

MINNESOTA DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION POLICY DIVISION

RESOURCES FOR SPEECH-LANGUAGE EVALUATION  
in Minnesota

This resource guide is based upon successful practice in three metro school districts. The Division of Special Education Policy within the Minnesota of Education acknowledges the efforts of the speech language staff in the Edina, St. Paul and South St. Paul school districts for their work in development of these resources. The Special Education Policy Division shares this information as a resource to assist staff in some districts and does not endorse any one particular practice or test. The following speech language pathologists are acknowledged for their collaborative efforts in researching and organizing these practices.

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## **I. Referral Process**

Each school may have a pre-referral team. Before a referral is officially made, school personnel (SLP, classroom teacher, interpreter, principal, special education teacher or social worker) should inform the parent that the referral will be made.

All referrals should be in writing and include the reason why the child is believed to have a disability.

### **Minnesota Statute 125A.56**

#### **Alternate instruction required before assessment referral; waiver.**

(a) Before a pupil is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The pupil's teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the pupil's need

### **Minnesota Rule 3525.2550**

#### **Conduct before an assessment.**

##### **Subpart 1. Student performance review.**

After a referral is submitted and before conducting an assessment, the team shall conduct a review of the person's performance in the following areas: intellectual functioning, academic performance, communicative status, motor ability, vocational potential, sensory status, physical status, emotional and social development, and behavior and functional skills. The referral review shall:

A. Include a review of any additional screening, referral, or other data about the person and select licensed special education personnel and others as appropriate to conduct the assessment including licensed special education personnel and others who may have the responsibility for implementing the educational program for the person.

B. Include a review of the regular education-based pre-referral interventions required by Minnesota Statutes, section 125A.56, conducted before referral for an assessment. Pre-referral interventions are planned, systematic efforts by regular education staff to resolve apparent learning or behavioral problems.

### **Minnesota Rule 3525.2550**

#### **Subpart 2.**

#### **Team duties.**

The team shall:

A. Plan to conduct the educational assessment preferably at the home, school, or community setting which the person attends. When the district determines that the assessment or a portion of the assessment cannot be performed utilizing the personnel resources of the district, the district shall make arrangements elsewhere for that portion of the assessment and shall assume that such assessments are provided at no cost to the family.

B. Give due consideration to assessment results provided by outside sources but need not implement recommendations unless agreed to by the team.

C. Conduct the assessment within a reasonable time not to exceed 30 days from the date the district receives parental permission to conduct the assessment or the expiration of the ten-day parental response time in cases other than initial assessment, unless a conciliation conference or hearing is requested.

## **Frequently Asked Questions (FAQ)**

*Do the “two interventions” required by Minnesota Statute 124A.56 apply to referrals for articulation, fluency, voice and language?*

Yes.

### **Minnesota Statute 125A.56**

#### **Alternate instruction required before assessment referral; waiver.**

(a) Before a pupil is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The pupil's teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the pupil's need for the assessment is urgent. This section may not be used to deny a pupil's right to a special education assessment.

(b) A school district shall use alternative intervention services, including the assurance of mastery program under section 124D.66 and the supplemental early education program under section 124D.81 to serve at-risk students who demonstrate a need for alternative instructional strategies or interventions.

## II. Evaluation

\* *These are the guidelines that ASHA provides; MN Rule must be followed.*

American Speech-Language-Hearing Association (ASHA). (1999c). *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*. Rockville, MD: Author.

A core role of the school-based speech-language pathologist is to conduct a thorough and balanced speech, language, or communication evaluation.

A responsibility of the school-based speech-language pathologist is to select evaluation measures that:

- are free of cultural and linguistic bias
- are appropriate for the student's age
- match the stated purpose of the assessment tool to the reported needs of the student
- describe differences when compared to peers
- describe the student's specific communication abilities and difficulties
- elicit optimal evidence of the student's communication competence
- describe real communication tasks

**See Appendix A** *Advantages and Disadvantages of Types of Assessments*

### **Minnesota Rule 3525.2710**

#### **EVALUATIONS AND REEVALUATIONS.**

Subpart 1. **Initial evaluations.** A school district shall conduct a full and individual initial evaluation according to this part before the initial provision of special education and related services to a pupil under this chapter. The initial evaluation shall consist of procedures to determine whether a child is a pupil with a disability that adversely affects the child's educational performance as defined in Minnesota Statutes, section 125A.02 who by reason thereof needs special education and related services, and to determine the educational needs of the pupil. The district proposing to conduct an initial evaluation to determine if the child qualifies as a pupil with a disability shall obtain an informed consent from the parent of the child before the evaluation is conducted. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services. If the parents of the child refuse consent for the evaluation, the district may continue to pursue an evaluation by utilizing mediation and due process procedures.

Subp. 3. **Evaluation procedures.** Evaluations and reevaluations shall be conducted according to the following procedures:

A. The district shall provide notice to the parents of a pupil, according to Code of Federal Regulations, title 34, sections 300-500 to 300-505 that describes any evaluation procedures the district proposes to conduct.

B. In conducting the evaluation, the district shall:

- (1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and progress in the general curriculum or, for preschool pupils, to participate in appropriate activities;
- (2) not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and
- (3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

C. Each district shall ensure that:

- (1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not to be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;
- (2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;
- (3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;
- (4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;
- (6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;
- (7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;
- (8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and
- (9) in evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related services needs, whether or not commonly linked to the disability category in which the pupil has been classified.

D. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section 125A.02 shall be made by a team of qualified professionals and the

parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.

E. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts 3525.1325 to 3525.1350.

**Subp. 4. Additional requirements for evaluations and reevaluations.**

A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part 3525.3100, the IEP team and other qualified professionals, as appropriate, shall:

(1) review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and

(2) on the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.

B. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item a, sub item (2).

C. Each district shall obtain informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the pupil's parent has failed to respond.

D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.

E. A district shall evaluate a pupil in accordance with this part before determining that the pupil is no longer a pupil with a disability.

F. Prior to using any conditional procedure, the IEP team must conduct a functional behavioral assessment (FBA) as defined in part 3525.0200, subpart 3a. The team must also document that it has ruled out any other treatable cause for the behavior, for example, a medical or health condition, for the interfering behavior.

## **Evaluation Plan**

A comprehensive evaluation plan is developed within the mandated time lines. It documents the areas of speech and language to be assessed, the reason for the evaluation, and the personnel conducting the assessment. If an initial screening was completed, the results are used to identify the specific areas of speech and language to be addressed. The student's dominant language and level of language proficiency are specified in the assessment plan. Parents are invited to participate in the development of the assessment plan. The written evaluation plan is made accessible to the parents in their dominant language or native language, whenever possible, as per IDEA [34CFR300.534 and 34CFR300.501].

**See Appendix B** *Requirements for Initial Evaluations*

*See Section VI. Specific Evaluation Considerations.*

## **Evaluation Methods**

The foundation of a quality, individualized assessment is to establish a complete student history. That information will direct subsequent assessment selection. The assessment data should reflect multiple perspectives. No single assessment measure can provide sufficient data to create an accurate and comprehensive communication profile (Haney, 1992; 20 U.S.C. 1412 (a) (6) (b)). Conducting both non-standardized and standardized assessments enables the speech-language pathologist to view the student in settings with and without contextual support.

Combining standardized (norm-referenced) with non-standardized (descriptive) assessment using multiple methods will assure the collection of data that can furnish information about the student's functional communication abilities and needs. Examples of descriptive assessment methods are checklists and developmental scales, curriculum-based assessment, dynamic assessment data, and portfolios of authentic\* assessment data (e.g., student classroom work samples, speech and language samples, and observations of the student in various natural contexts). A descriptive assessment allows focus on language during actual communicative activities within natural contexts.

During assessment data collection, it is the responsibility of the speech-language pathologist to gather information, select appropriate assessment methods, and conduct a balanced assessment.

This balanced assessment may include:

- gathering information from parent(s), family, student, teachers, other service provider professionals and paraprofessionals
- compiling a student history from interviews and thorough record review
- collecting student-centered, contextualized, performance-based, descriptive, and functional information

- selecting and administering reliable and valid standardized assessment instruments that meet psychometric standards for test specificity and sensitivity

Examples of each follow.

### ***Parent/staff/student interviews.***

Parents are an essential source of information-especially for students who are very young or who have severe disabilities. Parents provide insight regarding communication skills in various settings outside the school and provide additional information about functional and developmental communication levels.

Classroom teachers, instructional assistants, and other school professionals are a primary source of information regarding a student's functional communication skills among peers within the classroom and school environment. They also provide specific information regarding listening, speaking, reading, writing, spelling/invented spelling, and the relationship between the student's communication skills and the curriculum. Various teacher/staff checklists provide information specific to disability areas or communication functions.

*\*Authentic* refers to real-life activities and situations.

Student interviews are appropriate in many cases, depending upon the student's age or cognitive level. The speech-language pathologist may gain insight into personal attitudes of the student related to communication difficulties and motivation to change.

### ***Student history.***

The speech-language pathologist collects relevant and accurate information through record review, observation, and parent, teacher, or student interviews. Information regarding the student's medial and family history, communication development, social-emotional development, academic achievement from previous educational placements, language dominance, community/family language codes and social-behavioral functioning are especially valuable when completing a student case history.

### ***Checklists and developmental scales.***

These tools are used to obtain a large amount of information in an organized or categorized form to note the presence or absence of specific communication behavior. They may be completed either by the speech-language pathologist or by others for the speech-language pathologist.

### ***Curriculum-based assessment.***

Curriculum-based assessment (CBA) refers to the "use of curriculum contexts and content for measuring a student's language intervention needs and progress" (Nelson, 1998). Nelson suggests that CBA may extend the assessment beyond the identification of a student as communication impaired by including activities/skills that may assess the acquisition of effective oral and written communication abilities.

An example of a curriculum-based measure that may be used by the speech-language pathologist is an information-reading inventory that could be analyzed collaboratively by the speech-language pathologist and the classroom teacher.

***Dynamic assessment.***

Dynamic assessment is defined as a “term used to identify a number of distinct approaches that are characterized by guided learning for the purpose of determining a learner’s potential for change” (Palincsar, Brown, & Campione, 1994). Dynamic assessment is concerned with how well a student can perform after being given assistance. The response the student makes to assistance helps to determine future effective instruction.

***Portfolio assessment.***

Portfolio assessment can be defined as a collection of such products as student work samples, language samples, dictations, writing samples, journal entries, and video/audio recordings and transcriptions. A portfolio approach requires decisions regarding:

- what samples are included
- how many samples are included
- student reflections on his or her work over time
- analysis of the underlying processes represented by the samples as either learned or not learned

***Observation/anecdotal records.***

The observation of real-life communication behavior and the application of the resulting data describe language development and function in a variety of natural contexts. The speech-language pathologist can also use the anecdotal records and observations conducted by other individuals to complete various checklists, surveys, and developmental scales.

***Formal Assessment Information***

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***Minnesota Rule 3525.0200 Subpart 25.***

**Technically adequate instrument.**

"Technically adequate instrument" means tests and evaluation procedures for which recognized professional standards about construction, validity, reliability, and use have been met.

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### ***Standardized assessment information.***

When appropriately selected for validity and reliability, standardized tests yield important information regarding language and speech abilities and are part of the comprehensive assessment. They are norm-referenced and used to compare a specific student's performance with that of peers. Statistical scores are valid only for students who match the norming population described in the test manual.

Although all areas of speech, language, and communication are interrelated, broad spectrum, norm-referenced tests may be used to measure such skills of language comprehension and production as syntax, semantics, morphology, phonology, pragmatics, discourse organization and following directions. Additional tests may be administered to assess such specific areas as auditory abilities and auditory processing of language. Tests are used to assess articulation, phonology, fluency, and voice/resonance; and instrumental and non-instrumental protocols are used to assess swallowing function.

**See Appendix C** *List of Formal Assessment Tools*

### ***Frequently Asked Questions (FAQ)***

#### ***Can individual subtest scores be used for eligibility?***

Total test scores must be used for eligibility as outlined by Minnesota Rule 3525.1343 Subpart 4 B. (3) “the pupil scores 2.0 standard deviations below the mean on at least two technically adequate, norm referenced language tests.” Individual test subtest scores are used to gather information, compute total scores and aid in programming decisions. Only total test scores are used for eligibility.

#### ***When can or should criterion referenced or informal assessment tools or information be used for eligibility?***

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***MN Rule 3525.1343.***

### **Speech or Language Impairments**

Subpart 4, B. (4) If technically adequate, norm-referenced language tests are not available to provide evidence of a deficit of 2.0 standard deviations below the mean in the area of language, two documented measurement procedures indicate a substantial difference from what would be expected given consideration to chronological age, developmental level, or cognitive level. The documented procedures may include additional language samples, criterion-referenced instruments, observations in natural environments, and parental reports.

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Refer to Reducing Bias for a list of informal assessment measures.

Am I required to complete evaluations for students' who attend non-public schools? Are the eligibility criteria the same? Where should the evaluation take place?

*Students who attend non-public schools have the right to special education evaluation and services from the district where the school is located.*

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**Minnesota Rule 3525.0800**

*Subp. 8. Pupils placed through education choice options. When a pupil is placed outside of the district residence by the parent or pupil for the purpose of education and in accordance with a statutory education choice enrollment act, the resident district shall be responsible for assuming the cost of the education program when notified in accordance with Minnesota Statutes, section 127A.47, subdivision 5. The providing district shall be responsible for assuring that an appropriate program is available for the pupil including the notice and hearing provisions. Responsibility for transportation costs between the pupil's home and the providing school district shall be determined in accordance with Minnesota Statutes.*

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**Minnesota Statute 126C.19**

**Shared time aid.**

Subdivision 1. **To resident district.** Aid for shared time pupils must be paid to the district of the pupil's residence. If a pupil attends shared time classes in another district, the resident district must pay to the district of attendance an amount of tuition equal to the ratio in section 126C.01, subdivision 6, times the amount of tuition that would be charged and paid for a nonresident public school pupil in a similar circumstance. The district of residence is not obligated for tuition except by previous agreement.

Subd. 2. **Exception.** Notwithstanding subdivision 1, the resident district of a shared time pupil attending shared time classes in another district may grant the district of attendance, upon its request, permission to claim the pupil as a resident for state aid purposes. In this case, state aid must be paid to the district of attendance and, upon agreement, the district of attendance may bill the resident district for any unreimbursed education costs, but not for unreimbursed transportation costs. The agreement may, however, provide for the resident district to pay the cost of any of the particular transportation categories specified in section 123B.92, subdivision 1, and in this case, aid for those categories must be paid to the district of residence rather than to the district of attendance.

Subd. 3. **Section 123B.44 services.** Minutes of enrollment in a public school during which a nonpublic school pupil receives services pursuant to section 123B.44 must not be used in the computation of shared time aid.

Subd. 4. **Location of services.** (a) Public school programs that provide instruction in core curriculum may be provided to shared time pupils only at a public school building. Public school programs, excluding programs that provide instruction in core curriculum, may be provided to shared time pupils at a public school building, a neutral site, the nonpublic

school, or any other suitable location. Guidance and counseling and diagnostic and health services required under sections 125A.03 to 125A.24 and 125A.65 may be provided at a nonpublic school building. As used in this subdivision, "diagnostic services" means speech, hearing, vision, psychological, medical and dental diagnostic services and "health services" means physician, nursing or optometric services provided to pupils in the field of physical and mental health.

(b) For those children with a disability under sections 125A.03 to 125A.24 who attend nonpublic school at their parent's choice, a school district may provide special instruction and services at the nonpublic school building, a public school, or at a neutral site other than a nonpublic school as defined in section 123B.41, subdivision 13. The school district shall determine the location at which to provide services on a student-by-student basis, consistent with federal law.

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### **Minnesota Statute 125A.18**

#### **Special instruction; nonpublic schools.**

No resident of a district who is eligible for special instruction and services under this section may be denied instruction and service on a shared time basis consistent with section 126C.19, subdivision 4, because of attending a nonpublic school defined in section 123B.41, subdivision 9. If a resident pupil with a disability attends a nonpublic school located within the district of residence, the district must provide necessary transportation for that pupil within the district between the nonpublic school and the educational facility where special instruction and services are provided on a shared time basis. If a resident pupil with a disability attends a nonpublic school located in another district and if no agreement exists under section 126C.19, subdivision 1 or 2, for providing special instruction and services on a shared time basis to that pupil by the district of attendance and where the special instruction and services are provided within the district of residence, the district of residence must provide necessary transportation for that pupil between the boundary of the district of residence and the educational facility. The district of residence may provide necessary transportation for that pupil between its boundary and the nonpublic school attended, but the nonpublic school must pay the cost of transportation provided outside the district boundary.

Parties serving students on a shared time basis have access to the due process hearing system described under United States Code, title 20, and the complaint system under Code of Federal Regulations, title 34, section 300.660-662. In the event it is determined under these systems that the nonpublic school or staff impeded the public school district's provision of a free appropriate education, the commissioner may withhold public funds available to the nonpublic school proportionally applicable to that student under section 123B.42.

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*What am I required to do when I receive an evaluation report from an outside source?*

### **IDEA '97 Final Regulations**

#### **Subpart E—Procedural Safeguards**

#### **Due Process Procedures for Parents and Children**

§300.502 Independent educational evaluation.

(a) **General.**

(1) The parents of a child with a disability have the right under this part to obtain an independent educational evaluation of the child,

(3) For the purposes of this part—

(i) **Independent educational evaluation** means an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question;

(c) **Parent-initiated evaluations.** If the parent obtains an independent educational evaluation at private expense, the results of the evaluation—

(1) Must be considered by the public agency, if it meets agency criteria, in any decision made with respect to the provision of FAPE to the child; and

(2) May be presented as evidence at a hearing under this subpart regarding that child.

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

*Special education personnel must consider results from outside evaluations. When a report is received, a meeting with the parents should be scheduled to determine a plan of action. If State of Minnesota criteria for a Speech or Language Impairment are met and if the parents choose, an IEP may be written. If State of Minnesota criteria for a Speech or Language Impairment are not met, additional evaluation may be completed to determine eligibility or no action need take place.*

*Considerations:*

- *Who administered the assessment tools? Are they properly licensed?*
- *When was the evaluation completed? Is the level of performance current/accurate?*
- *Check for total test scores versus subtest scores; subtest scores cannot be used for qualification.*

### III. Specific Evaluation Considerations

\* *These are the guidelines that ASHA provides; MN Rule must be followed.*

American Speech-Language-Hearing Association (ASHA). (1999c). *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*. Rockville, MD: Author.

***When interpreting the assessment data, consideration should be given to the effect of specific factors influencing the results of the communication evaluation. Numerous relevant factors follow in alphabetical order.***

#### Attention

Attentional behaviors and activity levels differ across ages, genders, and cultural background (ASHA, 1997e). The student's ability to focus and attend during the assessment is considered when evaluating the results of the assessment. The effectiveness of modifications used during an assessment is documented. Information about the type and extent of variation from standard test conditions are included in the evaluation report. The team to evaluate the effects of variances on validity and reliability of the reported information uses this information.

Speech-language pathologists and audiologists are increasingly involved with students with attention deficit hyperactivity disorders (ADHD). These professionals are often among the first to assist in the evaluation of students and youth suspected of having ADHD because of its co-occurrence with language learning disabilities and central auditory processing disorders (ASHA, 1997f).

Attention deficit hyperactivity disorder is a syndrome characterized by serious and persistent difficulties in terms of (a) inattention and (b) hyperactivity-impulsivity. According to the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association (1994), to confirm a diagnosis of ADHD, at least six characteristics within either category "must have persisted for six months to a degree that it is maladaptive and inconsistent with developmental level" (p.84). \*

An inattentive student may not exhibit hyperactive or impulsive characteristics and, therefore, may be overlooked in the classroom. The student may be at higher risk for educational failure than the student with hyperactive and/or impulsive tendencies because the student's needs are not apparent.

Some professionals assert that hyperactive/impulsivity behaviors may not be due to inattention but caused instead by poor inhibition or poor self-regulation (Barkley, 1990; Westby, 1994). This may be related to executive function, which is discussed further in ASHA's technical report on ADHD (1997f).

A diagnosis of ADHD is made by medical professionals only after ruling out other factors related to medical, emotional, or environmental variables that could cause similar

symptoms. Therefore, physicians, psychologists, educators and speech-language pathologists conduct a comprehensive evaluation, which includes medical studies,

***\*The previous edition, DSMIII, made a distinction between undifferentiated attention deficit disorder (ADD) and ADHD. DSM-IV used ADHD with the two subcategories noted above.***

***Psychological and educational testing, speech-language assessment, neurological evaluation, and behavioral evaluations compiled by both the parent and teacher(s). Several persons should assess the student's performance across multiple domains in multiple settings. A differential diagnosis is difficult because of the complex interaction existing between ADHD and cognitive, metacognitive, linguistic, social-emotional, and sensori-integrative abilities.***

### Central Auditory Processing

A Central Auditory Processing Disorder (CAPD) is an observed deficiency in sound localization and lateralization, auditory discrimination, auditory pattern recognition, temporal aspects of audition, use of auditory skills with competing acoustic signals, and use of auditory skills with any degradation of the acoustic signal (ASHA, 1995a). CAPD may affect language learning and language use as well as cognitive language processing areas (e.g., attention, memory, problem solving, and literacy). According to Chermak, "The behavioral profiles of students with CAPD, specific learning disabilities and ADHD often overlap, as might be expected given the complex interactions among auditory processing, language skills, cognition and learning" (1995, p.208). CAPD may be evident in combination with other disabilities, making differential diagnosis difficult.

The assessment of central auditory processing disorders (CAPD) is a crossover area between the two professions of audiology and speech-language pathologists, audiologists and other professionals for a successful outcome. Speech-language pathologists contribute to the assessment process by formally evaluating receptive language and phonemic processing skills and by documenting observed auditory processing behaviors. This information is used by the audiologist to augment the formal central auditory processing assessment battery (Keith, 1995). ASHA has established preferred practice patterns in CAPD assessment and treatment for both professions (ASHA, 1997d, 1997e). The current developments in CAPD are described in *Central Auditory Processing: Current Status of Research and Implications for Clinical Practice* (ASHA, 1995a).

### Cognitive Factors

Cognition and language are intrinsically and reciprocally related in both development and function. An impairment of language may disrupt one or more cognitive processes; similarly, impairments of communication are referred to as cognitive-communicative impairments and are disorders that result from deficits in linguistic and nonlinguistic cognitive processes. They may be associated with a variety of congenital and acquired conditions (ASHA, 1988, 1991b). Speech-language pathologists are integral members of interdisciplinary teams engaged in the identification, diagnosis, and treatment of persons with cognitive-communicative impairments (ASHA, 1987).

The role of the school speech-language pathologist in evaluating the communication needs of students with cognitive-communicative impairments is delineated in the *Guidelines for Speech Language Programs* (Connecticut State Department of Education, 1993, pp. 90-91). Examples include:

- collaborating with families, teachers, and others in locating and identifying children whose communication development and behavior may suggest the presence of cognitive impairments or whose communication impairments accompany identified cognitive impairments
- collaborating with other professionals to interpret the relationship between cognitive and communication abilities
- assessing communication requirements and abilities in the environments in which the student functions or will function (Cipani 1989).
- assessing the need for assistive technology in collaboration with audiologists including alternative/augmentative communication systems and amplification devices (Romski, Cevcik, & Joyner, 1984; Flexer, Millin, & Brown, 1990, Baker-Hawkins & Easterbrooks, 1994).

### **Cultural and/or Linguistic Diversity**

The demographics of our society are changing rapidly and dramatically. The number of students with cultural and/or linguistic diversity is increasing in school systems across the nation, especially in large cities. In some states, over 40% of residents come from culturally and linguistically diverse backgrounds (California Speech-Language-Hearing Association, 1996). It has been estimated that in the near future one third of the U.S. population will consist of racial and ethnic minorities (20 U.S.C. 1401 (7) (A-D)). The American Speech-Language-Hearing Association's position paper on social dialects (ASHA, 1983) emphasizes the role of the speech-language pathologist in distinguishing between dialects or differences and disorders. Additionally, the Office of Multicultural Affairs has developed a related reading list on this topic (ASHA, 1997a).

Responsibilities relating to assessment of students with culturally and linguistically diverse backgrounds include:

- reviewing the student's personal history, including cultural, linguistic, and family background
- assisting instructional staff in differentiating between communication disorders and culturally or linguistically based communication differences
- determining difference/disorder distinctions of a dialect-speaking student and recommending intervention only for those features or characteristics that are disordered and not attributable to the dialect

### **Limited English Proficiency**

School-based speech-language pathologists play an important role in determining appropriate identification, assessment, and academic placement of students with limited English proficiencies (Adler, 1991, ASHA, 1998f). Prereferral interventions using

Intervention Assistance Teams are used to address student, teacher, curriculum, and instruction issues (Garcia & Ortiz, 1988). The differing mores, cultural patterns, and—particularly—the linguistic behaviors of these students require input from their family members and a culturally sensitive and competent team of professionals, which may include bilingual speech-language pathologists, teachers, English as a Second Language (ESL) staff, interpreters/translators, and/or assistants (Cheng, 1991, Langdon, Siegel, Halog, & Sanchez-Boyce, 1994; Leung, 1996). Many speech-language pathologists are trained to distinguish students who have a communication disorder in their first (also called home or native) language (L-1) from students who may be in the process of second language (L-2) acquisition. The speech-language pathologist who has not had such training should seek consultation with knowledgeable individuals.

In order to effectively distinguish difference from disorder in bilingual children, it is important for speech-language pathologists to understand the first as well as the second language acquisition process and to be familiar with current information available on the morphological, semantic, syntactic, pragmatic, and phonological development of children from a non-English language background. Assessment includes measuring both social language and academic language abilities. Proficiency in social language may develop within the first 2 years of exposure to English, whereas it may take an additional 5 years for academic language proficiency to develop. Basic interpersonal communication skills (BICA) are the aspects of language associated with the basic communication fluency achieved by all normal native speakers of a language (social language). Cognitive academic linguistic proficiency (CALP), on the other hand, relates to aspects of language proficiency strongly associated with literacy and academic achievement (Cummins, 1981).

There are approximately 200 languages spoken in the United States (Aleman, Bruno & Dale, 1995). Within each group of students whose first language is other than English, there is also a continuum of proficiency in English (ASHA, 1985a). In evaluating speakers of languages other than English, some of whom may be accustomed to more than two languages, the continuum is particularly relevant. The continuum of English language learners includes speakers who fall within the following designations:

- bilingual English proficient (proficient in L-1 and L-2)
- limited English proficient (proficient in L-1, but not L-2)
- limited in both English and the primary language (limited in L-1 and L-2)

A further caution regarding bilingual evaluation is that if a test was *not* normed on bilingual or limited-English-proficient students, then the test norms may *not* be used for a bilingual or limited-English-proficient student (Langdon & Saenz, 1996).

Responsibilities related to bilingual assessment may include:

- serving as a member of the interdisciplinary prereferral team when there is concern about a limited-English-proficient student's classroom performance

- seeking collaborative assistance from bilingual speech-language pathologists, qualified interpreters, ESL staff, and families to augment the speech-language pathologist's knowledge base (ASHA, 1998f)
- teaming with a trained interpreter/translator to gather additional background information, conduct the assessment, and report the results of assessment to the family (Langdon et al., 1994)
- compiling a history including immigration background and relevant personal life history such as a separation from family, trauma or exposure to war, the length of time the student has been engaged in learning English, and the type of instruction and informal learning opportunities (Cheng, 1991; Fradd, 1995)
- gathering information regarding continued language development in the native language and current use of first and second language
- providing a nonbiased assessment of communication function in both the first (native/home language) and second language of the student (Note: IDEA Section 612(a)(6)(B) requires assessment in "the child's native language or mode of communication unless it clearly is not feasible to do so.")
- evaluating both social and academic language proficiency

### **Hearing Loss and Deafness**

In the United States, over 1.2 million children under 18 years of age have either a congenital or an acquired hearing loss (Adams & Marano, 1995). The ultimate academic and social outcomes for these students are dependent upon the coordinated efforts of many individuals, including but not limited to, the student, parents, classroom teachers, the audiologist, and the speech-language pathologist. A teacher of the deaf and hard of hearing, a speech-language pathologist, or an audiologist often serves as the coordinator of services and liaison for the parents and student to the school system. The heterogeneous population of children with hearing loss or deafness encompasses a broad range of functional communication styles and abilities and types of services ranging from students in regular education classes requiring support services to students who are attending a school for the deaf. The relationship that exists between a child's and family's choice of communication systems and his/her ability to develop a language or languages in one or more communication modalities varies among children (ASHA, 1998c).

When a student has a hearing loss, the methods that are chosen for development of language skills are related to such factors as:

- age of onset of the hearing impairment
- type/severity of hearing loss
- availability and use of residual hearing
- presence of additional disabilities
- access to assistive technology (computer-assisted real-time captioning, hearing aids, FM systems) and interpreters/translators (sign, ASL, cued speech)
- level of acceptance, skills, and support by family, educators, and peers

- acoustic environment of the classroom and other spaces used for instruction and extracurricular activities

Numerous reports and studies document the effects of hearing loss on speech, language, social-emotional, and academic development (Baker-Hawkins & Easterbrooks, 1994, Kretschmer & Kretschmer, 1978, Maxon & Brackett, 1987, Quigley & Kretschmer, 1982). Even students with mild, fluctuating, or unilateral hearing loss often exhibit significant academic delays and grade failure (Bess, et al., 1998, Connecticut Advisory School Health Council, 1988; Davis Elfenbein, Schum, & Bentler, 1986; Gallaudet University Center for Assessment and Demographic Study, 1998, Joint Committee on Infant Hearing, 1994, Oyler, Oyler, & Matkin, 1988).

The Agency for Health Care Policy and Research reports that the most common etiology of temporary and fluctuating hearing loss in children from birth to 3 years of age is otitis media, which can be acute or chronic and may occur with or without effusion (U.S. Department of Health and Human Services, 1994). Not all children who experience otitis media have significant hearing loss or develop subsequent communication and learning problems. However, the prevalence of otitis media (especially chronic otitis media) during what is known to be a significant period in the acquisition of communication skills places children exhibiting this illness at risk for delay or disorder of speech and oral language that may adversely affect educational performance (Friel-Patt, 1990; Roberts & Medley, 1995; Roberts, 1997).

In cooperation with audiologists who serve children in educational settings, the responsibilities of the school speech-language pathologist in assessing the communication needs of children with hearing loss may include:

- collaborating with audiologists and promoting the early detection of children with hearing loss
- conducting hearing screenings for identification of children who can participate in conditioned play or traditional audiometry and referral of individuals with possible ear disorder or hearing loss to audiologists for follow-up audiologic assessment (ASHA, 1998b)
- collaborating with health professionals and audiologists to integrate case history and audiologic information into speech-language assessments
- identifying the communication demands of the various settings in which the child functions (Creaghead, 1992; Palmer, 1997)
- daily trouble shooting and hearing aid and assistive listening device maintenance in the educational setting
- collaborating with audiologists regarding language assessment of students with suspected central auditory processing disorders
- monitoring speech and language development and related educational performance of students with known histories of chronic otitis media and students with unilateral hearing loss
- collaborating with other professionals to evaluate language performance levels and identify communication disorders, if present

- providing aural rehabilitation and sign language development (if competent to do so)

(Connecticut State Department of Education, 1993 and English, 1997)

### **Neurological, Orthopedic, and Other Health Factors**

The neurophysiological systems underlying speech and language development are particularly vulnerable to organic insults that may produce paralysis, weakness, or discoordination. Students with congenital or acquired neurological, orthopedic, or certain health impairments (e.g., Traumatic Brain Injury TBI) frequently exhibit communication impairments in one or more of the areas of language, articulation/phonology, fluency, voice, resonance, oral motor function, swallowing, or cognitive communication. These deficits may range from mild to severe, with variations in cognitive communication. The age of onset of the neurological or other physical impairment, as well as their locus and nature, will affect the type of communication impairment that the student exhibits. Although the primary basis of these disorders may be structural, environmental influences on communication development can also be significant—the result of limitations on environmental interaction. The multidimensional nature of these impairments requires the development of comprehensive interdisciplinary programs for evaluation and service (Connecticut State Department of Education, 1993).

The responsibilities of the school speech-language pathologist in evaluating the communication needs of students with neurological, orthopedic, other health impairments, or multiple impairments may include:

- promoting early identification of children whose communication development and behavior may suggest the presence of neurologic, orthopedic, other health, or multiple impairments
- collaborating with other professionals to integrate medical history into speech-language assessment
- collaborating with other professionals to integrate medical history into speech-language assessment
- collaborating with other professionals in the assessment of prespeech skills in the areas of motor development, respiration and feeding, and in assessing the effect of the impairment on communication development and interactions
- assessing the communicative requirements of home, school, and vocational settings
- assessing the need for assistive technology to promote communication development and interaction

(Connecticut State Department of Education, 1993)

### **Social-Emotional Factors**

Communication is an important tool in creating a secure and safe school environment that fosters learning for all students. Speech, language, and listening skills provide the communication foundation for the development and enhancement of confidence and self-esteem in learners. Giddon (1991) emphasizes the need for expanding the role of the school-based speech-language pathologist in mental health issues and behavioral

management as part of the team, specifically to assist with communication issues and insights.

Responsibilities when assessing student with dysfunctional social-emotional communication include:

- participating as a member of a team that assesses students at risk for communication-related educational problems
- collaborating with other professionals and families in an effort to differentiate difficult behaviors that may be due to psychosocial disorders from those related communication impairments (e.g., misunderstanding orally presented information and using aggression in the absence of appropriate communication)
- assisting educators in identifying behavior patterns that may be related to language dysfunction as well as identifying behavior that negatively affects communication (e.g., selective mutism)
- assisting in the assessment of the communication demands and interactions within various environments to determine those factors that may contribute to breakdowns in learning or interpersonal relations

(Connecticut State Department of Education, 1993)

### **Feeding/Swallowing**

A comprehensive clinical evaluation of feeding and swallowing in children typically consists of: (a) a review of the child's medical, developmental, and feeding history; (b) a physical examination; (c) a prefeeding evaluation; and (d) a feeding evaluation. These components are essentially the same whether the child is seen by a team of professionals in a school or in a medical setting. The degree to which certain aspects of medical and developmental status can be delineated will differ depending on which specialists are involved in the assessment. According to Arvedson and Lefton-Greif (1988, pp. 39-40), clinical evaluation should enable team members to:

- Identify possible etiologists underlying the dysphagia.
- Form a hypothesis about the nature and severity of the dysphagia.
- Establish a baseline of behaviors (e.g., oral-motor skills and respiratory function).
- Introduce therapeutic modifications.
- Investigate feeding options.
- Determine whether an instrumental assessment is warranted. (School speech-language pathologists can consult with colleagues in medical settings. A referral is most often made by the child's pediatrician.)
- Assess the readiness or ability of a child to participate in an instrumental procedure (Arvedson & Lefton-Greif, 1988; Groher, 1997; Langmore & Logemann, 1991; Logemann, 1987, 1993, 1998).

The clinical evaluation with primary caregiver involvement is the starting point for consideration of additional test procedures and for management decision-making. This evaluation allows the school team to appreciate the multiple environmental issues that

interact with the child's unique medical, developmental, and feeding variables. These environmental issues include, but are not limited to, care-givers' responses to the child's needs, family support systems, economic resources, cultural influences, and possible adverse effects resulting from medical tests or treatment by professionals (Arvedson & Lefton-Greif, 1998).

(Language, Speech, and Hearing Services in Schools, 2000)

**See Appendix G** *Evaluation of Children with Feeding and Swallowing Problems*

A thorough knowledge base of normal development is an essential prerequisite for all persons who evaluate children with feeding and swallowing problems. Clinicians must understand multiple systems that include the central and peripheral nervous system, respiratory system, gastrointestinal tract, body posture and position, and oral sensory and motor function. Clinicians must also be aware of varied interactive effects when a deficit may be primary in one or some of the contributing systems. The most important consideration is meeting nutritional needs in safe ways, that is, without risk for aspiration or other health consequences.

## **Assistive/Alternative Communication (AAC) [Assistive Technology]**

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### **MN Statute 125A.57 Subpart 2.**

#### **Definition.**

**Assistive technology device.** "Assistive technology device" means any item, piece of equipment, software, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.

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AAC is, foremost, a set of procedures and processes by which an individual's communication skills (i.e., production as well as comprehension) can be maximized for functional and effective communication. It involves supplementing or replacing natural speech and/or writing with aided (e.g., picture communication symbols, line drawings, Blissymbols and tangible objects) and/or unaided symbols (e.g., manual signs, gestures, and finger spelling). Whereas aided symbols require some types of transmission device, unaided symbols require only the body to produce. Many individuals with severe communication and cognitive impairments can benefit from nonsymbolic forms of AAC such as gestures (reaching for a desired object) and vocalizations that convey different emotions.

AAC also refers to the field or area of clinical, educational, and research practice to improve, temporarily or permanently, the communication skills of individuals with little or no functional speech and/or writing. Regardless of the mode(s) selected, AAC involves the utilization of symbols (e.g., single meaning pictures, alphabet-based methods, and semantic compaction) to represent individuals' communication intents.

Various types of symbols may be used alone or in combination with one another. Regardless of their particular form, all symbols are used to represent other things, concepts, and ideas.

Symbols can be aided or unaided, as described above. They can be acoustic (e.g., digitized speech and tones), graphic (e.g., photographs and writing), manual (e.g. signs and gestures), and/or tactile (e.g. tangible symbols such as those found on an object communication board). Symbols are referred to as *static* when they do not require movement or change to understand meaning and *dynamic* when they do (e.g., gestures and animated graphic symbols). Finally, symbols can be classified by their relative *iconicity*, or the degree to which they visually resemble that to which they refer. Conversely, *opaqueness* to describe the lack of resemblance between symbols and that which they represent.

As indicated above, symbols and modes of communication can be classified as aided and unaided. The term "aid" also refers to a type of assistive device that supplements or replaces natural speech and/or writing. Aids may be electronic (e.g., a voice output communication aid) or nonelectronic (e.g., a communication board).

Individual's uses of AAC may be enhanced by the application of different *strategies*. A strategy is a process or plan of action that is used to improve (e.g., accelerate) one's performance. Examples of strategies include topic setting and letter and word prediction.

Technique refers to an approach or method. This includes ways in which individuals who use AAC select or identify messages (e.g., direct selection or scanning). It also refers to types of displays, either fixed (i.e., the display remains the same before and after a symbol is activated) or dynamic (i.e. the visual display changes upon selection of a symbol, as when touching a symbol for ice cream prompts a new array of symbols depicting different flavors).

American Speech-Language-Hearing Association (ASHA). (2001). *Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery*. Rockville, MD: Author.

Please refer to ASHA's web site for the above document in its entirety.

## IV. Interpretation of Results

\* *These are the guidelines that ASHA provides; MN Rule must be followed.*

American Speech-Language-Hearing Association (ASHA). (1999c). *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*. Rockville, MD: Author.

Once the comprehensive evaluation has been completed, the results are interpreted. It is the interpretation that gives value to the data. Consideration is given to the nature and severity of a student's disorder and its effect on educational and social performance. Clinical judgment is used when evaluating assessment information. Informed decisions are made about eligibility and subsequent intervention strategies.

It is the responsibility of the speech-language pathologist, as part of the team, to assist in interpreting the data that will:

- identify strengths, needs, and emerging abilities
- establish the presence of a disorder, delay, or difference-including determining the student's communication abilities within the context of home and/or community
- define the relationship between the student's level of speech, language, and communication abilities and any adverse effect on educational performance
- determine if the communication disability is affected by additional factors influencing the results of the communication assessment
- summarize evaluation results and make recommendations

The speech-language pathologist's responsibilities in specific areas are described below:

### **Communication Strengths and Needs**

A careful analysis of the assessment data reveals the student's strengths, needs, and emerging abilities. These may include differences between receptive and expressive oral and written language skills. Analysis may also reveal differences in the components of language *form* (phonologic, morphologic, and syntactic systems), *content* (semantic system), or *function/use* of language in communication (pragmatic system).

Strengths, needs, and emerging abilities are also identified within specific speech areas including articulation/phonology, fluency, and voice or resonance. The student's preferred communication modality is also considered. Identifying communication strengths and needs as prognostic indicators assists in determining the probable potential for remediation and creates a direct link from assessment to planning and conducting intervention. These strengths and needs are considered within the broader context of classroom, home, and community.

## **Disorder, Delay, or Difference**

Research on the sequence and process of normal language and speech development provides the framework for determining whether the student exhibits a communication disorder, delay, or difference. Although the distinction among disorder, delay, and difference is not always easily determined, the following ASHA definitions are provided to clarify the terms.

**See Appendix D** *Developmental Milestones for Speech and Language*

A communication *disorder* is impairment in the ability to send, receive, process, and comprehend verbal, nonverbal, and graphic symbol systems. A communication disorder may be evident in the process of hearing, language, or speech; may be developmental or acquired; and may range in severity from mild to profound. A communicative disorder may result in a primary disability or it may be secondary to other abilities (ASHA, 1993a, p. 40).

A communication *delay* exists when the rate of acquisition of language or speech skills is slower than expected according to developmental norms; however, the sequence of development is following a predicted order (Nicolosi, 1989). For eligibility purposes, determination of the level of delay that is considered significant is specified in [Minnesota's] state regulations and guidelines.

A communication *difference* is a “variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, cultural, or ethnic variation of a symbol system is not considered a disorder of speech or language” (ASHA, 1993a, p. 41).

## **Educational Relevance**

Education takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to access education (Michigan Speech-Language-Hearing Association, 1995). In order for a communication disorder to be considered a disability within a school-based setting, it must exert an adverse effect on educational performance. The speech-language pathologist and team determine what effect the disorder has on the student's ability to participate in the educational process. The educational process includes pre-academic/academic, social-emotional, and vocational performance.

A speech, language, or hearing disorder may severely limit a student's potential vocational or career choices regardless of the student's other competencies.

**See Appendix F** *Educational Relevance of the Communication Disorder*

## **Evaluate Results and Make Recommendations**

Many factors affect a child's learning. Some of these include quality of instruction; emotional status; home environment/support; family attitudes toward school services; composition of the classroom; characteristics of the teacher; educational history; and the student's planning, attention, and simultaneous and sequential processing abilities. The student's communication competence is evaluated in the context of the student's history and educational environment. All aspects of the assessment and evaluation are documented within the evaluation report. The speech-language information [must] be written [in a unified team report.] The report interprets, summarizes, and integrates all relevant information that has been gathered. It describes the student's present level of functioning in all speech, language, and hearing areas and the relationship to the student's academic, social-emotional, and/or vocational performance.

The evaluation report serves as the basis for the team's discussion of alternatives and recommendations. Best practice indicates the inclusion of the following information:

- student history information from record review and parent, teacher, and/or student interview
- date(s) of assessment(s)
- relevant behaviors noted during observation
- assessment information from all disciplines [as defined on the Notice of an Evaluation or Re-Evaluation form]
- observation/impressions in a variety of communication settings
- results of previous interventions
- descriptive assessment results
- standardized assessment results and documentation of any variations from standard administration
- discussion of student's strengths, needs, and emerging abilities
- disorder/delay/difference determination, including the student's communication abilities within the context of home and community
- educational relevance, including academic, social-emotional, and vocational areas
- interpretation/integration of all assessment data
- evaluation results and recommendations for strategies, accommodations, and modifications

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## **Evaluation Report (ER)**

### **Minnesota Rule 3525.2710**

Subp. 6. **Evaluation report.** An evaluation report must be completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

- A. a summary of all evaluation results;

- B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
- C. the pupil's present levels of performance and educational needs that derive from the disability;
- D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and;
- E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.

## **V. Eligibility Determination**

American Speech-Language-Hearing Association (ASHA). (1999c). *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*. Rockville, MD.

Comprehensive data collection and interpretation of that data enable the speech-language pathologist to identify students with significant communication disorders that are educationally relevant. As part of the eligibility determination for special education and related services, the speech-language pathologist, who has identified the student's speech-language needs, and the team address the relationship between the student's speech and language disabilities and any adverse effect on the ability to learn the general curriculum, including academic, social-emotional, or vocational areas. The team relies on the evaluation results to determine both a student's ***need*** for service and the student's ***eligibility*** for special education and related services on the basis of federal legislative mandates, state regulations and guidelines, and local policies and procedures.

The definition of speech or language impairment at the federal level appears in IDEA: "a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a child's educational performance" [34CFR 300.7(b)(11)].

***Minnesota State code establishes eligibility criteria for each area of speech language (Appendix E).***

For general eligibility and dismissal considerations, school-based speech-language pathologists may also refer to the ASHA technical reports, including Issues in Determining Eligibility for Language Intervention (1989c) and Admission/Discharge Criteria in Speech-Language Pathology (1994a).

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***MN Rule 3525.2710 Subp. 5.***

### **Procedures for determining eligibility and placement.**

A. In interpreting the evaluation data for the purpose of determining if a child is a pupil with a disability under parts 3525.1325 to 3525.1350 and the educational needs of the child, the school district shall:

(1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and

(2) ensure that the information obtained from all of the sources is documented and carefully considered.

B. If a determination is made that a child is a pupil with a disability who needs special education and related services, an IEP must be developed for the pupil according to part 3525.2810.

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## **Evaluation Report (ER)**

The time for conducting an evaluation may not exceed 30 school days from the date the district receives parental permission to conduct the evaluation.

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### **MN Rule 3525.2710, Subpart 6**

#### **Evaluation report.**

An evaluation report must be completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

- A. a summary of all evaluation results;
  - B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
  - C. the pupil's present levels of performance and educational needs that derive from the disability;
  - D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and
  - E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.
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### **Service Options**

*Students who qualify for special education services may be eligible for direct speech service, indirect speech service or no speech service. The special education evaluation and/or IEP team needs to determine this based on educational needs.*

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#### ***Direct Service***

**MN Rule 3525.0200** Subpart 2b.

**Direct services.** "Direct services," means special education services provided by a teacher or a related service professional when the services are related to instruction, including cooperative teaching.

#### ***Indirect Service***

**MN Rule 3525.0200** Subpart 8c.

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**Indirect services.** "Indirect services" means special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials, or equipment; and direct contact with the pupil to monitor and observe. Indirect services may be provided by a teacher or related services professional to another regular education, special education teacher, related services professional, paraprofessional, support staff, parents, and public and nonpublic agencies to the extent that the services are written in the pupil's IEP and IFSP.

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### ***No Service***

*There are instances where a student meets Minnesota State Criteria, but does not demonstrate educational needs.*

## **Least Restrictive Environment**

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### **MN Rule 3525.0400**

To the maximum extent appropriate, pupils with disabilities shall be educated with children who do not have disabilities and shall attend regular classes. A pupil with disabilities shall be removed from a regular educational program only when the nature or severity of the disability is such that education in a regular educational program with the use of supplementary aids and services cannot be accomplished satisfactorily. Furthermore, there must be an indication that the pupil will be better served outside of the regular program. The needs of the pupil shall determine the type and amount of services needed.

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## **Team Override**

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### ***MN Rule 3525.1354 Subpart 1.***

#### **TEAM OVERRIDE ON ELIGIBILITY DECISIONS.**

**Documentation required.** The team may determine that a pupil is eligible for special instruction and related services because the pupil has a disability and needs special instruction even though the pupil does not meet the specific requirement in parts [3525.1325](#) to [3525.1345](#) and [3525.2335](#). The team must include the documentation in the pupil's special education record according to items A, B, C, and D.

- A. The pupil's record must contain documents that explain why the standards and procedures used with the majority of pupils resulted in invalid findings for this pupil.
  - B. The record must indicate what objective data were used to conclude that the pupil has a disability and is in need of special instruction and related services. These data include, for example, test scores, work products, self-reports, teacher comments, medical data,
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previous testings, observational data, ecological assessments, and other developmental data.

C. Because the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision.

D. The team override decision must be signed by the team members agreeing to the override decision. For those team members who disagree with the override decision, a statement of why they disagree and their signature must be included.

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## **Speech or Language Impairment IEP Options**

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

### ***Primary Disability***

*A student must meet the State of Minnesota Special Education Criteria to qualify with a primary disability of Speech or Language Impairment. A student may qualify as having a fluency, voice, articulation or language disorder.*

*If a student meets State of Minnesota Special Education Criteria in another area, the evaluation team must decide which area is primary and which area is secondary.*

### ***Secondary Disability***

*A student must meet the State of Minnesota Special Education Criteria to qualify with a secondary disability of Speech or Language Impairment. A student may qualify as having a fluency, voice, articulation or language disorder. A primary disability must be established as the most significant area of disability.*

### ***Related Service***

*A related service is used only when communication needs cannot be met through a primary disability service provider or secondary disability service provider. A student does not need to meet the State of Minnesota Special Education Criteria to qualify for Speech or Language services as a related service. A relationship between an established primary or secondary disability and speech or language impairment must be documented and shown to interfere with educational performance. When providing communication services as a related service separate goals and objectives should not be written; the ESLP should work on established goals of the primary or secondary service provider.*

## **Transition Requirements**

### ***Early Childhood Special Education to Elementary School***

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

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Children who have qualified for speech-language services only under Developmental Delay (-1.5 standard deviations in two or more areas) need to qualify under State of Minnesota Special Education Criteria for a speech language impairment (-2 standard deviations) for continued speech-language services if Developmental Delay is discontinued.

### ***Fourteen-Year-Old Transition Planning***

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#### **MN Rule 3525.2900 Subpart 4.**

##### **Transition planning**

By grade nine or age 14, whichever comes first, the IEP plan shall address the pupil's needs for transition from secondary services to postsecondary education and training, employment, and community living.

A. For each pupil, the district shall conduct an evaluation of secondary transition needs and plan appropriate services to meet the pupil's transition needs. The areas of evaluation and planning must be relevant to the pupil's needs and may include work, recreation and leisure, home living, community participation, and postsecondary training and learning opportunities. To appropriately evaluate and plan for a pupil's secondary transition, additional IEP team members may be necessary and may include vocational education staff members and other community agency representatives as appropriate.

B. Secondary transition evaluation results must be documented as part of an evaluation report. Current and secondary transition needs, goals, and instructional and related services to meet the pupil's secondary transition needs must be considered by the team with annual needs, goals, objectives, and services documented on the pupil's IEP.

Subp. 5. [Repealed, 16 SR 1543]

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### **Frequently Asked Questions (FAQ)**

***If a student transfers into my district with a current Minnesota IEP do they automatically qualify for special education service? Am I required to complete an assessment?***

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### **IDEA '97 Final Regulations**

#### **APPENDIX A TO PART 300—NOTICE OF INTERPRETATION**

17. If a child with a disability moves from one public agency to another in the same State, the State and its public agencies have an ongoing responsibility to ensure that

FAPE is made available to that child. This means that if a child moves to another public agency the new agency is responsible for ensuring that the child has available special education and related services in conformity with an IEP.

The new public agency must ensure that the child has an IEP in effect before the agency can provide special education and related services. The new public agency may meet this responsibility by either adopting the IEP the former public agency developed for the child or by developing a new IEP for the child. (The new public agency is strongly encouraged to continue implementing the IEP developed by the former public agency, if appropriate, especially if the parents believe their child was progressing appropriately under that IEP.) Before the child's IEP is finalized, the new public agency may provide interim services agreed to by both the parents and the new public agency. If the parents and the new public agency are unable to agree on an interim IEP and placement, the new public agency must implement the old IEP to the extent possible until a new IEP is developed and implemented.

In general, while the new public agency must conduct an IEP meeting, it would not be necessary if: (1) A copy of the child's current IEP is available; (2) the parents indicate that they are satisfied with the current IEP; and (3) the new public agency determines that the current IEP is appropriate and can be implemented as written.

If the child's current IEP is not available, or if either the new public agency or the parent believes that it is not appropriate, the new public agency must develop a new IEP through appropriate procedures within a short time after the child enrolls in the new public agency (normally, within one week).

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***If a student transfers into my district with a current out-of state IEP do they automatically qualify for special education service? Am I required to complete an assessment?***

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

*When a student transfers from a school district outside of Minnesota with a current IEP in effect, the Educational Speech-Language Pathologist or case-manager (if not the ESLP) should review the most current ER to determine whether Minnesota special education criteria have been met.*

- *If Minnesota criteria have been you must begin service immediately.*
- *If scores do not qualify the student for services in Minnesota, you should have a meeting with the parents and inform them.*
- *If there is not a current ER available you must concurrently complete a re-evaluation and provide service(s) outlined on the current IEP.*

***What am I required to do when I receive an evaluation report from an outside source?***

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

*Special education personnel must consider results from outside evaluations. When a report is received, a meeting with the parents should be scheduled to determine a plan of action. If State of Minnesota criteria for a Speech or Language Impairment are met and if the parents choose, an IEP may be written. If State of Minnesota criteria for a Speech or Language Impairment are not met, additional evaluation may be completed to determine eligibility or no action need take place.*

*Considerations:*

- *Who administered the assessment tools? Are they appropriately licensed?*
- *When was the evaluation completed? Is the level of performance current/accurate?*
- ***Check for total test scores versus subtest scores; subtest scores cannot be used for qualification.***

**What should I do if I receive a referral for a student who is attending my district under the open enrollment option in Minnesota?**

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

Follow the typical procedures. A representative from the student's resident (home) district must be invited to all due process meetings.

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**MN Rule 3525.0800 Subpart 8.**

**RESPONSIBILITY FOR ENSURING PROVISION OF INSTRUCTION AND SERVICES.**

Pupils placed through education choice options. When a pupil is placed outside of the district residence by the parent or pupil for the purpose of education and in accordance with a statutory education choice enrollment act, the resident district shall be responsible for assuming the cost of the education program when notified in accordance with Minnesota Statutes, section [127A.47](#), subdivision 5. The providing district shall be responsible for assuring that an appropriate program is available for the pupil including the notice and hearing provisions. Responsibility for transportation costs between the pupil's home and the providing school district shall be determined in accordance with Minnesota Statutes.

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## **VI. Re-Evaluation**

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

*Re-evaluations are required to be completed every three-calendar years for students receiving IEP services. The IEP team needs to decide if further testing is needed and determine if the student continues to have a disability and should remain in special education. Students do not need to re-meet Minnesota State Special Education Criteria to continue to receive special education services. Education needs must continue to be present and documented.*

*There are two options:*

- *The evaluation team may choose to complete standardized assessment tools. An ER must be completed.*
- *The evaluation team may choose to not complete standardized assessment tools. This option requires documentation using the state form indicating “no additional information needed.” An ER must be completed.*

Parents must be notified. If the IEP team decides that standardized assessment tools need not be administered to determine if the student continues to have a disability, parents have the right to request an assessment.

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### **MN Rule 3525.2710 Evaluations and Re-Evaluations**

Subp. 2. **Reevaluations.** A district shall ensure that a reevaluation of each pupil is conducted if conditions warrant a reevaluation or if the pupil's parent or teacher requests a reevaluation, but at least once every three years and in accordance with subparts 3 and 4.

Subp. 3. **Evaluation procedures.** Evaluations and reevaluations shall be conducted according to the following procedures:

A. The district shall provide notice to the parents of a pupil, according to Code of Federal Regulations, title 34, sections [300.500](#) to [300.505](#) that describe any evaluation procedures the district proposes to conduct.

B. In conducting the evaluation, the district shall:

- (1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and progress in the general curriculum or, for preschool pupils, to participate in appropriate activities;
- (2) not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and

(3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

C. Each district shall ensure that:

(1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not to be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;

(3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;

(4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;

(6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;

(7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;

(8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and

(9) in evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related services needs, whether or not commonly linked to the disability category in which the pupil has been classified.

D. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section [125A.02](#), shall be made by a team of qualified professionals and the parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.

E. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts [3525.1325](#) to [3525.1350](#).

**Subp. 4. Additional requirements for evaluations and reevaluations.**

A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part [3525.3100](#), the IEP team and other qualified professionals, as appropriate, shall:

(1) review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and

(2) on the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section [125A.02](#), or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.

B. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item A, sub item (2).

C. Each district shall obtain informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the pupil's parent has failed to respond.

D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.

E. A district shall evaluate a pupil in accordance with this part before determining that the pupil is no longer a pupil with a disability.

F. Prior to using any conditional procedure, the IEP team must conduct a functional behavioral assessment (FBA) as defined in part [3525.0200](#), subpart 3a. The team must also document that it has ruled out any other treatable cause for the behavior, for example, a medical or health condition, for the interfering behavior.

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## **MN Rule 3525.2710**

### **Subpart 6.**

#### **Evaluation report.**

***An evaluation report must be completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:***

- A. a summary of all evaluation results;
  - B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;
  - C. the pupil's present levels of performance and educational needs that derive from the disability;
  - D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and
  - E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.
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## **Transition Requirements**

St. Paul Public Schools. (2001). *Due Process Procedures Manual*. St. Paul, MN: Author.

### ***Early Childhood Special Education to Elementary School***

Children who have qualified for speech-language services only under Early Childhood Special Education (-1.5 standard deviations in two or more areas) need to qualify under State of Minnesota Special Education Criteria for a speech language impairment (-2 standard deviations) for continued speech-language services.

## **VII. Dismissal**

### **Dismiss all Special Education Services**

### **Discontinue One Special Education Service**

### **Follow-up Services and Re-entry**

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#### **MN Rule 3525.3100**

#### **Follow-up Review Requirements.**

Pupils who are discontinued from all special education services may be reinstated within 12 months. If data on the pupil's present levels of performance are available and an evaluation had been conducted within three years pursuant to part [3525.2710](#), the district is not required to document two prereferral interventions or conduct a new evaluation.

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#### **Frequently Asked Questions (FAQ)**

##### ***Is there an official title that I am required to use when signing evaluation documentation and correspondence?***

Edina Public Schools. (2001). Speech-Language Pathology Department Handbook. Edina, MN: Author.

*Speech-Language Pathologists who hold Board of Teaching (BOT) Licenses currently must refer to themselves as Educational Speech-Language Pathologists (SLPs) in all evaluation documentation and correspondence. This is necessary even though the Department of Health currently licenses Speech-Language Pathologists as Speech-Language Pathologists. The title on the Minnesota Department of Education license is for Educational Speech-Language Pathologists and unless there is a rule change initiated by the Board of Teaching, individuals licensed by the BOT must use the title: Educational Speech-Language Pathologist.*

*Speech-Language Pathologists who hold a BOT license in addition to licensing from the Department of Health (DOH) may refer to themselves as a Speech-Language Pathologist in all evaluation documentation and correspondence.*

##### **Where can I access rules and eligibility criteria for Minnesota?**

To view Minnesota Rules, Chapter 3525, Definitions for Special Education On-line go to [revisor.leg.state.mn.us/arule/3525/](http://revisor.leg.state.mn.us/arule/3525/)

## APPENDIX A

### *Advantages and Disadvantages of Types of Assessments*

## APPENDIX A

### ADVANTAGES AND DISADVANTAGES OF TYPES OF ASSESSMENTS

	Advantages	Disadvantages
Norm-referenced language tests	Designed for diagnosis Allow comparison with age or grade peer group on an objective standard Facilitate comparisons across several domains to assess discrepancies and broad strengths/weaknesses	Not designed for identifying specific intervention objectives Norm group is representative of national samples, but may not be representative enough of the student's background
Criterion-referenced tests	Test for regularities in performances against a set of criteria Useful for designing interventions, interfacing with curriculum objectives, and describing where a student is along a continuum of skills	Not designed for use in making program placement or eligibility decisions
Checklists	Easy to administer and practical Can give a broad evaluation in areas judged Important Address crucial academic skills upon which referral is often based	Not designed to evaluate peer-or age-group level
Structured observations	Permit guided evaluations of communication in context Can focus on several aspects at once Occur on-site; are based on reality	Can be time consuming Presence of observer may alter behavior, especially in teens

Source: Ohio Department of Education (1991). Ohio handbook for the identification, evaluation, and placement of children with language problems. Columbus, OH: Author. Reprinted by permission.

Note. Other types of assessments are described in the assessment section of this Guidelines documents.

## APPENDIX B

### *Requirements for Initial Evaluations*

***Requirements for Initial Evaluations***

- Evaluation materials are selected and administered so as not to be discriminatory on a racial or cultural basis
- Evaluation materials are in the child's native language or mode of communication as much as feasible
- Materials and procedures minimize the effect of English language skills for students with limited English proficiency
- A variety of tools and strategies gather relevant functional and developmental information
- Information from parents must be included
- Information must be included related to enabling the child to be involved in and progress in the general curriculum or appropriate preschool activities
- Information must assist in determining whether this is a child with a disability and what the contents of the IEP should be
- Standardized tests are valid for the purpose, and administered by trained and knowledgeable personnel according to directions
- Any nonstandard use of tests are reported
- Evaluation materials include those tailored to assess specific areas of educational need, not just a single general intelligence quotient
- Tests are selected and administered to minimize effects of impaired sensory, manual or speaking skills
- No single procedure is used as the sole criterion for determining if this is a child with a disability or determining an appropriate program
- The child is assessed in all areas related to the suspected disability including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities
- Comprehensive assessment identifies all special education and related service needs, whether or not these are commonly linked with the disability area identified with the child
- Technically sound instruments are used which may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors

## APPENDIX C

### *List and Description of Formal Assessment Tools*

## APPENDIX D

### *Developmental Milestones for Speech and Language*

## APPENDIX D

### DEVELOPMENTAL MILESTONES FOR SPEECH AND LANGUAGE

<b>AGE</b>	<b>LANGUAGE AND SPEECH BEHAVIORS</b>
1 yr.	Recognizes his or her name understands simple instructions initiates familiar words, gestures, and sounds uses “mama,” “dada,” and other common nouns
1 ½ yrs.	Uses 10 to 20 words, including names recognizes pictures of familiar persons and objects combines two words, such as “all gone” uses words to make wants known, such as “more,” “up” points and gestures to call attention to an event and to show wants follows simple commands imitates simple actions hums, may sing simple tunes distinguishes print from non-print
2 yrs.	Understands simple questions and commands identifies body parts carries on conversation with self and dolls asks “what” and “Where” has sentence length of two to three words refers to self by name names pictures uses two-word negative phrases, such as “no want” forms some plurals by adding “s” has about a 300-word vocabulary asks for food and drink stays with one activity for six to seven minutes knows how to interact with books (right side up, page turning from left to right)
2 ½ yrs.	Has about a 450-word vocabulary gives first name Uses past tense and ; plurals; combines some nouns and verbs Understands simple time concepts, such as “last night,” “tomorrow” Refers to self as “me” rather than name Tries to get adult attention with “watch me” Likes to hear same story repeated Uses “no” or “not” in speech Answers “where” questions Uses short sentences, such as “me do it” Holds up fingers to tell age Talks to other children and adults Plays with sounds of language
3 yrs.	Matches primary colors; names one color Knows night and day Begins to understand prepositional phrases such as “put the block under the chair” Practices by talking to self Knows last name, sex street name, and several nursery rhymes Tells a story or relays an idea

- Has vocabulary of nearly 1,000 words  
 Consistently uses m, n, ng, p, f, h, and w  
 Draws circle and vertical line  
 Sings songs  
 Stays with one activity for eight to nine minutes  
 Asks “what “ questions
- 4 yrs.      Points to red, blue, yellow, and green  
 Identifies crosses, triangles, circles, and squares  
 Knows “next month,” “next year,” and “noon”  
 Has sentence length of four to five words  
 Asks “who” and “why”  
 Begins to use complex sentences  
 Correctly uses m, n, ng, P, f, h, w, y, k, b, d, and g  
 Stays with activity for 11 to 12 minutes  
 Plays with language, e.g., word substitutions
- 5 yrs.      Defines objects by their use and tells what they are made of  
 Knows address  
 Identifies penny, nickel, and dime  
 Has sentence length of five to six words  
 Has vocabulary of about 2,000 words  
 Uses speech sounds correctly, with the possible exceptions being y, th, j, s/z, zh, and r  
 Knows common opposites  
 Understands “same” and “different”  
 Counts ten objects  
 Uses future, present, and past tenses  
 Says with one activity for 12 to 13 minutes  
 Questions for information  
 Identifies left and right hand on self  
 Uses all types of sentences  
 Shows interest and appreciation for print
- 6-7 yrs.    Identifies most sounds phonetically  
 Forms most sound-letter associations  
 Segments sounds into smallest grammatical units  
 Begins to use semantic and syntactic cues in writing and reading  
 Begins to write simple sentences with vocabulary and spelling appropriate for age; uses these sentence in brief reports and creative short stories  
 Understands time and space concepts, such as before/after, second/third  
 Comprehends mathematical concepts, such as “few,” “many,” “all,” and “except”
- 8,9,10,11 yrs.    By second grade, accurately follows oral directions for action and thereby acquires new knowledge

- 11, 12, 13,  
14, yrs.
- Substitutes words in oral reading, sentence recall, and repetition; copying and writing dictation are minimal
  - Comprehends reading materials required for various subjects, including story problems and simple sentences
  - By fourth grade, easily classifies words and identifies relationships, such as "cause and effect"; defines words (sentence context); introduces self appropriately; asks for assistance
  - Exchanges small talk with friends
  - Initiates telephone calls and takes messages
  - Gives directions for games; summarizes a television show or conversation
  - Begins to write effectively for a variety of purposes
  - Understands verbal humor
- 11, 12, 13,  
14, yrs.
- Displays social and interpersonal communication appropriate for age
  - Forms appropriate peer relationships
  - Begins to define words at an adult level and talks about complex processes from an abstract point of view; uses figurative language organizes materials
  - Demonstrates good study skills
  - Follows lectures and outlines content through note taking
  - Paraphrases and asks questions appropriate to content
- Adolescence  
and young  
adult
- Interprets emotions, attitudes, and intentions communicated by others' facial expressions and body language
  - Takes role of other person effectively
  - Is aware of social space zones
  - Displays appropriate reactions to expressions of love, affection, and approval compares, contrasts, interprets, and analyzes new and abstract information
  - Communicates effectively and develops competence in oral and written modalities

## APPENDIX E

### *Speech/Language Criteria*

### **3525.1343 SPEECH OR LANGUAGE IMPAIRMENTS.**

#### **Subpart 1. Fluency disorder; definition and criteria.**

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and words; prolongations of sounds; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with the effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

A pupil has a fluency disorder and is eligible for speech or language special education when:

A. the pattern interferes with communication as determined by an educational speech language pathologist and either another adult or the pupil; and

B. dysfluent behaviors occur during at least five percent of the words spoken on two or more speech samples.

**Subp. 2. Voice disorder; definition and criteria.** "Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

A pupil has a voice disorder and is eligible for speech or language special education when:

A. the pattern interferes with communication as determined by an educational speech language pathologist and either another adult or the pupil; and

B. achievement of a moderate to severe vocal severity rating is demonstrated on a voice evaluation profile administered on two separate occasions, two weeks apart, at different times of the day.

#### **Subp. 3. Articulation disorder; definition and criteria.**

A. "Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern. Articulation patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

B. A pupil has an articulation disorder and is eligible for speech or language special education when the pupil

meets the criteria in subitem (1) and either subitem (2) or (3):

(1) the pattern interferes with communication as determined by an educational speech language pathologist and either another adult or the pupil; and

(2) test performance falls 2.0 standard deviations below the mean on a technically adequate, norm-referenced articulation test; or

(3) a pupil is nine years of age or older and a sound is consistently in error as documented by two three-minute conversational speech samples.

**Subp. 4. Language disorder; definition and criteria.**

A. "Language disorder" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

B. A pupil has a language disorder and is eligible for speech or language special education services when:

(1) the pattern interferes with communication as determined by an educational speech language pathologist and either another adult or the child;

(2) an analysis of a language sample or documented observation of communicative interaction indicates the pupil's language behavior falls below or is different from what would be expected given consideration to chronological age, developmental level, or cognitive level; and

(3) the pupil scores 2.0 standard deviations below the mean on at least two technically adequate, norm-referenced language tests if available; or

(4) if technically adequate, norm-referenced language tests are not available to provide evidence of a deficit of 2.0 standard deviations below the mean in the area of language, two documented measurement procedures indicate a substantial difference from what would be expected given consideration to chronological age, developmental level, or cognitive level. The documented procedures may include additional language samples, criterion-referenced instruments, observations in natural environments, and parent reports.

STAT AUTH: MS s 14.389; 120.17; L 1999 c 123 s 19,20

HIST: 16 SR 1543; 17 SR 3361; L 1998 c 397 art 11 s 3; 24 SR 1799; 26 SR 657  
*Current as of 01/18/02*

## APPENDIX F

### *Educational Relevance of the Communication Disorder*

# APPENDIX F

## EDUCATIONAL RELEVANCE OF THE COMMUNICATION DISORDER

\_\_\_\_\_ does/does not demonstrate a  
 communication disorder  
 Name of Student \_\_\_\_\_  
 ability to \_\_\_\_\_  
 or more of \_\_\_\_\_  
 Benefit from the educational process in one  
 The following areas:

**Academic**—ability to benefit from the curriculum  
**Social**—ability to interact with peers and adults  
**Vocational**—ability to participate in vocational activities

<b>Academic Impact</b>	<b>Social Impact</b>	<b>Vocational Impact</b>
<p>_____ <u>List academic areas impacted</u>            By communication problems</p> <hr/> <p>_____ Below average grades</p> <p>_____ Inability to complete language-based activities vs. non-language-based activities</p> <p>_____ Inability to understand oral directions</p> <p>_____ Grades below the students ability level</p> <p>_____ Other</p>	<p>_____ <u>List social areas impacted by Communication problems:</u></p> <p>_____ Peers tease student about communication problem</p> <p>_____ Student demonstrates embar            rassment and/or            frustration            regarding            communication            problem</p> <p>_____ Student demonstrates difficulty interpreting communication intent</p> <p>_____ Other</p>	<p>_____ <u>List job related skills/competencies student cannot Demonstrate due to communication problems:</u></p> <p>_____ Inability to understand/follow oral directions</p> <p>_____ Inappropriate response to coworker/supervisor/comments</p> <p>_____ Unable to answer/ask Questions in a coherent/Concise manner</p> <p>_____ Other</p>

Speech-Language Pathologist

LEA (Designee)

Other Professional

Other Professional

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Parent

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Date

## APPENDIX G

### *Evaluation of Children with Feeding and Swallowing Problems*

## NOTE

Article is published in Language, Speech and Hearing Services in Schools.

Vol 31. pages 28-41. January 2000

American Speech-Language- Hearing Association

Also can be accessed on the ASHA web page:

[professional.asha.org/resources/journal/lshssjanootoc](http://professional.asha.org/resources/journal/lshssjanootoc)

You must be an ASHA member to access this web page

APPENDIX H

*ASHA'S Code of Ethics*

# APPENDIX H

## ASHA'S code of Ethics

(Last Revised January 1, 1994)

### Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the professions of speech-language pathology and audio logy. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any action that violates the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to responsibility to persons served, to the public, and to the professions of speech-language pathology and audio logy.

Principles of Ethics, asp rational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

### Principle of Ethics 1

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

#### Rules of Ethics

A. Individuals shall provide all services competently.

- B. Individuals shall use every resource, including referral when appropriate, to ensure that high quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services on the basis of race or ethnicity, gender, age religion, national origin, sexual orientation, or disability.
- D. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.
- E. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
- F. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- G. Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.
- H. Individuals shall maintain adequate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized.
- I. Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.
- J. Individuals shall not charge for services not rendered, nor shall they misrepresent, in any fashion, services rendered or products dispensed.
- K. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
- L. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

For purposes of this Code of Ethics, misrepresentation includes any untrue statements or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that ought, in fairness, to be considered.

## **Principle of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

### **Rules of Ethics**

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

- B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.
- C. Individuals shall continue their professional development throughout their careers.
- D. Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriated supervision.
- E. Individuals shall prohibit any of their professional staff from providing services that exceed the staff member's competence, considering the staff member's level of education, training, and experience.
- F. Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

### **Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.

#### **Rules of Ethics**

- A. Individuals shall not misrepresent their credentials, competence, education, training. Or experience.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.
- D. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

From "Code of ethics" by the American Speech-Language-Hearing Association (ASHA), 1994

APPENDIX I

*Minnesota Rule 3525.2710*  
*Evaluations and reevaluations*

### **3525.2710 EVALUATIONS AND REEVALUATIONS.**

Subpart 1. **Initial evaluations.** A school district shall conduct a full and individual initial evaluation according to this part before the initial provision of special education and related services to a pupil under this chapter. The initial evaluation shall consist of procedures to determine whether a child is a pupil with a disability that adversely affects the child's educational performance as defined in Minnesota Statutes, section 125A.02, who by reason thereof needs special education and related services, and to determine the educational needs of the pupil. The district proposing to conduct an initial evaluation to determine if the child qualifies as a pupil with a disability shall obtain an informed consent from the parent of the child before the evaluation is conducted. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services. If the parents of the child refuse consent for the evaluation, the district may continue to pursue an evaluation by utilizing mediation and due process procedures.

Subp. 2. **Reevaluations.** A district shall ensure that a reevaluation of each pupil is conducted if conditions warrant a reevaluation or if the pupil's parent or teacher requests a reevaluation, but at least once every three years and in accordance with subparts 3 and 4.

Subp. 3. **Evaluation procedures.** Evaluations and reevaluations shall be conducted according to the following procedures:

A. The district shall provide notice to the parents of a pupil, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, that describes any evaluation procedures the district proposes to conduct.

B. In conducting the evaluation, the district shall:

(1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a pupil with a disability and the content of the pupil's individualized education program, including information related to enabling the pupil to be involved in and progress in the general curriculum or, for preschool pupils, to participate in appropriate activities;

(2) not use any single procedure as the sole criterion for determining whether a child is a pupil with a disability or determining an appropriate education program for the pupil; and

(3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental

factors.

C. Each district shall ensure that:

(1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not to be discriminatory on a racial or cultural basis, and are provided and administered in the pupil's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;

(3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;

(4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;

(6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included in the evaluation report;

(7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;

(8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and

(9) in evaluating each pupil with a disability, the evaluation is sufficiently comprehensive to identify all of the pupil's special education and related services needs, whether or not commonly linked to the disability category in

which the pupil has been classified.

D. Upon completion of administration of tests and other evaluation materials, the determination of whether the child is a pupil with a disability as defined in Minnesota Statutes, section 125A.02, shall be made by a team of qualified professionals and the parent of the pupil in accordance with item E, and a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.

E. In making a determination of eligibility under item D, a child shall not be determined to be a pupil with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under parts 3525.1325 to 3525.1350.

**Subp. 4. Additional requirements for evaluations and reevaluations.**

A. As part of an initial evaluation, if appropriate, and as part of any reevaluation under this part, or a reinstatement under part 3525.3100, the IEP team and other qualified professionals, as appropriate, shall:

(1) review existing evaluation data on the pupil, including evaluations and information provided by the parents of the pupil, current classroom-based assessments and observations, and teacher and related services providers observation; and

(2) on the basis of the review, and input from the pupil's parents, identify what additional data, if any, are needed to determine whether the pupil has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a pupil, whether the pupil continues to have such a disability, the present levels of performance and educational needs of the pupil, whether the pupil needs special education and related services, or in the case of a reevaluation of a pupil, whether the pupil continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the individualized education program of the pupil and to participate, as appropriate, in the general curriculum.

B. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item A, subitem (2).

C. Each district shall obtain informed parental consent, in accordance with subpart 1, prior to conducting any reevaluation of a pupil, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and

the pupil's parent has failed to respond.

D. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the pupil continues to be a pupil with a disability, the district shall notify the pupil's parents of that determination and the reasons for it, and the right of such parents to request an evaluation to determine whether the pupil continues to be a pupil with a disability, and shall not be required to conduct such an evaluation unless requested to by the pupil's parents.

E. A district shall evaluate a pupil in accordance with this part before determining that the pupil is no longer a pupil with a disability.

F. Prior to using any conditional procedure, the IEP team must conduct a functional behavioral assessment (FBA) as defined in part 3525.0200, subpart 3a. The team must also document that it has ruled out any other treatable cause for the behavior, for example, a medical or health condition, for the interfering behavior.

**Subp. 5. Procedures for determining eligibility and placement.**

A. In interpreting the evaluation data for the purpose of determining if a child is a pupil with a disability under parts 3525.1325 to 3525.1350 and the educational needs of the child, the school district shall:

(1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and

(2) ensure that the information obtained from all of the sources is documented and carefully considered.

B. If a determination is made that a child is a pupil with a disability who needs special education and related services, an IEP must be developed for the pupil according to part 3525.2810.

**Subp. 6. Evaluation report.** An evaluation report must be completed and delivered to the pupil's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

A. a summary of all evaluation results;

B. documentation of whether the pupil has a particular category of disability or, in the case of a reevaluation, whether the pupil continues to have such a disability;

C. the pupil's present levels of performance and educational needs that derive from the disability;

D. whether the child needs special education and related services or, in the case of a reevaluation, whether the pupil continues to need special education and related services; and

E. whether any additions or modifications to the special education and related services are needed to enable the pupil to meet the measurable annual goals set out in the pupil's IEP and to participate, as appropriate, in the general curriculum.

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APPENDIX J

*Reducing Bias in Special Education Assessment: Communication Domain*

## **Communication Domain**

### ***Introduction***

***The team member responsible for carrying out the communication assessment should be familiar with information on communication diversity found in these guidelines and in other sources. As noted throughout these guidelines, dialects are not communication disorders. Dialects are systematic, functional, and valid forms of oral communication associated with such factors as geographic region, race, culture, and socioeconomic groups. All language and cultural groups have rules for both verbal and nonverbal communication. While these rules may be informal, they allow for differences in social class, gender, age, region, and so forth. Members recognize communication behavior that is inappropriate or “different” although they may not classify it as “disordered” or “disabled.” The fact that a student uses a dialect or nonstandard variety of English does not necessarily preclude the possibility of a communication disorder. One of the critical tasks for the team is to determine whether the student’s communication skills are considered “different” by members of the language and cultural group. To do this, comparisons should be made with peers of similar language and cultural background whenever possible. Following are some additional observations regarding the impact of diversity on communication:***

- In addition to observed differences in phonology and syntax, differences in culture and socioeconomic status may also impact development of communication skills. The type of speech and language addressed to young children and their expected roles as conversationalists differs across families. In some families, conversation is child-centered. In other families, conversation is situation-centered and the children are expected to adapt to the present situation.
- Socioeconomic status is more critical to the development of language than race or ethnicity. The factor most related to the socioeconomic status is the education of the mother. The more educated the mother, regardless of race, a larger vocabulary is used, more abstractions are used, more declarative speech and questions are used, and most significantly, more time is spent interacting with the children.
- Children with stable, two parent low income households have language skills at school entry equal to those of middle class children. Family income is not an isolated factor in the development of language. Family practices and stability also have a significant influence on the language development of children.

- Families vary in the kind of narrative style that is used to convey information. Two examples of different narrative styles are topic centered and associative. In some families, narratives are topic centered and linear, while the narratives used in other families are associative and focus more on the people involved, their relationships and related situations.

### ***Assessment Procedures***

***A comprehensive communication assessment involves the systematic collection of a variety of data. Each aspect of the assessment process, including the use of standardized instruments, is described in the following sections. Please note that Element 5 contains specific information for assessing language, articulation, fluency, and voice.***

<i>Elements for Assessing Communication</i>	
<b>Element 1</b>	<i>Review of background information</i>
<b>Element 2</b>	<i>Conduct observation(s)</i>
<b>Element 3</b>	<i>Conduct a communication review</i>
<b>Element 4</b>	<i>Collect language sample(s)</i>
<b>Element 5</b>	<i>Conduct standardized assessment</i>
<b>Element 6</b>	<i>Conduct supplemental assessments</i>
<b>Element 7</b>	<i>Interpret assessment data</i>

### ***Element 1: Review of Background Information***

***In addition to general background information, clinicians or other team members should look specifically for information regarding communication. If this information is not already available through existing records, it should be gathered through the assessment process. Following are areas important to the data gathering process:***

- Previous assessment or treatment for speech/language disorders or other areas identified by a review of special education history.
- History of language use by the family and the student, including languages or dialects spoken by parents, grandparents, and extended family members.

- Information concerning the student's primary language or dialect (e.g., *Home Language Questionnaire*).
- Other information relevant to communication obtained from the student's parents.

### ***Element 2: Conduct Observation(s)***

***In addition to the types of communication skills that are typically the focus of an observation, team members are recommended to seek answers to the following types of questions:***

- What dialect, language, or communication style does the student use when interacting with members of the same race or cultural group? When interacting with members of a different group?
- How does the student interact with adults and peers who are of a similar race and cultural background and those of different backgrounds?
- How do adults and peers of similar and different backgrounds interact with the student?
- Does the student's communication have its desired effect? Is the student understood?
- Does the student make appropriate verbal and nonverbal responses in individual, small group, and large group situations?
- What language or dialect does the student use when responding verbally in individual, small group, and large group situations?
- Does the student's communication skills differ in non-structured classroom activities as compared to highly structured activities?
- Are the communication styles of the teacher and the student culturally compatible?
- Can the student follow directions given in the classroom?
- Does the student compensate for language difficulties in the classroom by asking for assistance from peers or adults and by watching others?

### ***Element 3: Conduct a Communication Review***

In addition to information already gathered through the *Home and Family Interview*, additional data should be gathered from the student's parents or caregivers regarding language development utilizing structured protocols or informal checklists of language skills.

### ***Element 4: Collect Language Sample(s)***

***Collection and analysis of at least one language sample is an important part of a comprehensive communication assessment for diverse students.***

*Spontaneous language samples taken in a variety of settings with a variety of speech partners will enable the student to demonstrate the range of his/her communication abilities. Samples can be used for eligibility purposes and also for instructional planning. A helpful resource for collecting language samples can be found in Linguistically, Culturally Diverse Populations: Language Sample Analysis Companion Guide, Cooperative (Wisconsin Department of Public Instruction, 1997).*

*In addition, when obtaining a language sample, be sure to assess language in a variety of different speech situations with a variety of partners. Be cognizant of the fact that many African American children code-switch between African American English and Standard American English dependent on the speaking situation. When possible, focus on the more universal aspects of language (those that are used by all children regardless of their language or cultural background) such as the acquisition sequence and frequency of universally used semantic and pragmatic categories. Following are additional recommendations for gathering and analyzing language samples:*

- Use a variety of settings, including the following: classroom, playground, less structured classes such as physical education, lunchroom, etc.
- Gather samples with a variety of speaking partners, including persons of similar race and cultural background and persons of different backgrounds.
- Look for a variety of speaking patterns.
- Employ structured and unstructured conversations.
- Use discussions on topics from class.
- Use both concrete and abstract ideas.
- Assess ability to sequence events.
- Assess use and formation of questions.
- Assess ability to analyze communicative intent.
- Assess ability to get a message across and relate ideas.
- Tape record language samples and transcribe at a later time.
- If uncertain as to the appropriateness of a dialect-speaker's language sample, ask a cultural representative to listen to the tape recording and give their impressions.

### ***Element 5: Conduct Standardized Assessment***

*The selection and interpretation of standardized assessment instruments will depend on the area of communication that is under consideration (language, articulation, fluency, or voice). Educators should utilize the Test Selection*

**Checklist when selecting standardized instruments. Clinicians are also advised to gather information concerning the student's use of dialects or nonstandard English through record review, observations, and/or language samples before selecting and administering standardized language instruments.**

### ***Assessing for Language Disorders***

***The language domain is generally assessed through means of standardized instruments and language samples. When assessing American Indian and African American students, standardized language tests can serve as benchmark indicators but may not always be technically adequate.***

***Clinicians should use the Test Selection Checklist to help with the process of determining which tests are appropriate. Whenever possible, speech/language pathologists are recommended to utilize instruments that have subgroup norms or scoring guidelines for American Indian or African American students. Clinicians may also use the "testing-of-limits" procedures found in Appendix B, but this strategy should only be used by very experienced examiners. In her videotape presentation, Non-Biased Assessment of the African American Child, Dr. Toya Wyatt (1995) notes that several types of bias may impact the validity of standardized instruments including:***

- ***Situational bias:*** differences in communication style.
- ***Test format bias:*** assessment tasks may be culturally inappropriate (for example, labeling commonly known vocabulary).
- ***Value bias:*** the developers of standardized instruments may make assumptions about common values or life experiences (for example, what to do when crossing the street).
- ***Linguistic bias:*** the language of the test may be different from that spoken by the student (Standard English vs. African American English; formal language register vs. casual register).
- ***Normative sample bias:*** members of racial, cultural, language and socioeconomic groups may be represented in the norming sample in very small numbers.
- ***Theoretical bias:*** tests may be based upon a theory of language acquisition or cognitive development that is flawed or that does not recognize alternative dialects.

### ***Assessing for Articulation Disorders***

***Articulation disorders are generally identified through the use of standardized instruments. Articulation differences exist in many different dialects of English and should never be considered articulation disorders. Prosodic differences also exist which may be cultural and affect intelligibility for listeners outside the cultural group but are not considered characteristics***

*of an articulation disorder. When assessing speakers of nonstandard English or speakers of other languages, clinicians should consider whether there are sounds in that language that are not used in Standard English and vice-versa. When possible, clinicians should utilize tests that were developed for African American speakers or have separate scoring tables for minority groups.*

*English spoken by American Indians may retain the phonemic patterns and phonologic constraints characteristic of the community's tribal language. Research on specific articulation patterns on Indian tribes in Minnesota does not exist at this time, however.*

*Because Ojibwe and Dakota are the predominant tribes in Minnesota, clinicians should study the charts describing characteristics of those languages which can be found in Chapter 9. Students from other tribal backgrounds may move to the state, creating the need to research characteristics of other Indian languages through interviews or review of written materials.*

The phonological characteristics of African American English are well documented. Clinicians should consult the phonological tables included in Chapter 10 to determine whether the articulation of an African American student is typical of dialect speakers.

### ***Assessing for Voice Disorders***

*Other than differences in volume, no specific pathologies or deviations are reported for American Indian and African American students with regard to voice. Use of standard assessment procedures is appropriate.*

#### **Assessing for Fluency Disorders**

*Fluency disorders are common to all cultures and languages even though some languages have no specific term to describe them. In her text, Communication Disorders in Multicultural Populations, Battle (1993) remarks that "Indications are that sound repetitions and voiced and unvoiced sound prolongations are the universal basic behavioral components of the stuttering syndrome and that concomitant stuttering behaviors such as eye blinks and extraneous facial, limb, and body movements are also universally observed." Battle also notes that research has found a higher prevalence of fluency disorders in the African, West Indian, and African American populations than in the general American population. For those students who speak two or more languages or dialects, the fluency disorder should be observed in each language or dialect spoken.*

### ***Element 6: Conduct Supplemental Assessments***

*In addition to the use of standardized instruments and language samples, clinicians are recommended to utilize at least one alternative source of*

*information. The strategies shown in Table 7.4 are adapted from Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention (Roseberry-McKibbin, 1995).*

***Element 7: Interpret Assessment Data***

*As with all assessment data, an interpretation of a communication assessment must include a synthesis of information obtained from a review of background information, communication interviews, observations, language samples, and the results of standardized, diagnostic, and informal testing. All protocols should be analyzed for identifying specific types of language problems and patterns of response. Data from different sources should then be compared to determine if a consistent pattern emerges which is indicative of a communication disorder.*

*Table 7.4: Supplemental Speech and Language Assessment Strategies*

<i>Technique</i>	<i>Strategy</i>
Criterion-Referenced Tasks	<i>Gather information about the student's use of language in the classroom and compare to teacher and environmental expectations.</i>
Functional Language Assessment	<i>Examine and prioritize communication functions and determine current levels of functioning. This may be done with a structured instrument such as the C.O.A.C.H. or by information measures. This information can help determine whether students can perform communication functions and establish the need for assistance.</i>
Checklists	<i>Completed by parents or teachers. May include checklists of academic language skills.</i>
Questionnaires	<i>Gather information from a variety of people who interact with the student to gain a broad understanding of the student's communication in everyday settings.</i>
Additional Language Samples	<i>Used to see how a student uses language in areas where prior testing and probes has indicated a possible weakness. Conducted in different settings than prior testing and language samples to gather additional information.</i>
Dynamic Assessment	<i>Test-teach-retest models or other methods that evaluate language use over time. Test-teach-retest is particularly helpful if the student is unfamiliar with the test requirements because of cultural or experiential differences (e.g., labeling objects). Focus on the ability to learn language rather than current level of performance.</i>
Authentic Assessment	<i>Evaluation of portfolios of classroom work, essays, stories and other materials.</i>
Holistic Evaluation	<i>Focus on functional use of language to communicate meaning in a variety of situations.</i>
Narratives	<i>Assess the student's ability to create and retell narratives.</i>
Pictures	<i>Pictures can be used in a variety of ways to gather information about a student's language in a variety of settings.</i>
Picture Pairs	<i>Show several pairs of related pictures. Ask the student to select two pictures that are related and to explain why they are related or tell a story involving the two pictures.</i>
Sequencing	<i>Show story pictures. Ask the student to put the pictures in the correct sequence and to explain or tell the story.</i>
Problem Solving	<i>Present an everyday problem verbally or in picture form. Ask the student to explain how he/she would resolve the problem.</i>
Direction Following	<i>Ask the student to give directions to their home, a neighborhood location, etc.</i>
Barrier Games	<i>Have the student being assessed take turns giving and receiving directions in a barrier game where they arrange pictures on a board. Used to gather information about expressive and receptive language.</i>
Similarities	<i>Show pictures of a variety of objects and ask the student to explain how they are the same and how they are different.</i>

*Source: Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention (1995)*

