

Procesul de depistare al elevilor cu tulburări de limbaj în Carolina de Sud/ The identification process of students with speech-language impairment in South Carolina

Ștefania FILIP ¹

Abstract

This presentation focuses on the process for the initial evaluation of students with speech-language impairment.

An initial evaluation involves the use of a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information to assist in determining if the child is eligible for special education services.

There is a three-pronged question for eligibility: (1) whether the student is a child with a disability and by reason thereof, (2) has an educational impact and (3) requires direct services. Evaluations must also determine the present levels of academic achievement and functional performance.

This shifts the focus of the initial evaluation from the determination of eligibility for services to the determination of what the child needs to enable him/her to learn effectively and to participate and progress in the general education curriculum.

Keywords: eligibility, disability, educational impact, direct services.

Introducere

A school-aged child would typically participate in a general education intervention process prior to the referral. As a result of general education intervention, the LEA would have data-based documentation of repeated assessments of achievement at reasonable intervals, that indicate the instruction and educational interventions and strategies presented to the child in the general education setting were not adequate and indicated an evaluation for special education is appropriate (34 CFR § 300.309(c)(1)).

The 1st step is to initiate the referral; the lead interventionist or appropriate RtI/MTSS team member ensures the completion of the MTSS form with observations, actions, and steps followed. The document reflects the collaboration of information and data from classroom

teachers and other appropriate sources. The lead interventionist collaborates with the school psychologist to determine the areas of concern and personnel who should be invited to the meeting to address these areas. In the case of a student whose primary area of concern is determined to be speech-language only, the speech-language pathologist will complete the referral form with the appropriate personnel identified as invitees to the meeting.

At this point, the classroom teacher completes a Speech-Language Request for Consultation form, has one on one conversations with the classroom teacher, and makes further suggestions that can be implemented in the general education classroom.

The completed form is forwarded to the Special Education Secretary, who will

schedule the SAT/referral/evaluation planning meeting.

A parent may request an evaluation at any time. When anyone in the school hears a parent make a statement that in any way suggests that the parent might want an evaluation or services that are not being proposed by the school district, the staff

member notifies the school psychologist or speech-language pathologist at the school and the psychologist / speech-language pathologist will move forward with addressing the request. The parent will have to complete the Health and Developmental History form to provide additional information about the student for all the team members.

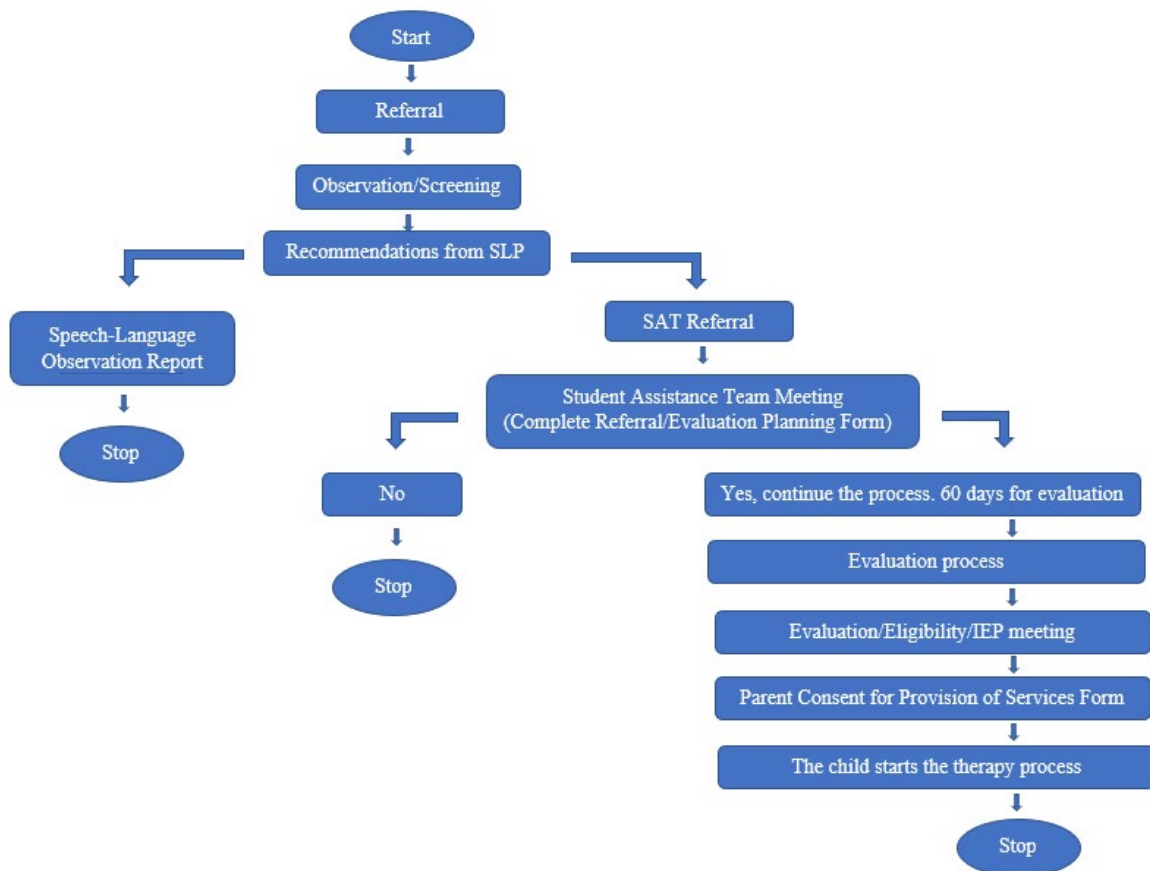


Fig. 1.- The identification process diagram

The 2nd step in the process involves the speech-language pathologist (SLP) who will make classroom observations, and quick screenings, and use the Classroom Observation form as a guide. The SLP will have conversations with the general

education teacher and give suggestions for further actions.

The 3rd step refers to the completion of the Speech-Language Observation Report form with recommendations for the general education teacher, so he/she can document that the student was seen and

observed. The process can end here, or the SLP recommends the student to the SAT (Student Assistance Team) for a meeting by completing the same form.

Then, at the 4th step in the process, during the SAT/Referral/Evaluation Planning meeting, several team members will participate as follows:

- LEA- assistant principal/ school psychologist
- Parent/guardian
- General education teacher
- Speech-language pathologist
- School psychologist- if there are other concerns
- OT/PT- if there are other concerns than speech
- Resource teacher- if there are other concerns than speech

At this time, each team member talks about the child from his/her own point of view and perspective- parent, general education teacher, speech therapist, reading/math interventionist. If there are other needs then the resource teacher, occupational therapist, physical therapist, and school psychologist will have their input as well.

The SLP fills out the Referral/Evaluation Planning Form, the team members sign it and they decide if a speech-language evaluation is granted or not for the child. If the answer is no, the case is closed, and participants sign the Referral/ Evaluation Planning form. If the answer is yes, then the parent will receive a printed document to sign in order to give permission for the child to be evaluated. At this point, the SLP has 60 days to evaluate the child, make further observations, and write the report. The next meeting with parents has

to be scheduled within these 60 days to be in compliance with the law.

The 5th step takes into consideration the evaluation itself. Each assessment is used on a case-by-case basis, but there are a few assessments in each evaluation report. In this process, we use informal assessments such as Conversational Speech Samples, Voice-Oral-Fluency Evaluation Checklist, Dynamic Assessments, and SUGAR assessment analysis which analyses the language sample, Mean Length of Utterance (MLU) and determines if a language impairment is suspected. Other informal assessments are Phonological Awareness Probes, Observation in the classroom, and Narrative Skills, NLM-Cubed which provide information about difficulties with narrative comprehension and production that may have serious negative effects on students' educational and social achievement (Nation, Clarke, & Marshall, 2004). Some of the standardized tests are as follows:

- The Clinical Assessment of Articulation and Phonology – 2nd Edition (CAAP-2) is a norm-referenced instrument that assesses English articulation and phonology in preschool and school-age children.
- The Goldman-Fristoe Test of Articulation – Third Edition (GFTA-3) is a systematic means of assessing an individual's articulation of the consonant and consonant cluster sounds of Standard American English.
- The Khan-Lewis Phonological Analysis Third Edition (KLPA-3) is a norm-referenced analysis of an individual's speech development and phonological process usage.

- The Assessment of Literacy and Language (ALL) is used to evaluate the language development and emergent literacy skills of prekindergarten, kindergarten, and first-grade children. The primary purpose is to diagnose children who exhibit language disorders and to identify children who are at risk for later reading difficulties due to specific risk factors.
- The Clinical Evaluation of Language Fundamentals – Preschool 3 (CELF-P:3) test battery was used to assess the child’s use and understanding of grammar and vocabulary, as well as his/her understanding of preschool concepts.
- The Oral and Written Language Scales, Second Edition (OWLS-II) is an assessment of receptive and expressive language for children and young adults.
- The Preschool Language Scale – 5th Edition (PLS-5) was administered to assess the child’s receptive and expressive language skills. This is a norm-referenced test for use in young children ages birth to seven years.
- The Stuttering Severity Instrument-4 (SSI-4) was administered to assess the child’s fluency skills. On the test, severity ranges from very mild to very severe and is determined based on the frequency (percentage of syllables stuttered), duration, and accompanying secondary behaviors (physical concomitants) of the stuttering events.

At the 6th step in the process, the team members meet again and the speech-language evaluation report is presented and the results are discussed. Prior to this meeting, the parent receives an email with

the evaluation report for his/her review. During the meeting, taking into consideration the findings, the team finds or not the student as being a student with a speech-language disability. The team members need to answer with a “YES” to the three-pronged question for eligibility

1. whether the student is a child with a disability and by reason thereof,
2. has an educational impact, and
3. requires direct services

The eligibility criteria differ for every domain in speech and language.

Eligibility for articulation

- Scores below 1.5 standard deviations below the mean on a test of articulation or phonology.
- Consistent speech sound errors when 90% of typically developing students produce the sound correctly.

Eligibility for language

- Standardized test results must be at least 1.5 standard deviations below the mean. If a standardized measure cannot be administered, a criterion-referenced measure or two informal measures may be used including an alternative/ augmentative communication assessment.
- The language assessment profile provides consistent evidence of difficulties in receptive and/or expressive language skills.

Eligibility for voice impairment

- Clearance has been provided by a medical doctor as well as a description of the student's vocal quality, intensity, resonance, and pitch.
- Assessments that include standardized test(s), norm-referenced, criterion-

based, or informal assessments describe significant difficulties related to vocal function.

- Record review and/or interviews document a history of academic and functional difficulty relative to voice skills.
- A comprehensive written report from an otolaryngologist indicates the presence of congenital etiologies or other precipitating factors.

Eligibility for fluency impairment

- Multiple sources of information such as record reviews, interviews, observations, and assessments document the frequency, type, and duration of dysfluencies.
- At least two observations in two settings provide evidence of persistent dysfluency patterns or secondary behaviors.
- Standardized measures of speech fluency, connected speech samples, and informal assessments document indicate significant dysfluencies.
- Record review and/or interviews document a history of academic and functional difficulty relative to fluency skills.
- Multiple sources of data document that the student exhibits a fluency impairment that adversely affects pre-academic/academic, social-emotional, and/or vocational performance.

If for any part of the question the answer is “no” then, the student does not qualify for services and the process ends at this point.

If the student is eligible for direct services then an Individualized Education Plan is developed. Evaluations must also

determine the present levels of academic achievement and functional performance. This data will help in creating and developing the Individualized Education Plan (IEP) and the goals that are going to be targeted for the following year. The parent will sign a Consent for Services form, so the speech services can be addressed.

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¹. M.Ed. CCC-SLP

Email: stefania.filip@gmail.com