

# Speech/Language Procedures



## SPEECH/LANGUAGE THERAPY PROCEDURES

### ***Beginning of the School Year***

1. You may use the first two weeks to build a therapy schedule, prepare student materials, compile student information, perform screenings, etc.
2. Therapy will be conducted Monday through Thursday. Friday will be used for diagnostic testing, IEP writing, conferences, speech therapy meetings, and screenings. Fridays MAY be used to make up minutes on student IEPs due to illness, etc.
3. Your student roster will be distributed the first day of school. You should be able to locate your student files within your building. Contact the special education office if you have questions.
4. Obtain class lists from the school secretary to locate the students on your roster.
5. Contact all classroom teachers either verbally or in writing regarding students who are *new to the district*. These students can be screened without parent consent. You will need to inform teachers about students who currently have an active speech/language IEP.
6. It is important that you inform teachers about screening procedures and the referral process. Either give teachers a packet of information about the process to refer a student, or have a short in-service at a staff meeting to explain the process. Each teacher should be provided a copy of the Speech-Language Checklist and the informational letter regarding adverse effect.
7. Set up a working schedule with students already enrolled in therapy. Students may not be scheduled during any core academic subject time.

### ***Initial Case Study Evaluation Procedures for Students whose only concern is speech and/or language***

1. When you receive a referral from a teacher, send "Parent Permission to Screen" to parent. It should be signed by the child's classroom teacher, who should have already discussed their concerns with the child's parent.
  - ***ALL CSEs must be completed within 60 school days from the date of the signed consent.***
2. Complete appropriate screening once parent permission is received. Suggested screening instruments are:

Age 3 to 6	Fluharty
Kindergarten	Joliet 3 Minute Screening, SOLST, BLT Screening, Speech-Ease, CELF Screening, Fluharty
1 <sup>st</sup> Grade	SOLST, Speech-Ease, BLT Screening CELF Screening, Fluharty
2 <sup>nd</sup> Grade	JOLIET, CELF, SOLST
3 <sup>rd</sup> and 4th Grade	CELF
5 <sup>th</sup> Grade	Joliet, CELF
6 <sup>th</sup> – 12 <sup>th</sup> Grade	Screening Test of Adolescent Language (STAL)

3. If the student **PASSES** the screening, send the following to the parents:
  - a. Notification of Decision Regarding Referral (ISBE 34-57A) (Appendix 4). Check the box indicating that a review of the referral has indicated that an evaluation *is not appropriate* at this time. Give reasons and other relevant information in the box below. Send the original to the parent, a copy to the referring person, and make a copy for your records.

- b. Explanation of Procedural Safeguards (Appendix 13). This information sheet must accompany ISBE 34-57A.

List all students who pass the screening on Screening Log (Appendix 19). This form will be turned into the Special Education Office at each speech/language monthly meeting. **STOP – NO FURTHER TESTING NEEDED.** Send a copy of your file to the special education office.

*If the student **FAILS** the screening, send the following to the parents:*

- a. Notification of Decision Regarding Referral (ISBE 34-57A). Check the box indicating that a review of the referral has indicated that an evaluation *is appropriate* at this time. Give reasons and other relevant information in the box below. Send the original to the parent, a copy to the referring person, and make a copy for your records.
  - b. Conference Notification 34-57E (check first box indicating additional data is needed) (Appendix 5). Invite the student's parents, SLP, general education teacher, special education supervisor, and building principal.
  - c. Speech/Language Conference Confirmation (Appendix 20).
  - d. Explanation of Procedural Safeguards. This information sheet must accompany ISBE 34-57A.
5. Prepare Consent for Evaluation (ISBE 34-57B page 1 of 2) (Appendix 6) and "Domains" sheet (ISBE 34-57B page 2 of 2) (Appendix 6). Illinois School Code states that you must get all IEP team members' input in completing the Domains sheet, but you do not have to hold a formal meeting.
  6. Hold "Domains" conference:
    - a. Complete/review Domains sheet with input from all team members
    - b. Obtain signature from parent for consent to test
    - c. Give Explanation of Procedural Safeguards to the parents.
  7. Complete Initial Evaluation Procedures:
    - a. Complete S/L testing
    - b. Complete S/L Case Study Report (Appendix 21)
    - c. Prepare draft IEP (Appendix 12).
  8. Schedule Eligibility Determination/IEP Conference
    - a. Send Conference Notification (check boxes 2,3,& 4) (ISBE 34-57E). A minimum of 3 people must be in attendance including an LEA representative (special education supervisor, principal, or other designee).
    - b. Send Confirmation of Conference
    - c. Send Explanation of Procedural Safeguards to parents.
    - d. Send student name and birthdate to special education office for entry into IEP database.
  9. Eligibility Determination/IEP Conference
    - a. Sign in on front page of IEP indicating attendance (SLP can also act as the LEA representative, but still have to have at least 3 people in attendance). If the parent is not in attendance and a phone conference is conducted, note on the parent signature line that a phone conference was conducted. Check "elig. review" box to left of signature line.
    - b. Give Explanation of Procedural Safeguards and have parent initial to confirm they have received rights on the bottom of the first IEP page.
    - c. Review testing results with IEP team.
    - d. Review Case Study Report with IEP team.
    - e. Eligibility Determination- form IEP 1A&1B (Appendix 7) Review and sign agreement or non-agreement. If anyone at the IEP meeting disagrees, they may state in writing why they do not agree and it will be attached to the eligibility determination.
      - If student is **NOT ELIGIBLE** give Parent Notification of Conference Recommendation 34-57F (check box 1) (Appendix 9). This is the **END OF CONFERENCE.**

- If student is **ELIGIBLE**, give Parent Notification of Conference Recommendations 34-57F (check box 2 and 4). Insert "Speech/Language Impairment" as the eligibility determination on the line after box 2.
- f. Check box to left of signature marked "IEP" and write IEP.
  - g. Fill out Parent/Guardian Consent for Initial Placement (ISBE 34-57G) (Appendix 10). Have parent sign to give consent for placement AND to waive 10 day interval if parents want services to begin right away.
  - h. Give the parent(s) the Explanation of Procedural Safeguards and copies of all documents.

### ***Initial Full Case Study Evaluation Procedures***

- a. A copy of the Consent for Initial Evaluation will be sent from the Special Education office indicating consent has been received and a speech screening needs to be completed.
- b. Complete screening.
- c. Send "Green Sheet" (Appendix 18) to Special Education office (Denise Smith). It can also be emailed on template form. If the student fails, make sure to indicate at the bottom of the form that the psychologist should send IQ scores when testing is completed. IF THE CHILD IS OVER 6, calculate and use the Mental Age to screen again. IF THE CHILD IS UNDER 6, use the child's chronological age.
- d. If the child is screened again using the MA and fails, complete diagnostic testing, speech/language case study report and draft tentative IEP speech goals.

### ***Eligibility Considerations***

- a. Speech/Language Impairment is a **secondary** eligibility when:
  - ◆ Speech eligibility is articulation only and is NOT RELATED to the student's primary disability.
  - ◆ Student's primary disability is motor-based learning disability (lower PIQ) and speech eligibility is NOT RELATED to the student's primary disability.
  - ◆ Student's primary disability is UNRELATED to the child's speech eligibility, i.e., a child with an Emotional Disability.
- b. Speech and Language are considered to be a **related** service when:
  - ◆ Student's primary disability is language based learning disability (lower VIQ) and area of concern is **NOT** articulation.
  - ◆ Student's primary disability is impacted by speech and language delays or concerns, such as autism or mental impairment.

### ***Referral for Additional Related Services***

1. The Special Education teacher fills out the Referral for Additional Related Services.
3. Send the Parent Permission to Screen form (Appendix 8) to the parent for their signature.
4. After screening the student, complete Form 34-57A, Explanation of Decision Regarding Referral, indicating whether or not an evaluation is appropriate, giving reasons and factors for the decision.
5. Hold "domains" conference:
  - a. Complete/review domains sheet with input from all team members (page 2 of 2, ISBE form 34-57B)
  - b. Obtain signature from parent for consent to test (page 1 of 2, ISBE form 34-57B)
  - c. Give Explanation of Procedural Safeguards to parent.
6. Complete S/L testing and S/L Case Study Report (Appendix 21)
7. Schedule Eligibility Determination/IEP Conference with student's teacher (case manager):
  - a. Send Conference Notification (check boxes 2,3,& 4) (ISBE 34-57E). A minimum of 3 people must be in attendance including an LEA representative (special education supervisor, principal, or other designee) and Confirmation of Conference.
  - b. Send Explanation of Procedural Safeguards

8. Eligibility Determination/IEP Conference:
  - a. Review testing results with IEP team and determine if speech will be a related service or a secondary eligibility.
  - b. Complete on existing IEP (page 1) date of addendum, signatures of conference participants, (page 2). Use the IEP short form to list testing results and adverse affect, add goals and objectives and add minutes under related services.
  - c. Give parent Notification of Conference Recommendations 34-57F (check box 4) and Explanation of Procedural Safeguards
9. Make copies of pages that were amended for parent, SLP, teacher and special education files.

### **Annual Review Procedures**

1. Students with an IEP for speech only:
  - a. Annual review is one year from the current IEP conference date. Make sure to prepare for conference approximately one month prior to due date.
  - b. Complete probing
  - c. Review progress on goals and objectives quarterly and document on IEP; send parent copy of progress report.
  - d. Schedule annual conference. Send ISBE 34-57E Notification of Conference (mark box 4), conference confirmation, and procedural safeguards.
  - e. Prepare draft IEP goals and objectives.
  - f. Give the parent a copy of Notification of Conference Recommendations (ISBE 34-57F) and Procedural Safeguards. Provide copies of all documents to parent. Make sure parent initials on first page of IEP that they have received the Safeguards and that they have been explained to them.
2. Annual Review for all other students who have speech as a secondary eligibility or related service:
  - a. Check with special education teacher when she/he has scheduled conference; you will be emailed a copy of the staffing notice by the special education office (Eva Schwander).
  - b. Complete probing
  - c. Update progress on hard copy of IEP or on public drive.
  - d. Coordinate IEP writing with teacher so goals can be written on public drive.
  - e. Attend IEP meeting.

### **Three Year Re-evaluation Procedures for Students with an IEP for speech only**

*Re-evaluation is due 3 years from initial evaluation conference date*

1. Send Conference Notification (check boxes 2,3,& 4) (ISBE 34-57E). A minimum of 3 people must be in attendance including an LEA representative (special education supervisor, principal, or other designee), Confirmation of Conference and Explanation of Procedural Safeguards to parent also.
2. Eligibility Determination/IEP Conference:
3. Review domain sheet and determine if testing is needed to determine eligibility.
4. Obtain signature for parent for Consent for Evaluation ("Re-evaluation" box) and give parent copy of Explanation of Procedural Safeguards.

### **When the IEP Team determines **no further testing is needed** to determine eligibility:**

1. Parent signs agreement on Page 1 of 1 that no further testing is needed.
2. Use Eligibility Determination pages (IEP 1A and 1B) to document continuing eligibility, educational impact, and other considerations.
3. Complete IEP.
4. Give parent Notification of Conference Recommendations 34-57F (check box 2 and 4) and Explanation of Procedural Safeguards. Provide copies of all documents to parent.

**When the IEP Team determines further testing is needed to determine eligibility)**

1. Complete any additional diagnostic testing need to make appropriate recommendations.
2. Complete S/L Case Study
3. Send Conference Notification (check boxes 2,3,& 4) (ISBE 34-57E). A minimum of 3 people must be in attendance including an LEA representative (special education supervisor, principal, or other designee), Confirmation of Conference and Explanation of Procedural Safeguards to parent also.
4. Use Eligibility Determination pages (IEP 1A and 1B) to document continuing eligibility, educational impact, and other considerations.
5. Complete IEP.
6. Give parent Notification of Conference Recommendations 34-57F (check box 2 and 4) and Explanation of Procedural Safeguards. Provide copies of all documents to parent.

***Three Year Re-evaluation Procedures for Students with Related Services***

The school psychologist will schedule the domains conference. You will participate in the domains conference; if additional testing is needed, you will need to evaluate the student and participate as per the full case study procedures.

***Amending an IEP***

1. Send Conference Notification (check boxes 2, 3,& 4) (ISBE 34-57E), Confirmation of Conference and Explanation of Procedural Safeguards to parent. A minimum of 3 people must be in attendance including an LEA representative (special education supervisor, principal, or other designee).
2. Use MDC Short form to document why amendment is being made; participants can sign in on MDC short form.
3. Make changes on current IEP to goals/objectives and services or minutes.
4. Copy or print only pages that are revised.
5. Give parent Notification of Conference Recommendations 34-57F (check box 2 and 4) and Explanation of Procedural Safeguards. Provide copies of all documents to parent.
6. Provide a copy for special ed teacher, special ed office, SLP and any other participant

***Discontinuing Speech/Language Services***

If the child's primary or secondary eligibility is Speech/Language Impaired ***you must do a re-evaluation***. Follow the re-evaluation procedures as outlined on page 4 to determine continued eligibility for special education services. Other steps are as follows:

1. Evaluate the current IEP goals and objectives.
2. Give parent Notification of Conference Recommendations 34-57F (check box 2 and 4) and Explanation of Procedural Safeguards. Provide copies of all documents to parent.

If speech language is a related service, a formal re-evaluation is not required, but you must document why the child is being dismissed. Use an MDC short form to document test scores, progress, etc., and follow the procedures for an IEP amendment to remove the related service.

When services are being discontinued, there is a ten day waiting period within which parents can challenge the change of service. Do not drop students for at least 10 days after any conference UNLESS the parent has signed that they agree to waive the ten-day waiting period.

### ***ISP Guidelines and Procedures***

Students who attend a private or parochial school located within the boundaries of Collinsville Community Unit School District No. 10 (CUSD 10) may receive special education services. If the parent declines an IEP, services will be delivered through an Individual Services Plan (ISP). *These procedures also apply to students who are home-schooled by their parent(s).*

If the student is being evaluated and this will be an initial IEP or ISP, follow the same procedures outlined on page 1 through 3 up to the point where you write the student's IEP. Follow the procedures outlined in the ISP Guidelines (Appendix 15) to develop a Services Plan for the child if the parent(s) chooses not to accept an IEP from Unit 10.

#### **ISP NOTES:**

- ◆ "Latest Eligibility Date" is the date of initial staffing when you found the child eligible.
- ◆ On the first page, parent signs in on the first page of the IEP form. Indicate on the top of Page 1 that this is an ISP rather than an IEP. AFTER the meeting has been held, the parent will also sign the "Parent/Guardian Consent for Individual Services Plan." Use the IEP goal and objective pages and the Services page to complete the ISP.
- ◆ Conferences do not have to be held at the private school. They can be held anywhere that is the most convenient for the participants.
- ◆ Transportation for the private schools will be made by the SLP (if the student requires transportation).
- ◆ If you are absent the day of your private school services, you must call the bus company and school to cancel therapy for that day.
- ◆ You may not start the ISP until ten days have elapsed. If the parents wish, they can waive the ten days. You can check the box and have the parent initial on the consent form.

#### ***Transfer IEPs***

1. Implement the IEP as written if it is acceptable to the IEP team and the parent. Make sure to have the parent sign Consent for Initial Placement form (34-57G) and prepare a new first page of IEP. Document the meeting using an MDC short form.
2. If there is not a re-evaluation date in the documentation you have received, use an MDC short form to document absence of re-evaluation date and any other information necessary.
3. If the IEP is unacceptable, you must note on the MDC short form that a new IEP will be developed and indicate why it is not acceptable. This needs to be done WITHIN TEN DAYS of the day the student starts school.
4. If the only documentation that is received is an IEP, contact the special education office to request additional records. You must implement the IEP even if no eligibility information is available.

#### ***Extended School Year Procedures***

To add ESY services to a student's existing IEP, follow the procedures for conducting an IEP amendment. The following changes apply:

1. Use existing IEP and check the "IEP Addendum" box at the top of the form, add the current date, and write "ESY" on the "other" line.
2. Have participants sign in on an MDC short form and indicate on the form that you are adding ESY to the student's IEP.
3. Highlight current goals you want to be addressed during summer program. No new goals should be written.
4. On the "Instructional & Educational Accommodations" (page 11 of IEP template) check 'yes' on the ESY plan at the bottom.
5. Add dates and minutes on existing IEP (page 14 of IEP template) on the "Educational Services and Placement" page, indicating ESY in the Instructional Services column.

6. Provide a copy of the revised pages of the IEP for parent, special education file, and SLP.
7. Extended School Year services do NOT have to be provided during summer school. They are NOT the same. ESY can be provided during summer school if it meets the needs of the child, or may be extended beyond those dates, provided at a different location and time, etc.

### ***Progress Reports***

Progress reports should be sent home quarterly. Review the goals and objectives, note the student's progress on each objective you are evaluating, and send a copy to the child's parent. Additional progress reports can be used at the discretion of the SLP. Progress can be noted on IEP located on the public drive at your school. At the end of the school year, an updated progress report of all students should be sent to the Special Education Office.

### ***Monthly Report***

1. **Roster:** A monthly report of all students on your caseload for each school will be sent to you. Update any changes in red ink and return to the Special Education Office on the date specified.
2. **Mileage Report:** Your mileage report is to be completed monthly and submitted at the end of the month to the Special Education Office. All mileage incurred between schools and school related business is reimbursable. Mileage forms are located on the district website (Appendix 26).
3. **Medicaid Billing/Time Study:** There will be yearly training on how to complete your service logs and time studies. You must turn your fee-for-service (service logs) in monthly. You should keep case notes on each child for whom you complete a service log and sign off on them (Appendix 23). You may only bill for the amount of services on the eligible child's IEP.
4. **Screening Log:** Send to special education office monthly.

### ***Year End Procedures***

1. Complete all progress reports and give copy to teachers to be placed in report cards.
2. Send a copy of all updated IEP's to the special education office.
3. Update your roster and transfer files to SLP for the next school year.

### ***Miscellaneous***

When services are begun initially, changed, or discontinued, there is a ten day waiting period within which parents can challenge the change of service. Do not drop students for at least 10 days after any conference UNLESS the parent has signed that they agree to waive the ten-day waiting period. You may have the parent check the box on the initial consent form to waive the ten day waiting period prior to placement.

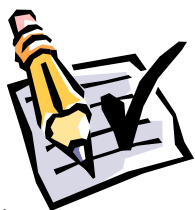
Remember that for a student to be eligible for services there must be EDUCATIONAL relevance. Services must be educationally relevant, based on a curriculum and the child's developmental needs, offered in the least restrictive environment, and required for educational progress.



## SPEECH/LANGUAGE PROCEDURE APPENDICES

1. Speech & Language Checklist
2. Initial Case Study Flow Chart
3. Speech/Language Eligibility Criteria
4. Decision Regarding Referral (34-57A)
5. Parent Consent for Screening
6. ISP Guidelines
7. Parent Consent for ISP
8. Speech/Language Screening
9. Speech/Language Screening Log
10. Speech/Language Parent Conference Confirmation
11. Case Study Evaluation Summary
12. Parent Contact Log

# SPEECH & LANGUAGE CHECKLIST



## ARTICULATION (speech sounds)

If a student has difficulty with the following sounds for your grade level, please refer.

*Kindergarten*: [ k,g,p,b,m,w,n,w,d,t,f,y ] or unintelligible speech

*1<sup>st</sup>*: [k,g,p,b,m,n,w,l,th,d,t,f,y] or unintelligible speech

*2<sup>nd</sup>*: [k,g,p,b,m,n,w,l,r,s,z,ch,sh,j,zh]

*3<sup>rd</sup>*: [k,g,p,b,m,n,w,l,r,s,z,ch,sh,j,zh,th ,v]

## FLUENCY

If the student has difficulty with expressive communication by repeating words, repeating the first sound or syllable of a word, using interjections of “um, ah, ugh” or displays general difficulty “getting the word out”, please refer.

## VOICE

If the student displays noticeable hoarseness, occasional loss of voice, inappropriate volume/pitch or displays a nasal or denasal (sounds like he/she has a cold all the time) quality, please refer.

## LANGUAGE (Students exhibiting these characteristics should be considered for a full psychological case study evaluation.)

If the student displays some of the following characteristics, please refer.

- ❖ Difficulty seeing relationships, categorizing, classifying
- ❖ Difficulty in sequencing ideas and events in relation to time
- ❖ Difficulty in following a series of commands
- ❖ Use of brief responses rather than complete sentences
- ❖ Incorrect usage of grammar. (appropriate for the environment)
- ❖ Misnaming or difficulty in word finding
- ❖ Difficulty in using or interpreting question forms
- ❖ Irrelevant or slow responses
- ❖ Difficulty in following oral and written directions
- ❖ Reduced comprehension of basic concepts and/or vocabulary
- ❖ Incorrect word order in sentences
- ❖ Difficulty with rote memory tasks
- ❖ Difficulty with “social” language ie...eye contact, use of appropriate conversation rules, asking questions to get information, making appropriate comments etc.

**SPEECH ONLY INITIAL CASESTUDY**

- #1**  
*Referral from Teacher* (Appendices 1,2)
- #2**  
*Request from Teacher for S/L screening* (Appendix
- #3**  
*Screen student* when permission received
- #4**  
*Parent Notification of Decision Regarding Referral*  
35-57A

**#4a-PASS SCREENING**  
Referral found **NOT** appropriate. Send Decision Regarding Referral 34-57A and Parents Rights **STOP NO FURTHER TESTING**

**#4b-FAIL SCREENING**  
Schedule Domains Conference  
Send Conference Confirmation, Conference Notification 34-57E, Decision Regarding Referral, Parents Rights **CONTINUE WITH TESTING**

**#5**  
*Complete Domains Sheet* (page 2 of 2) and prepare *Consent for Evaluation* (page 1 of 2) 34-57B



**\*\* AT ANY MEETING COMPLETE PG 1 AS SUMMARY REPORT & SIGN IN SHEET**

**#6**  
*Hold Domain Conference*  
Conference scheduled per parent request. Review domains, get permission to test and give Parent Rights

**#7**  
*Test, complete case study components and prepare paperwork*

**#8**  
*Schedule Eligibility Determination/IEP Conference*  
Send Conference Notification, Conference Confirmation, Parents Rights

**#9**  
*Hold Eligibility Determination/IEP Conference*

**#9a – NOT ELIGIBLE**  
Case Study Report, Eligibility Determination, Conference Recommendations 34-57F, Parents Rights

**#9b – ELIGIBLE**  
Case Study Report, Eligibility Determination, IEP, Placement 34-57G, Conference Recommendations 34-57F, Parents Rights

## SPEECH AND LANGUAGE IMPAIRMENT

**Speech/Language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.**

**Articulation Disorder:** Defective production of phonemes (speech sounds) that interferes with ready intelligibility of connected speech. Misarticulations may include: substitution of one phoneme for another, omission of phonemes in words, phonemic distortions, or inappropriate addition or sequencing of phonemes.

**Fluency (Stuttering) Disorder:** Disruptions in the normal flow of verbal expression that occur frequently, or are markedly noticeable, and are not readily controllable by the student. These disruptions may include repetitions, hesitations, prolongations, interjections and associated secondary behaviors. An interruption in the production of connected speech causes adverse reaction in the student and/or the listener.

**Voice Disorder:** Chronic or persistent abnormality in pitch, loudness, or quality resulting from pathological conditions or abnormal use of the vocal mechanism that interferes with communication. Voice quality disorders may be characterized by laryngeal dysfunction that is spasmodic, strident, hoarse, breathy, and/or dysphonic. Medical information is necessary to rule out upper respiratory infection or allergies or to determine the contribution of vocal pathology to the voice symptoms.

**Oral Language Disorder:** Impaired ability in verbal learning with resultant disability in the acquisition, production, and/or comprehension of oral language. Deficits may be reflected in semantics, syntax, morphology, metalinguistics, and pragmatics (form, content, and use).

- **Form:** The portion of language that refers to the utterance/sentence structure of what is said (phonology, morphology, syntax)
- **Content:** The portion of language that refers to meaning of words and sentences including abstract concepts of language (semantics)
- **Use:** The context in which language can be used and the purpose of communication (pragmatics). Individuals with pragmatic problems demonstrate difficulty in communicating effectively, although form and content may be intact.

### **Severity of Disability:**

- **Mild:** Minimal inference with the student's ability to communicate in school learning and/or other social situations noted by at least one other familiar listener, such as teacher, parent, sibling, or peer.
- **Moderate:** Impairment significantly limits the student's ability to communicate in school learning and/or social situations as noted by at least one other familiar listener.
- **Severe:** Impairment substantially interferes with the individual's ability to communicate appropriately learning and respond in school and/or social situations.
- **Profound:** Impairment prevents the individual from communicating appropriately in school and or/social situations.
- **Multiple Disorders:** Any student to be assigned to more than one disorder area (e.g., language, articulation, fluency, and/or voice). If two disorders are classified at the same severity level, determination will be made according to the highest rating of severity.

<b>Basic Areas to be Assessed</b>	<b>Assessments to be Considered</b>
Hearing	Hearing Screening or Audiological
Communication skills	Speech/Language ENT (required for voice disorder)
Educational performance	Educational/Developmental (including teacher narratives, classroom observation and grades)
Effect on educational performance	Teacher narratives, grades

### Speech/Language Impairment or Related Service?

<b>SLI Disability</b>	<b>Related Service</b>
Articulation, Fluency, Voice disorder only	If LD eligible (whether primary or secondary) and language delay is a language-based disability.
If LD eligible (whether primary or secondary) and language delay is motor based.	If EMH, TMH, AUTISTIC (language delays are related to disability)

### Mild Expressive or Receptive Language: 20-40 minutes per week suggested

<b>Children 9 years 11 months or less</b>	<b>Children 10 years or older</b>
6 month to 1 yr. Below C.A. or M.A. 15% to 25%ILE Standard Deviations 70-85	1-2 years below C.A. or M.A. Between 1-2 Standard Deviations below C.A. or M.A. 15% to 25%ILE Standard Deviation 70-85

### Moderate Expressive or Receptive Language: 40-60 minutes per week suggested

<b>Children 9 years 11 months or less</b>	<b>Children 10 years or older</b>
1 year to 2 years below chronological age or mental age Between 1-2 Standard Deviations below C.A. or M.A. 5% to 15% ILE Standard Deviation 55-69	1-2 years below C.A. or M.A. Between 1-2 years below C.A. or M.A. 15% to 25% ILE Standard Deviation 55-69

### Severe/Profound Expressive or Receptive Language: 60-80 minutes per week suggested.

<b>Children 9 years 11 months or less</b>	<b>Children 10 years or older</b>
<ul style="list-style-type: none"> <li>▪ 2 years below C.A. or M.A.</li> <li>▪ 2 Standard Deviations or more below C.A. or M.A.</li> <li>▪ Below the 5% ILE</li> <li>▪ Standard Deviation below 54</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 years below C.A. or M.A.</li> <li>▪ 2 Standard Deviations or more below C.A. or M.A.</li> <li>▪ Below the 5% ILE</li> <li>▪ Standard Deviation below 54</li> </ul>

### Developmental Ages for Mastery

<b>Age / Grade</b>	<b>Sounds</b>	<b>Phonological Processes</b>
Age 3 Pre-K & E.C.	P B M N W H vowels, diphthongs (such as "oy")	Initial and final consonant omissions Stridents (stopping) Glottals
Age 4 Pre-K & E.C.	K G T D NG Y	Fronting, Backing Blends (cluster reduction) (with one earlier process)
Age 5 Kindergarten	F	Liquids (with another process)
Age 6 First Grade	V L	
Age 7 Second Grade	S Z SH CH J ZH R HW TH	

**Mild Articulation:** 20-40 minutes per week suggested.

- 1 or 2 readily discernable, consistent age appropriate misarticulations are present, and consist of a sound distortion, substitution, omission, or addition. Phoneme may be stimulated, but due to age or other factors self-correction is not expected. No special effort must be made on the part of the listener to maintain effective mutual communication.

**Moderate Articulation:** 40 minutes per week suggested.

- 3 to 5 inappropriate misarticulations or deviations are present, which collectively interfere with the listener's ability to comprehend the speech. Some phonemes may be stimuable. The student may not be aware of his inability to produce the sound correctly.

**Severe Articulation:** 60 minutes per week suggested

- The student has numerous age inappropriate misarticulations, which cause his speech to be generally unintelligible to the casual listener. The student may be concerned about his inability to communicate.

**Profound Articulation:** 80 minutes per week suggested.

- The number of age inappropriate misarticulations renders the student's speech unintelligible to the trained listener as well as members of the student's family. Most sounds are not stimuable. The student is concerned with his inability to communicate and may show signs of frustration.

**The following information should be considered when making a determination whether or not a student is eligible for speech and language services:**

- Success of pre-intervention strategies or current progress toward goals.
- The results of standardized testing (1 to 2 standard deviations below the mean).
- Information from teacher narratives and/or classroom observation.
- Work samples or checklists.
- Student and parental input.
- If level of language functioning is commensurate with mental and chronological age as determined by psychological evaluations, other factors to consider are:
  - Age of the student;
  - General developmental level;
  - Discrepancy between language functioning and cognitive ability;
  - Communication needs of the student;
  - Need for service that can only be provided by the speech clinician;
  - Length of prior intervention;
  - Expected progress or current progress made with direct intervention.
- Interference of physiological factors such as cleft palate, enlarged adenoids, or orthodontia.
- The presence of other handicapping conditions.

There must be sufficient information to indicate that the need for speech and language services meets ALL of the following criteria:

- The student has a communication disorder in articulation, voice, fluency, or oral language.
- The communication disorder adversely affects educational performance as demonstrated by academic and non-academic performance that is significantly below the level of students of similar age and cognitive ability in terms of social interaction, communication behavior, or academic achievement, **and**
- The student requires instructional accommodations to address identified deficit areas that cannot be reasonably provided solely through the student's current educational setting.

**May an IEP team decide that a student should receive speech and language services as a related service without reviewing current assessment data?**

No. The IEP team must consider all factors and review sufficient data to determine that all of the criteria for speech and language services are met. A speech and language clinician *must be present* when speech and language information is being reviewed.

**Can a student qualify for speech and language services if the only deficit area is phonemic awareness?**

No. Speech and language clinicians may address phonemic awareness support as part of a comprehensive program of intervention when an oral language impairment or articulation disorder has qualified the student for services. The clinician should also recognize that students with phonemic awareness deficits often demonstrate difficulty with memory for sentences, information processing, and other receptive language weaknesses that may be reflected in educational and psychological evaluations. As a member of an MDC/IEP team, the speech and language clinician should share observations and concerns with teachers and assist in determining contributing or concurrent weaknesses.

**How can weaknesses in phonemic awareness be identified?**

A battery of formal and informal assessments would be needed to identify the presence of the deficit and the educational impact. IDEA '97 requires that the eligibility team consider all of the information available. Phonemic awareness deficits may be evident in a profile of processing weaknesses across several different performance indicators.

Informally, weaknesses may be observed in:

- Errors on spelling inventories and written language samples
- Labored decoding in oral reading samples
- Oral responses that demonstrate difficulty with sound discrimination
- Difficulties with sequencing, rapid automatic naming, slow acquisition of alphabet symbol/sound referents, rhyming, or identification of similar word beginnings or endings.

Formal evaluation with standardized testing may indicate weaknesses in phonemic awareness as well. Common tests that indicate weakness in phonemic awareness include the *Lindamood Auditory Conceptualization Test (LAC)*, the *Woodcock-Johnson*, or other auditory processing and processing speed subtests given during educational or psychological testing. The *Wepman Auditory Discrimination Test* may give additional information about the student's perception of sound differences. The *Goldman-Fristoe* processing batteries may support impressions of deficits in this area.

**What levels of service are provided by the speech/language pathologist?**

1. Consultation/monitor/observation
  - Checking for carryover into the classroom via teacher consultation or student observation
2. In-class language services
  - Services provided within the student's classroom in conjunction with an oral language disorder
3. Pullout speech and/or language services
  - Services provided outside of class for articulation, fluency, or voice disorder or for an oral language disorder

COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10  
Department of Special Education

Date: 10/12/06

month/day/year

Student:

student's legal name

Dear \_\_\_\_\_

legal name of parent, guardian or surrogate parent

date of birth

\_\_\_\_\_ was referred for an evaluation on \_\_\_\_\_

student's preferred name

month/day/year

by \_\_\_\_\_

name of school district personnel, teacher, parent, other

for the following reason(s):

This process will begin upon the receipt of written informed consent from the parent/guardian (ISBE 34-57B).

A review of the referral has determined that an evaluation **is not** appropriate at this time.

A review of the referral has determined that an evaluation **is** appropriate at this time.

The reasons and relevant factors for this decision include:

Parents may wish to review the copy of their rights, the *Explanation of Procedural Safeguards*, regarding the district's decision. If you wish to discuss any concerns/questions regarding this decision, please contact:

Christina Denman

name

PPS Director

title

343-2878

phone Number

Sincerely,

\_\_\_\_\_

name and title

c: Person submitting referral  
Student's temporary record  
enc: Explanation of procedural safeguards





**Collinsville Community Unit School District No. 10**  
**Special Education Department**

108 W. Church St., Suite 100 • Collinsville, Illinois 62234  
 Phone: 618-343-2878 • Fax: 618-343-2772

Date

(Parent Name)

(Parent Address)

(City, State and Zip)

Re: (Student name and DOB)

Dear (Parent name),

I am concerned about (student name)'s speech and/or language development at this time for the following reason(s):

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Therefore, I am recommending a speech and language screening to determine if your child is eligible for speech/language services.

In order for the Speech/Language Pathologist to do the screening, your permission is required. Please check your desire, sign, date and **return the entire letter** to me.

Sincerely,

---

(Classroom teacher)

- I give my consent to have the Speech/Language Pathologist to screen my child.
- I do not give my consent to have the Speech Language Pathologist to screen my child.

---

Student

---

Parent Signature

---

Date

## **Individual Services Plan (ISP) Guidelines**

Students who are eligible for special education services in Collinsville Community Unit School District No. 10 (CUSD 10) and have been placed in a private school by their parents may receive special education services. Services will no longer be indicated on an IEP but on an Individual Services Plan (ISP). ***These procedures also apply to students who are home-schooled by their parent(s).***

### **A. Procedures for students who are enrolled in a private school by their parent and already have a CUSD 10 IEP.**

At the next annual review, the student will be offered an ISP.

1. Schedule an IEP meeting. The same staff members who are required to be present at an IEP meeting are required to participate in the ISP meeting. In addition, a representative of the private school must be invited. If the private school representative cannot attend the meeting, information may be obtained over the phone. Document that the private school was invited and make reference to the information obtained as appropriate in the present level of educational performance.
2. Send the Conference Notification and a copy of the *Explanation of Procedural Safeguards Available to Parents/Guardians of Student with Disabilities* to the parent.
3. When scheduling the meeting for a student who will possibly require transportation as a related service, notify the director or supervisor of the meeting.
4. At the meeting, an offer must be made to continue to provide an IEP for the student IF the parent chooses to enroll the student in a CUSD 10 school. This is only if the student *resides in Unit 10*.
5. If the parent indicates that he/she does NOT choose to enroll the child in a CUSD 10 school, the parent shall be informed that an ISP rather than an IEP will be written for the child.
6. Accommodations to be provided by CUSD 10 are the only accommodations that should be included in the ISP.
7. Accommodations to be implemented by the private school should **not be included**. Only those over which CUSD 10 has control may be included in the plan.

**B. Procedures for eligible students who have been placed by their parent(s) in a private school within the boundaries of Unit 10 and who do not have a CUSD 10 IEP.**

1. Schedule an IEP meeting. The same staff members who are required to be present at an IEP meeting are required to participate in the ISP meeting. In addition, a representative of the private school must be invited to participate in the meeting.
2. If the parent indicates that he/she does not want to enroll the student in a CUSD 10 school or their home district, send the Notification of Conference and a copy of the *Explanation of Procedural Safeguards Available to Parents/Guardians of Students with Disabilities* to the parent.
3. When scheduling the meeting for a student who may require special education transportation as a related service notify the director or supervisor of the meeting.
4. At the meeting, an offer must be made to provide an IEP for the student IF the parent chooses to enroll their child in a CUSD 10 school. If the parent chooses for the student to remain in the private school, an ISP is completed.
5. Accommodations to be provided by CUSD 10 are the only accommodations that should be included in the ISP.
6. Accommodations to be implemented by the private school should not be included. Only those over which CUSD 10 has control may be included in the plan.

**COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10**  
DEPARTMENT OF SPECIAL EDUCATION

**PARENT/GUARDIAN CONSENT FOR INDIVIDUAL SERVICES PLAN**

The Individuals with Disabilities Education Act (IDEA), as amended, and the regulations governing special education programs in Illinois specify that an Individualized Education Plan (IEP) must be written for every student enrolled in a public school who receives special education services.

Your child has been found eligible for special education services; however, you are declining the free appropriate public education offered by Collinsville Community Unit School District No. 10 (CUSD10) or your home district, and:

You are teaching your child at home. No home-schooled child with a disability has an individual right to receive some or all of the special education and related services that a child would receive if enrolled in a public school.

You have enrolled or are continuing enrollment for your child in a private school. No private school child with a disability has an individual right to receive some or all of the special education and related services that a child would receive if enrolled in a public school.

Collinsville Unit 10 School District (CUSD10) and the parent(s)/guardian of the student agree that CUSD10 has offered the student a free appropriate public education through an Individualized Education Program (IEP). Parent(s)/guardian have declined the offer of an IEP and have placed the student in the \_\_\_\_\_ private school at their own expense. The parent(s)/guardian agrees that CUSD10 has no responsibility for the cost of the private school placement.

I have received a copy of the Explanation of Procedural Safeguards.

I agree to waive the ten calendar day waiting period before services begin.

---

Parent/Guardian Signature or Student (Age 18 or Older)

Date

## SPEECH AND LANGUAGE SCREENING

### Component of Comprehensive Case Study Evaluation

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Screening: \_\_\_\_\_

Speech and Language Examiner: \_\_\_\_\_

Child's M.A.: \_\_\_\_\_ Data Obtained From: \_\_\_\_\_  
*Name of Test* *Date*

Screening Instruments Used: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:  
\_\_\_\_\_ In need of additional diagnostics due to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Speech and language age appropriate at this time.

Please send to \_\_\_\_\_  
*Name of Therapist*

Name of Student: \_\_\_\_\_

\_\_\_\_\_  
*I.Q. Test* *Scores* *Date*



**SPEECH/LANGUAGE PARENT CONFERENCE CONFIRMATION**

Student:

Class:

Date:

You are invited to meeting to \_\_\_\_\_.

Please **check** below and **return** to \_\_\_\_\_, Speech/Language Pathologist.

\_\_\_\_\_ I **will** attend the conference scheduled for \_\_\_\_\_.

\_\_\_\_\_ I **will not** attend the conference but would like to reschedule. Please indicate most convenient times \_\_\_\_\_.

\_\_\_\_\_ I **will not** be able to attend the conference. I would like to have a **phone conference** at the **scheduled time**. I can be reached on the conference date at \_\_\_\_\_.

\_\_\_\_\_ I **will not** be able to attend the conference. Please **complete** and **send** the paperwork to me.

What are your current educational concerns regarding your child?

None \_\_\_\_\_

Following are the educational concerns I have regarding my child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date

<b>COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT 10</b> <b>DEPARTMENT OF SPECIAL EDUCATION</b>
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**Speech and Language Case Study Evaluation Summary**

\*Name:                    \*DOB:                    C.A.:                    \* School:

Date of Referral:                    Date of Evaluation:                    Date of Conference:

**Reason for referral:**

**Medical History and Current Health Status:**

**Review of Academic History and Current Educational Functioning:**

**Hearing Screening:** Date:                     Pass  Fail

**\*Speech and Language Assessment:**

A. Articulation:  Pass  Fail  N/A Assessment Results:

B. Phonology:  Pass  Fail  N/A Assessment Results:

C. Language:  Pass  Fail Assessment Results:

D. Voice:  Pass  Fail Assessment Results:

E. Fluency:  Pass  Fail Assessment Results:

F. Oral Motor:  Pass  Fail Assessment Results:

**\*Summary:**

\_\_\_\_\_ Date: \_\_\_\_\_  
*Speech/Language Pathologist*



