

# ***SLP PLC – February 29, 2016***

## **Eligibility – Challenges**

-What if everyone doesn't have access to tests on the list?

## **Eligibility – Concepts/Key Ideas**

-Develop countywide cut-off (or range) scores for each assessment and include additional information to determine eligibility (including adverse impact)

-See Kent and Char-Em guidelines

-See updated sensitivity/specificity for assessments

-Like the Kent report

-Differentiating between data needed for SLI vs. related service

-Distinguishing between initial eligibility and re-evaluation information needed

## **Eligibility – ASHA**

-Eligibility must include:

- ❖ Referral (from the individual, family member, physician, teacher, other SLP...)
- ❖ Failure to pass a screening assessment for communication
- ❖ Individual unable to communicate functionally across environments
- ❖ Presence of communication disorder been verified thru eval by ASHA certified SLP
- ❖ Individual communication abilities not comparable to like peers
- ❖ Negatively affects education, social, emotional, vocational performance
- ❖ Individual, family, guardian seeks services to achieve/maintain optimal communication skills
- ❖ Individual, family, guardian seek services to enhance communication skills

-Eligible when:

- ❖ Ability to communicate is reduced or impaired
- ❖ Reason to believe that treatment will prevent the development of a speech/language/communication disorder
- ❖ Reduce the degree of impairment
- ❖ Leads to improved functional communication skills
- ❖ Prevent decline of communication abilities
- ❖ Must be made in conjunction with the individual, family member/guardian

### Eligibility/Cut-off

- Less than or equal to 8<sup>th</sup> percentile
- SS 79 or less
- Grades: D, E, F, doesn't meet grade level expectations
- Curriculum-based measures: ½ age, 1 year delay for infants, toddlers, delay more than 3 grades
- State assessment partially or not proficient
- Observations – Professional judgment
- Can't exclude student from speech and language due to Cognitive Assessment

### Eligibility/Cut-off Scores – Kent

- Test scores – cut off scores Appendix J
- Cognitive referencing not a sole criterion
- Informed Clinical Option “professional judgment”
- Diagnostic Assurance Statement – MET
- Primary/Secondary Disability – SLI label is not required for a student to receive service
- APD – NOT a special education category figure 2/Table 2
- LD listening comp/oral expression descriptors page 20, both SLP/Psych evaluation required

### Eligibility – MSHA

- Use tests with greater than or equal to 80% sensitivity/specificity
- Cut-off scores:
  - ❖ Used to use 1 1/3 SD from mean but that was arbitrary – not from rules/regulations
  - ❖ No specific cut off in rules/regulations
  - ❖ Suggests that you use the cut off stated in the test manual
  - ❖ For kids with score between 1 – 1 1/3: use best judgment
- Must have adverse impact

### **Evaluations - Connections**

- Some similarities across documents
- Relying on language sampler screeners
- ELL and hearing considerations – See Oakland Cty.
- Are curriculum based S/L Assessments and dynamic assessments often completed?
- Everything we do is specially designed instruction

### **Evaluations - Challenges**

- Research based tools are not available
- If guidelines are too specific, do they allow for professional judgment?

### **Evaluation – Concepts (Important & Worth Holding on to)**

- Initial and reevaluations
- Need benchmarks, screeners, tools set up like literacy (need morphology, syntax, phonology, semantics?)
- Moving from current – desired state is more than evaluations, it includes implementation, rate of improvement
- Clarification of child find obligations within context of MTSS – special education identification – FYI ASD child find (political impact)
- Preschool – elementary – secondary (data, evaluations, implementation)
- If time and tools existed (ideal world), would be interested in (pre-REED) Early intervention (indirect/direct), early literacy team time (No S/L benchmarks program) , sometime need to go right to a referral

### **Evaluation Requirements**

- Screen
- Consultation and observation
- Considerations ex. ELL, hearing
- Formal evaluation process
- Present level

- ❖ Teacher input
- ❖ Parent input
- ❖ Report cards
- ❖ District assessments

-Formal and/or Informal Speech assessments

-Formal Language Assessment – 8 percentile

-Spontaneous language sample

-Medical input

-Parent input

-Professional judgment

### **Evaluation/Requirements/Cut-off Scores – ASHA**

-Use a variety of assessment tools and strategies to gather relevant functional, developmental and academic information

-Cognitive referencing is not a criteria

### **Evaluations/Requirements – Kent**

-Screening/Observation

- ❖ General
- ❖ Consult/Observation
- ❖ Individual screening
- ❖ Early intervening services

-Referral

-General Procedures

- ❖ Reference MSHA guidelines
- ❖ REED

-General Education Intervention

- ❖ Documentation from early intervening services
- ❖ ? Language/Speech

-Evaluation Requirements

- ❖ Standardized – cannot be sole determining factor
- ❖ Non-Standardized
- ❖ Reliability/Validity

- ❖ Sensitivity/Specificity

### **Evaluations – MSHA**

-Comprehensive Assessment

- a) Input – Teacher, parent, student
- b) Record review
- c) Curriculum-based S/L assessment
- d) Dynamic assessment
- e) Communication samples
- f) Standardized assessment

-Select tests with appropriate sensitivity/specificity

-Use test in manner publisher attained validity (subtest scores vs. composite scores)

### **Early Intervening Services – Connections**

-General (not to SLP specific) - the “what,” not “who”; work similarly to other discipline – Math and ELA

-Some older documents 2008 i.e.

-Broken into tiers

- ❖ Decision making teams
- ❖ Literacy teams
- ❖ Intervention teams

-Child find obligation

-Universal kindergarten screenings at some local buildings

-“Test of Narrative Retell” (free screener) used locally (pre K – 3<sup>rd</sup> grade) and includes progress monitoring tools. TNR

-CELF screener used in some local buildings

### **Early Intervening Services – Challenges**

-Local teams may not include SLP or that there is no existing MTSS team i.e. for that population (preschool)

-Lack of research based resources to support decisions

-Lack of test scores for S/L to use to determine Tier (mostly observations) – No local norms

-Lack of guidelines to determine Tier need, lack of benchmarks for S/L, lack of guidelines for rate of improvement

### **Early Intervening Services – Concepts – Important and Worth Holding on to**

- Screening – with universal tools – intervention?, hypothesis – rate of improvement – decision making
- reference for reliable/valid screener (efficient and effective and progress monitoring) (mindful of child find)
- Screeners, tools, etc. need to be funded so they may be implemented
- ROI

### **Early Intervening Services – Kent ISD**

- Table 1
- SLP and RTI activities within Tiers
- Broken up by services provided to teachers vs. students
- Part 1 – Figure 1 – Page 7

### **Early Intervening**

- Effective instruction in preschool
- Assessment
  - ❖ Kindergarten round-up
  - ❖ Universal screening

### **Early Intervening Services – ASHA**

-Individual are eligible for SLP services when their ability to communicate and/or swallow effectively is reduced or impaired (OR) when there is reason to believe that TX. will prevent the development of a S/L disorder, reduce the degree of impairment, lead to improved functional communication skills or prevent the decline of communication abilities

### **Early Intervention – MSHA**

- Professional development
- Provide educational and behavioral evaluations

-Constructions (suspect disability can go on evaluation)

-Reporting

- 1) Number of children served who receive early intervening services
- 2) Including #1 and who subsequently receive special education and related services

-Coordination with ESEA

### **Other**

-Students who are eligible as C.I. should not be excluded automatically from S/L services. Don't assume student's S/L skills can't surpass cognitive abilities because they may surpass them

-Clarity re: when students i.e. ASD, C.I. aren't responding to S/L services – next steps vs. discontinue

### **Adverse Impact – Concepts – Key Ideas**

-Consider examples of “impact statements” adverse impact and common core (Char-Em)

-Consider rating scales (Char-Em)

-Present level form – Intervention (Char-Em)

-Consider adverse impact (Pre K – elementary – middle school – high school) and how that changes by grade level (and articulation)

-Adverse impact and need may be addressed in the IEP in a variety of ways (appropriate service delivery model)

-Develop guiding questions: how do you balance curriculum, specially designed instruction, etc. Links to: socialization, employment

### **Adverse Impact – Challenges**

-Rating scale may not have research basis/they are subjective

-Scheduling and service delivery for middle school/high school

-Pressure to discontinue students as early as 4<sup>th</sup> grade/middle school/high school

### **Adverse Impact – MSHA**

-SLI means a communication disorder that adversely affects educational performance

-School demands to consider: response to supports and scaffolding, student work samples, observations of participating in challenging tasks and speaking opportunities

- If no early intervening services use: dynamic intervention/trial interventions, observations
- Not just academic performance
- Determined on an individual basis
- Academic and functional; academic and nonacademic participation – no specific but applies to reference to social, emotional, or vocational

#### **Adverse Impact – Kent**

- Language ability of student in general education
- Artic/Phonology
  - 1) Presence of errors
  - 2) Adverse effect on general education
- Fluency
  - ❖ Adversely affect educational performance
- Voice
- Presence of disability
- Adverse Education Effect

#### **Adverse Impact**

- Speech and Language deficits may hinder a student's ability to master the CCSS.
- Student's disability must demonstrate a direct relationship to an adverse effect on educational performance

#### **Adverse Impact – ASHA**

- Adverse impact on educational performance must be determined on a case by case basis depending on unique needs of a particular child and not based only on discrepancies in age/grade performance in academic subject areas
- State/local school education agencies cannot deny a child with a speech or language impairment service under IDEA just because they do not have a discrepancy in age/grade performance in an academic subject-matter area. If acquisition of adequate and appropriate communication skills are required part of curriculum then SLI impairment adversely affects cd pert.
- Educational performance is not limited to academic performance



-IDEA and regulations clearly establish that the determination about whether a child is a child with a disability is not limited to information about the child's academic performance

-Consideration for discharge from S&L services – the individual's speech/language communication and/or feeding and swallowing skills no longer adversely affect the individual's educational, social, emotional, vocational performance or health status

### **Dismissal Criteria – ASHA**

-Student's may be eligible for SLI if it "adversely effects educational performance"

-The first in the dismissal process should occur when a student is first determined to be eligible.

-3 goals:

- 1) Determine if it is adversely effecting academic achievement and functional performance
- 2) Provide intervention
- 3) Dismiss once criteria for eligibility are no longer met

-Cognitive referencing (referencing scores on language measures to score on cognitive measures) is not one of the criteria for admission/discharge

-Ideally – team comes to a mutual decision on dismissal

-If you look at the GLCE's and see if they do not have the appropriate communication abilities, even if they are "mildly impaired" if it is adversely affecting education performance, cannot deny service

-Not feasible or advisable to develop prescriptive criteria for admission/discharge

-Before terminating due to lack of progress make sure goals, methods, data collection were all appropriate, etc.

-Discharge criteria present situations when:

- ❖ Speech/language/communication is remedied
- ❖ Compensatory strategies established
- ❖ Individual/family chooses not to participate
- ❖ Individual/family does not desire treatment

-Not able to tolerate TX (medical, psychological etc.)

-Treatment no longer results in measurable benefits

-Noncompliance, malingering

### **Dismissal Criteria**

-Dismissed when a student can no longer be identified as having a speech and language impairment

-Can be dismissed with a 2-prong test (data on child's progress in meeting annual goals)

- Although they have an impairment, it no longer affects his/her educational performance
- Although the child received speech and language it affects educational performance, but eligibility team determines that they do not need special educational service
- The child is not motivated (why not making progress)
- Extenuating medical services (why not making progress)
- Child not making progress (not related to reaching a plateau)
- Child reaches plateau with multiple attempts at redesigning services

#### **Dismissal Criteria**

- Dismissal of services vs. terminating of a SLI label – (services – diagnostic report and in IEP) (termination – report/IEP (appendix K) checklist for dismissal, exit form)
- Consultation – under related service NOT supplementary aids and services
- Continued monitoring under another eligibility – under supplementary aides/services

#### **Dismissal**

- No longer meets SLI criteria
- Student meets criteria in a different eligibility category

#### **Dismissal – Concepts – Key Ideas**

#### **Dismissal Criteria – Connections**

#### **Dismissal Criteria - Challenges**