MOORE Public Schools
LEARNING FOR LIFE

Guidelines for Eligibility

Speech Language Impairment

III. Severity Rating Guidelines

A severity rating helps to determine the scope of intervention required to meet the needs of students with speech and language impairments. The severity of the speech and/or language impairment should be determined with consideration of the assessment data, case history and observations of student behavior along a continuum of time. The severity ratings are divided into 4 categories, each of which is given a point value on the basis of a standardized test.

Classifications of Severity

Mild	The student's impairment minimally affects their ability to communicate in the school, community and home environment.
Moderate	The student's impairment interferes with their ability to communicate in the school, community and home environment
Severe	The student's impairment limits their ability to communicate in the school, community and home environment.
Profound	The student's impairment prevents their ability to communicate in the school, community and home environment.

Severity Rating Scale for Language Impairment

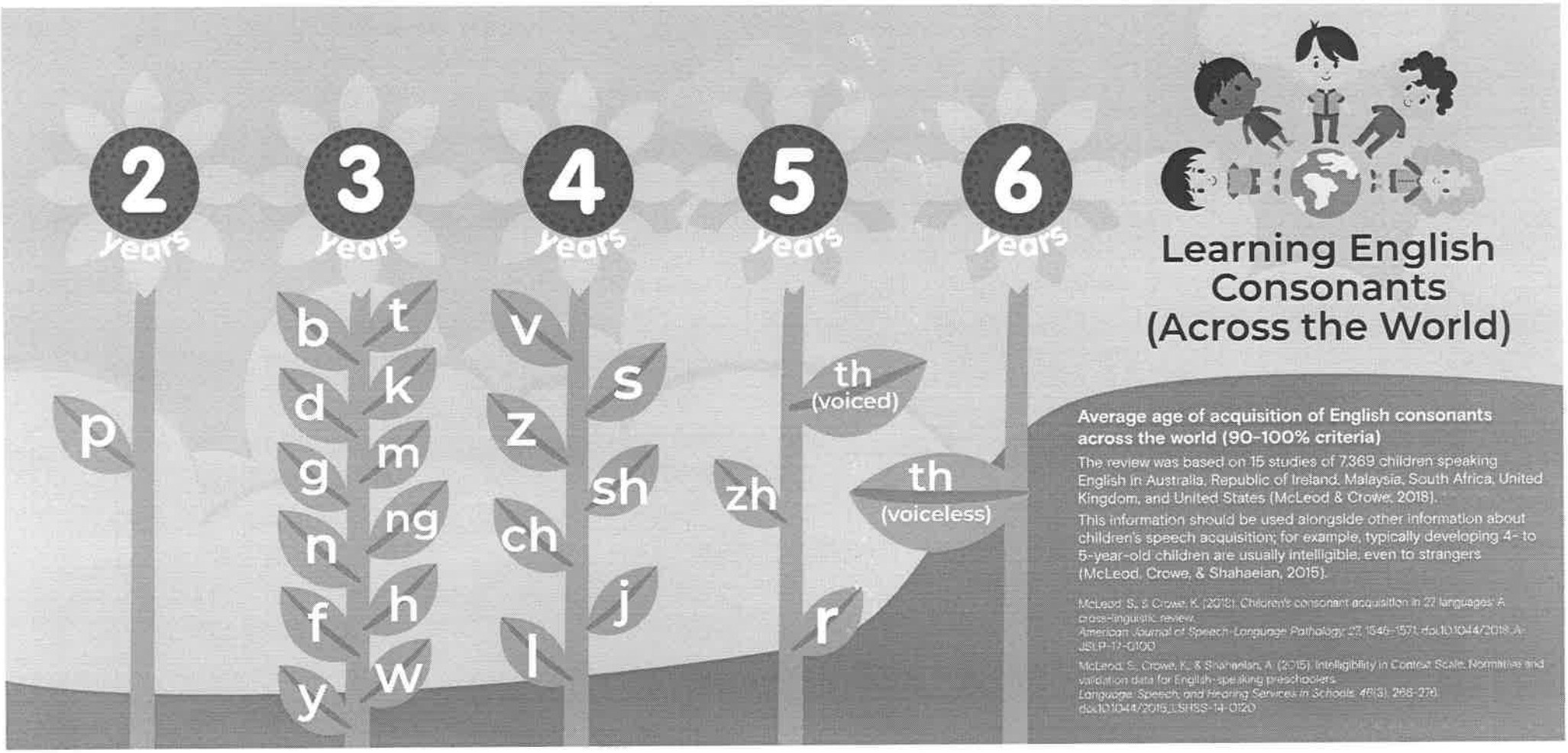
Mild	The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance on testing is at 10%ile or below generally standard scores will range from 81-75.
Moderate	The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Performance on standardized testing will range from 74-70.
Severe	The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests (if standardized tests can be administered). Performance on testing will generally range from 69-62.
Profound	The student demonstrates a deficit in receptive, expressive or pragmatic language which prevents appropriate communication in school and/or social situations. Performance on standardized tests (if standardized tests can be administered) will generally fall below 62.

*Adapted from the Michigan Speech-Language Hearing Association (1990). "Speech and Language Services in Michigan" Suggestions for Identification, Delivery of Service and Exit Criteria.

Severity Rating Scale for Articulation Impairment

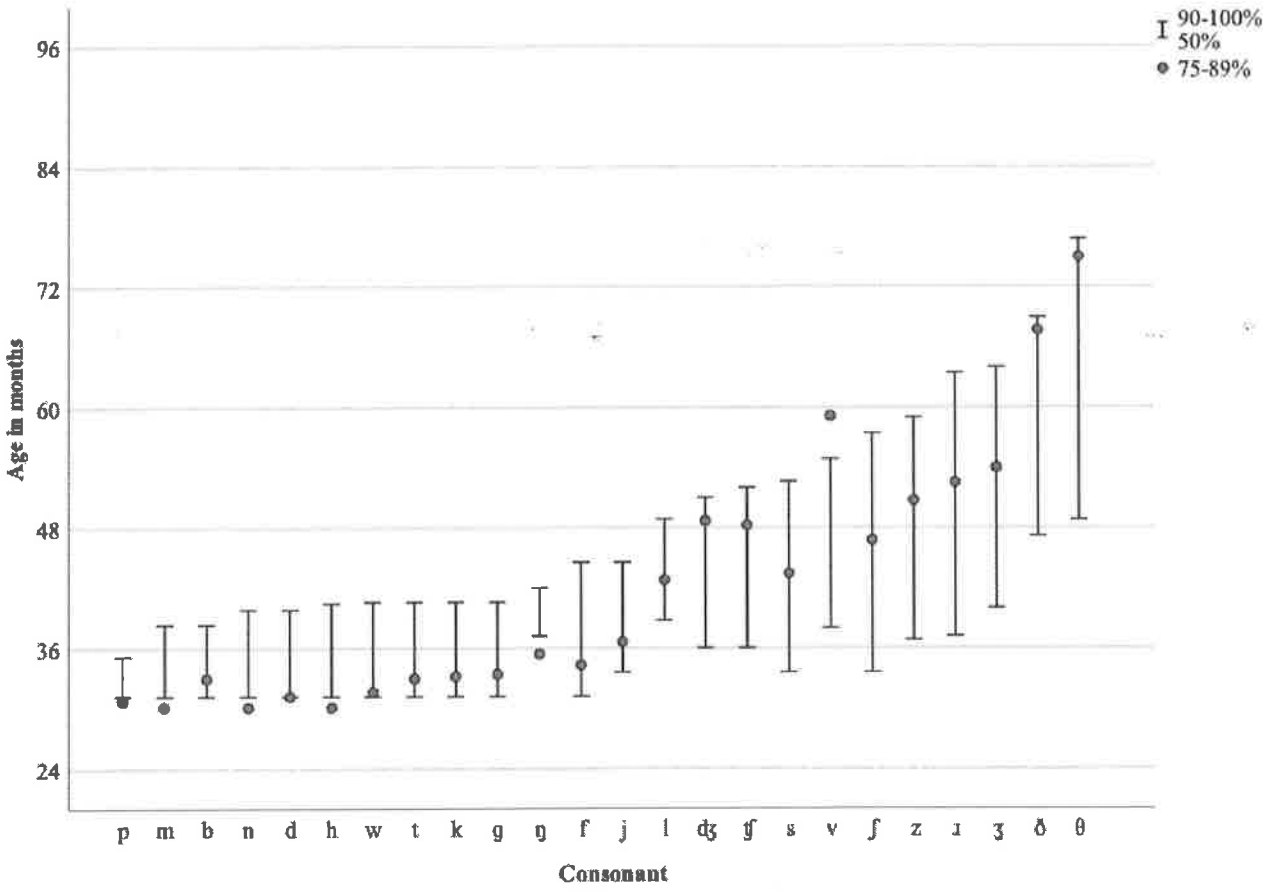
Mild	Connected speech is generally intelligible over 80% of the time. No more than two speech sound errors are outside developmental guidelines.
Moderate	Connected speech is intelligible 50-79% of the time. Substitutions, distortions and some omissions may be present. There is limited stimulability for the error phonemes.
Severe	Connected speech is intelligible 20-49% of the time. Deviation may range from extensive substitutions and many omissions, to extensive omissions. A limited number of phoneme classes are evidenced in a speech-language sample. Consonant sequencing is generally lacking.
Profound	Speech in unintelligible without gestures and cues and/or known context. There may be a presence of additional pathological or physiological deficits.

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2 years
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Learning English Consonants (Across the World)
Average age of acquisition of English consonants across the world (90–100% criteria)
The review was based on 15 studies of 7,369 children speaking English in Australia, Republic of Ireland, Malaysia, South Africa, United Kingdom, and United States (McLeod & Crowe, 2018).
This information should be used alongside other information about children's speech acquisition; for example, typically developing 4- to 5-year-old children are usually intelligible, even to strangers (McLeod, Crowe, & Shahaeian, 2015).
McLeod, S., & Crowe, K. (2018). Children's consonant acquisition in 27 languages: A cross-linguistic review.
American Journal of Speech-Language Pathology, 27, 1546–1571. doi:10.1044/2018_AJSLP-17-0100
McLeod, S., Crowe, K., & Shahaeian, A. (2015). Intelligibility in Context Scale: Normative and validation data for English-speaking preschoolers.
Language, Speech, and Hearing Services in Schools, 46(3), 266–276.
doi:10.1044/2015_LSHSS-14-0120

Learning English Consonants (Across the World)





Average age of acquisition of English consonants across the world (50%, 75-85%, 90-100% criteria)

The review was based on 15 studies of 7,369 children speaking English in Australia, Republic of Ireland, Malaysia, South Africa, United Kingdom, and United States (McLeod & Crowe, 2018).

This information should be used alongside other information about children's speech acquisition; for example, typically developing 4- to 5-year-old children are usually intelligible, even to strangers (McLeod, Crowe, & Shahaeian, 2015).

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VI. Guidelines for Voice Disorders

Definition: A deviation in pitch(e.g., range, inflection, appropriateness), intensity (loudness), resonation, quality (e.g., breathiness, hoarseness, and harshness) or other attribute which consistently interferes with communication, draws unfavorable attention, adversely affects the speaker or is inappropriate to the age/gender of the student. This may be a result of organic or functional factors.

Procedures to Evaluate & Determine Eligibility for Voice

Resonance	Quality	Pitch	Intensity
-perform an oral peripheral exam -obtain a complete articulation test -obtain tape recorded sample of connected speech -based on evaluation results, determine if resonance disorder is functional or organic. Organic disorders are generally managed medically	- perform an oral peripheral exam -obtain tape recorded sample of connected speech -following medical exam and/or treatment, voice management may be warranted to reduce vocal abuse for students	- perform an oral peripheral exam -obtain tape recorded sample of connected speech -determine if pitch used is deviant from student's natural pitch range. If so, therapy may be warranted	- perform an oral peripheral exam -obtain tape recorded sample of connected speech -obtain hearing screening -consider referral to ENT or Audiology if hearing problems are suspected (if needed contact Special Services for Audiology referral)

Special Considerations for Voice Disorders:

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

VII. Guidelines for Fluency Disorders

Definition: An abnormal flow of speech characterized by some of the following: repetitions, prolongations, blocks, hesitations, interjections, broken words, revisions, incomplete phrases or ancillary movements indicative of struggle or stress which evoke negative reactions from speakers or listeners.

The following assessment tools can be utilized to determine a child's eligibility and severity:

1) observe and record or audio tape a connect speech sample in various situations
2) obtain parent and teacher rating scale and /or case history
3) complete standardized testing if possible

Severity Rating Scale for Fluency Disorders

Normal	The student demonstrates non-fluent speech behaviors, but is not aware or concerned about the non-fluency speech. These behaviors appear to be a normal part of speech development. Normal speech periods are predominant. Monitor student only.
Mild	The student demonstrated dysfluencies and/or other non-fluency speech behaviors (2-4% atypical dysfluencies on sample). The student may be aware of the dyslfuent speech patterns and communication may be difficult at times but only has minimal interference with communication.
Moderate	The student demonstrates dysfluencies on a regular basis (5-8% atypical dysfluencies on sample). The student is aware of dysfluent speech patterns and communication is difficult. Tension and secondary characteristics are present.
Severe	The student demonstrates dysfluencies on a regular basis (9-12% atypical dysfluencies on sample). The student is aware and concerned about dysfluent speech patterns and communication requires effort. Excessive tension and secondary characteristics are present. Fluency interferes with communication.

*Adapted from the Michigan Speech-Language Hearing Association (1990). "Speech and Language Services in Michigan" Suggestions for Identification, Delivery of Service and Exit Criteria.

IX. Dismissal Criteria

Dismissal decisions must be individualized. Developmental norms and current best practice must be considered by the team. Eligibility is no longer appropriate if the student meets one or more of the following criteria:

1. Specialized services are not needed to address the adverse effects on education performance. The student can receive the services in a least restrictive environment or if speech services appear to be a reduplication of services.

2. The disability no longer has an adverse effect on the student's educational performance.

3. The child no longer presents with a speech and language impairment.

4. The student is not motivated to attend or to participate in therapy. Response records and attendance must support this.

5. Physiological factors (i.e. neural dysfunction, cleft palate, dental abnormalities, etc.) interfere with the remediation of the disorder.

6. The student has made maximum gains from therapy or the student has not made documentable progress following one year of direct management. Exceptions may be made for students with certain categories to include Autism, ID, hearing impairments, and multiple disabilities. Treatment may continue to be warranted to maintain skills and address skills relating to transition.