC determines whether the student has a disability that is not the result of a lack of instruction or limited English proficiency. Information from a variety of sources including evaluation results, parent input and teacher recommendations must be considered to determine if a student qualifies for services according to IDEA regulations.

The EC must establish that a disorder is present and determine whether the condition has an adverse impact on educational performance. Disabilities that do not adversely impact the student's educational performance do not qualify for services under IDEA. Speech-language pathology services may be considered as special education or a related service. Therefore, a student with a speech/langauage impairment may be determined eligible without the presence of an additional exceptionality.

IDEA defines speech-language impairment as "a communication disorder such as stuttering, impaired articulation, language impairment or a voice impairment that adversely affects a student's educational performance." WV Policy 2419 outlines the specific categorical requirements and criteria for eligibility in West Virginia (See Appendix E). A three-pronged test of eligibility must be met by all students to demonstrate eligibility for special education services.

Three-Prong Test of Eligibility (WV Policy 2419)
Requirements of the three-prong test of eligibility are:
1. Meets State Eligibility Requirements:
2. Experiences Adverse Effect on Educational Performance
   - Eligibility for services is based on the presence of a disability that results in the child's need for special education and related services, not on the possible benefit from speech-language services.
   - The SLP and team members must be able to document the adverse educational impact of a student's speech-language skills on performance.
   - A student can demonstrate communication differences, delays, or even impairments, without demonstrating an adverse affect on educational performance.
3. Needs Special Education: Specially designed instruction is required in order to meet the unique needs of the student that result from the disability and to ensure access to the general curriculum.

If the EC determines that the student meets the eligibility criteria and requires speech-language intervention, procedures are followed for record keeping and forwarding to an IEP Team. When more than one exceptionality is present, the EC must determine the primary exceptionality based on the most adverse impact on the student's participation and progress in the general curriculum and determine appropriate related services, if needed.

If the EC determines that the child is not eligible, information relevant to instruction for the child is provided to the child's teacher or appropriate committee. (Note: When more than one service is indicated on the IEP, all services should be accepted or refused. For example, a student with a learning disability who is made eligible for special education services and has speech as a related service should receive both services. The parent would not select speech services and refuse SLD services).

Eligibility Considerations: Speech-Language Impaired Students

Determination of Adverse Impact

The United States Department of Education, Office of Special Education Programs (OSEP) disseminated a guidance letter addressing this issue for speech-language impaired students in March 2007. The letter states that "the term "educational performance" as used in the IDEA and its implementing regulations is not limited to academic performance. Whether a speech and language impairment adversely affects a child's educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas."

Consideration must be given to the academic, vocational and social-emotional aspects of the speech/language impairment:
- *Academic*: Impact in reading, math and language arts determined by grades, difficulty with language-based activities, difficulty comprehending orally presented information and/or difficulty conveying information orally.
- *Social*: Communication problem interferes with the ability of others to understand the student, results in peers teasing the student about his/her speech-language disability and/or the student having difficulty maintaining and terminating verbal interactions.
- *Preschoolers*: The effect on their ability to participate in appropriate activities.
- *Vocational*: Job-related skills due to the speech-language disability including the inability to understand/follow oral directions, inappropriate responses to coworkers' or supervisors' comments, and/or the inability to answer and ask questions in a coherent and concise manner.
- Teacher's comments can provide contextually based information on the student's speech-language skills and needs in the general curriculum program. (Adapted from Virginia Department of Education Guidelines for Best Practice, 2005).

Preschool Criteria

Eligibility determination for preschoolers due to speech production problems may be complicated because of age-appropriate errors. When deciding if a child is in need of services for speech production, the team should consider the following:
- Consistent non-developmental phonemic errors or phonological processes are present.
- Speech is unintelligible to significant members of the child's home and/or school environment.
- Articulation or phonological processes/patterns that cause significant concerns to the child, which may limit social, emotional or academic functioning

A thorough case history should be obtained from parents and teachers, including medical/family histories, classroom/home behaviors, and results of any prior preschool assessments or early intervention services. Hearing screening for preschoolers is critical due to the high incidence of fluctuating or permanent hearing loss (ASHA, 2000).

Cultural and Linguistic Diversity Considerations

IDEA addresses students who speak languages other than English and specifies that a child may not be made eligible for special education based on limited English proficiency. A regional, social or cultural/ethnic variation of a symbol system should not be considered a speech or language disorder (ASHA, 1993). Social dialects are inherently characterized by unique linguistic and cultural features and students exhibiting these characteristics should not be deemed eligible for services. Students with cultural or linguistic differences face content and/or linguistic bias when they are administered many norm-referenced tests. As a result, it is possible to inappropriately identify a child with a cultural or language difference as having a speech or language disorder.

Students with Significant Disabilities

Speech-language pathologists are essential team members in determining services for students with significant disabilities. Eligibility considerations for students with severe disabilities must be based on *individual need* as determined by a team of professionals in conjunction with the parent. The EC must consider the impact of a severe deficit in receptive, expressive or pragmatic language that prevents functional communication in school and social situations (as measured by formal and/or informal diagnostic procedures) and limits the student's ability to have access to and progress in the general curriculum. Appropriately addressing the student's communication needs is the *foundation* for developing an education plan and ensuring FAPE.

Communication is an essential human behavior and a right of every child. When verbal communication is not an effective means of communication for the student, an evaluation to determine the need for augmentative and alternative (AAC) forms of communication such as picture systems, electronic devices, voice-output systems, sign language and/or object symbols must be conducted. Developing functional communication is key in the educational planning for this student. Adverse impact on performance may be addressed in the context of expected communication outcomes with regard to increased access to learning and greater independence and participation in home, school, work and community. See Appendix C for resources.

A comprehensive plan must be developed and implemented to ensure that the student's educational team is actively involved in the communication process. The SLP plays a critical role in facilitating this process by training the educational team, engineering the classroom for communication, providing assistive technology services, consulting with the teacher and data collection. The SLP does not work in isolation (pull-out therapy) with these students, but collaborates with the members of the educational team to ensure the development of functional communication skills in all environments.

Cognitive Referencing

Cognitive referencing is the practice of comparing IQ scores and language scores as a factor for determining eligibility for speech-language services. IDEA does not require a significant discrepancy between intellectual ability and achievement for a student to be found eligible for speech therapy. The use of cognitive referencing within an organization to determine eligibility for speech-language services is inconsistent with IDEA's requirement to determine services based on individual needs (ASHA, 2000).

Speech-Language Severity Rating Scales

Speech-language Severity Rating Scales (SRS) are designed to describe the severity of a communication disorder, based on assessment using multiple measures, considering multiple aspects of communication. SRS are valuable tools for describing the severity of speech-language impairments, communicating with the EC and IEP Team members, and providing consistency among SLPs (Virginia Department of Education Guidelines, 2005).

Attainment of a certain point value on a severity rating does not dictate eligibility for services; rather; it describes the results of the speech-language assessment in consistent terms. The EC considers the severity rating in conjunction with other information as the team determines eligibility. A particular severity rating does not specify or predict a certain level of service. The level of service is determined by the IEP Team. See examples of SRS in Appendix F.

Professional Judgment

Valid methods for identifying communication impairments are sometimes lacking and/or a student may not strictly meet the established eligibility criteria, yet team members believe that the student has a communication disorder that adversely affects educational performance and requires intervention. In such instances, the team should be allowed to use professional judgment to determine eligibility. Documentation should include a description of the formal and informal measures used to make the determination including observations and other parent/teacher reports.

Access to General Curriculum

In order to identify the effect of any speech-language impairment on the student's academic performance, the SLP must have an understanding of the general education standards and curriculum. The WV Next Generation Content Standards and Objectives define the knowledge and skills students should have within their K-12 education careers so that they will graduate high school able to succeed in entry-level, credit-bearing academic college courses and in workforce training programs.

SLPs should become familiar with the grade-level standards to have a full understanding of the general curriculum requirements each student will be facing and integrate their services within the general education curriculum. Instructional materials used by the student in the primary educational placement provide the best source of materials for school-based SLPs (ASHA, 2002). (See Section on Next Generation Content Standards and Objectives).

Individualized Education Programs (IEPs)

When the EC determines that the student has a speech-language impairment requiring intervention, an IEP must be developed within 30 days. The purpose of an IEP is to describe the special education and related services that are necessary to meet the unique educational needs of the child. Consideration must be given to the (1) strengths of the student; (2) concerns of the parents; (3) evaluation results; and, (4) academic, functional and developmental needs of the student.

Required membership of the IEP Team is outlined in WV Policy 2419. An SLP must be a member of the team for any child with speech-language impairment. *For a speech-only EC and/ or IEP Team meeting, the SLP may act as the administrator's designee and the special educator as long as the team consists of at least three (3) members.* The district must ensure the attendance and participation of the IEP Team members at the IEP Team meeting by documenting signatures and positions of team members.

In developing each student's IEP, the IEP Team must consider and address the following special factors for all students:
- assistive technology,
- communication needs,
- positive behavior supports,
- language needs of students with limited English proficiency (LEP),
- communication needs for deaf/ hard of hearing, and
- braille for students who are visually impaired

Present Levels of Academic Achievement and Functional Performance (PLAAFP)
The PLEP serves as the foundation for the IEP and must articulate the gap between a typically developing peer and the student's speech-language. There should be a direct relationship between the information in this section and the goals, objectives or benchmarks (if appropriate), and the accommodations or modifications in the rest of the IEP. The following should be considered when writing PLAAFPs:
- strengths/weaknesses,
- impact of speech-language impairment on involvement/progress in the general curriculum,
- performance in academic and functional areas,
- understandable to all participants and in objective terms,
- self-explanatory test scores or an explanation provided,
- include formal and informal tests, observations, anecdotal reports, curriculum-based assessments, interviews, and checklists; and,
- for preschool students, effect of the child's SLI on participation in activities.

Annual Goals

Annual measurable speech-language goals must be developed from the PLAAFPS. Goals are designed to meet the needs of the student and to enable progress in the general curriculum (or in age appropriate activities for preschool children). Each goal should be written to answer the question: What do we want the student to be able to do in a year? The goal must include the timeframe, condition, behavior and the evaluation procedure with performance criteria.

- *Extended School Year*: The IEP Team must identify at least one critical skill area that is needed for the student to maintain levels of performance. A critical skill is denoted by marking an annual goal or short-term objective with an asterisk.
- *WV Next Generation Essential and Community Elements (NxGECE)*: Each goal must have at least two benchmarks/objectives that include a statement of how far the student is expected to progress toward the annual goal and by what date.

WV State Assessment Measures of Academic Progress

The section of the IEP addressing assessments is completed for all children enrolled in a grade level requiring statewide assessment. Any accommodations indicated must be the same as those used in instruction during the year.

Transition

Effective communication is a critical skill to ensure positive outcomes for students entering postsecondary environments. Transition must be considered for all students including students with speech/language impairments. Beginning at age 16, the IEP Team must discuss the child's goals including a statement of the needed transition services for the student to achieve employment, postsecondary training/education or independent living goals. Transition services may include vocational training, supported employment, continuing education, independent living and community participation.

Services

Completed after the goals are written, the services are selected based on the needs of the student to meet annual goals, be involved in and progress in the general curriculum, and participate with children without disabilities. The services section may include related services; supplementary aids and services for the student or those provided by school personnel on behalf of the student, and program modifications in instruction and assessment. Included in this section are beginning and ending dates for all services; the frequency, location and duration of services; and the extent of participation with children without disabilities in general education and in extracurricular and nonacademic activities.

When the IEP has been written and initial parental consent is obtained for implementation, the SLP must initiate services by the beginning date noted in the IEP and review at least annually. During this review, the IEP Team addresses the child's progress (or lack of progress) toward meeting the annual goals, the results of any re-evaluation, information provided by the parents; the child's anticipated needs, and any other relevant matter. The IEP Team must look at a variety of data sources, including data gathered by the SLP regarding student performance; assessments completed; and teacher, student, or parent checklists.

Reporting Progress

IDEA requires IEPs to contain a statement of how the child's progress toward annual goals will be measured and when periodic reports on progress will be provided. SLPs follow local procedures and timelines for reporting progress. Progress must be reported for each annual goal as indicated in the student's IEP.

Dismissal

The decision to dismiss a student from speech-language therapy is the responsibility of the EC unless speech therapy is a related service and the IEP Team determines the need to continue the service. A student should be dismissed from speech-language intervention when one or more of the following occur:

- Student has met IEP goals.
- Parent submits written request to exit student from service.
  - *Within five days of receipt, PWN provided to parent and services will cease.*
- Intervention no longer results in measurable benefits, as confirmed by documented use of a variety of appropriate approaches and/or strategies.
- Student is unwilling or unmotivated to participate in therapy.
- Inconsistent attendance at sessions and efforts to address those factors has been unsuccessful (Documentation).
- Extenuating circumstances such as medical, dental, social, etc. warrant suspension of services temporarily or permanently. (Documentation).
- Disorder no longer has an adverse impact on educational performance.
- Student no longer needs special education or related services to participate in the general curriculum.

The EC or IEP Team will review existing data about the student from a variety of sources including performance data collected during sessions, formal/informal assessments, teacher observation/reports, SLP documentation of attendance, parental reports of performance outside the school environment and/or student self-reporting. The team determines if the information is sufficient to find the student is no longer in need of speech-language services. *If the parent does not agree with the recommendation for dismissal, the parent must be provided PWN and services will cease.*

IEP Amendment

In the event that a student's speech or language needs change and the IEP must be amended to reflect that change, the IEP Team may reconvene to make appropriate adjustment   The parent and district may also agree, in writing, not to convene an IEP meeting for the purpose of making such a change and instead develop a written document to amend the student's current IEP.

WVDE Online IEP

The WVDE Online IEP is designed to facilitate the development of Individualized Education Programs (IEPs) for West Virginia students in need of specially designed instruction. This web-based application allows authorized users to collaborate as they draft the IEP document together through a secure internet connection. A series of help screens, website links, guided supports and internal checks have been built into the Online IEP tool to better enable the IEP Team to create a federally compliant and standards-based IEP which is built around the Next Generation Content Standards and Objectives and the Next Generation Essential and Community Elements.

The tool allows IEP Teams to create a more precise picture of a student's present levels of academic achievement and functional performance and to develop more effective instruction for students with disabilities. In addition to creating the IEP document itself, the application also manages other resources including student progress reports, extended school year reports, a variety of IEP process forms and the ability to access and print archived IEPs. All WV counties are required to use the Online IEP.

Service Delivery

Caseload

Caseload size is not mandated by federal regulations, but is determined by the state. WV has a maximum caseload of 50 students for SLPs and includes all students eligible for special education and related services (duplicated and unduplicated). The caseload maximum should be lower for part-time personnel or SLPs assigned other responsibilities such as:
- administrative responsibilities as lead therapist;
- assigned preschool or severe populations that require additional time for technology and classroom consultation;
- supervising speech-language pathology assistants (SLPA); or
- implementing interventions such as Intensive Phonological Awareness Program (IPAP).

As stated in WV Policy 2419, travel time *must* be considered when caseloads and extra duty assignments are determined.

When student numbers increase after the Second Month report is submitted, waivers to maximum limits may be requested in writing and submitted to the WVDE. Waivers may require an on-site visit, will be considered on a case-by-case basis and remain valid for the current school year only. Waivers should only be considered in the most extreme situations when other options are not available and will not be issued without documented justification.

Determining Service Delivery Models

The selection of the appropriate service delivery model for a student is based upon present levels of academic achievement and functional performance, progress made in services received to date, assessment results, IEP goals and objectives/benchmarks (if appropriate) and other information. The IEP Team determines the type and the amount of direct and indirect services needed by the student

Effective service delivery is dynamic, changes according to the needs of the student and is never determined based on the availability of personnel. No single service delivery model can be used exclusively. Regardless of the service delivery model used, it is essential that time be scheduled for regular collaboration with parents, general educators, special educators and other service providers (Adapted from Virginia Department of Education Guidelines, 2005).

Direct Services

Direct services may be offered in a variety of appropriate settings and the type, location and amount of service are adjusted to meet the needs of the student. Therapy should be provided in the least restrictive setting and result in the least amount of disruption to the student's academic day.

Service Delivery Models

PULL-OUT: **Therapy services provided in an individual or small group setting, with intensive specialized instruction in specific skills or strategies focusing on remediation of articulation, language, voice, fluency or swallowing deficits.**

The nature and severity of the speech-language impairment may necessitate service delivery in a pull-out situation. A pull-out service delivery model may be provided for short lengths of time to focus on the acquisition of a specific skill or in conjunction with an integrated or indirect model as determined by student need.

INTEGRATED THERAPY: **Individualized service provided in a less restrictive setting and does not remove the student from the general or special education classroom**

The student receives direct speech therapy while continuing to receive classroom instruction. The teacher becomes an integral part of the process learning to reinforce speech-language goals, assess student progress and specific techniques that will benefit the student as well as other students in the classroom.

The SLP has exposure to classroom communication including: levels of adult and child communication, daily routines, the language of the curriculum, vocabulary demands and the student's coping strategies. The general or special education teacher and SLP jointly plan, teach and assess the student's progress within the classroom setting. The teacher employs strategies learned, uses prompts or cues the SLP has demonstrated or monitors students for use of a particular skill. This information is especially helpful in determining the educational impact of a speech or language impairment.

> *COMMUNITY-BASED THERAPY:* **Instruction for students with disabilities facilitates the development of skills that are required for success in life.**

Opportunities are provided to practice daily living or work skills during community trips with monitoring and support provided by teachers and other staff. The SLP may participate in these outings if the functional setting provides opportunities to monitor the generalization of skills or provides opportunities for structured practice. The SLP may also provide consultation services to the teachers who are providing community-based instruction.

Indirect Services (Consultative Services)

Indirect services or consultative services are necessary when a student's IEP indicates that support is needed for school personnel on behalf of the student as part of accommodations, modifications or supplemental support services. Services may include providing information and demonstrating effective instructional and facilitation procedures as well as analyzing, adapting or modifying instructional materials and assistive technology for targeted students. While providing consultative services on behalf of a child, the SLP will monitor the student's progress.

This model is appropriate for students who are nearing dismissal from speech-language services, students with severe disabilities or students whose teachers require additional support to create materials, implement specific communication strategies or modify augmentative/alternative communication (AAC) equipment. The classroom teachers may request assistance as they plan, monitor student progress or make decisions regarding the presentation or selection of materials.

Consultative services may be provided to family members and may include information on speech-language development, home programs, recommended environmental changes or parent support groups. Information, home programs and demonstration that can positively impact communication development or maintenance skills may be offered.

Preschool Placement Considerations

Prior to placement of preschool students in speech-language programs, careful consideration must be given to the preschool environment where the student will be placed and the extent that his/her communication needs will be met in that environment. Working with the Universal PreK teacher and parents to model good daily instructional strategies that encourage targeted language development may be more beneficial to the student than individual therapy sessions provided sporadically.

Many students placed in language therapy at the PreK level are not "disabled" but lack the language experiences to develop age-appropriate skills. Providing language groups in the class or implementation of strong language based interventions for the entire class will provide an opportunity for students with delayed language skills to acquire these skills and for the SLP and teacher to observe and monitor the student's progress to determine if a referral for more intense intervention is needed. See resources in Appendix C on READ IT AGAIN! a language program developed for WV PreK classrooms.

Homebound Students

SLPs follow county procedures for providing services to homebound students.

Home Schooled Students

FAPE is conditioned upon enrollment in a public school. The county has no obligation to provide services to students whose parents have made the determination to home school their child.

Scheduling

Creating a schedule that meets the needs of individual students, allows time for other responsibilities and accommodates the specific school schedule is a challenge. Prior to scheduling students for speech-language therapy, the SLP should discuss scheduling barriers and possible options with the school principal, teacher and other individuals who may be scheduling students for interventions such as OT/PT, Title 1, etc.

Scheduling the same frequency and duration for each student violates the IDEA requirement of individualized services and leaves little room for flexibility and creativity. SLPs can increase the effectiveness of their program and have greater control over their schedules if a flexible approach to service delivery is implemented. Flexibility in service delivery can be built into the IEP and the SLP's schedule in a variety of ways.

Flexible Scheduling Options

Minutes of Therapy Reflected per Month, Rather than per Week	• SLP may capitalize on opportunities to integrate services in the classroom or during school events. • Reschedule sessions to accommodate absences. • Allows SLP scheduling options that can change to meet students' needs.
Provision of Intense Services Early in Year with the Amount of Time Reduced Later in the Year	• Used to teach a new skill and give the child time to master without long periods of time between therapy sessions.
Scheduling Students on a Monthly Basis	• Useful for students who are monitoring their own performance and need periodic opportunities to check in with the SLP to gauge their progress prior to dismissal.

3:1 Model Combined Direct and Indirect Scheduling Model	• Combine 3 weeks of direct intervention with students and 1 week of indirect intervention. • During indirect, SLP provides services adressing individual student needs.
Indirect Week Activities	• Conduct IEP meetings. • Visit and observe in classroom. • Conduct assessments. • Train staff and parents.
Adapt Classroom and Inervention Materials	• Integrate speech goals and classroom curriculum. • Make-up Therapy.

SLPs and their administrators of special education should work together to discuss new scheduling formats prior to implementation. Whatever the type of scheduling option used, it should be clearly documented in the student's IEP and include dates, frequency and duration statements. SLPs must always provide the total amount of service written on the IEP, regardless of the wording of the frequency and duration statement. A range of time is not considered acceptable because the service provider and the parents may view the expected time requirements differently.

Substitutes and "Make-up" Therapy

The United States Department of Education, Office of Special Education (OSEP) issued a guidance letter in March 2007 regarding the need to use substitutes and scheduling make-up sessions when speech-language pathology sessions are missed due to a child's absence from school, cancellation for a class or school activity or absence of the speech language pathologist.

The letter stated that "IDEA and the regulations do not address these issues. States and local educational agencies (LEAs) are required to ensure that all children with disabilities have available to them FAPE, consistent with the child's individualized education program (IEP) We encourage public agencies to consider the impact of a provider's absence or a child's absence on the child's progress and performance and determine how to ensure the continued provision of FAPE in order for the child to continue to progress and meet the annual goals in his or her IEP. Whether an interruption in services constitutes a denial of FAPE is an individual determination that must be made on a case-by case basis."

School districts face a significant challenge when they have temporary absences or vacant positions. Every effort should be made to secure a qualified SLP and LEAs should maintain an open job announcement for qualified candidates. For short-term absences, SLPs should take advantage of the flexibility written into the IEP for scheduling services to enable them to reschedule the student at another time.

For long-term interruption of services, the school district must inform the parents of students who are not served or underserved of the interruption of services. The interruption may be due to a vacancy or medical leave. Parents must be informed once the services resume, the IEP Team will determine if the student is entitled to compensatory services which may be provided during the summer, during school breaks or by providing additional time during the school year.

"Make-up" therapy is not required for snow days, holidays, a student absence from school due to illness or a school activity, such as an assembly or field trip.

Management of Special Populations

Autism

Autism is a complex developmental disability that typically appears during the first three years of life and impacts the student's communication and ability to interact with others. SLPs play a critical role on the team determining effective educational interventions for students diagnosed with autism (ASHA, 2006).

The SLP may serve as a related service provider providing specialized instruction and support as deemed appropriate by the IEP Team after reviewing assessment results, observations and other information. Specialized instruction may be direct, indirect or a combination of these based upon the communication needs of the identified student. The SLP can function as an important liaison among teacher(s), classroom support personnel, parents and others in determining and implementing the most appropriate communication system within the school setting.

Auditory Processing Disorder (APD)

An auditory processing disorder, also known as **central auditory processing disorder (CAPD)**, is an observed deficiency in sound localization and lateralization, auditory discrimination, auditory pattern recognition and use of auditory skills with competing acoustic signals. An auditory processing disorder can be genetic or acquired and may result from ear infections, head injuries or developmental delays that cause central nervous system difficulties that affect the processing of auditory information.

APD is indicated when students have symptoms of hearing difficulty with normal auditory function resulting in learning problems related to auditory difficulties. Assessment should be conducted by a team including an audiologist, SLP, classroom teacher and others and services based on individual needs and the educational significance of the APD. Students with APD may exhibit the following problems:

- processing speech in a noisy background;
- attention and distractibility problems;
- integration of auditory information;
- auditory sequencing of information;
- slow, delayed responses to verbal stimuli;
- auditory memory;
- behavior; and
- language delays.

Students with APD benefit from management of the following factors: (1) environmental modifications, (2) development of compensatory strategies and (3) direct treatment for specific deficits. The SLP can function as an important liaison among the teacher, audiologist, parent and others in determining and implementing the most appropriate intervention plan within the school setting. APD is NOT a disability category under IDEA; therefore, the student would have to qualify under another category in order to receive special education services (ASHA, 2000).

Childhood Apraxia of Speech (CAS)

Childhood apraxia of speech (CAS) is a *motor speech disorder resulting in severe* problems related to the production of sounds, syllables and words. CAS is not the result of muscle weakness or paralysis, but the result of the brain's inability to plan to move the body parts (e.g., lips, jaw, and tongue) needed for speech. The child knows what he or she wants to say, but his/her brain has difficulty coordinating the muscle movements necessary to produce those words.

The assessment and diagnosis of CAS is often very difficult and should be conducted by an SLP with knowledge and expertise in CAS and include an audiological evaluation to rule out hearing loss as a possible cause of the child's speech difficulties. The speech evaluation includes assessing the child's oral-motor abilities, melody of speech and speech sound development.

Research indicates that intensive, individual and frequent (3-5 times per week) therapy is more successful for this population than group therapy. The focus of intervention for CAS is on improving the planning, sequencing and coordination of muscle movements for speech production, rather than strengthening the oral muscles. Sign language or an augmentative and alternative communication system may be incorporated if the apraxia makes speaking very difficult. Once speech production is improved, the need for these systems may lessen, but they can be used to support speech or move the child more quickly to higher levels of language complexity (ASHA, 2007).

Deaf/Hard of Hearing
SLPs are part of a team of professionals working with students who are deaf and hard of hearing. The SLP collaborates with the teacher of the deaf and others to optimize each student's potential. This collaboration requires (1) an understanding and respect for the unique background, educational preparation, knowledge, skills and experience of participating professionals; (2) a recognition and appreciation of the shared knowledge, expertise and responsibilities of the professionals; and (3) a consideration of programming and service delivery systems that stimulate the development of interpersonal communication skills and literacy (ASHA, 2004).

If the SLP is not fluent in the student's communication mode, the use of an interpreter is needed to ensure the accuracy of communication. Frequently, the SLP will be the school-based person who works with classroom teachers when students are using FM auditory trainers or other assistive devices. The SLP should work closely with the audiologist and teacher of the deaf to ensure that the settings are appropriate for the child's hearing and be proficient in trouble-shooting simple problems. Daily monitoring of the child's hearing aid, assistive listening device and/or the external component of the cochlear implant is required by the designated school-based person.

Cochlear Implant (CI)
A cochlear implant (CI) is a surgically implanted electronic device that provides a sense of sound to a child who is profoundly deaf or severely hard of hearing. An increasing number of students with cochlear implants are entering school and require appropriate educational programming. IDEA regulations state that mapping of the device is not a related service; however, the language makes clear that a child with a CI is entitled to those related services that are required for the child to benefit from special education, as determined by the child's IEP Team. SLPs play a critical role on the team of professionals facilitating educational planning and the following should be considered:
- The speech and language development of children who receive a CI is much different from other children. Many factors must be considered when planning intervention including the age of child, preferred communication style, hearing history, learning style and family support
  - *The SLP evaluates the child's spoken or signed communication abilities and makes recommendations for intervention.*

- Speech therapy approaches include auditory/oral, auditory/verbal, cued speech and total communication.
  - *Determining the appropriate strategy is a decision that must be made by professionals in collaboration with the family and supported by the child's school and home environments.*

School districts should be aware of the essential program components required to ensure the successful transition of these students into educational programs that will support and encourage their continued growth. A fact sheet outlining the program considerations has been developed to assist school districts in program planning and is available on the West Virginia Department of Education (WVDE) web site. See Appendix C for additional resources.

Dysphagia (Management of Feeding/Swallowing Issues)

Services for health-related disorders that affect the ability of students to access educational programs and prohibit full participation in educational settings are mandated by IDEA. SLPs play a significant role in the management of students with swallowing and feeding problems in school settings. Addressing swallowing and feeding disorders is educationally relevant and part of the school system's responsibility for the following reasons:

1. Students must be safe while eating in school. This includes providing appropriate personnel, food and procedures to minimize risks for choking and for aspiration during oral feeding.
2. Students must be adequately nourished and hydrated so that can attend to and fully access the school curriculum.
3. Students must be healthy (e.g. free from aspiration pneumonia or other illnesses related to malnutrition or dehydration) to maximize their attendance at school.
4. Students must develop skills for eating efficiently during meals and snack times so that they can complete these activities with their peers safely and in a timely manner (ASHA, 2007).

A collaborative approach is used in the treatment of students with feeding and swallowing issues. The team should educate school staff on the symptoms, support available resources within the school and maintain frequent communication with the child's parent and physician. Management and treatment plans for students are individualized according to the needs of each student. Team members may include the following: SLP, OT, PT, school nurse, teacher, child nutrition representative, cafeteria manager, parent and building administrator.

Only persons possessing a competent level of education, training and experience should conduct assessment and intervention. SLPs working with students with feeding and swallowing issues must have the appropriate skills needed to provide this service. Lack of experience and expertise may result in harm to the student. It may be necessary for the school district to contract with a person outside of the school district that has the necessary expertise to work with the student and/or provide training for the SLP (ASHA, 2007).

ELL (English Language Learners)

SLPs and instructors of English as a Second Language (ESL) are experiencing the challenge of providing services to increasingly diverse populations of students. Frequently, SLPs are functioning in a role traditionally assigned to instructors of ESL. SLPs should not provide direct instruction in ESL, but should collaborate with ESL instructors in the identification of students with disabilities and provide only special education services as determined by the Individualized Education Program (IEP).

The central challenge facing SLPs working with culturally and linguistically diverse students is distinguishing communication differences related to linguistic or cultural factors from communication disorders. School districts may not assign students to special education programs based on criteria that essentially measure and evaluate English language skills. School districts may not refuse to provide alternative language services, such as ESL and special education, to students who need both. Resource documents are available on the WVDE website and listed in Appendix C.

Program Implementation: Special Topics

Assistive Technology
Assistive technology devices and/or services are essential factors in meeting the educational needs of students with speech/language impairments and must be considered for all students going through the special education process. SLPs play a critical role in facilitating access to assistive technology for students with disabilities.

As defined in federal and state law, assistive technology device means "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 children with disabilities". Assistive technology devices range from a simple switch for a child with particular physical limitations to a sophisticated vocal output augmentative communication device for a child with a severe speech impairment.   Assistive technology service means "any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device".

The IEP Team is responsible for determining if assistive technology is necessary for a child with a disability to receive FAPE. It is important to remember that assistive technology devices and/or services are not ends in themselves. The IEP Team should focus on whether or not assistive technology devices and/or services are necessary for the eligible child to meet educational demands and, therefore, receive FAPE. Such services may be required as part of special education, related services, or supplementary aids and services required enabling a child to be educated in the least restrictive environment. It is the responsibility of the school district to ensure that the student receives the appropriate assistive technology devices or services without delay.

The IEP must include a statement describing the full extent of devices and services(s) as well as the amount of such services(s) and the necessity for home use. If the student needs the assistive technology at home in order to implement the goals on the IEP, the IEP Team must indicate home use on the IEP. The provision of assistive technology devices and/or services may not be made based on approval by entities outside the IEP process or lack of funding. When including augmentative communication devices on the IEP, required features of the device needed to meet the student's needs should be stated rather than the specific name of a device

The West Virginia Assistive Technology System (WVATS) is a federally funded assistive technology program, housed in Morgantown at the Center for Excellence in Disabilities. WVATS provides technical assistance, resources and information to improve access to and acquisition of assistive technology (AT) in many areas including education. See Appendix C for additional resources.

West Virginia Early Childhood Education
The WV Department of Health and Human Resources (WVDHHR) is the lead agency for the WV Birth to Three Program and is responsible providing services for infants and toddlers birth-two with disabilities in West Virginia. The West Virginia Department of Education (WVDE) is responsible for providing special education services to children three through twenty-one.

When children transition from the WV Birth to Three Programs, a determination must be made regarding continued eligibility for special education according to WV Policy 2419 eligibility criteria. Each school district should have in effect an interagency agreement with the WVDHHR that outlines the obligations of each agency to ensure a smooth and effective transition of children assisted under the WV Birth to Three Program into a school program.

If the child is eligible for special education services, an IEP for that child must be in place and implemented by the 3rd birthday and the school system is responsible for providing services. The school district participates in a transition planning conference with the family that is arranged by the Birth to Three Program and conducted at least ninety days before the child's third birthday to discuss eligibility requirements.

RESPONSIBLITIES OF WV BIRTH TO THREE PROGRAMS
- Review the child's program options for the period from the child's third birthday through the remainder of the school year.
- Establish a transition plan that includes steps to support the transition of the toddler with a disability to preschool services.
- The interagency agreement should outline the district's participation in this process.

WV Policy 2525: Universal Access to Early Education
WV's Universal PreK Program applies to all four year olds and three year olds with IEPs and all school districts offer preschool services. Preschool students found eligible for services according to WV Policy 2419 may be served in Universal PreK classrooms. Sufficient support must be provided by district special education personnel to ensure that the IEP is appropriately implemented.

Every preschool student (3-5 year old) in WV that has an IEP must be entered into the appropriate data system including students that receive speech therapy. If the child is not in a WV PreK classroom, the school district is responsible for determining who is responsible for entering the information in the system. The SLP is responsible for entering data on SPEECH ONLY students who are not in WV-PreK classrooms.

LITERACY: The Role of the SLP
Spoken and written language provides the foundation for the development of reading and writing and build on each other resulting in literacy competency. Students who have problems with spoken language frequently experience difficulties learning to read and write and students with reading and writing problems often experience difficulties using language to communicate, think and learn. The role of the SLP in literacy has expanded because of their specialized knowledge and expertise in identifying communication problems (ASHA, 2002).

Children with communication disorders may perform at insufficient academic levels, struggle with reading and have difficulty understanding and expressing language. SLPs are often the first professionals to identify reading and writing problems through a student's difficulty with language and may address the following key elements of early language and literacy development:

- building and reinforcing relationships between early spoken language and early pre-literacy abilities;
- addressing difficulties involving phonological awareness memory and retrieval;
- teaching children to use tactile--kinesthetic and auditory cues in reading and writing; and,

- analyzing how the language demands of textbooks, academic talk and curriculum may stress a student's capabilities at different age and grade levels (ASHA, 2001).

Because of their specialized knowledge regarding language, SLPs make valuable members of instructional teams contributing to identification, problem-solving, decision making activities as schools gauge student progress and growth in academic areas.   SLPs play a critical role in the implementation of the Common Core State Standards and the Support for Personalized Learning initiative.   The following sections discuss the role of the SLP in these initiatives and also include information on a speech–language delivery model, "Step-Up to Speech" that employs an intervention approach to remediate speech and/or language problems prior to referral to special education.

Next Generation Content Standards and Objectives (NxGCSOs): Role of the SLP
The Common Core State Standards (CCSS) Initiative was coordinated by the National Governors Association Center for Best Practices (NGA Center) and the Council of Chief State School Officers (CCSSO). The purpose of the CCSS is to ensure that all students are prepared for college and the work force and, to ensure consistency and quality throughout the educational systems across state boundaries. They are research-based and include integration of best practices and education research from throughout the world and have been adopted by most states.

The CCSS have been adopted by WV and customized to benefit the students of West Virginia. The *West Virginia Next Generation Content Standards and Objectives* (NxGCSOs) define the knowledge and skills students should have within their K-12 education careers so that they will graduate high school able to succeed in entry-level, credit-bearing academic college courses and in workforce training programs.

Language skills are at the "core" of the NxGCSOs, including narratives, comprehension, phonological awareness, conversation/discourse, grammar, sentence structure and vocabulary. The standards are organized into strands: Language, Listening and Speaking, and Reading. SLPs have unique skills that contribute to the development of language and literacy skills that help students meet the standards. Oral language is the foundation for the development of reading and writing skills. Language and literacy skills have a reciprocal relationship. The following graphic depicts the critical foundational role of language in the Common Core State Standards.

Language and the Common Core
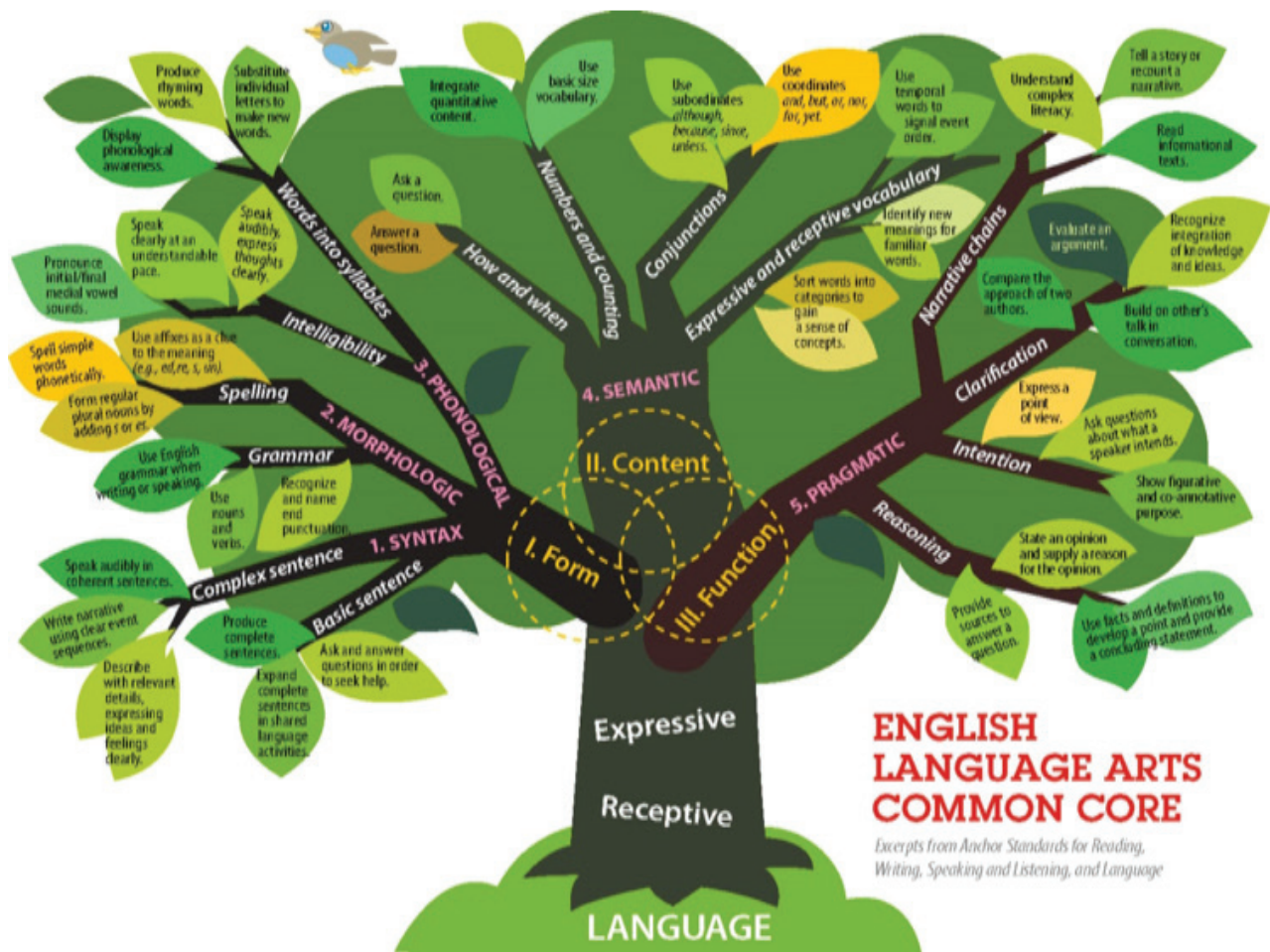
(Created by Jocelyn Taylor, Utah State Office of Education)

SLPs have a direct role in implementing the NxGCSOs with students who have communication disorders or struggle with language/literacy and in supporting classroom teachers. In order to implement these roles effectively, SLPs must become familiar with the NxGCSOs and have an understanding of the typical developmental processes and stages of listening, speaking, reading and writing; as well as understanding of the needs of students with diverse abilities and needs. IEP goals should not be taken directly from the NxGCSOs. The NxGCSOs are general educational standards for the grade level; their use by SLPs implies that the students do not require specially designed instruction.

IEP goals should be written to *accomplish the tasks that underlie achievement of Standards.* For example, sequencing items may be required for a student to achieve a grade-level standard. The IEP should be written to achieve sequencing to enable the student to meet that standard at that grade level. Determine the level at which the student is performing and then identify skills appropriate for the student's current level of learning. That level may be a year or two lower than the student's current grade level.

For students with severe disabilities, SLPs may collaborate with the educational team to work on appropriate curriculum and functional goals to help each student reach his or her individual potential (ASHA, 2013). The Next Generation Essential and Community Elements (NxGECEs), linked to the NxGCSOs, are the alternate academic achievement standards for students with significant intellectual disabilities in West Virginia.

The online resources in the appendices contain numerous resources including teacher checklists and other tools that will be helpful in the implementation of speech-language goals supporting the NxGCSOs. The following 6-step process was developed to assist SLPs in aligning goals with the CCSS:

Review the Content Standards for the Grade

Determine Where the Student is Performing

Review the Student's IEP goals, Accomodations and Modifications

Review the Classroom Materials and Aanalyze Instructional Style

Collaborate with Teachers

Design and Implement Intervention
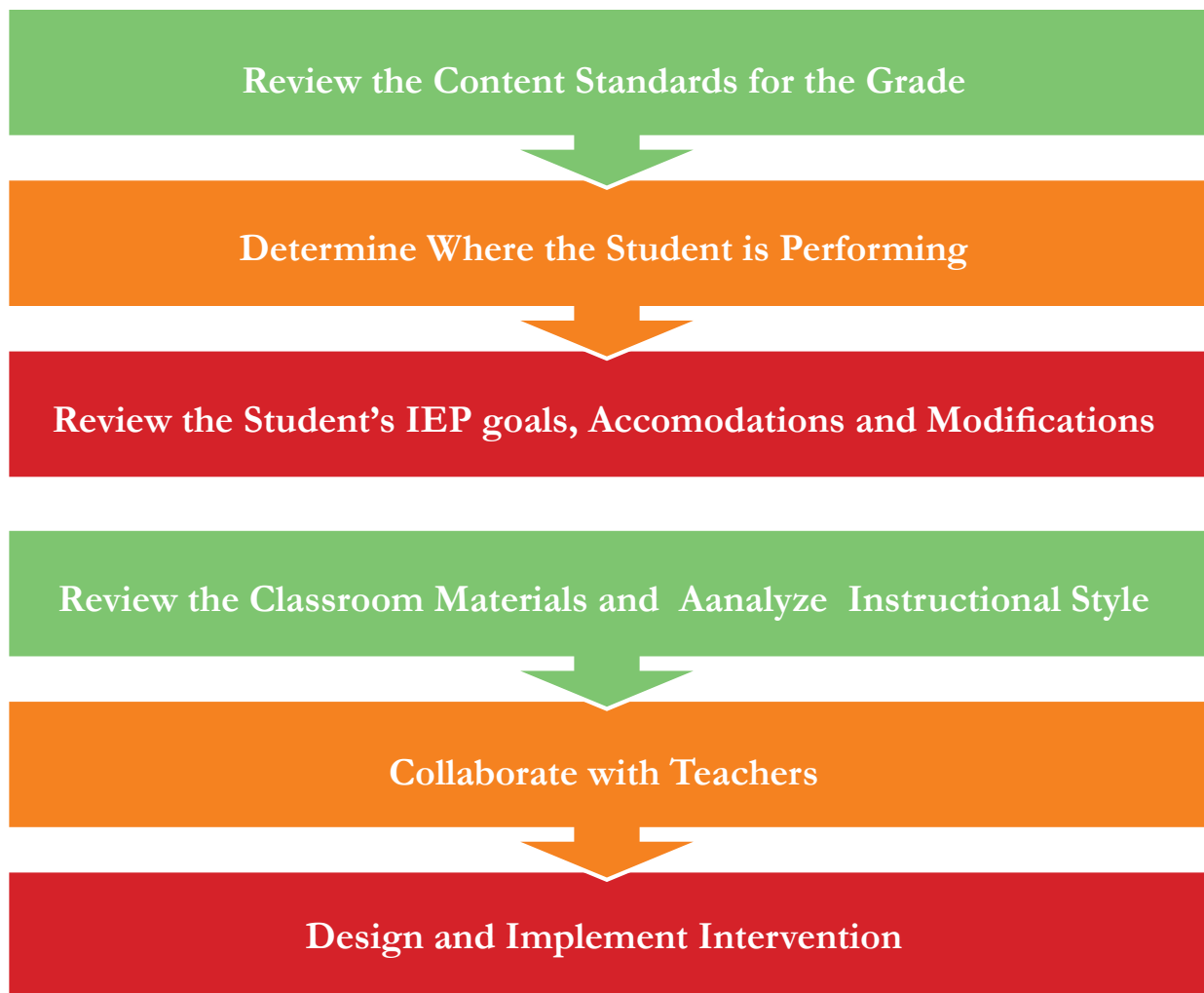
(Adapted from Power Defur and Flynn, 2012)

Support for Personalized Learning (SPL):
Role of the SLP

SPL is a statewide initiative that incorporates Response to Intervention (RTI) and is designed around a multi-level framework using flexible resources to provide relevant academic, social/emotional and /or behavioral support to enhance learning for all students. A system of support is designed to meet the needs of ALL students - those exceeding state approved grade level standards to those not meeting grade-level standards. The framework supports collaborative decision making as a process for meeting individual needs and is framed around 3 levels of instructional intensity: CORE, TARGETED, INTENSIVE and SPECIAL EDUCATION.

SPL provides a framework for working with struggling learners and allows general educators to organize and deliver instruction to support students who struggle academically. Students who have not responded to TARGETED and INTENSIVE interventions in the areas of English language arts or math may be eligible for special education as a student with a Specific Learning Disability (SLD). Data gathered during TARGETED and INTENSIVE instruction will indicate the student's areas of deficit when receiving instruction.

While cognitive and achievement testing may be components of a multidisciplinary evaluation, Eligibility Committees (EC) are no longer looking at the discrepancy between intellectual development and achievement. Instead, a combination of SPL data in conjunction with other assessment data is used to identify a student's persistent and severe underachievement.   A student's response to research-based intervention is the key element in determining SLD and is characterized by achievement that is substantially below grade-level and detailed documentation of the student's low response to research-based intervention.

The SLP can provide both direct and consultative services in collaboration with the classroom teachers, resource teachers and interventionists in developing intervention strategies that will include explicit skills-training in the areas of oral expression and/or listening comprehension as key to some students access to the curriculum.

ASHA supports the role of SLPs in the literacy efforts of a community noting that the foundation has been established through the profession's policies on literacy, workload and expanded roles and responsibilities. The SLP has a clearly defined role in SPL based on his/her expertise, knowledge and training. The role of the SLP is not as the primary instructor but a resource for schools and an interventionist when appropriate (ASHA, 2010).

SLP ROLE IN SPL FRAMEWORK

Prevention	Identifying At-Risk Children	Assessing
Communicating risk factors to teachers and parents, and working to develop programs that help children acquire explicit, age-appropriate knowledge, skills and strategies of the components of language that contribute to reading and writing development.	Assist in development and implementation of screening (e.g., instruments and teacher observation checklists) and referral procedures for very young children as well as older children Assist in determining "cut-points" to trigger referral for special education and provide EC documentaiton.	Selecting, implementing, adapting, and interpreting assessment tools and methods to evaluate skills in spoken language, reading, writing and spelling.
Documenting Outcomes	**Program Development**	**Advocating for Effective Literacy Practices**
Establish a tracking system for identifying new or re-emerging literacy deficits and documenting outcomes of intervention goals and plans.	Directing or participating in teams to develop school or system-wide strategic approaches to early identification and intervention for children with reading deficits.	Providing information about literacy development to other educators and educating them about relationships between spoken language and written language and the benefits of collaborative instructional approaches.

Sources:
ASHA' s Literacy Gateway, 2010, *http://www.asha.org/publications/literacy/*.
Response to Intervention: New Roles for SLPs: Ehern, Montgomery, Rudebush,& Whitmire, 2006.

Speech Therapy Intervention
"Step-Up to Speech"
A Multi-Leveled Approach

Support for Personalized Learning (SPL) is a process that provides an academic support system for ALL students through instruction, progress monitoring and appropriate intervention. This multi-leveled process has unique implications for students with speech-language impairments and has been adapted for implementation in speech therapy programs throughout the country.

The *Support for Personalized Learning: Guidance for West Virginia Schools and Districts* document includes the following directive regarding SPL and students with communication disorders: "Students with significant speech-language impairments that *cannot be corrected through a short-term intervention with the SLP or via consultation* from the SLP w/ the parent or classroom teacher can move to special education evaluation with no additional delay. To make this decision it is necessary for the SLP to have observed the student and to have concurred with this decision. "

Traditional approaches to speech therapy often result in students being enrolled in programs for long periods of time without making significant progress. SLPs must dedicate significant time and maintain burdensome paperwork to navigate the special education process. A multi-leveled model allows SLPs to provide speech-language intervention within the general education environment with the educator, parent and the student prior to referral for special education. The student has the opportunity acquire age appropriate speech and/or language skills in a regular education environment. The SLP and teacher have the opportunity to observe the child's speech and language skills to determine if a disorder is present that requires more intense intervention.

Students in Core and Targeted do not have an IEP and are not referred for special education. Referral is determined by the SLP, teacher and parent after implementing interventions. Parents play a critical role in all tiers of this model. In the initial stages when students are identified, SLPs consult with parents regarding their child's delayed speech or language issues and provide appropriate materials and strategies for home intervention. Parents become partners in providing intervention as well as teachers.

STUDENTS WITH SPEECH-LANGUAGE DISORDERS THAT REQUIRE IMMEDIATE INTERVENTION MUST BE REFERRED AND EVALUATED WITHOUT DELAY!!!

CORE –
SCIENTIFICALLY BASED ARTICULATION AND LANGUAGE CLASSROOM INSTRUCTION

ROLE OF SLP
- Conducts speech/language screening.
- Consults with teachers/parents regarding screening results.
- Provides framework for in-class and home speech/language intervention to be implemented by teacher and parents.
- Monitors student progress periodically.
- (No IEP needed)

TARGETED –
INTERVENTION IN GENERAL EDUCATION

ROLE OF SLP
- Identify students who exhibit maturational articulation errors and/or mild language delays.
- Provide intervention in small groups in general education setting.
- Collaborate with parents, teachers and other professionals to monitor speech-language skills and provide additional targeted intervention.
- (No IEP Needed)

INTENSIVE –
REFERRAL AND IDENTIFICATION

ROLE OF SLP
- Collaborate with others to determine the need for intensive intervention and eligibility for special education based on lack of responsiveness to prior intervention and other evidence.
- Identify students in need of referral for evaluation to determine need for intensive therapeutic intervention and direct instruction from the SLP.
- (IEP Implementation)

ARTICULATION DEVELOPMENT CHART

This chart shows at what age 90 percent of boys and girls can articulate the English consonants correctly (probably in all positions). Vowels are correctly produced by the age of three. All children do not develop at the same time and in the same way, so we cannot expect correct speech from every child in the primary grades.
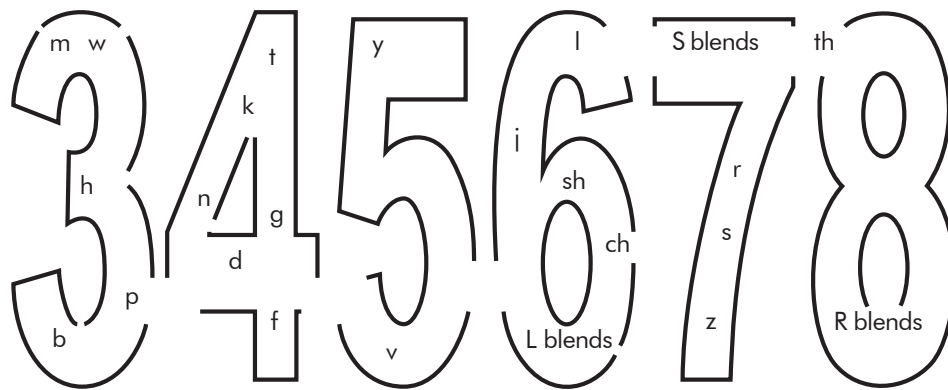
The following sources wer consulted for development of these norms: Poole, Sander, Ilajana, Fudala, Templin, and Wellman. *The normative data suggest a difference between boys and girls

WVDE Phonological Awareness Project
Implemented in 2001 and developed in collaboration with SLP literacy experts, Dr. Melanie Schuele and Dr. Laura Justice, to increase reading skills for at-risk students by emphasizing the importance of phonemic awareness as an early teachable reading skill. Components include the following:
- *Core: Teachers provide daily phonemic awareness instruction to K-1 students*
- *Targeted: Interventionists provide intensive phonological awareness (IPAP) intervention for students who have deficits in early literacy skills.*

SLPs are critical members of the school teams and provide IPAP intervention in many schools.

Medicaid
Medicaid is a joint state-federal program that finances health care for low-income and disabled individuals. Medicaid can be an important source of funding for schools, particularly because the costs of providing special education can greatly exceed the federal assistance provided under IDEA. Children with special needs are frequently eligible for Medicaid.

All county boards of education have already been approved for participation in the WV Medicaid program. Each provider has been assigned both a group and service provider number. The appropriate provider number must be used when claims are submitted for reimbursement. Any claim that does not include the assigned provider number will be rejected. SLPs are eligible for certification as individual Medicaid providers and should contact their county board of education or RESA to obtain information regarding their provider status.

Section 504 of the Rehabilitation Act of 1973
Section 504 of the Rehabilitation Act of 1973 protects the rights of individuals with disabilities in programs, including schools, that receive federal funds. This Section is not part of IDEA, no additional funding is provided and there are no categorical definitions or criteria. Equal opportunities are provided for a student with a disability to have access to educational programs offered to other students.

Although this is a general education mandate, Section 504 is often confused with special education because both pertain to persons with disabilities. Each school district has procedures for maintaining compliance under Section 504 and developing 504 plans for students. SLPs should follow their school district's procedures. A Section 504 coordinator has been identified in all school systems, and should be contacted for questions or information.

PERSONNEL: Provision of Speech-Language Services
Speech-language pathologists working in West Virginia public schools must be certified by the West Virginia Department of Education and must have completed a Master's degree in an approved program in speech-language pathology from an accredited institution of higher education.

> *National Board Certification*: West Virginia recognizes professional certification by ASHA and offers a salary supplement for professional personnel employed in the public schools who hold a nationally recognized professional certification in speech-language pathology and audiology. SLPs must apply for the salary supplement through the WVDE, Office of Personnel Preparation.

Due to the chronic shortage of certified personnel, districts frequently experience a shortage of certified personnel and may consider the following strategies to ensure the provision of speech-language services:

» **Recruitment/Retention Strategies**: County school districts should implement recruitment/retention strategies to attract new personnel and retain those SLPs already employed in the county. Suggested activities include:
  • Offering incentives, such as salary supplements, moving expenses, paying for conferences, ASHA dues, CFY supervision.
  • Advertising job vacancies on WVDE job bank, WVSHA website, WVU, Marshall, other IHEs, ASHA Journal and Conference.
  • Contacting Graduate Programs in other states.
  • Promoting tourism and advantages of living in WV.
    • *Resource: Recruitment/Retention of SLPs in WV on WVDE website.*

» **Use of Speech-Language Pathology Assistants (SLPA)**: Speech-language pathology assistants may provide services to students with speech/language impairments under the guidance and direction of a certified SLP. An authorization from the WVDE, Office of Professional Preparation, is required according to the rules outlined in WV Policy 5202 and the individual must hold a minimum of a bachelor's degree in speech pathology or communication disorders from an accredited institution, be employed by a local WV board of education and receive the recommendation of the district superintendent verifying that the applicant is the most qualified candidate for the position and no fully certified SLP has applied for the position.

Speech-language pathology assistants may conduct specific components of a speech and language delivery program as specified in an IEP under the supervision of a certified SLP. Tasks executed by speech-language pathology assistants must be within their scope of responsibilities and include only those tasks they have the expertise and training to perform. They are not eligible to be Medicaid providers. An authorization is valid for one school year and expires on June 30th of each year. WVDE "Speech-Language Pathology Assistants: Guidance for West Virginia Schools and Districts" document is available on the WVDE website.

» **Contracted Services**: WV Policy 5202 addresses the credentials of contracted employees for the public school system in the following section: 7.1.2.f. Contracted or RESA Services. "the county superintendent shall assure that an educator providing contracted services or services through a RESA holds the same licensure required for an educator employed by a board of education."

» **Telepractice**: Telepractice or teletherapy uses real-time, two-way interactive teleconferencing to deliver speech therapy services. This innovative approach to providing therapy is addressing the problem of delivering services in rural or remote locations and has been successfully implemented in several states (ASHA, 2010).

LinguaCare Associates, Inc, a private provider located in Charleston, WV, initiated the use of Telepractice and partnered with the WVDE to pilot the model in a rural county in WV. Program implementation was successful and excellent feedback was received from school administrators, parents and students (Polovoy, C., 2008). Additional counties in WV have used this delivery model to provide services.

COORDINATION: School-Based Programs

The lack of consistency across counties leads to confusion with regard to student identification and provision of services within schools in the same county. These suggestions are offered to assist SLPs and special education administrators in program coordination.

> • _Lead Therapist_: Appointing a lead SLP will facilitate communication among county SLPs to provide technical assistance and guidance.
> • _Planning Time and Communication_: If weekly or monthly meetings are not possible, explore the possibility of list serves, skype, conference calls, video-conferencing and other technology solutions to maintain communication and discuss important issues.
> • _Identify a County-Wide Battery of Tests_ to be used for assessments.
> • _Utilize Consistent Forms_ to maintain log of therapy sessions, document student progress and speech report, etc.
> • _Develop County-Wide Guidelines_ to outline county specific procedures for the delivery of speech/language services (screening procedures, materials, test instruments, etc).
> • Use non-instructional days for professional development relevant to this field.

FACILITIES: Resources for SLPs

» WV Policy 6200, Handbook on Planning School Facilities (section 706) outlines the facility requirements for professional support staff including SLPs.

» ASHA's technical report, Appropriate School Facilities for Students with Speech-Language Hearing Disorders, is a reference for SLPs, teachers, administrators, school board members and others creating optimal learning/assessment environments for students. The document contains extensive information regarding appropriate facilities and equipment to meet the needs of students with speech-language disorders in schools where services are provided (ASHA, 2002).

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Appendix A: Glossary

Adverse Impact: Interferes with the student's educational performance to the extent that the student is unable to achieve in the general education program within the range of functioning of the student's chronological age peers without exceptionalities.

American Speech-Language-Hearing Association (ASHA): The professional credentialing association for speech-language pathologists and audiologists.

Annual Goal: Measurable statements developed from the present levels of performance that project what a student with a disability can reasonably be expected to accomplish within a twelve month period and be involved in and progress in the general curriculum.

Assistive Technology Device: 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 students with disabilities. The term does not include a medical device that is surgically implanted or the replacement of such a device.

Assistive Technology Service: Any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
1. The evaluation of the needs of a student with a disability, including a functional evaluation of the student in the student's customary environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by students with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
4. Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a student with a disability or, if appropriate, that student's family; and
6. Training or technical assistance for professionals, (including individuals providing education or rehabilitation services) employers or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the student with a disability.

Audiological Services: Services provided by a qualified audiologist include identification of students with hearing loss; determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention; provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation; creation and administration of programs for prevention of hearing loss; counseling and guidance of pupils, parents, and teachers regarding hearing loss, appropriate aid, and evaluating the effectiveness of amplification.

Augmentative and Alternative Communication (AAC): Any approach designed to support, enhance or supplement the communication of those students with severe communication disorders.

Critical Skills: The cognitive, physical, communication, and/or social/emotional abilities needed for the student to maintain current levels of performance.

Day: Calendar day unless otherwise indicated as school day or business day.
- Business day is Monday through Friday, except for Federal and State holidays(unless holidays are specifically included in the designation of business day.)
- School day is any day, including a partial day that students are in attendance at school for instructional purposes. School day has the same meaning for all students in school, including students with and without exceptionalities.

Direct Services: Instruction, therapy or interventions provided one-on-one or in groups to an eligible student with an exceptionality in school, home or community settings.

Dynamic Assessment: Process-oriented approach to assessment that uses a test-teach-retest format to analyze a child's responses and determine how a student may respond to intervention.

Evaluation: Procedures used in accordance with IDEA to determine whether a student is exceptional and the nature and extent of the special education and related services that the student needs. The term means procedures used selectively with an individual student, and do not include basic tests administered to or procedures used with all students in a school, grade, or class.

Evidence-Based Practice: The use of the best available evidence in research and individual expertise in making decisions about interventions for individual students.

Extended School Year: Special education and related services that are provided to a student with a disability beyond the normal school year of the district, in accordance with the student's IEP, and at no cost to the parents of the student.

Family Educational Rights and Privacy Act (FERPA): Protects the privacy of parents and students regarding educational records through standards for record keeping, protocols for parent access to records, and limits to disclosure of records without consent.

Free Appropriate Public Education (FAPE): Special education and related services which are provided at public expense, under public supervision and direction, and without charge to the parent. Services meet the standards of the state education agency and include preschool, elementary and secondary school education and are provided in conformity with an IEP.

Independent Educational Evaluation: An evaluation conducted by a qualified evaluator who is not employed by the district responsible for the education of the student in question and provided at no expense to parents.

Indirect Services: Consultative services provided by a special education teacher or service provider to the individuals responsible for the provision of services described in the IEP to
benefit the student and may include selecting or designing materials and/or activities, monitoring behavior management plans or evaluating progress on short term objectives.

Individualized Education Program (IEP):   A written statement for an eligible student with an exceptionality that is developed reviewed and revised in accordance with Policy 2419 and IDEA.

Individualized Family Service Plan (IFSP): A written plan for providing early intervention services (WV Birth to Three Program) and the child's family.

Least Restrictive Environment: The educational placement which provides the services necessary to meet the unique educational needs of the student, while providing the student with integration to the maximum extent appropriate with peers without exceptionalities.

Multidisciplinary Evaluation: Comprehensive procedures used to determine whether a student is exceptional and the nature and extent of the special education and related services that the student needs. Procedures are conducted by a team of individuals representing a variety of disciplines and are used selectively with an individual student and do not include basic tests administered to or procedures used with all students in a school, grade or class.

Native Language: Language spoken in the home by family members. For an individual with deafness or blindness, or for an individual with no written language, the mode of communication that is normally used by the student (such as sign language, braille or oral communication).

Occupational Therapy: Services provided by a qualified occupational therapist, which include improving, developing or restoring functions impaired or lost through illness, injury or deprivation; improving ability to perform tasks for independent functioning if functions are impaired or lost; and preventing, through early intervention, initial or further impairment or loss of function.

Part B of IDEA: Part B requires that states ensure students with disabilities ages three through twenty-one are provided a free appropriate public education. Part B services are overseen by the West Virginia Department of Education (WVDE) and implemented by the local school districts.

Part C of IDEA: Part C requires that states have a statewide comprehensive coordinated system of services for infants and toddlers with disabilities from birth through age two.
The lead agency in WV is the WV Department of Health and Human Resources (WV DHHR). Services under Part C are designed and delivered through an Individualized Family Service Plan (IFSP).

Present Levels of Academic Achievement and Functional Performance: Specific statements that describe the effect of the student's exceptionality on his/her educational performance, including how the student's exceptionality affects the student's involvement and progress in the general education curriculum; or for preschool how the exceptionality affects the child's participation in age-relevant activities.

Prior Written Notice: A written notice to inform a parent/adult student of the district's proposal or refusal to initiate or change the student's identification, evaluation, educational placement or provision of FAPE. The notice must be provided to the parent/adult student within a reasonable amount of time prior to implementing the proposed action/refusal.

Progress Monitoring: A systematic, repeated and frequent collection of assessment data on targeted academic skills that establishes the rate at which a student is learning a specific academic skill and helps teachers modify or adjust instruction.

Private/Religious School: An educational facility operated by a non-public agency or organization.

Procedural Safeguards: The due process protections afforded in the implementation of the West Virginia special education process.

Related Services: Supportive services that are required to assist an eligible student with an exceptionality benefit from special education. The term includes, but is not limited to, speech and language pathology ,assistive technology, interpreting services, psychological services, physical and occupational therapy, clean intermittent catheterization (CIC), recreation, counseling services, orientation and mobility services, social work services in schools, school health services and school nurse services, early identification and evaluation of disabling conditions in students, medical services for diagnostic or evaluative purposes only and parent counseling and training.

Service Plan: A written statement that describes the special education and related services to be provided by the district to a parentally-placed student with an exceptionality enrolled in a private school who has been designated to receive services, including the location of the services and any transportation necessary.

Speech-Language Pathology Assistant (SLPA): Support personnel who provide services in a speech program under the supervision of a certified SLP and have a minimum of a bachelor's degree in communication disorders.

Student Assistance Team: A trained school-based team which provides a formalized process for the review of student needs and complements the work of instruction and intervention teams.

Supplementary Aids and Services: Aids, services and other supports that are provided in general education classes and other education-related settings to enable students with exceptionalities to be educated with students without exceptionalities to the maximum extent appropriate. Supplementary aids include any material/curricular resource or assistance, beyond what is normally afforded students without exceptionalities, provided to support a student with an exceptionality's placement, such as large print books, assistive technology devices, auditory trainers, curriculum adaptations and classroom modifications or aids, services and other   supports. Supplementary services include any human resource or assistance, beyond what is normally afforded students without exceptionalities, provided to support a student with an exceptionality's placement, such as direct instruction, peer tutoring, interpreting or note taking.

Support for Personalized Learning (SPL)   A process that provides an academic support system for ALL students through multi-leveled instruction, progress monitoring and appropriate intervention

Telepractice: The application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation (ASHA, 2004a).

Appendix B: Acronyms

ASHA	American Speech-Language Hearing Association
AT	Assistive Technology
BIP	Behavior Intervention Plan
CAPD	Central Auditory Processing
DIBELS	Dynamic Indicators of Basic Early Literacy Skills
ELL	English Language Learners
ESL	English as a Second Language
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
GEE	General Education Environment
IDEA	Individuals with Disabilities Education Act
IEE	Independent Educational Evaluation
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
LEA	Local Educational Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
NxGCO	Next Generation Content Standards and Objectives
NxGECE	Next Generation Essential and Community Elements
PBS	Positive Behavior Support

PWN	Prior Written Notice
RESA	Regional Education Service Agency
SAT	Student Assistance Team
SD	Standard Deviation
SEE	Special Education Environment
SLD	Specific Learning Disability
SPL	Support for Personalized Learning
SRS	Severity Rating Scale
WVDE	West Virginia Department of Education
WVDHHR	West Virginia Department of Health and Human Resources
WVEIS	West Virginia Education Information System
WVSHA	West Virginia Speech-Language Hearing Association

Appendix C: Online Resources

ASSISTIVE TECHNOLOGY
- WVDE: *http://wvde.state.wv.us/osp/assistivetechnology.html*
  - » Camp Gizmo *http://wvde.state.wv.us/osp/campgizmo.html*
- WV Birth to Three Program: *http://www.wvdhhr.org/birth23/*
  - » Early Childhood Lending Library *http://cedwvu.org/resources/library.php*
  - » Young Children and Assistive Technology websites
    http://www.wvdhhr.org/birth23/training/AT_Training_Website_Resources.pdf
- West Virginia Assistive Technology Systems (WVATS) : *http://wvats.cedwvu.org/*
- West Virginia Division of Rehabilitation Services *http://www.wvdrs.org*
- Alliance for Technology Access *http://www.ataccess.org/*
- The Family Center on Technology and Disability   *http://www.fctd.info/*
- Family Village School *http://www.familyvillage.wisc.edu/education/at.html*
- Assistive Technology to meet K-12 Needs
  - » *http://www.ncrel.org/sdrs/areas/issues/methods/technlgy/te7assist.htm*

COCHLEAR IMPLANT
- SPICE (Speech Perception Instructional Curriculum Evaluation) is a curriculum kit for developing speech/listening/processing skills in children who use either cochlear implants or hearing aids for children ages 3 through 12. (Available through: Central Institute for the Deaf, 4560 Clayton Avenue, St. Louis, MO 63110, 314-977-0000 (V), 314-977-0001 (TTY), *http://pacs.wustl.edu/pacs/pacsweb.nsf/CID?Open*
- WVDE, Office of Special Programs (OSP) Memorandum: Program Considerations for Transitioning to Part B Preschool Children with Cochlear Implants, *http://wvde.state.wv.us/*
- IDEA Issue Brief: Cochlear Implants
  http://www.asha.org/uploadedFiles/advocacy/federal/idea/CochlearImplantsBrief.pdf

COMMON CORE: NEXT GENERATION CONTENT STANDARDS AND OBJECTIVES
- ASHA Common Core State Standards: A Resource for SLPs
  http://www.asha.org/SLP/schools/Frequently-Asked-Questions.htm
- WVDE Next Generation Content Standards and Objectives *http://wvde.state.wv.us/next-generation/h/*
- Common Core Teacher Rating Scales for your Language Evaluations
  http://chapelhillsnippets.blogspot.com/2012/04/common-core-teacher-rating-scales-for.html (Teacher Check Lists)
- Common Core State Standards for SLPs
  http://www.gosslp.org/displaycommon.cfm?an=1&subarticlenbr=21
- Common Core Speaking & Listening Goal Bank
  http://thethriftyslp.blogspot.com/2012/07/common-core.html

LITERACY
- ASHA'S LITERACY GATEWAY *http://www.asha.org/publications/literacy/*
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  http://lshss.asha.org/cgi/content/short/37/4/284.
- Literacy Toolkit for SLPs *http://www.readingresource.net/slps.html*
- SLPs Connecting in the Classroom: Language and Literacy
  http://www.patvanslyke.com/pdf/Path-Literacy.pdf
- The Florida Center for Reading Research *http://www.fcrr.org/*
- WVDE: WV Phonological Awareness Project *http://wvde.state.wv.us/osp/phonologicawareness.html*
- READ IT AGAIN! Language and Literacy Supplement for At Risk Preschoolers.
  http://www.starkcountyesc.org/uploads/07-08%20Documents/SLP/March08/riafinal.pdf

PROGRAM IMPLEMENTATION
- •Artic Lab: *http://www.superduperinc.com/products/view.aspx?stid=372.*
- (Articulation Program) 5 Minute Kids: *http://www.5minutekids.com/description.html*
- Kansas Department of Education Speech-language Guidelines, 2005.
  http://www.ksde.org/LinkClick.aspx?fileticket=3a7SkHk-iNo%3D&tabid=3757&mid=8918
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  http://www.superduperinc.com/products/view.aspx?pid=tp29703.
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- South Carolina Department of Education, 2010. South Carolina Speech-Language Impairment Guidelines. *http://ed.sc.gov/agency/Standards-and-Learning/Exceptional-Children/Speech-Language-Impairment/index.html.*
- Speech/language Models That Work
  http://www.omnie.org/guidelines/files/Speech-and-Language-RtI-Models-That-Have-Worked.pdf
- Tennessee Department of Education (Severity Rating Scales)
  http://www.state.tn.us/education/speced/doc/4109svratingscale.pdf
- Texas Speech-language Hearing Association: RTI and SLP Services
  http://www.lfcisd.net/1558105119124850/lib/1558105119124850/RTI_and_SLP_Services_Brochure.pdf.
- Virginia Department of Education 2005 (Severity Rating Scales)
  http://www.doe.virginia.gov/special_ed/disabilities/speech_language_impairment/severity_rating_scales.pdf

STUDENTS WITH SIGNIFICANT DISABILITIES
- Communication Matrix   *http://www.communicationmatrix.org/*
- WVDE: Supporting Literacy for Students with Significant Disabilities
  http://wvde.state.wv.us/osp/supporting-literacy/

WV BIRTH TO THREE PROGRAMS: Pam Roush, Director *http://www.wvdhhr.org/birth23/*

WVDE RESOURCES
- WVDE: Specific Learning Disabilities: Guidance for West Virginia Schools and Districts
- WVDE: Guidelines for Participation in State Assessment. *http://wvde.state.wv.us/oaa/filecabinet.html*
- WVDE Policies: *http://wvde.state.wv.us/policies/*
- WVDE: TEACH 21: WV CONTENT STANDARDS AND OBJEXTIVES
  http://wvde.state.wv.us/teach21/
- WVDE: Recruitment/Retention of SLPs: A Guide for WV School Districts
  http://wvde.state.wv.us/osp/RecruitmentBrochureSpecialEdforWeb.pdf
- WVDE: The Identification and Evaluation of Exceptionalities in Students with Limited English
  Proficiency. *http://wvconnections.k12.wv.us/documents/IdentEvaluLEPSpecEd.pdf*
- WVDE Support for Personalized Learning Guidance for WV Schools and Districts
  http://wvde.state.wv.us/spl/Documents/spl_guidance_document.pdf
- WVDE: Accessible Instructional Materials: Guidance for WV Schools and Districts
  http://wvde.state.wv.us/osp/accessiblematerials.html
- WVDE Guidelines for Best Practices – Autism *http://wvde.state.wv.us/osp/autism.html*
- Hand in Hand: Guidance for West Virginia Parents *http://wvde.state.wv.us/osp/handinhand.pdf*
- Speech-Language Pathology Assistants: Guidance for WV Schools and Districts
  http://wvde.state.wv.us/osp/guidelinesforspeechasst.pdf

Appendix D - WV Policy 2419: Regulations for the Education of Students with Exceptionalities

Definitions and Eligibility Criteria

M. Speech/Language Impairment

Definition: A speech/language impairment means a speech/language impairment such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a student's educational performance. See Appendix B for Documentation of Adverse Effects on Educational Performance for Students with Speech/language Disorders.

Language Impairment: A disorder or delay in the development of comprehension and/or the uses of spoken or written language and/or other symbol systems. The impairment may involve any one or a combination of the following:

- Form (morphological and syntactic systems);
- Content (semantic systems); and/or
- Function (pragmatic systems).

Eligibility Criteria for Language Impairment

An eligibility committee will determine that a student is eligible for special education and/or related services as a student who has a language impairment when all of the following criteria are met:

1. Two or more procedures, at least one of which yields a standard score, are used to assess receptive language and/or expressive language.
2. Language - A student with a language impairment exhibits:
   a. Language abilities significantly below expected language performance for the students' chronological age and cognitive stage of development; and
   b. A language quotient (LQ) of at least 1.5 standard deviations (SD) below the mean; or
   c. A severe deficit in receptive, expressive or pragmatic language which prevents functional communication in school and/or social situations as measured by formal and/or informal diagnostic procedures.
3. The student's disability adversely affects educational performance. See Appendix B for Documentation of Adverse Effects on Educational Performance for Students with Speech/Language Disorders.
4. The student needs special education. (Speech/language therapy can be special education or a related service.)

Speech Impairment: Speech Impairments include articulation/phonology disorders, voice disorders, or fluency disorders. The following eligibility criteria and minimum assessment procedures have been established for all three types of speech impairments.

Definition for Articulation/Phonology Disorder:

- Articulation disorders are incorrect productions of speech sounds including omissions, distortions, substitutions, and/or additions that may:
  1. Interfere with communication;
  2. Draw unfavorable attention to the speaker;
  3. Adversely affect the speaker or listener; or
  4. Are inappropriate to the age of the speaker.

- Phonology disorders are errors involving phonemes, sound patterns and the rules governing their combinations that may:
    1. Interfere with communication;
    2. Draw unfavorable attention to the speaker;
    3. Adversely affect the speaker or listener; or
    4. Are inappropriate to the age of the speaker.

Eligibility Criteria for Articulation/Phonology Disorder

An eligibility committee will determine that a student is eligible for special education and related services as a student who has an articulation/phonology disorder (speech impairment) when all of the following criteria are met:
    1. At least two procedures are used to assess the student, one of which is a standardized measure.
    2. Application of developmental norms from diagnostic tests verifies that speech sounds may not develop without intervention.
    3. The student's disability adversely affects educational performance.
    4. The student needs special education. (Speech/language therapy can be special education or a related service.)

Fluency Disorder: A fluency disorder consists of stoppages in the flow of speech that are abnormally frequent and/or abnormally long. The stoppages usually take the form of repetitions of sounds, syllables, or single syllable words; prolongations of sounds; or blockages of airflow and/or voicing in speech.
    1. A fluency disorder exists when an abnormal rate of speaking, speech, interruptions, repetitions, prolongations, blockages of airflow and/or voicing interferes with effective communication.
    2. A fluency disorder does not exist when developmental dysfluencies are part of normal speech development and do not interfere with educational or developmental performance.

Eligibility Criteria for Fluency Disorder: An eligibility committee will determine that an individual is eligible for special education and/or related services as a student who has a fluency disorder (speech impairment) when all of the following criteria are met:
    1. The student has a fluency rating of moderate or severe on the Fluency Communication Rating Scale for students age three through twenty-one years. See Appendix C for Fluency Communication Rating Scale.
    2. The student's disability adversely affects educational performance.
    3. The student needs special education. (Speech/language therapy can be special education or a related service.)

Voice Disorder: Voice disorders are the absence or abnormal production of voice quality, pitch, intensity, or resonance. Voice disorders may be the result of a functional or an organic condition.

A voice disorder exists when the vocal characteristics of quality, pitch, intensity, or resonance:
- Interfere with communication;
- Draw unfavorable attention to the speaker;
- Adversely affect the speaker or listener; or
- Are inappropriate to the age and gender of the speaker.

A voice disorder does not exist when the vocal characteristics of quality, pitch, intensity, or resonance:

- Are the result of temporary physical factors such as allergies, colds, or abnormal tonsils or adenoids;
- Are the result of regional dialectic or cultural differences or economic disadvantage; or
- Do not interfere with educational or developmental performance.

Eligibility Criteria for Voice Disorder: An eligibility committee will determine that a student is eligible for special education and/or related services as a student who has a voice disorder (speech impairment) when all of the following criteria are met:

1. The student has a voice production rating of moderate or severe on the Voice Rating Scale for students ages three through twenty-one years. See Appendix D for Voice Rating Scale.
2. The existence or absence of a structural or functional pathology is verified by an otolaryngologist.
3. The student's disability adversely affects educational performance.
4. The student needs special education. (Speech/language therapy can be special education or a related service.)

Special Considerations:

1. Lack of discrepancy between cognitive level (i.e., mental age) and communication performance (i.e., language age) shall not be the sole factor to determine a severely speech and language disordered student's eligibility for services. Other factors that must be considered are informal evaluation results, physical ability, educational and therapy history.
2. A student's eligibility for speech and language services cannot be determined on the basis of having a primary language other than English or a language difference. Appropriate evaluation must verify the presence of an impairment in the primary and/or all languages spoken.
3. When verbal communication is not an effective means of communication for the student, the student must be evaluated to determine the need for an alternative means of communication, such as an augmentative communication device.

Appendix E
Examples of Severity Rating Scales

(Adapted from Maine Department of Education Severity Rating Scales)

LANGUAGE SEVERITY RATING SCALE

	Normal	Mild	Moderate	Severe
Description of Language	Age-appropriate language skills			
Formal Assessment	Within Normal Range (Refer to Policy 2419)	* 1.0 to <1.5 standard deviations below the mean standard score. * Language quotient or standard score of 78-85.	* 1.5 to 2 standard deviations below the mean standard score. * Language quotient or standard score of 70-77.	* > 2 standard deviations below the mean standard score. * Language quotient or standard score at or below 70. * 2nd percentile or below
Informal Assessment	Language skills are within expected performance range	Informal assessment indicates a language deficit.	Informal assessment indicates a language deficit that usually interferes with communication.	*Limited* functional language skills.
Effect on Communication	Does not interfere with communication	Minimal interference with communication	Interferes with communication	*Seriously* interferes with and/or prevents communication
Educational Impact	Acquisition of basic academic, social, and/or vocational skills are not affected.	Acquisition of basic academic, social, and/or vocational skills may be affected	Acquisition of basic academic, social, and/or vocational skills are usually affected.	Acquisition of basic academic, social, and/or vocational skills are impaired.

ARTICULATION SEVERITY RATING SCALE

	Normal	Mild	Moderate	Severe
Description of Language	No sound errors present or production is developmentally appropriate.	Sound errors are intelligible but noticeable. Errors consist of common types of substitutions and/or distortions.	More numerous articulation errors are present. Intelligibility is difficult for an unfamiliar listener. Excessive use of substitutions or omission processes which are inappropriate for age.	Many articulation errors present. Speech is frequently unintelligible to most listeners. Excessive use (40% or more) of omissions processes or unique processes which are inappropriate for age.
Formal Assessment		No more than 2 speech sound errors outside developmental guidelines. May be stimulable for error sounds	Substitutions and distortions and some omissions may be present. Limited stimulability for the error phonemes. *2nd-6th percentile on a standardized measure.	Extensive substitutions, distortions and/or missions are present. A limited number of phoneme classes are evidenced in a speech-language sample. *<2 percentile on a standardized measure.
Informal Assessment		Intelligible over 80% of the time in connected speech.	Intelligible 50-80% of the time in connected speech.	Intelligible <50% of the time in connected speech.
Effect on Communication		May experience some difficulty. Speech sounds will probably develop without intervention.	May experience some difficulty with expression and/or comprehension. Students spoken message is understood by others most of the time.	The student has limited functional expression and/or comprehension. Often others do not understand the student's spoken message. Frequently accompanied by a phonological problem.
Educational Impact		Acquisition of basic academic, social, and vocational skills may be affected.	Acquisition of basic academic, social, and/or vocational skills is usually affected.	Acquisition of basic academic, social, and/or vocational skills is impaired.

VOICE SEVERITY RATING SCALE (Pathology Verified by Otolaryngologist)

	Normal	Mild	Moderate	Severe
Description of Language	Pitch, quality, intensity, rate, and resonance are not unusual	Noticeable differences that may be inconsistent in pitch, quality, intensity, rate, and resonance.	Persistent noticeable differences noted in voice production quality.	Consistent noticeable extreme differences noted in voice production quality (tension, resonance), pitch, intensity, or rate.
Formal Assessment		Voice difference including hoarseness, nasality, denasality, pitch, or intensity inappropriate student's age.	Voice difference is of concern to parent, teacher, student, or physician. Voice is not appropriate for age and gender of student.	Voice difference is of concern to parent, teacher, and student. Pathology verified by Otolaryngologist.
Effect on Communication		The voice difference is not severe enough to interfere with communication. The student's awareness may affect communication.	May interfere with communication and impair intelligibility or both.	The voice difference impairs communication and intelligibility or both.
Educational Impact		Voice rarely distracts listeners from message. Minimal impact on social, emotional, and/or academic functioning.	Voice does distract listener from message. Moderate listener and/or speaker reaction and concern noted. Interferes with social, emotional, and/or academic functioning.	Voice does distract listener from message. Avoidance of speaking situations may be observed. Seriously limits social, emotional, and/or academic functioning due to limited ability to communicate appropriately.

FLUENCY SEVERITY RATING SCALE

	Normal	Mild	Moderate	Severe
Description of Language	Fluency of speech does not draw attention to the student.	3 to 5% stuttered words of total words spoken with a speech sample of at least 100 words. *No secondary characteristics, frustration, and avoidance behaviors present. *Fluent speech predominates.	6-10% stuttered words of total words spoken with a speech sample of at least 100 words. Secondary characteristics, frustration, and avoidance behaviors may be present.	11% or more stuttered words of total words spoken with a speech sample of at least 100 words. Secondary characteristics, frustration and avoidance behaviors are present, typically noticeable and distracting.
Formal Assessment		Transitory dysfluencies are observed in specific situations.	Frequent dysfluencies are observed in many situations.	Habitual dysfluent behaviors are observed in a majority of situations.
Effect on Communication		The student may be aware of dysfluent behavior.	The student may express awareness of dysfluent behavior.	Student expresses awareness of dysfluent behavior. Avoidance of speaking situations are observed.
Educational Impact		*Minimal listener reaction. ***Minimal impact on education.	Some listener reaction and it interferes with educational functioning.	Seriously limits educational functioning. Student may do poorly on reports, oral assignments and reading. May withdraw from group learning activities and be ridiculed, ignored, or excluded from play or group activities.

Sources:

Arkansas Severity Ratings for Language

ASHA Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist

ASHA, IDEA and Your Caseload, 2000