

# The State of the State Department of Education in Speech-Language Pathology 2023-2024



South Carolina Speech and Hearing Association (SCSHA)  
Annual Conference

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# In this 90-minute session, we will discuss...

- LLR reminders.
- Data on SLP services in SC schools.
- SLP personnel are Related Service personnel – What does that mean?
- Factors that contribute to high caseloads (a focus on eligibility).
  - Presence of a disability
  - Specially Designed Instruction
  - Adverse Educational Impact
- Ongoing eligibility.

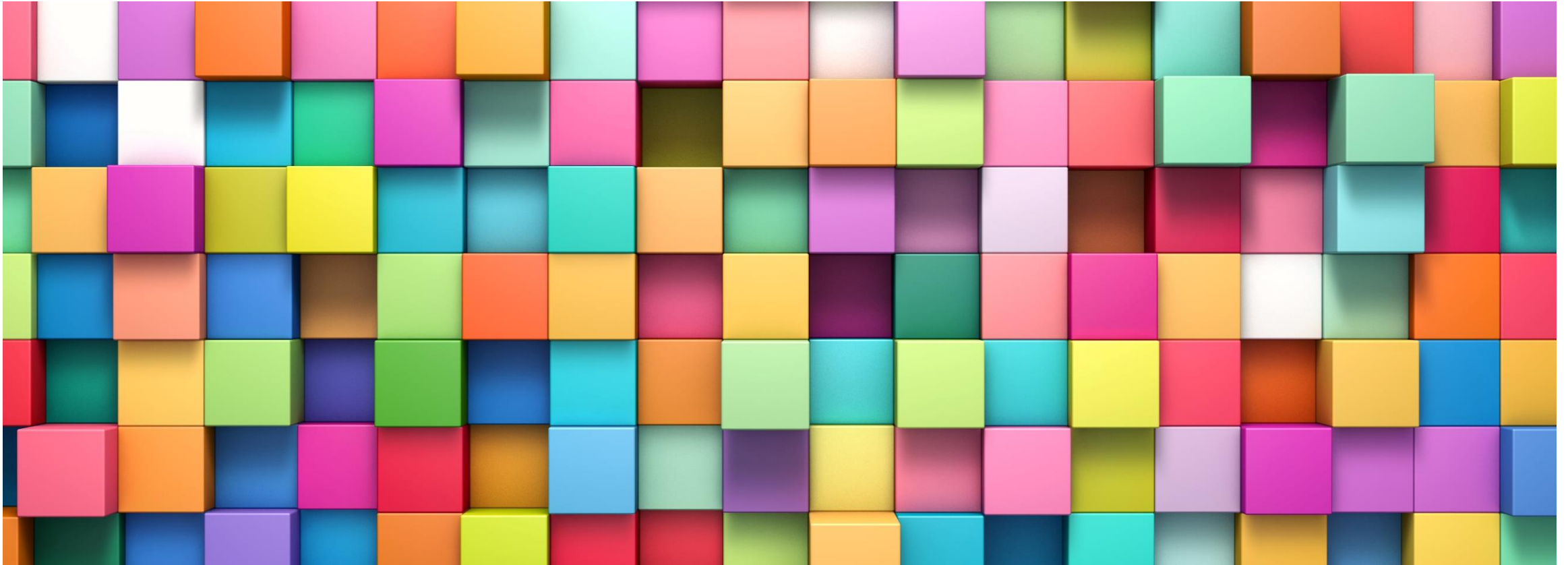


# LLR Reminders

- All SLP personnel in a school setting must *maintain* a license to practice by SC LLR.
  - This includes SLPs, SLP Assistants, and Clinical Fellows. **It does NOT include SLTs.**
- When providing **virtual services** parents must provide Informed Consent which must be documented on the PWN.
- **Following the requirements for supervision is the responsibility of the supervising SLP.** Supervising SLPs must be knowledgeable on current SC LLR requirements.
- SLP personnel must adhere to the **Code of Ethics.**



# SC School-Based SLP Data



# SLP Personnel in SC Schools (district reported)

	<b>2023-2024</b>	<b>2022-2023</b>	<b>2021-2022</b>	
<b>Allocation of all SLP Personnel</b>	<b>1,220.80</b> *All but one district participated	<b>1,092</b>	<b>1016</b>	
<b>SLPs</b>	<b>How many are SLPs? <u>1,154.57</u></b> - Direct hire - 844.81 - Contracted - <b>309.76</b>	Contracted = <b>233</b>	Contracted = <b>187</b>	The percentage of increase in <b>contracted</b> SLP personnel is <b><u>118.7%</u></b> over the past two years.
<b>SLP Assistants</b>	<b>How many are SLPAs? <u>36.75</u></b> - Direct hire - 13.25 - Contracted – 23.5	<b>21</b>	0 *did not exist in SC schools until 2022	The percentage of increase in <b>SLP Assistants</b> is <b>76% in one year.</b>
<b>SLTs</b>	<b>How many are SLTs? <u>123</u></b> - Direct hire only – 123	<b>78</b>	<b>78</b>	
<b>Vacancies</b>	<b>408.66</b> 75.4 (vacancies) + 333.26 (contract personnel)	<b>416</b>	<b>370</b>	



# Important Personnel Clarifications

- SLP personnel include:
  - **SLPs:** Licensed by LLR as a Speech-Language Pathologist. Also, requires SCDE certificate.
  - **SLP “Intern”:** An SLP who is obtaining the required work experience to qualify for the SLP license (Clinical Fellowship). Also, requires an SCDE certificate.
  - **SLP Assistant:** Licensed by SC LLR as an SLP Assistant. These personnel do not require an SCDE certificate.
  - **SLT:** Individuals not licensed by SC LLR. Have maintained a certificate by SCDE. New SLT certificates are no longer issued as of 2020.
  - SC does NOT have paraprofessionals specifically designated for speech-language pathology.



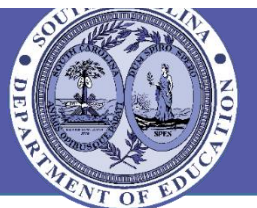
# Obstacles to Recruitment and Retention

2023-2024	2022 – 2023	2021 - 2022
<ol style="list-style-type: none"> <li>1. <b>Pay/Salary</b> (*new this year - competing with contractors including virtual services with additional cost of paraprofessionals)</li> <li>2. <b>Extra Duties</b> (*note – SLPS may NOT “cover” general ed” if/when it impacts IDEA mandated services).</li> <li>3. <b>Certification</b></li> <li>4. Competing with contractors and virtual services <i>workload</i> (*new this year)</li> <li>5. <b>Paperwork, workload, caseload</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Pay/Salary</b></li> <li>2. <b>Paperwork, workload, caseload</b></li> <li>3. <b>Certification</b></li> <li>4. <b>Extra Duties</b></li> <li>5. Location</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Paperwork, workload, caseload</b></li> <li>2. <b>Pay</b></li> <li>3. <b>Certification</b></li> <li>4. Medicaid</li> <li>5. <b>Extra Duties</b></li> </ol>



# Medicaid Data

	2021-2022	Percent of total	2022-2023	Percent of total
<b>Speech</b>	\$10,648,286.39	47.87%	\$14,849,826.00.	48.9%
<b>Nursing</b>	\$8,467,630.57	38.00%	\$13,091,688.51.	43.1%
<b>PT/OT</b>	\$4,403,410.73	19.76%	\$4,572,386.39.	15%
<b>Total</b>	\$22,282,629.95		\$30,355,296.36	





To locate your district's Medicaid data: Go to the SCDE website, select Financial Services, then, Medicaid Services Reimbursement (see screen shots below).

The screenshot displays the South Carolina Department of Education website. At the top left, a yellow arrow points to the 'Financial Services' menu item. Below this, a grid of six menu categories is shown. A second yellow arrow points to the 'Medicaid Information' category, which contains a link for 'Medicaid Services Reimbursement'. On the right side of the page, the breadcrumb trail reads: Home / Finance / Financial Services / Medicaid Information / Medicaid Services Reimbursement. Below the breadcrumb, the page title is 'Medicaid Services Reimbursement'. The page features four dropdown menus: 'Month:' (set to 'All Months'), 'Fiscal Year:' (set to '2023-2024'), 'District:' (set to '-- Select a district --'), and 'Amount Matching:' (set to 'School Based'). A blue 'GENERATE REPORTS' button is located at the bottom of the form.

**Financial Services**

- Information, Memos, and Forms
  - Fiscal Year 2023 - 2024
  - Fiscal Year 2022 - 2023
  - Fiscal Year 2021 - 2022
  - Fiscal Year 2020 - 2021
- Monthly Financial Newsletters
  - Fiscal Year 2023 - 2024
  - Fiscal Year 2022 - 2023
  - Fiscal Year 2021 - 2022
  - Fiscal Year 2020 - 2021
- Professional Certified Staff (PCS) Information
  - Professional Certified Staff (PCS) Information
- Student Data
  - Membership Counts
  - Student Accountability Counts
  - Revenue Per Pupil Report by School District - Fiscal Year 2023-2024
- Payment Information
  - Monthly Payments to Districts
  - Payments
  - Applying Payments
  - Miscellaneous Payments
- Medicaid Information
  - Medicaid Audit Confirmation
  - Medicaid Services Reimbursement

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**SOUTH CAROLINA**  
DEPARTMENT OF EDUCATION  
ed.sc.gov

Districts & Schools

Home / Finance / Financial Services / Medicaid Information / Medicaid Services Reimbursement

## Medicaid Services Reimbursement

Month:  
All Months

Fiscal Year:  
2023-2024

District: \*  
-- Select a district --

Amount Matching:  
School Based

**GENERATE REPORTS**



# Students Eligible for Speech-Language Impairment (Primary Disability)

	<b>2023-2024</b>	<b>2022 – 2023</b>	<b>2021 - 2022</b>	<b>2020-2021</b>
SLI Primary	18,767	18,666	18,166	17,887
Total number of SWD	114,475	112,172	109,492	106,315
SLI percentage of all disabilities	16.39%	16.4%	16.59%	16.82%



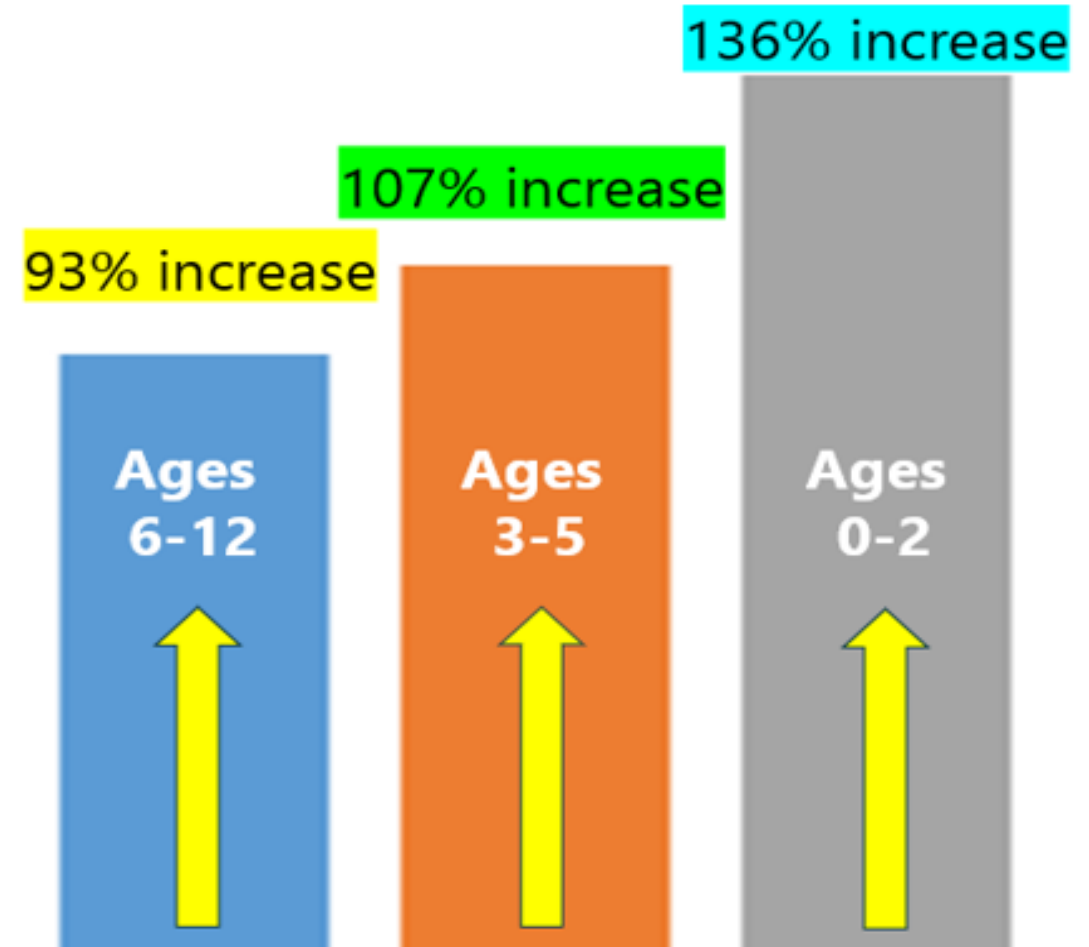
# Categories of Disability Where SLI May be Secondary or Embedded (DD)

	<b>% increase from 2020-2021</b>	<b>2023-2024</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2020-2021</b>
<b>Developmental Delay</b>	14.24%	10,371	9,834	9,635	9,078
<b>Autism</b>	37.18%	14,548	13,111	11,622	10,605
<b>SLD</b>	2.07%	41,812	41,659	41,659	40,962
<b>ID</b>	.77%	5,838	5,820	5,793	5,793
<b>Multiple Disabilities</b>	14.6%	1,530	1,350	1,339	1,335
<b>D/HH</b>	17.89%	975	818	850	827



# ICD-10 Diagnosis of Disordered Speech and Language

A 2023 recent study by Kahn, Freeman, and Druet (78) found that new ICD-10 diagnoses for developmental disorders for speech and language **increased 110%** from pre-pandemic (January 2018-December 2019) to post-pandemic (January 2021 - December 2022) for children birth-12 in the U.S.



# PBS News Hour

## “What’s behind a spike in childhood speech development delays” (01/07/2024)





# Impact of Training to Support Increased Conversational Turns and Language Rich Environments

## Kindergarten Readiness Assessment (2021)

- Total students who "*Demonstrated Readiness*" statewide - 27%
- Children who completed the 10-week **LENA Start** program - 33.3%
- The more conversational turns, the higher the KRA scores and those who participate in **LENA Start** gain nearly two months of developmental skill **every month** and 12 months after completing the program they have significant elevations in language ability compared to where they started.
- Children who completed an entire year of 4-year-old kindergarten - 23%

## Long Term Impacts

Children who engaged in **at least 40 conversational turns per hour** at the age of 18-24 months had **Full Scale IQ** scores that were on average 31 percentile points (12.9 standard score points) higher and **Verbal IQ** scores that were 38 percentile points (16.6 standard score points) higher than those who engaged in fewer turns **ten years later** (LENA, 2021).

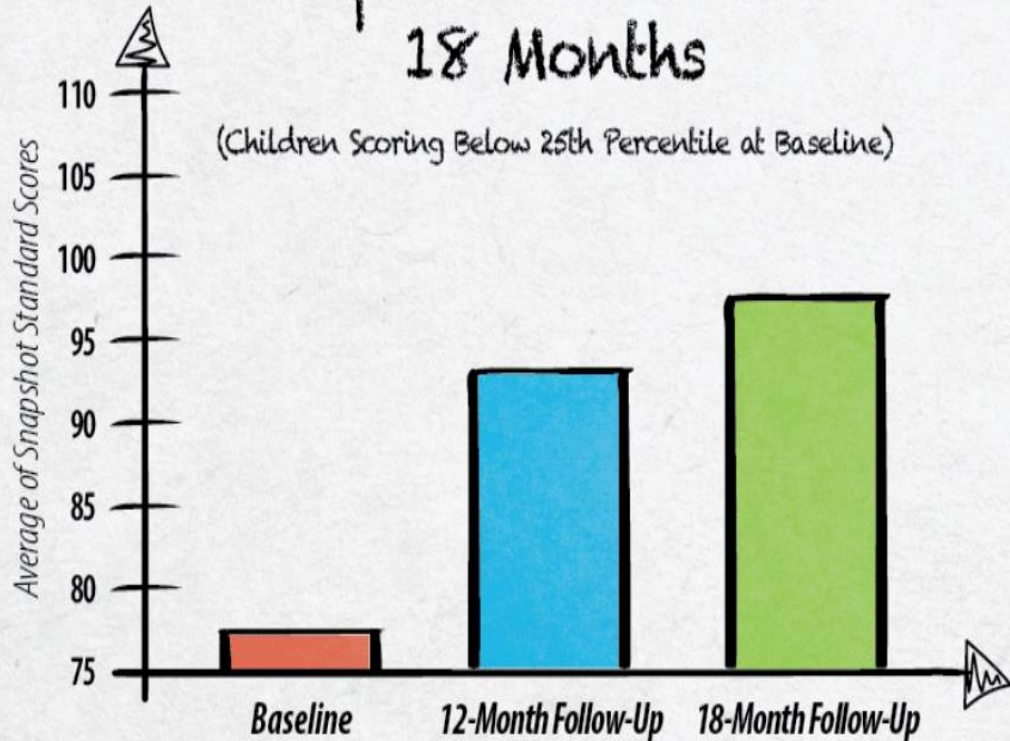




Build school readiness and strengthen families with parent-group classes.

### Snapshot Scores Over 18 Months

(Children Scoring Below 25th Percentile at Baseline)

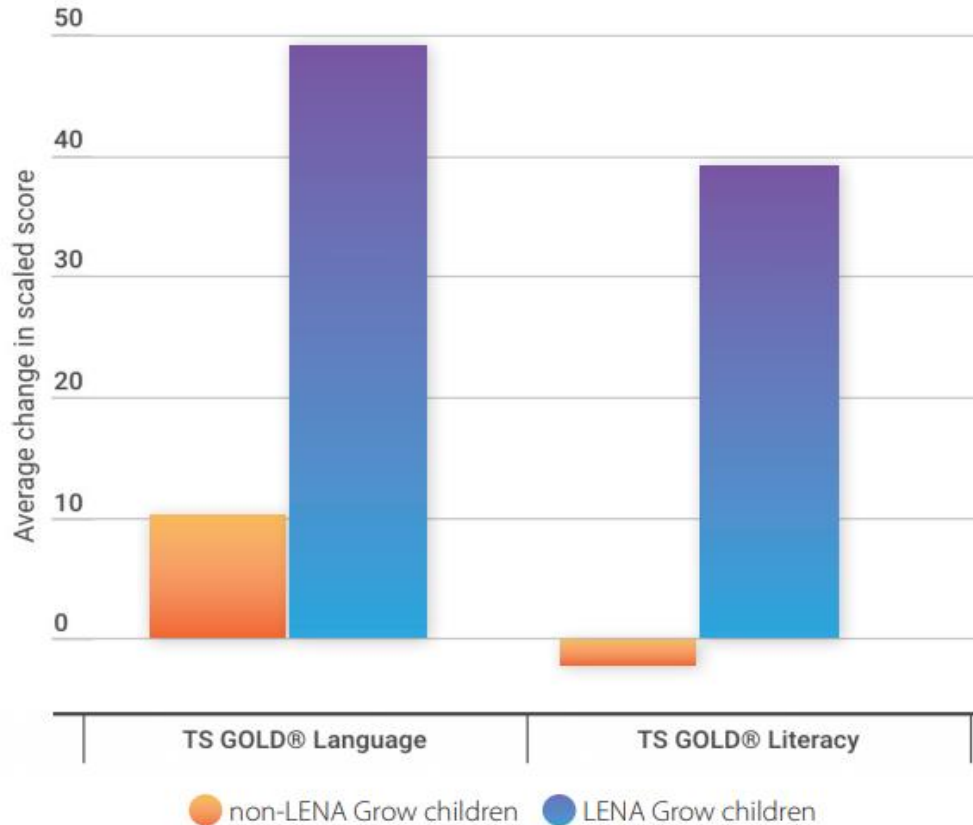


- Most children that began “LENA Start” were demonstrated slightly below-average language skills, but **made significant gains during the program, which were sustained 12 months later.**
- Over the course of **10 weekly sessions** that can be delivered **virtually or in person**, families explore data about their child’s language environment in the form of personalized, actionable feedback reports, discussing research-based strategies with their peers to increase the quantity of talk at home.





# Make every interaction count in early childhood education.




- 1 in 5 children are in **language isolation**, experiencing fewer than five turns per hour for most of their school day (LENA, 2021).
- The difference in classrooms with higher amounts of conversational turns over the preschool year is around **2 million words** (LENA, 2021).
- Because the areas of the brain that we use for reading are the same as the language areas, **early intervention programs aiming to close the achievement gap** should **focus on increasing children's conversational turn taking** in order to capitalize on the early neural plasticity underlying cognitive development (Deckner, et al., 2006).





# Diagnosis of Autism

## Rates of Autism in the United States (CDC)

<b>1 in 150</b>	<b>1 in 44</b>	<b>1 in 36</b>
<b>Year Reported 2007</b>	<b>Year Reported 2021</b>	<b>Year Reported 2023*</b>
Survey Year 2000	Survey year 2018	Survey year 2020*
		<b>*320% increase from survey year 2000</b>

\*Pandemic began March 2020





# SLPs as Related Service Personnel – What Does It Mean?



# SLP Personnel Are Related Service Personnel – Not Special Education Teachers

U.S. DEPARTMENT OF EDUCATION

FS099 - Special Education Related Services Personnel  
File Specifications v16.0

Speech-Language Pathology personnel are considered **RELATED SERVICE PERSONNEL** under the IDEA – not special education teachers. This is confusing because speech can be a primary disability, secondary disability, embedded disability (DD), or a related service.

## Staff Category (Special Education **Related Service**)

Titles of personnel employed and contracted to provide related services for children with disabilities (IDEA).

Permitted Value Abbreviation	Permitted Value Description	Comments
AUDIO	Audiologists	
<b>SPEECHPATH</b>	<b>Speech-language pathologists</b>	
INTERPRET	Interpreters	
PSYCH	Psychologists	Report for LEAs with students
OCCTHERAP	Occupational therapists	
PHYSTHERAP	Physical therapists	
PEANDREC	Physical education teachers and recreation and therapeutic recreation specialists	
SOCIALWORK	Social workers	
MEDNURSE	Medical/nursing service staff	
COUNSELOR	Counselors and rehabilitation counselors	
ORIENTMOBIL	Orientation and mobility specialists	
MISSING	Missing	





# IDEA Regulation



## Sec. 300.156 Personnel qualifications

(a) General. The SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities.

(b) **Related services personnel and paraprofessionals.** The qualifications under paragraph (a) of this section must include qualifications for related services personnel and paraprofessionals that—

(1) Are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; and

(2) Ensure that related services personnel who deliver services in their discipline or profession—

- (i) Meet the requirements of paragraph (b)(1) of this section; and
- (ii) Have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis; and
- (iii) Allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulation, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services under this part to children with disabilities.

(c) **Qualifications for special education teachers.** (1) The qualifications described in paragraph (a) of this section must ensure that



1980 S.C. Op. Atty. Gen. 107 (S.C.A.G.), 1980 S.C. Op. Atty. Gen. No. 80-60, 1980 WL 81943

Office of the Attorney General

State of South Carolina

Opinion No. 80-60

May 23, 1980

\*1 Subject: Education, Teachers, Certification

(1) Act No. 187 of 1979 limits certification of teachers in South Carolina to graduates of approved teacher training programs.

(2) The term 'teachers' as used in Act No. 187 of 1979 generally **includes classroom teachers, supervisors of classroom teachers, and evaluators of classroom teachers.**

(3) The term 'teachers' in Act No. 187 of 1979 includes trade and industrial education teachers.

(4) Act No. 187 of 1979 **does not apply to persons such as school psychologists who do not otherwise come within the definition of 'teacher'.**

# SC State Attorney General Opinion



# When Is Speech A Related Service?

Sec. 300.34 (a) Related services means ... developmental, corrective, and other supportive services as are required to assist a child with a disability to **benefit from special education** and includes speech-language pathology ... and parent counseling and training.

## Sec. 300.320 (a)

(a) General. As used in this part, the term **individualized education program or IEP** means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting ... that must include—

(4) A statement of the special education **and related services and supplementary aids and services, based on peer-reviewed research** to the extent practicable, to be provided **to the child, or on behalf of the child**, and a statement of the program modifications or supports for school personnel that will be provided **to enable the child—**

- (i) To **advance** appropriately **toward** attaining the **annual goals**;
- (ii) To **be involved in and make progress in the general education curriculum...** and to participate in **extracurricular and other nonacademic activities**; and
- (iii) To be **educated and participate with other children with disabilities and nondisabled children...**



# When Is Speech A Related Service (continued)?

- Is the unique training and expertise of the SLP necessary for the provision of **DIRECT** services in order for the student...

- • (i) To **advance** appropriately **toward** attaining the **annual goals**;
- • (ii) To **be involved in and make progress in the general education curriculum...** and to participate in **extracurricular and other nonacademic activities**; and
- • (iii) To be **educated and participate with other children with disabilities and nondisabled children...**

- Is the unique training and expertise of the SLP necessary for the provision of **INDIRECT** services in order for the student... ?

- Is the unique training and expertise of the SLP necessary through the provision of **supplementary services** necessary for the student... ?





# Decision Tree

**At any time will you be in direct contact with the student?**

**No** - contact will only be with staff, parents, other IEP team members

**Yes** - there will be some contact with the student (periodic or partial)

**Yes** - there will be direct contact and interaction with the student

Supplementary Aids/Service

Indirect Service

Direct Service

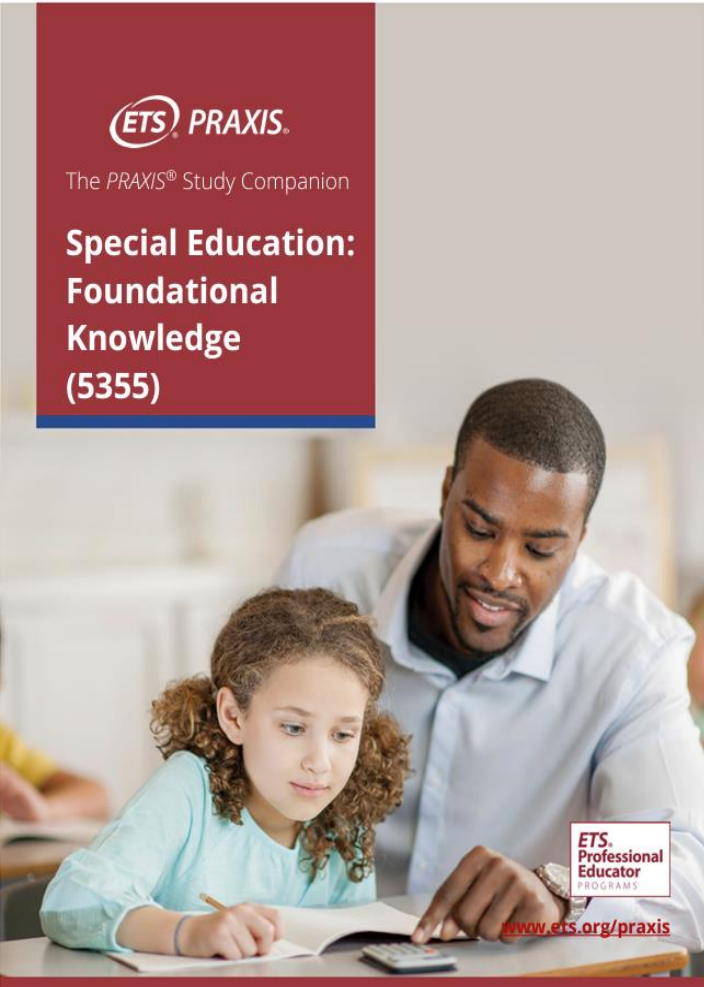


# SPED and Social Communication



The PRAXIS® Study Companion

**Special Education:  
Foundational  
Knowledge  
(5355)**



## Discussion Questions: Human Development and Individual Learning Differences

- Knows human growth and development and the common etiologies around growth and development.
- What are typical linguistic, physical, cognitive, and social developmental milestones?
- What is the adaptive behavior needs around functional and social skills for individuals with ASD and other developmental disabilities?

## A. Planning and Instruction

1. Understands how to use responses and errors from multiple assessments to guide instructional decisions and provide constructive feedback to learners
2. Knows effective strategies (e.g., providing constructive feedback, teaching social behaviors, and supporting social-emotional skills) to promote active student engagement, increase student motivation, increase opportunities to respond, and enhance self-regulation of student learning

## B. Productive Learning Environments

1. Knows how to plan and implement a productive and supportive learning environment (e.g., by using routines and procedures, visual schedules)
2. Knows a range of preventative and responsive practices (e.g., provides constructive feedback, teaches social behaviors) to guide students' learning and behavior



# Social Communication Areas More Closely Aligned with the Unique Skills and Expertise of an SLP That Also Have Adverse Educational Impacts

- Central Coherence
- Narrative skills
- Figurative language
- Theory of Mind and metacognition (including perspective taking and cognitive flexibility)
- Play
- Gestures and nonverbal language
- Self advocacy (including boundaries, consent, and safety)
- Cause and effect (problem recognition and resolution)
- Communication of ideas, wants, or needs
- Syntax and/or morphology related difficulties
- Social problem-solving skills
- Quantity, quality, relevance and manner of communication
- Joint referencing/social reciprocity

Social communication happens **everyday, throughout the day.**  
As such collaboration across the continuum of services is critical.



# Neurodiversity

- **Neurodiversity** is a term predicated on the idea that autism (and other developmental or learning conditions) are differences to be embraced rather than diseases to be cured. The neurodiversity movement primarily centers around autism but encompasses other conditions as well.
- There is no behavioral ideal to which all people should or do conform... human variations as well as diverse perspectives are both inevitable and valuable (DeThorne & Searsmith, 2021).
- We don't treat autism. There is no cure for autism. Therefore, therapy/instruction should not provide instruction with an intent to "cure it" or to be "less autistic".



# Examples of Ableist Goals that May Lead to Autistic Masking and Camouflage (Roberts, 2020)

- Tone of voice modification
- Conversational goals related to questions the autistic person has no interest in
- Eliminating stim behavior
- Topic maintenance related to the conversational partner's choice of topic for "x" number of turns
- Conveying emotions/feelings via masking
- People pleasing or deferring to the needs and wishes of others and surrendering one's own in order to "blend in"
- Learning and repeating socially expected "rote scrips" (except for self-advocacy)
- Identifying and using appropriate vs. inappropriate behavior instead of determining the reason for the behavior and addressing that.



# Examples of Ableist Goals that May Lead to Autistic Masking and Camouflage (Roberts, 2020)(continued)

- Cooperation without complaint in a group decision when the student is not in agreement. Instead, teach conflict resolution strategies.
- Forced eye contact
- Body language/imitation of neuromajority body language through masking
- Facial expression/imitation of neuromajority facial expressions through masking
- “Whole Body Listening” with quiet hands, sitting without movement.
- Interactive play based solely on interests of peers
- Initiating of play when solo free time is preferred or even needed
- Extinguishing “problem behaviors” or “tolerating change” vs. understanding the reason for the challenges and address that.





# Factors That Contribute to High Caseloads



# Say This, Not That (SLP and IDEA Edition)

Say This	Not That
Rule Out considerations	Exclusionary Factors
Additional adult assistance	Shadow
Ongoing eligibility	Dismissal
Speech Sound Disorder	Articulation Disorder
Developmental Language Disorder	Language Disorder
A variety of assessment tools and strategies	The standard score meets eligibility





# Factors That Contribute to High Caseload/Workload

- IDEA **rule out** considerations not considered
- Misunderstandings regarding appropriate referral, assessment, and eligibility criteria in accordance with the requirements of the IDEA and SCDE
- Student does not meet the prongs of eligibility as required by IDEA
- Student does not continue to meet eligibility
- Shortage of SLPs

- Student has not moved across the continuum of service delivery options within the LRE
- Therapeutic intervention that does not follow a clear progression along the continuum of development
- Limited collaboration across environments
- Student has not been reevaluated to consider other areas of suspected disability
- Poor implementation of EBP



# IDEA Eligibility 34 CFR §300.8

**Presence of a disability**

**Need for *specially* designed instruction**

## **Adverse educational impact**

- For a preschool student, educational impact refers to their ability to “participate in appropriate activities” (34 CFR§300.304(b)(1)(ii)).

Blue Cross Blue Shield, Humana, **United Health Care**, Cigna, etc. all have requirements and stipulations as well.



# Presence of a Disability (Language)



# Presence of a Disability and Diagnostic Accuracy



# IDEA Evaluation Requirements 34 CFR 300.304 (abbreviated)

1. A variety of assessment tools and strategies
2. Not use any **single** measure or assessment as the sole criterion
3. Use of technically sound instruments
4. Not discriminatory on a racial or cultural basis; administered in the child's native language unless it is clearly not feasible
5. Used for the purposes for which the assessments or measures are valid and reliable
6. Must be sufficiently comprehensive
7. Must determine the educational needs of the child



# Cut Scores

The use of cut scores (i.e., 1.5 or 2.0 SD below the mean)

- varies across tests,
- is not supported by the evidence,
- and thus, is not likely to result in accurate determination of a disability.

Using standard deviations to diagnose language impairment does not accurately identify language impairment with acceptable **specificity and sensitivity** (Spaulding, Plante & Farinella, 2006).





# Sensitivity and Specificity



**Sensitivity** correctly categorizes children as having a disorder.



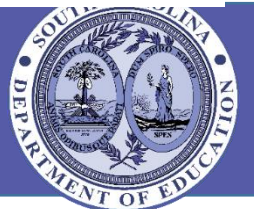
**Specificity** correctly categorizes children as typically developing.



Specificity and sensitivity **must be  $\geq 80\%$**  (Plante & Vance 1994).



Use the cut score that gives the best balance between sensitivity and specificity for **THAT** test.



# Cut Score Examples

- **Test A:** At a cut score of 1.5 SD, it has sensitivity of 47% and specificity of 96%
- **Test B:** At a cut score of 1 SD, it has sensitivity of 94% and specificity of 84%
- **Test C:** Not reported
- **Test D:** At a cut score of 1.5 SD, it has sensitivity of 85% and specificity of 99%, *but...*
  - The tool administered for the sensitivity group was not also administered for specificity group. Moreover, the tool used for the sensitivity measure lacked appropriate sensitivity, specificity, validity, reliability, and was not free of bias.
- **Test E\*:** At a cut score of 1 SD, it has 83% sensitivity and specificity of 80%, *but...*  
(\*see next slide)

**There is no single cut score or standard deviation that can be applicable to all standardized assessments.**





# Confidence Interval

- According to Betz, Eickhoff, and Sullivan (2013), the Standard Error of Measurement (SEM) and the related Confidence Intervals (CI), “indicate the degree of confidence that the child’s true score on a test is represented by the actual score the child received.” They yield a range of scores around the child’s standard score, which suggests the range in which their “true” score falls.
- **Test E:** At a 90% confidence level, the child’s true score falls **between 72 and 87**.
  - The lower end of this interval suggests a *moderate to severe* language impairment while the upper bound would classify the child as *typically developing*.
  - This does not align with IDEA’s requirement for technically sound instruments (34 CFR 300.304 (3)).



# Should We Get Rid of Norm-Based Assessment Tools? **No.**

- 34 CFR §300.304 (b) In conducting the evaluation, the public agency must ...
  - (1) **Use a variety of assessment tools and strategies** to gather relevant functional, developmental, and academic information about the child.
  - (2) **Not use any single measure or assessment** as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child;
- SLPs may use standardized assessments as part of the variety of assessment tools and strategies to gather information about strengths and weaknesses, but if the tool does not meet appropriate sensitivity and specificity, **but scores for these tools must not be reported or used to determine eligibility.**



# What Else Can Be Used?

Language samples, dynamic assessment, comparison against age-appropriate norms, etc.

## SALT

Ages 2;9 to 18 Years

**Time spent:** Transcribe - 16 minutes, Analyze - 1 minute (automated), Report Writing - 1 minute (automated) Total Time - 18 minutes

### Measures:

Intelligibility - 2 Measures, Syntax and Morphology - 5 Measures, Semantics - 5 Measures, Discourse - 6 Measures, Verbal Facility - 4 Measures, Omissions and Errors - 3 Measures

**Cost: \$209**

## SUGAR

Ages 3 to 11 years

**Time spent:** Transcribe - 10 minutes, Analyze - 13 minutes (by hand), Report Writing - Not Available, Total Time - 23 minutes

**Measures:** MLU, Total Number of Words, Words per Sentence, Clauses per Sentence

Provides suggested therapy targets

**Includes:** norms by age

**Cost: Free, online**

## NLM<sup>®</sup> READING

### NLM Retell:

- Narrative Discourse
- Expository Discourse <sup>NEW</sup>
- Episode Complexity
- Sentence Complexity
- Vocabulary Complexity <sup>NEW</sup>

### NLM Questions:

- Factual
- Inferential Vocabulary
- Inferential Reasoning <sup>NEW</sup>

### Reading Fluency:

- Decoding Fluency
- Accuracy
- Prosody Rating

### Personal Writing Generation

## NLM<sup>®</sup> LISTENING

### NLM Retell:

- Narrative Discourse
- Expository Discourse <sup>NEW</sup>
- Episode Complexity
- Sentence Complexity
- Vocabulary Complexity <sup>NEW</sup>

### NLM Questions:

- Factual
- Inferential Vocabulary
- Inferential Reasoning <sup>NEW</sup>

### Personal Generation

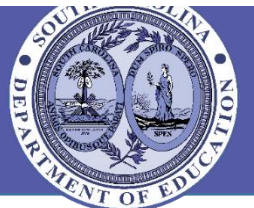


# Curriculum-Based Assessment Considerations

- What is student's oral reading fluency rate and accuracy?
- What type of questions were missed most frequently?
- What is the level of syntax?
- What is the student's familiarity with the vocabulary (including mental imagery)?
- What background knowledge is needed?
- What strategies do they use (comprehension monitoring, question generation, summarization, etc.)?
- What do executive function skills look like (cognitive flexibility, working memory, inhibitory control)?

- One-two sentence type comprehension questions are more closely aligned with word reading skills.
- Question-and-answer format is more closely aligned with language skills.
- Story retell is also more closely aligned with language skills (but does not correlate with question-and-answer format).

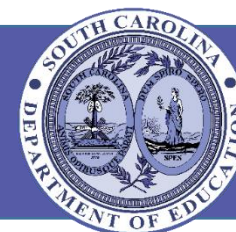
(Keenan et al., 2008)



# Informed Clinical Opinion

- Informed clinical opinion means ...
  - the best use of quantitative and qualitative information
  - by qualified personnel
  - within their scope of practice
  - drawing from clinical training and experience,
  - a variety of assessment tools and strategies,
  - understanding of clinical assessment procedures,
  - knowledge of age-appropriate development,
  - experience and knowledge of children from different cultures and languages, and
  - the ability to gather and include information from the family about the child's development.

**Tests don't diagnose a disability - clinicians do.**





## Language Assessment Summary

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

- For each assessment area column, circle the item that best represents the student's performance.
- Is the student multilingual or bidialectal? \_\_\_ Yes \_\_\_ No  
If yes, what is the student's primary language or dialect spoken?  
If yes, which features of language observed in the assessment are considered unique to the language or dialect and not considered to be in error:

Morphology:

Syntax:

Phonology:

	Academic Activities, Tests, and Related Measures			SLP Probes, Tests and Measures		
	Data sources include teacher checklist, classroom, interviews, and observations of work samples or written language samples in school settings.	Because language is the foundation for literacy, the measures below are applicable for documentation of the student's understanding and use of language for educational purposes.		At least 3 out of 6 areas of language must be in moderate or substantial range in addition to similar findings from classroom observation, teacher checklist, and/or written language samples, etc.		
		Phonology - Phonological Awareness (PA) probes	Discourse/ Narrative Skills	Morphology, syntax, pragmatics- Language Sample	Dynamic Assessment (including semantics)	Norm-referenced test (based on composite total score)
<b>No Apparent Impact</b>	Performs similarly to peers in most areas	Meets age-appropriate norms for PA	Meets age-appropriate norms	Meets age-appropriate norms	Able to complete all steps of dynamic assessment for targeted skill(s), improvement noted, and/or requires no support	1 or 2 composite scores that do not document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity.
<b>Minimal Impact</b>	Evidence of struggle with one or more areas when compared to peers	One PA skill does not meet age or grade appropriate norms	Two to three skills do not meet age appropriate norms	One to two skills in any one area do not meet age appropriate norms	Able to complete most or all steps of dynamic assessment for targeted skill(s), improvement noted, and/or requires no support or minimal support	
<b>Moderate Impact</b>	Evidence of struggle in most areas when compared to peers	Two PA skills do not meet age or grade appropriate norms	Narrative skills are one year below age appropriate norms	Three to four skills in any one area do not meet age appropriate norms	Able to complete one-three steps of dynamic assessment for targeted skill(s), limited improvement noted, and/or requires moderate support	1 or 2 composite scores that document the presence of a disorder using the cut score for the specific test given with 80% sensitivity and specificity. If sensitivity and specificity of 80% is not present, additional data must support presence of a disability.
<b>Substantial Impact</b>	Evidence of very limited ability in most areas	Three or more PA skills do not meet age or grade appropriate norms	Narrative skills are two years or more below age expected age appropriate norms	Five or more skills in any one area do not meet age appropriate norms	Unable to complete all steps of dynamic assessment for targeted skill(s), no improvement noted, and/or requires maximum support	

Curricular and/or S-E data

Phonological Awareness (norms)

Discourse/Narrative (norms)

Morphology, Syntax, Pragmatics (norms)

Dynamic Assessment (degree of scaffolding)

Standardized Assessment – ONLY report scores if  $\geq 80\%$  sensitivity and specificity



# Multilingual Reminders

34 CFR §300.304 (c)(1) Assessments and other evaluation materials used...

- (i) Are selected and administered so as **not** to be **discriminatory on a racial or cultural basis**;
- (ii) Are provided and administered **in the child's native language** or other mode of communication and **in the form most likely to yield accurate information** on what the child knows and can do academically, developmentally, and functionally, **unless it is clearly not feasible to so provide or administer**;

Exclusionary Factors 34 CFR §300.306:

- A child **must not be determined to be a child with a disability** due to...
  - Limited English proficiency;
  - Cultural factors;



# Multilingual Reminders

The role of the interpreter is not to translate an English assessment into the student's primary language as this yields an invalid interpretation of ability.

- When tests are translated, there is not always a one-to-one translation as **languages may vary based on phonology, morphology, and syntactic structures and not all structures that are assessed on English tests exist in other languages** (Goldstein, 2000).
- Children should always be compared to peers from a similar environment to determine if they differ significantly enough to warrant a label of disability.
- Consideration for the stage of language acquisition



# Do I Need to Be/Do We Need to Bring in a Bilingual Speech-Language Pathologist? **No.**

## **ASHA Code of Ethics (Principle of Ethics 1, C)**

Individuals shall not discriminate in the delivery of professional services ... on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including **culture, language, dialect,** and accent; race; religion; sex; sexual orientation; or veteran status.



# What if They Have Been Exposed to English and \_\_\_\_\_? Which Language(s) Should Be Assessed?

Assessments should be administered in  
**all languages used 30% of the time or more**  
(Castilla-Earles, et al., 2020).

**How is can that be determined?**

The Alberta Language Environment Questionnaire  
(free and online)



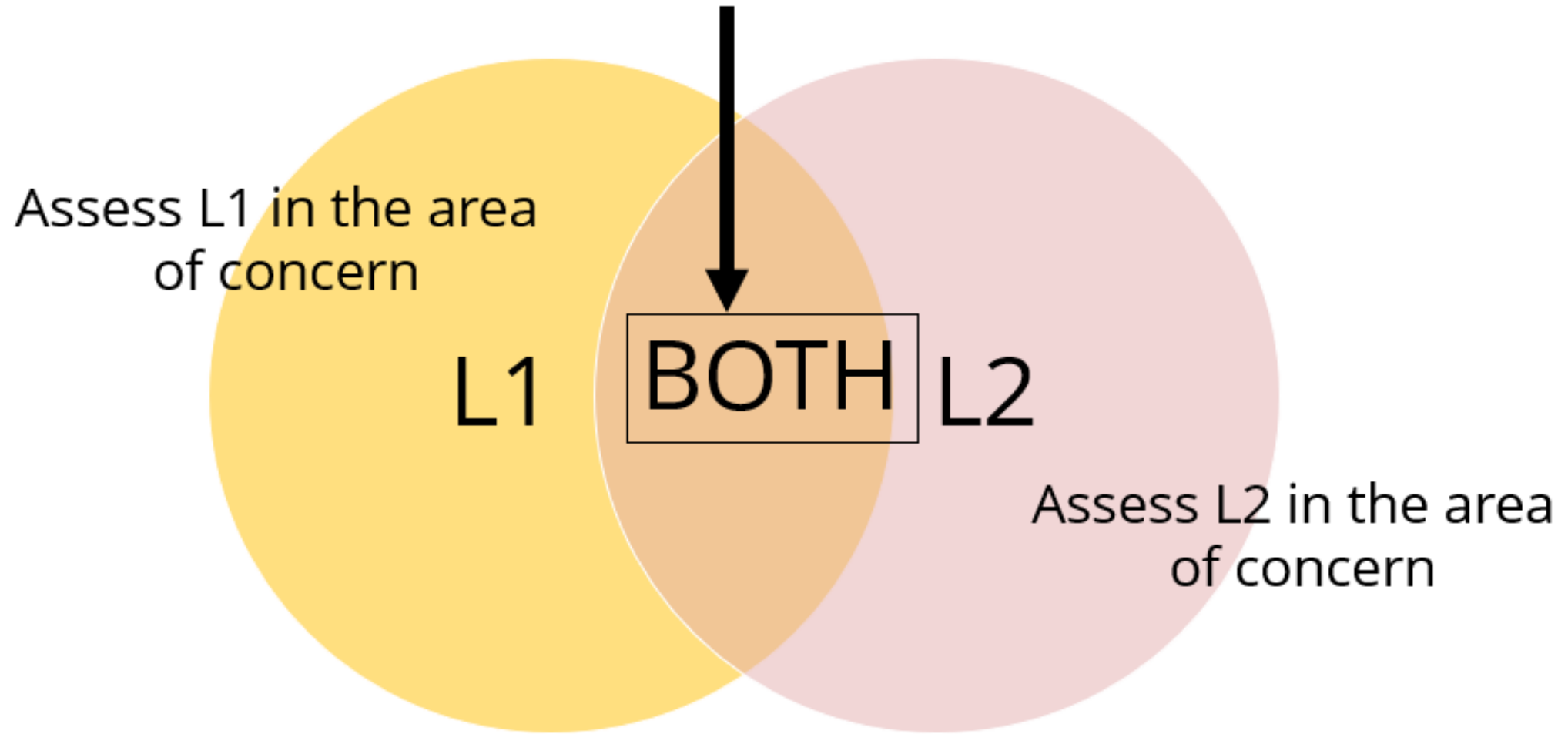
# What If There Is Not A Test for That Language?

## Dynamic Assessment

- The **“test-teach-retest”** model of dynamic assessment has proven effective in discriminating between students with language differences and those with deficits (Laing & Kamhi, 2003).
- Dynamic assessment has been shown to help identify learning potential, eliminate bias for students with cultural and linguistic differences or socio-economic risk factors, and be statistically better than standardized assessments for distinguishing difference from disorder (Hasson, 2013).
- This differential learning rate (of dynamic assessment) allowed classification with better sensitivity and specificity (Roseberry and Connell, 1991).
- Dynamic assessment is more predictive in differentiating difference vs. disorder in CLD population on a word learning tasks (Peña et al., 2006).



# Presence of a Disorder





# Three Diagnostic Questions if Child is Exposed to More than One Language (30% or more) (with considerations for their stage of language acquisition)

**1. Is what you hear developmentally appropriate for L1 (primary language) and L2 (English)?**

This is a delay, not a disorder.

**2. Is what you hear atypical for L1 (primary language) and atypical for L2 (English)?**

This would be considered disordered.

**3. Is what you hear the influence of L1 (primary language) on L2 (English)?**

This is a difference not a disorder.



# Three Diagnostic Questions if the Student Does Not Speak English (with considerations for their stage of language acquisition)

**1. Is what you hear developmentally appropriate for the child's language?**

This is a delay, not a disorder.

**2. Is what you hear atypical for the child's language?**

This would be considered disordered.

**3. Is what you hear the influence of exposure to English?**

This is a difference not a disorder and evaluation must report the child's stage of language acquisition (Krashen & Terrell, 1983; Hearne, 2000)



# What is Specially Designed Instruction?



# What is Special Education?

Special education means **specially-designed** instruction including...

- ... adapting the content, methodology, or delivery of instruction to address the **unique needs** of a student
  - ... that **result from the student's disability**
  - ... to ensure access of the student to the general education curriculum
  - ... in order **to meet the educational standards** that apply to all students
- (34 CFR § 300.39)



Are the student's needs **unique**?

*How* are their needs significantly different from same age/grade peers?

Are the student's needs resulting from the identified area of disability or "something else"?

If the needs are related to "something else", has the student been evaluated for a suspected disability in another area?

Is **specially designed instruction** necessary for the student to access the general education curriculum to meet the educational standards?

Does the instruction require the unique, skills, training, and expertise of **an SLP**?

**How Do You Know?**

(How is this documented?)

# What is Special Education (continued) ?

If the data suggests the student's needs for instruction can be provided within the general education setting without the support of special education and related services, the team must determine that the student is **not** in need of special education and related services.

Working at the top of your license means utilizing the full extent of education, training, and experience, and not spending time doing things that could be effectively done by someone else.





# Specially Designed Instruction ... in the Least Restrictive Environment

- To the maximum extent appropriate, children with disabilities.. are educated with children who are nondisabled; and ...
- ... removal of children with disabilities from the regular educational environment occurs - **only if the nature or severity** - of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (34 CFR 300.114(a)(2)).

## Nature – Severity



# Specially Designed Instruction in the Least Restrictive Environment (continued)

- Does the **nature** of the disability require an SLP to provide the services?
- Does the **severity** of the disability require an SLP to provide the services?
- Could indirect services adequately meet the students needs?
- Could supplementary services adequately meet the students needs?



# Students Who May No Longer Need Specially Designed Instruction ... *by an SLP*

- A student with who is making good grades and performing well on assessments **when utilizing** strategies or accommodations (e.g., graphic organizers, pre-teaching key vocabulary, audiobooks, etc.)
- A student who has nearly mastered speech sound production at the conversational level and is working only on self-monitoring and as such can be **supported with models and reminders** by their teachers in the classroom.
- A student with a fluency disorder who **has established strategies that enhance fluency and is working on self-monitoring and/or generalization** which can be supported with reminders by their teachers in the classroom.
- A student with pragmatic difficulties who is **also receiving adequate special education** support to address their needs.



# What is Educational Impact? (Speech Sound Disorder)



# Educational Impact and Speech Sound Disorder

- **Evidence of struggle when compared to peers**
  1. Observation across educational environments
  2. student interview/report of student's feelings about speech production - **Student's Experience in Speech Therapy Questionnaire** (Mummy, adaptation of the ACES questionnaire).
- Does the speech sound difficulty cause the student to...
  - repeat or rephrase so that they can be understood?
  - hesitate to speak aloud or read aloud in class?
  - show reluctance to participate with peers and adults in structured discussions and routines about grade-appropriate topics and texts?
  - communicate needs and wants?
  - ask and answer questions?





# Educational Impact and Speech Sound Disorder

- **Intelligibility to familiar and unfamiliar listeners**
- **Phonemic and Phonological Awareness**
  - Atypical speech sound errors and distortions in preschool are predictive of weak phonological awareness (PA) skills (Preston & Edwards, 2010). This is true even when language is normal (Bird, et al., 1995; Overby, Trainin, Smit, Bernthal & Hull, 2012).
  - The majority of all poor readers have an early history of spoken language deficits with 73% of second grade poor readers having poor phonemic awareness or spoken language problems in K5 (Scientific Studies of Reading, 1999).
  - Phonological processing (word reading and phonological working memory) skills have been shown to be weak *even once the speech sound disorder is remediated* (Farquharson, 2015; Raitano, Tunick, Pennington, Boada, & Shriberg, 2004).
  - Comorbidity of reading disability with a speech sound disorder is approximately 25-30% (Grosse, 2009).





# How Does Poor Phonological Awareness Have an Adverse Educational Impact?

- Phonological awareness is what allows us to compare words we know with words we don't know yet and when we are not aware of the differences in words, we are not able to make sense of how the meaning is different.

**Habit – Habitat**

**People-Pupa**

**Specific-Pacific**

**Advice – Advise**

**Affect-Effect**

- We put *written* words into long-term memory by anchoring them to their sounds, not by their meanings.

**Suspicious**

**Convalesce**



# Phonological Awareness and the 2023 CCR ELA Standards

## Kindergarten

- ELA.K.F.1.1** counting words in a sentence
- ELA.K.F.1.2** alliteration recognition
- ELA.K.F.1.3** rhyme identification
- ELA.K.F.1.3** rhyme production
- ELA.K.F.1.3** rhyme oddity
- ELA.K.F.3.7** syllable segmentation
- ELA.K.F.3.2** compare/contrast letters and sounds
- ELA.K.F.1.4** counting, segmenting, and blending phonemes
- ELA.K.F.1.5** onset + rime
- ELA.K.F.1.6** identify initial, final, and medial phoneme
- ELA.K.F.1.7** manipulation of phonemes
- ELA.K.F.3.6** manipulation of letter tiles

## First Grade

- ELA.1.F.1.2** alliteration production
- ELA.1.F.1.3** recognize and produce rhyme
- ELA.1.F.1.4** syllable deletion and addition
- ELA.1.F.1.5** blending and segmenting onset + rime
- ELA.1.F.1.7** phoneme deletion, addition, and substitution in initial or final position of words with 3-5 phonemes

## 2<sup>nd</sup> Grade

### ELA.2.F.1.7

Delete, add, and substitute initial, medial, and final phonemes of a spoken word up to six phonemes and say the resulting word.



# Foundations for Reading

Goal LDC-11: Children develop **phonological awareness.**



## Developmental Indicators

**Infants**  
Birth to 12 months

- Imitate and take turns with caregivers making different sounds. LDC-11a

**Younger Toddlers**  
8 to 21 months

- Focus on and enjoy playing with repetitive sounds, words, rhymes, and gestures. LDC-11b
- Vocalize familiar words and sounds. LDC-11-c

**Older Toddlers**  
18 to 36 months

- Participate in rhyming games. LDC-11d
- Notice sounds that are the same and different. LDC-11e
- Participate in experiences using rhythmic patterns in poems and songs using words, clapping, marching, and/or using instruments. LDC-11f

**Younger Preschoolers**  
36 to 48 months

- Participate in experiences with songs, poems, and books that have rhyme and wordplay, and learn words well enough to complete refrains and fill in missing words and sounds. LDC-11g
- Repeat rhythmic patterns in poems and songs using words, clapping, marching, and/or using instruments. LDC-11h
- Play with the sounds of language and begin to identify rhymes (make up silly-sounding words, repeat rhyming words). LDC-11i

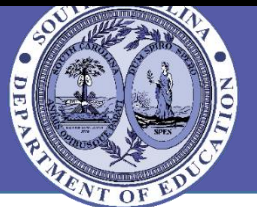
**Older Preschoolers**  
48 to 60+ months

- Distinguish between similar sounding words (e.g. tree and three). LDC-11j
- Enjoy rhymes and wordplay with songs, poems, and books and sometimes add their own variations. LDC-11k
- Repeat a variety of rhythmic patterns in poems and songs using words, clapping, marching, and/or instruments to repeat the rhythm or beat syllables. LDC-11l
- Play with the sounds of language, identify a variety of rhymes, create some rhymes, and recognize the first sounds in some words. LDC-11m
- Associate sounds with specific words, such as awareness that different words begin with the same sound. LDC-11n

**Does This  
Writing  
Sample  
Support  
Adverse  
Educational  
Impact of  
SSD (/r/)?**

Magnets are atraktiv to sum  
medlsc. But sum medls  
arnt atraktiv to magnets.

The magnetik fors cene go  
thruy coper. Perhaps it can  
go thruy uther stuff?



# Speech Sound Assessment Summary

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

- For each assessment area column, circle the item that best represents the student's performance.
- Did the oral-peripheral examination reveal structural concerns contraindicated to treatment? Yes No
- Is the student multilingual or bidialectal? Yes No
  - If yes, what is the student's primary language or dialect spoken?
  - If yes, which speech sounds observed in the assessment are considered unique to the language or dialect and not considered to be in error:

Phonological Process Abbreviations: CR - Cluster Reduction WSD - Weak Syllable Deletion FR - Fronting Gliding - Gliding of liquids  
DEP - Dephantalization of Singletons FCD - Final Consonant Deletion ICD - Initial Consonant Deletion

	Academic Activities, Tests, and Related Measures			SLP Probes, Tests and Measures			
	At least 2 out of 3 must be in moderate or substantial range			At least 2 out of 3 must be in moderate or substantial range			
	<small>Data source: teacher checklist, classroom and observations of oral &amp; written language in school setting*</small>	Phonological Awareness probes	Intelligibility in Connected Speech (ICS) across settings Familiar/ Unfamiliar listeners	I. Speech Sound Production Speech sound production (McLeod & Crowe 2020)	and/or Phonological Processes	II. Stimulability (Miccio Probe or dynamic assessment)	III. Severity - %age of Consonants Correct (PCC)
<b>No Apparent Impact</b>	Performs similarly to peers in most areas	Meets age appropriate norms	<i>Familiar:</i> ICS 4 or 5 Age 3: 75% Age 4: 85% Age 5+: 90% <i>Unfamiliar:</i> Age 5-6: 75% Age 6-7: 83% ≥2: 90%	Meets norms for acquisition	No significant error processes.	Error sounds are 90% stimulable	PCC value more than 95%
<b>Minimal Impact</b>	Evidence of struggle in one or more areas when compared to peers	One PA skill does not meet age or grade appropriate norms	<i>Familiar:</i> ICS ≤ 3 Age 3: 65-75% Age 4: 75-85% Age 5+: 81-90% <i>Unfamiliar:</i> Age 5-6: 60-74% Age 6-7: 75-82% ≥7: 71-89%	One-two sounds do not meet norms for acquisition	One or more occur: - Gliding - CR with /s/ - Vowelization post-vocalic /r/ or /l/	Error sounds are 60 - 89% stimulable	PCC value of 85 - 94%
<b>Moderate Impact</b>	Evidence of struggle in most areas when compared to peers	Two skills do not meet age or grade appropriate norms	<i>Familiar:</i> ICS ≤ 3 Age 3: 50- 64% Age 4: 65-74% Age 5+: 70-80% <i>Unfamiliar:</i> Age 5-6: 51-60% Age 6-7: 51-74% ≥2: 51-70%	Three-four sounds do not meet norms for acquisition	One or more occur: - WSD - DEP - initial CR /l/, /r/, /s/ - Velar fronting	Error sounds are 50 - 59% stimulable	PCC value of 50 - 84%
<b>Substantial Impact</b>	Evidence of very limited ability in most areas	Three or more skills do not meet age/grade appropriate norms	<i>Familiar:</i> ICS ≤ 3 Age 3: <70% <i>Unfamiliar:</i> All Ages: 0-50%	Five or more sounds do not meet norms for acquisition	One or more occur: - ICD - FCD - Stopping - DEP final	Error sounds are less than 50% stimulable	PCC value less than 50%

\*Educational impact assessment includes data that is individual to the student and specific to the identified areas of weakness as determined by a variety of assessment tools and strategies.

Curricular and/or S-E data

Intelligibility

Phonological awareness

# phonemes and/or phonological process based on norms

Stimulability

Percent of Consonants Correct



# Ongoing Eligibility





# Dismissal vs. Ongoing Eligibility

- The term “dismissal” is not used in IDEA
- There are not two different standards for students who are eligible to receive services and those who are eligible to continue to receive services.
- The diagnostic battery used to determine initial eligibility is not required for ongoing eligibility. However, the reevaluation process is required if the student has a classification as SLI. If the student is served as a related service, a re-evaluation review is not warranted.



# IDEA Evaluation Requirements 34 CFR 300.304 (abbreviated)

1. A variety of assessment tools and strategies
2. Not use any **single** measure or assessment as the sole criterion
3. Use of technically sound instruments
4. Not discriminatory on a racial or cultural basis; administered in the child's native language unless it is clearly not feasible
5. Used for the purposes for which the assessments or measures are valid and reliable
6. Must be sufficiently comprehensive
7. Must determine the educational needs of the child



# Eligibility Is “Woven” Throughout the IEP

- **Present Levels of Academic and Functional Performance** - continued presence of a disability WITH data from teacher.
- **Impact Statement** - educational impact.
  - Must be specific to the INDIVIDUAL student, not general statements, not “may” impact, not “may impact in the future”)
- **Goals** steps towards decreasing the disability and its educational impact.
- **Services** - how the goals will be implemented.
- **Prior Written Notice** - summary of continued presence of a disability, adverse educational impact, and need for specially designed instruction.



# What Data Supports A Change to Eligibility?

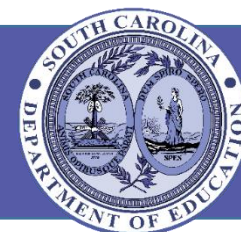
- Supporting data points (e.g., current assessments, therapy notes, progress notes, grades, attendance information, etc.).
- Documentation of mastery of goals and/or information to support plateau despite a variety of treatment methods.
- Early and ongoing communication regarding eligibility considerations (e.g., in progress reports with justification and supporting data points, communicate with the team in previous IEP meetings, etc.).
- Evidence from the classroom via classroom observation and/or teacher data relative to current impact of the disability within the classroom setting.



# What If A Team Member Disagrees?

- Introduce the idea the team well ahead of the IEP meeting (I'd like your thoughts about ..."
- Share the data and documentation that supports your recommendation.
- Provide the team with an understanding of IDEA requirements regarding two prongs of eligibility, FAPE, LRE and specially designed instruction.
- Talk to the team about professional practice standards, the code of ethics, and potential for fraud.
- **Fade services** and as skills improve and document their performance.

**Discuss ongoing eligibility at the initial eligibility meeting AND as it is woven throughout every annual review IEP.**



# Three, Two, One ... Go!

3

- What are three key take aways from this session?

2

- What are two lingering questions you still have?

1

- What is one area of school-based services in SC that you would you like to see more guidance and support?





# Question and Answer

**Thank you** for your time, attention, attendance,  
and for what you do for children every day!

If you'd like more information,  
please do not hesitate to reach out!



**Angie Neal, M.S. CCC-SLP**

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