

Assignment of Severity Ratings and Minutes

The following document was adapted from the following sources: ISBE Speech/Language Technical Assistance Manual (11/90); a draft of the ISBE document "Service Delivery Guidelines-Revision for the Speech-Language Technical Assistance Manual"; The "Naperville 204 Severity Rating Criteria Guidelines" which was based on the "NSSEO Speech/Language Handbook (10/99)"; District 118 Speech/Language Criteria; collaboration outcomes with Southwest Cooperative Speech/Language Consultant.

When assigning severity ratings it should be noted that frequently students exhibit multiple types of speech and language impairments. However the student **only receives one severity rating determination**. For example, if a student has an articulation impairment that is minimally affecting his/her ability to communicate in school learning and/or social situations (severity rating of 1) and a language impairment which interferes with his/her educational program (severity rating of 2), the student would receive a severity rating of 2, and not a combination of the two. While it is understood that intervention may be able to target both deficit areas at the same time, most likely an increased time would be required to appropriately service this student. Therefore, it is recommended that the higher number of minutes within the range be offered to the student. The following classifications apply to all communication disorder areas:

Severity Rating Unit	Number of Service Delivery Minutes Per Week	Description
0	Not eligible for Special Education Speech and Language services	The speech/language impairment does not adversely affect the student's ability to communicate in school learning and/or other social situations.
1	15-30	The speech/language impairment minimally affects the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as a teacher, parent, sibling, or peer.
2	31-60	The speech/language impairment interferes with the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.
3	61-90	The speech/language impairment limits the individual's ability to communicate in school learning and/or other social situations. Environmental and/or student concern is evident and documented.
5	91+	The speech/language impairment seriously limits/prevents the individual from communicating appropriately in school learning and/or other social situations.

Please refer to the speech/language eligibility criteria matrix for specific criteria in the areas of articulation/phonology, language, fluency, voice, feeding and swallowing.

Areas of Communication Disorders

Articulation/Phonology Eligibility

The student with an articulation/phonological impairment is unable to produce sounds correctly in conversational speech. This impairment is typically characterized by the omission, distortion, substitution, addition, and/or inaccurate sequencing of speech sounds. Errors are not related to cultural or dialectical differences.

A student is not eligible for special education related services in the area of speech and language (articulation/phonological) impairment when:

1. Sound errors are consistent with developmental age or are within normal articulation development.*
2. Articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, temporary physical disabilities or environmental, cultural or economic factors.*
3. The articulation errors do not interfere with the student's ability to benefit from education

At times referrals may be made from physicians or dentists regarding tongue thrust or reverse swallow in students. Tongue thrust is not an articulation disorder in itself, although it is often found in tandem with interdentalization of /s/, /z/, and may result in interference with other speech sounds. Therefore, the speech therapist in the school setting does not specifically enroll students to eliminate tongue thrust or correct deviant swallow patterns that do not interfere with nutrition, but may enroll this student if the resulting articulation disorder meets the eligibility criteria. No goals should specifically address the swallow, but rather only the articulation disorder.

Some students may demonstrate significant swallowing disorders including developmentally delayed or disordered patterns or loss of swallowing function due to brain injury or other circumstances. The decision to enroll a child for swallowing therapy should be made by all parties including the caregivers, teachers, school nurse, and occupational therapist as well as the speech pathologist. A feeding evaluation, feeding plan, and therapy plan may be established, if appropriate. Students may be candidates for augmentative communication if, after a significant period of intervention, it is determined that the student lacks an appropriate modality to communicate expressively.

Area	0 (No Service)	1 Mild (15-30 min)	2 Moderate (31-60 min)	3 Severe (61-90 min)	5 Profound (91+)
Adverse effect on Educational Performance and Need for Specialized Services	Does <u>not</u> adversely affect the individual's ability to communicate in school learning and/or other social situations	Impairment <u>minimally affects</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as a teacher, parent, sibling, or peer.	Impairment <u>interferes with</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.	Impairment <u>limits</u> the individual's ability to communicate appropriately and respond in school learning and/or social situations. Environmental and/or student concern is evident and documented.	Impairment seriously <u>limits/prevents</u> the individual from communicating appropriately in school and/or social situations.
Articulation/Phonology	<p>Good intelligibility.</p> <p>Sound errors are consistent with developmental age or are within normal articulation development . (See Speech Sound Development Chart)</p> <p>Articulation difference3s are due primarily to unfamiliarity with the English language, dialectical differences, temporary physical disabilities or environmental, cultural or economic factors.</p>	<p>Good intelligibility with errors noted.</p> <p>Intelligible over 80% of the time in connected speech.</p> <p>No more than 2 speech sound errors outside developmental guidelines.</p> <p>Note: Cognates count as only 1 error sound (ex: errors on /s/ and /z/=only 1 error)</p> <p>Student may be stimuable for error sounds.</p>	<p>Fair to poor intelligibility.</p> <p>Intelligible 50-79% of the time in connected speech.</p> <p>Substitutions and distortions and some omissions may be present.</p>	<p>Poor to very poor intelligibility.</p> <p>Less than 50% intelligible in connected speech.</p> <p>Numerous substitutions, omissions and/or distortions are present. There may be a limited number of phoneme classes.</p> <p>Augmentative/alternative communication systems may be warranted.</p>	<p>Speech is unintelligible without gestures and cues and/or knowledge of the context.</p> <p>Limited consonants and CV. VC combinations.</p> <p>Usually there are additional pathological, neurological and/or physiological problems.</p> <p>Augmentative/alternative communication systems may be warranted.</p>

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SPEECH SOUND DEVELOPMENT

Compiled from the following sources: Toni Linder-Transdisciplinary Play-Based Assessment, Revised Edition (1997)
Barbara Hodson PhD. In ASHA Leader: Marc, 2002
Jacqueline Bauman-Waengler in Phonology Assessment and Intervention Applications in Speech Pathology by Robert J. Lowe PhD.

Use this as a guideline when determining eligibility for articulation/phonology therapy.
It should be used in conjunction with evaluation of adverse affect and number and types of errors.

ARTICULATION DEVELOPMENT

By 3 years: /m, p, b, w, n, h/

3 years, 6 months to 4 years, 0 months: /f/ /s/** /j(y)/ /k, g/ /y/(ing) /t, d/

4 years, 6 months to 5 years: /l/ /s/(sh) / / (ch) /d/(j) /z/(zh) /z/**

By 6 years: /v/

By 7 years: /r/ /0/(th voiceless) / / (th voiced)

PHONOLOGICAL DEVELOPMENT*

By 3 years: Final consonants
Some /s/ clusters
Stridents**

3 years, 6 months to 4 years, 0 months: Velars

4 years: Clusters established***

*Omissions are rare even in consonant clusters in “typically developing children.”

**The /s/ and /z/ sounds may be present in terms of stridency by 3 or 4. Lateral air emission is not a typically developing normal pattern.

***Cluster formation occurs phonologically, but correct articulation of specific sounds in the clusters may occur until age 7.

LANGUAGE

The student with a language impairment demonstrates impairment and/or deviant development of comprehension and/or use of a spoken symbol system. This may include:

1. Language form - the portion of language that refers to the utterance/sentence structure of what is said (phonology, morphology, syntax)
2. Language content - the portion of language that refers to meanings of words and sentences including abstract concepts of language (semantics)
3. Language 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.

In some situations, severity of the disabling condition caused by a language impairment may need to be determined by factors other than standardized tests. In these cases, eligibility and severity would need to be determined by the impact of the language impairment on the student's communicative, academic and social competence, thereby adversely impacting educational performance. Clinical observations, language samples, and consultation with other school personnel are important components in determining eligibility of language impaired students (Casby, 1992).

PRAGMATICS

Speech-language pathologists take into consideration the student's use of pragmatics along with other case study assessment information obtained to determine eligibility for services.

Pragmatics include:

1. The ability to use verbal labels to name objects, actions or attributes appropriately.
2. The ability to use language to request objects or information or to fulfill needs.
3. The ability to use language to relate previous incidents.
4. The ability to use language to relate original ideas.
5. The ability to use language to express emotions and moods.
6. Adherence to the basic rules of conversation, including imitating, turn taking, and staying on topic.
7. Adherence to the social rules of conversation such as maintenance of personal space, eye contact, posture and volume.
8. The ability to determine listener's reception and interpretations.
9. The ability to react to various speech setting appropriately.
10. The ability to understand and react appropriately to idioms, figures of speech, inferences and humor.

A student is not eligible for special education and related services in the area of speech and language impairment when:

1. Language differences are primarily due to environmental, cultural, or economic factors including non-standard English and regional dialect;
2. Language performance does not interfere with the student's ability to benefit from education.

Area	0 (No Service)	1 Mild (15-30 min)	2 Moderate (31-60 min)	3 Severe (61-90 min)	5 Profound (91+)
Adverse effect on Educational Performance and Need for Specialized Services	Does <u>not</u> adversely affect the individual's ability to communicate in school learning and/or other social situations	Impairment <u>minimally affects</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as a teacher, parent, sibling, or peer.	Impairment <u>interferes with</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.	Impairment <u>limits</u> the individual's ability to communicate appropriately and respond in school learning and/or social situations. Environmental and/or student concern is evident and documented.	Impairment seriously <u>limits/prevents</u> the individual from communicating appropriately in school and/or social situations.
<p>Receptive and Expressive Language</p> <p>Pragmatics</p> <p>Note: For all severity ratings, language assessment should be based on two or more assessment procedures including but not limited to standardized testing, observation, classroom performance, teacher's input and self assessment.</p>	<p>Scores are less than 1.0 Standard Deviation below norms or less than 6 months delayed.</p> <p>Language differences are primarily due to environmental, cultural, or economic factors including non standard English and regional dialect</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language.</p> <p>Performance falls:</p> <p>*Between 1 and 1.5 standard deviations below the mean OR *Between standard scores of 78-85 OR *Within a 6-9 month delay on informal /formal measures OR *Between a % rank of 10-16</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language.</p> <p>Performance falls:</p> <p>*Between 1.5 and 2.0 standard deviations below the mean OR *Between standard scores of 60-77 OR *Within a 9-12 month delay on informal/ formal measures OR *Between a %rank of 3-9</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language.</p> <p>Performance falls:</p> <p>*More than 2.0 standard deviations below the mean OR *Below a standard score of 60 OR *(for children 3-6 years of age) at greater than a 12 month delay on informal/ formal measures OR *A % rank of 1-2</p> <p>Augmentative/alternative communication systems may be warranted</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language that prevents appropriate communication in school and/or social situations.</p> <p>Augmentative/alternative communication systems may be warranted.</p>

Language Measurements Commonly Used

ASSET

Bankson Language Test

Bracken Basic Concepts Scale(BBCS)

Boehm Test of Basic Concepts(BTBC)

Clinical Evaluation of Language Fundamentals-Preschool (CELF-PS)

Clinical Evaluation of Language Fundamentals-3rd edition (CELF-3)

Developmental Sentence Analysis (Laura Lee)

Expressive One-Word Picture Vocabulary Test-Revised (EOWPVT-R)

Expressive One-Word Picture Vocabulary Test-Upper Extension (EOWPVT-UE)

Functional Communication Profile (FCP)

Functional Language Ability Profile (FLAP)

Language Processing Test (LPT)

Preschool Language Scale-3 (PLS-3)

Peabody Picture Vocabulary Test-Revised (PPVT-R)

Receptive One-Word Picture Vocabulary Test-Revised (ROWPVT-R)

Screening Test for Auditory Processing Disorders (SCAN)

Structured Photographic Expressive Language Test-2nd Edition(SPELT 11)

Test for Auditory Comprehension of Language-Revised (TACL-R)

Test of Early Language Development (TELD)

Test of Language Development-intermediate (TOLD-1)

Test of Language Development Primary -2nd Edition (TOLD:P-2)

Test of Pragmatic Language (TOPL)

Test of Problem Solving (TOPS)

Test of Word Knowledge (TOWK)

The Listening Test

The WORD Test

FLUENCY

A fluency impairment is defined as the abnormal flow of verbal expression. It is characterized by impaired rate and rhythm of connected speech and may be accompanied by struggle behavior.

Consideration must be given to the student's chronological age and perception of the problem by the student and parents, the contextual situations in which the student functions and the overall impact on educational performance.

A student is not eligible for special education and related services in the area of speech and language (fluency) impairment when disfluencies:

1. Are part of normal speech development
2. Do not cause the speaker to modify behavior
3. Do not interfere with the student's ability to benefit from education

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Adverse effect on Educational Performance and Need for Specialized Services	Does <u>not</u> adversely affect the individual's ability to communicate in school learning and/or other social situations	Impairment <u>minimally affects</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as a teacher, parent, sibling, or peer.	Impairment <u>interferes with</u> the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.	Impairment <u>limits</u> the individual's ability to communicate appropriately and respond in school learning and/or social situations. Environmental and/or student concern is evident and documented.	Impairment seriously <u>limits/prevents</u> the individual from communicating appropriately in school and/or social situations.
Fluency	Disfluencies are part of normal speech development. Disfluencies do not cause the speaker to modify behavior.	2-4% atypical disfluencies within a speech sample of at least 100 words. No tension to minimal tension. Student is aware of disfluency. May be frustrated with disruptions in speech flow. Speaks freely in most speaking situations.	5-8% atypical disfluencies within a speech sample of at least 100 words. Noticeable tension and/or secondary characteristics are present. Student is aware of stuttering. Shows frustration about stuttering. Does not contribute fully in class. Avoids some speaking situations.	9-12% atypical disfluencies within a speech sample of at least 100 words. Excessive tension and/or secondary characteristics are present. Student shows significant reaction to stuttering. Avoids many speaking situations and limits choices in activities due to stuttering.	More than 12% atypical disfluencies within a speech sample of at least 100 words. Excessive tension and/or secondary characteristics are present. Student shows strong negative reaction to stuttering. Avoids speaking in most situations.

NOTE: Student may demonstrate impairment in one or more of the above areas, but if there is no adverse effect, he/she is not eligible for special education.

VOICE

A voice impairment is defined as any deviation in pitch, intensity, quality, or other attribute which consistently interferes with communication; draws unfavorable attention; adversely affects the speaker or the listener; or is inappropriate to the age, sex or culture of the individual. Voice quality may be affected by either organic or functional factors.

Consideration must be given to age, sex, environment, and perception of the problem by the student, parents, speech language pathologist, and other school personnel or medical specialists.

A student is not eligible for special education and related services in the area of speech and language (voice) impairment when vocal characteristics:

1. Are the result of temporary physical factors such as allergies, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse
2. Are the result of regional, dialectic or cultural differences
3. Do not interfere with the student's ability to benefit from education

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Voice	Voice differences are result of temporary physical factors such as allergies, colds, abnormal tonsils or adenoids, short term vocal abuse or misuse. Voice differences are result of regional, dialectical, or cultural differences.	Voice difference including hoarseness, nasality, denasality, pitch or intensity is inappropriate for the student's age and is of minimal concern to parent, teacher, or student. Medical referral may be necessary.	Voice difference is of concern to parent, teacher, or student. Voice is not appropriate for age and sex of the student. Distracting to most listeners. Medical referral may be indicated.	Voice difference is of concern to parent, teacher, or student. Voice is distinctly abnormal for age and sex of student. Effective verbal communication is limited. Medical referral is indicated.	Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech. No effective vocal/verbal communication. Medical referral is indicated.

Oral Motor: Movements and sequencing of movements of the oral structures (tongue, teeth, lips, jaw and cheeks) for non-speech tasks such as feeding and oral imitation. Oral motor skills should not be evaluated and rated as a separate category, but should be considered when rating speech and feeding skills.

Feeding and Swallowing: The student with a feeding and swallowing impairment has difficulty in one or more of the following stages of the swallowing process:

- Oral phase-sucking, biting, chewing, formation of bolus
- Pharyngeal phase-triggering of the swallow response, closing off of the nasopharynx and larynx, and movement of food/liquid down the throat by peristaltic movement to the esophagus
- Esophageal phase-food/liquid travels by peristaltic movement down the esophagus and to the stomach

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Oral Motor	The Student produces oral motor movements with ease.	The student is able to produce oral motor movements when concentrating.	The student produces oral motor movements with difficulty.	The student produces oral motor movements with great difficulty	The student cannot produce oral motor movements.
Feeding and Swallowing		Avoids certain foods because of dislike. Oral impairment with oral transit times no longer than 5 seconds. Reduced chewing ability. No pharyngeal impairment.	Oral transit 6-10 seconds. Poor chewing and restricted lateralization/coordination of the tongue. Pharyngeal stage problem identified through instrumental assessment but no aspiration.	Diet limited. Known aspirator on select foods which are eliminated on the diet. Pharyngeal stage anatomic or physiologic disorder identified through instrumental examination. Needs trained supervision at meals and snacks.	No oral intake/non oral feeding. Known aspirator. Pharyngeal anatomic or physiologic disorder identified through instrumental assessment including reason for aspiration.

NOTE: Feeding/Swallowing treatment and evaluation may not be considered without a recent VSS on file and ongoing consultation with the physician and parents/caregivers.

Exit Criteria

(Eligibility vs. Non-eligibility)

Exit decisions must be individualized, based on developmental norms and the current best practices, as determined by the appropriate team. A student is no longer eligible for special education services and related services for speech language services when it is determined that:

1. The need for specialized services to address the adverse effect(s) on educational performance is no longer present
2. The disability no longer has an adverse effect on the student's educational performance
3. The disability no longer exists
4. The student is not motivated to attend to and/or participate in speech-language services (this must be documented)
5. Further improvement is precluded by interference of physiological factors
6. Maximum gains have been achieved from therapeutic intervention as evidenced by lack of further progress

This determination of eligibility or noneligibility is made at the IEP meeting on the basis of the data collected or other available assessment information.

Service Delivery Models

Students who have been identified as speech and language impaired have traditionally been served through a pull-out model.

There are numerous reasons for the speech-language pathologist to consider alternative service delivery modes, including:

- To provide a range of services appropriate to the needs of each student
- To provide a more natural communication environment
- To promote generalization from the therapy environment to other communication settings
- To provide an opportunity for interprofessional training
- To provide an opportunity for peer modeling and reinforcement
- To more effectively integrate the student's communicative goals into the educational program
- To provide for a better understanding of overall student achievement
- To provide for more teacher involvement in specific communication skills development; and
- To reinforce and supplement clinical activities

These issues, the necessity for a multidisciplinary approach and the least restrictive environment, have made it necessary to investigate alternate service delivery models.

Consult

IEP's are developed for students in this group. A student who has not exhibited carryover or generalization of skills may benefit from this service delivery option. This model is structured to provide feedback in the classroom from the teacher, consultation between the teacher and the speech-language pathologist and/or intermittent intervention with the pathologist.

This model achieves these goals:

1. To establish carryover of therapy gains to the instructional setting,
2. To provide feedback to the student from peers and other adults,
3. To enhance generalization of skills acquired.

Integrated Services

In an integrated-service delivery model, the speech-language pathologist provides direct services to students with speech and language impairments across educational activities/settings in cooperation with other education professionals. This model addresses one of the most consistent problems when providing therapeutic services: carryover or generalization of skills. In order to facilitate the student's use of emerging or acquired speech and/or language skills, the speech-language pathologist works with the student in a variety of settings: classrooms, community, and/or social. By working with the various service deliverers (teacher, occupational therapist, physical therapist, etc.) in multiple educational environments, the speech-language pathologist maximizes opportunities for the student to achieve the stated goals on the individualized education program (IEP). The ability to provide ongoing assessment, to modify therapeutic techniques, to teach strategies and to relay feedback to the student are enhanced when the speech-language pathologist can observe, treat and gather data in multiple settings with the input of additional professionals. This model is also referred to as the transdisciplinary or multidisciplinary team approach.

This model achieves these goals:

1. To provide therapy in a natural setting;
2. To involve the classroom teacher and other education professionals in the therapeutic process (Knowledge and skills are shared between the speech-language pathologist, the classroom teacher and other educational professionals.);
3. To promote the generalization of skills.

Cognitive Considerations

The purpose of cognitive considerations is to compare the student's standard language scores to standard scores in other ability areas. This process helps differentiate the "slow learner" who is functioning in language at the expected level, from the student who is truly language disordered and is functioning below the expected level.

Examples of these types of situations may include:

1. The student demonstrates a 15 point (or greater) discrepancy between WISC-III performance score (or a similar IQ performance score from another test) and language skills as judged by the results of language testing. Student shows significant discrepancy between ability and language performance and demonstrates deficits on one or more descriptive measures. Student may be eligible for speech-language services if he/she meets other eligibility requirements (adverse effect, etc.).

Example: WISC-III Performance IQ 98 Verbal IQ 76
CELF-3 Receptive 81
Expressive 76

Has difficulty completing assignments in class; seldom speaks in full sentences; seems to lose his train of thought often and will change topics without completing a thought or answering the questions asked of him.

2. If a student demonstrates no discrepancy between WISC-III performance score and language abilities as judged by the results of language testing, the student's language appears to be commensurate with abilities. Student shows no difficulty in functional communication as judged by the speech-language evaluation. Since language skills are measured to be commensurate with cognitive abilities, language therapy services are not indicated.

Example: WISC-III Performance IQ 75 Verbal IQ 72
CELF-3 Receptive 72
Expressive 72

This student has difficulty keeping up with the class and it takes several repetitions to assure that he has grasped new concepts presented. He socializes well and speaks easily with his friends. He can make his wants and needs known effectively in the classroom situation.

3. The student demonstrates no discrepancy between WISC-111 performance score and the language testing results. However, two descriptive language measures indicate that the student has difficulty communicating and that this difficulty causes an adverse educational effect and therefore, the student may be eligible for speech/language services to address functional communication skills.

Example: WISC-III Performance IQ 81 Verbal IQ 79
CELF-3 Receptive 84
Expressive 81

This student does well in communicating in guided, structured tasks, however, in the classroom he has difficulty attending and completing tasks assigned. He has difficulty following directions. Results of the Functional Language Assessment Profile indicate he has skills below those of his classroom peers and significant weaknesses are noted in the pragmatic areas of topic maintenance, turn taking, transitions, and conversational initiation skills.

Pre-Referral/Child Study Team Request for Speech and Language

Student Birthdate Age Grade

Name of person making request Date

Teacher information is required in order to determine if there is a need for a referral to special education for diagnostic evaluations of speech and language skills. The following information is compiled for speech/language pathologist.

1. Does this student avoid speaking in class? To others?
2. Does he/she communicate with a lot of gestures instead of speech?
3. Does this student seem frustrated when trying to speak?
4. Do peers tease this student about his/her communication problems?
5. Is this student's auditory discrimination adequate for sounds and words?
6. Does he/she make errors in writing on the same symbols that he/she makes errors on in articulation? (example: spelling)
7. Do most of his/her mispronunciations during oral reading occur on the articulation error sounds?
8. Is this student's grammar (syntax) adequate for his/her age?
9. Do you feel comfortable when you try to communicate with this student?
10. Does this student's voice quality make it difficult to understand the content
11. of his/her verbal message?
12. Does this student lose his/her voice during or by the end of the day?
13. Is this student able to project loudly enough to be adequately heard in the classroom during recitation?
14. Does the student have difficulty with the fluency or flow of his/her speech? (Are there hesitations or prolongations?)
15. Does this student appear to always turn the same ear toward the teacher or other source of sound?
16. Does this student appear to have more difficulty in understanding material that is presented audiotly than visually?
17. Does this student leave out words when asked to repeat several words or sentences?
18. Does this student appear to concentrate on the speaker's lips when listening?
19. Is this student aware of his/her communication problem?
20. What is your major concern about this student?
21. Are parents aware of your concern?

Disposition: ___ Suggestions provided ___ Checked Status ___ Special Education Referral