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## **ELIGIBILITY CRITERIA FOR SPEECH OR LANGUAGE IMPAIRMENT**

**LANGUAGE** - the ability to use the symbols of language through proper use and understanding of words and meanings (semantics), appropriate grammatical patterns (syntax), and correct usage and understanding of meaningful word markers or elements (morphology). Areas usually assessed are receptive and expressive language and pragmatic language skills.

**ARTICULATION** - the accuracy and precision of speech sound selection and usage of the rules that govern their production (phonology).

**FLUENCY (OR RHYTHM)** - the flow of speech. It covers breaks or interruptions, repetitions or prolongations in that flow. Usually the number and type of dysfluencies are quantified based on conversational samples obtained under a variety of circumstances.

**VOICE** - the use of the voice and its observable characteristics including pitch, resonance, quality and volume. These characteristics are usually evaluated during a sample of conversational speech. A medical evaluation may be indicated under certain circumstances.

### **ELIGIBILITY CRITERIA**

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 dialectal 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.

## DEVELOPMENTAL AGES TO PHONEME MASTERY

The following norms were provided by the Illinois State Board of Education – 1990 Speech and Language Technical Assistance Manual. The list indicates the age at which sounds are expected to have emerged in conversational speech.

<u>Age</u>	<u>Sound</u>
3	b, p, m, n, w, vowels, diphthongs (such as “oy”)
4	k, g, t, d, ng, y
5	f
6	v, th (voiceless), l
7	s, z, sh, ch, j, zh, r, hw, th (voiced)

### POOLE NORMS

3.5	b, m, h, p, w
4.5	d, n, t, j, g, k,
5.5	f
6.5	l, v
7.5	r, s, z,

## ARTICULATION/PHONOLOGY SERVICE GUIDELINES

<b>Severity Rating</b>	<b>Behavioral Descriptions</b>	<b>Recommended Minimum Service Minutes Per Week</b>
<b>No problem/Minimal</b>	-No errors -Student exhibits developmentally appropriate speech skills in the therapy room setting but may require monitoring for successful generalization of skills	No eligibility Consultative services to teacher 30 minutes or less direct contact with student each month.
<b>Mild</b>	-Speech is generally intelligible prior intervention has eliminated all but developmental errors for which the student is not yet stimuable; -Intelligible over 80% of the time in connected speech -No more than two speech sounds outside developmental guidelines excluding dialectal differences -Students may be stimuable for error sounds	30 minutes

<b>Moderate</b>	<ul style="list-style-type: none"> <li>-Intelligible 50-80% of the time in connected speech</li> <li>-Substitutions, distortions and some omissions may be present</li> <li>-There is limited stimulability for the error phonemes</li> </ul>	45 minutes
<b>Severe</b>	<ul style="list-style-type: none"> <li>-Intelligible 20-49% of the time in connected speech</li> <li>-Deviation may range from extensive substitution and many omissions to extensive omissions</li> <li>-A limited number of phoneme classes are evidenced in a speech/language sample</li> <li>- Consonant sequencing is generally lacking.</li> <li>-Augmentative Communication System may be warranted</li> </ul>	60 minutes
<b>Extreme</b>	<ul style="list-style-type: none"> <li>-Speech is unintelligible without gestures and cues and/or knowledge of the context</li> <li>-Usually there are additional pathologies or physiological problems such as neuro-motor deficits or structural deviations.</li> <li>-Augmentative communication systems may be warranted</li> </ul>	90 minutes

## **LANGUAGE ELIGIBILITY**

A 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). Individual with pragmatic problems demonstrate difficulty in communicating effectively although form and content may be intact.

In addition to standardized assessments, especially for students with difficulties responding to such measures, additional assessments may need to include clinical observations, language samples and consultations with other school personnel (teachers, social workers, counselors, etc.) to determine eligibility of language impaired students.

A student is not eligible for special education and related services in the area of speech or 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.

It is very important to note that the criteria should be interpreted as guidelines and may vary with specific circumstances affecting a particular student.

**LANGUAGE ELIGIBILITY MATRIX**

<b>Severity</b>	<b>Criteria</b>	<b>Recommended Minimum Service Minutes per Week</b>
<b>Mild</b>	-The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests -Performance falls from 1-1.5 standard deviations below the mean standard score	30 minutes
<b>Moderate</b>	-The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests. -Performance falls from 1.5 to 2.5 standard deviations below the mean standard score	45 minutes
<b>Severe</b>	-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 is between >2.5 standard deviations below the mean standard score -Augmentative communication systems may be warranted	60 minutes
<b>Extreme</b>	-The student demonstrates a deficit in receptive, expressive or pragmatic language that prevents appropriate communication in school and/or social situations -Augmentative Communication systems may be warranted	90 minutes

## 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 or language (fluency) *impairment when dysfluencies*:

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.

A recorded auditory sample of a minimum of 100 words or 200 syllables from 2 different situations (reading, monologue, or connected speech) is recommended to determine eligibility and severity. The sample should be taken from a variety of circumstances and/or settings.

## FLUENCY MATRIX

Severity	Behavioral Descriptions	Recommended Minimum Service Minutes per Week
<b>Mild</b>	-2-4% atypical dysfluencies within a speech sample of at least 100 words -No tension to minimal tension is present -Rate and/or prosody minimally interferes with communication	Recommend consultative services to teacher
<b>Moderate</b>	-5-8% atypical dysfluencies within a speech sample of at least 100 words -Noticeable tension and/or secondary characteristics are present. - Rate and/or prosody limits communication	45 minutes
<b>Severe</b>	-9-12% atypical dysfluencies within a speech sample of at least 100 words -Excessive tension and/or secondary characteristics are present -Rate and/or prosody interferes with communication	60 minutes
<b>Extreme</b>	-More than 12% atypical dysfluencies within a speech sample of at least 100 words -Excessive tension and/or secondary characteristics are present -Rate and/or prosody prevents communication	90 minutes

# CONTINUUM OF DYSFLUENT SPEECH BEHAVIOR

## More Usual Typical Disfluencies

Hesitations (silent pauses)  
Interjections of sounds, syllables of words  
Revisions of phrases or sentences

## Phrase Repetitions

One syllable word repetitions  
Two or fewer repetitions per instance, even stress, no tension

Crossover Behaviors

## Stuttering Atypical Dysfluencies

One syllable word repetitions.  
Three or more repetitions per instance or uneven stress.

Part-word syllable repetition.  
Three or more repetitions per instance or uneven stress.

## SOUND REPETITIONS

## Prolongations

Blocks  
Increased tension noted, e.g.,  
tremor of lips or jaw or vocal tension.

## More Unusual

Developed by:  
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## 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 or 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, dialectal or cultural differences;
3. Do not interfere with the student's ability to benefit from education.

An audio recording of a speech sample of a minimum of 100 words of connected speech is recommended to determine eligibility and severity.

## VOICE MATRIX

<b>Severity</b>	<b>Behavioral Description</b>	<b>Recommended Minimum Service Minutes Per Week</b>
<b>Mild</b>	-Voice difference including hoarseness, nasality, denasality, pitch or intensity inappropriate for the student's age; disorder is of minimal concern to parent, teacher, student or physician -Medical referral may be indicated	Consultative services to teacher and parent
<b>Moderate</b>	-Voice difference is of concern to parent, teacher, student or physician -Voice is not appropriate for age and sex of the student -Medical referral may be indicated	30 minutes
<b>Severe</b>	-Voice difference is of concern to parent, teacher, student or physician -Voice is distinctly abnormal for age and sex of the student medical referral is indicated	60 minutes
<b>Extreme</b>	-Speech is largely unintelligible due to aphonia or severe hypernasality -Extreme effort is apparent in production of speech -Medical referral is indicated	90 minutes



## **EXCLUSIONARY FACTORS**

Several other factors need to be taken into account when determining eligibility for special education and related services in the area of speech and language impairment. A student may be found not eligible for special education and related services in the area of speech and language impaired if his/her language functioning is commensurate with overall cognitive ability. To make this determination the eligibility team must consider the following questions regarding speech and language eligibility or as a related service:

1. Do the student's communication skills meet his/her needs in current environments (i.e., if the student communicated better, would it make a significant difference)?
2. Would working with this student (or continuing to work with this student) significantly change his/her ability to communicate?

### **Other factors to consider when determining eligibility include:**

1. Does the identified speech and language impairment interfere with the student's educational, social or emotional progress so as to consider it a disabling condition?
2. Is the student's level of language functional for his/her level of adaptive behavior?
3. Is a physiological factor such as an unrepaired cleft palate, enlarged adenoids, or orthodontia an interference?

A subjective rating scale such as the Functional Language Ability Profile may be used to address some of these areas and aid in eligibility determinations.

If the student is determined eligible for special education and related services, an IEP must be developed for the child. In order to be in compliance, the IEP must be completed within the 60 school days of the consent for evaluation date. Services and placement are determined only after the goals and objectives have been written.

## **EXIT CRITERIA**

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

1. It is determined that the need for specialized services to address the adverse effect 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 is made at the IEP meeting on the basis of the data collected or other available assessment information.

**REFERENCES:**

Illinois State Board of Education (1993). The Technical Assistance Manual for Speech-Language. The Michigan Speech-Language Hearing Association (1990). Speech and Language services in Michigan: Suggestions for Identification, Delivery of Service and Exit Criteria.

IDEA Reauthorization of 2004

**SPEECH-LANGUAGE ELIGIBILITY CRITERIA/MATRIX**

*CLINICAL JUDGMENT MAY NECESSITATE MODIFICATION OF THESE GUIDELINES*

	<b>Mild</b>	<b>Moderate</b>
Severity of Disorder	Impairment <b>minimally affects</b> the individual’s ability to communicate in school learning and/or other social situations as noted by at least on other familiar listener, such as teacher, parent, sibling, or peer	Impairment <b>interferes</b> with the individual’s ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener.
Articulation/Phonology	Intelligible over 80% of the time in connected speech.  No more than 2 speech sounds errors outside developmental guidelines. Students may be stimuable for error sounds	Intelligible 50-80% of the time in connected speech.  Substitutions and distortions and some omissions may be present. There is limited stimulability for error phonemes.
Language	The student demonstrates a deficit in receptive, expressive or pragmatic language as measured by two or more diagnostic procedures/standardized tests  Performance falls from 1 to 1.5 standard deviations below the mean standard score. Generally standard scores between 85-78	The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/standardized test.  Performance falls from 1.5. to 2.0 standard deviations below the mean standard score. Generally standard scores between 78-70.
Fluency	2-4% atypical dysfluencies within s speech sample of at least 100 words. No tension to minimal tension Recommend consultation to teacher(s). Rate and/or Prosody Minimal interference with communication	5-8% atypical dysfluencies within a speech sample of at least 100 words. Noticeable tension and/or secondary characteristic and present. <b><u>Rate and/or Prosody</u></b> Limits communication.
Voice	Voice difference including hoarseness, nasality, denasality, pitch, or intensity inappropriate for the student’s age is of minimal concern to parent, teacher, student or physical all medical referral may be indicated	Voice difference is of concern to parent, teacher, student or physician. Voice is not appropriate for age and sex of the student. Medical referral may be indicated.

By the age of 7 years, the student’s phonetic inventory is completed and stabilized (Hodson, 1991 ASHA Convention) Adverse impact of the student’s educational performance must be documented.

**SPEECH-LANGUAGE ELIGIBILITY CRITERIA/MATRIX, CON’T.**

CLINICAL JUDGMENT MAY NECESSITATE MODIFICATION OF THESE GUIDELINES

<b>Severe</b>	<b>Extreme</b>
<p>Impairment limits the individual’s ability to communicate appropriately and respond in school learning and/or social situations.</p> <p>Environmental and/or student concerns is evident and documented.</p>	<p>Impairment <b>prevents</b> the individual from communicating appropriately in school and /or social situations.</p>
<p>Intelligible 20-49% of the time in connected speech. Deviations may range from extensive omissions. A limited number of phoneme classes are evidenced in a speech-language sample. Consonant sequencing is generally lacking.</p> <p>Augmentative communication system may be warranted.</p>	<p>Speech is unintelligible without gestures and cues and/or knowledge of the context. Usually there are additional pathological or physiological problems, such as neuro-motor deficits or structural deviations.</p> <p>Augmentative communication systems may be warranted.</p>
<p>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 is between 2.0 to 2.5 standard deviations below the mean standard score with standard scores generally between 70-62.</p> <p>Augmentative communication systems may be warranted.</p>	<p>The student demonstrates a deficit in receptive, expressive or pragmatic language which prevents appropriate communication in school and/or social situations. With measured performance (if standardized tests can be administered) falling greater than 2.5. at standard scores generally less than 62.</p> <p>Augmentative communication systems may be warranted.</p>
<p>9-12% atypical disfluencies within a speech sample at least 100 words. Excessive tension and/or secondary characteristics and present.</p> <p><b><u>Rate and/or Prosody</u></b> Interferes with communication.</p>	<p>More than 12% atypical disfluencies within a speech sample of at least 100 words. Excessive tension and/or secondary characteristics and present.</p> <p><b><u>Rate and/or Prosody</u></b> Prevents communication.</p>
<p>Voice difference is of concern to parent, teacher, student or physician. Voice is distinctly abnormal for age and sex of student.</p> <p>Medical referral is indicated.</p>	<p>Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech.</p> <p>Medical referral is indicated.</p>