

ILLINOIS

Speech-Language Pathology Guide

Section One: Eligibility Guidelines

Section Two: Workload Analysis

Illinois Speech-Language Hearing Association

Division of Professional Services

School Affairs Committee

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Section One: ILLINOIS SPEECH-LANGUAGE PATHOLOGY ELIGIBILITY GUIDELINES

| RATING OF DISORDER | TYPICAL DEVELOPMENTAL EXPECTATIONS | MINIMAL DIFFERENCE(S) 15 mpw (60 mpm) | MILD 30 mpw (120 mpm) | MODERATE 60 mpw (240 mpm) | SEVERE 90 mpw (360 mpm) | PROFOUND 120 mpw (480 mpm) |
|--|--|---|--|--|---|---|
| Description of Severity | No measurable effect on academic performance or social function. | Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented. | Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited/impaired. |
| ARTICULATION/ PHONOLOGICAL PROCESSING DISORDERS* | Intelligible 95-100% or more of the time in connected speech. Based on the reference below, most school-aged children should be 100% intelligible in connected speech. No adverse effect on intelligibility or communication, and is easily understood by unfamiliar listeners. | Intelligible 85-94% of the time in connected speech. No more than 1-2 speech sound errors outside the developmental guidelines ¹ . Errors are inconsistent, but may be recognized by listeners and may cause some distraction. Possible impact on reading fluency measures during progress monitoring. The individual is stimuable for correct production, and may be considered for RTI (Tier 2) speech support. | Intelligible 75-84% of the time in connected speech. No more than 2 speech sound errors outside the developmental guidelines ¹ . Errors are recognized by listeners, and cause distraction from the spoken content. Standard scores 1-1.5 SD below the mean. Possible impact on reading fluency measures during progress monitoring. The individual may be stimuable for correct production of errored phonemes. | Intelligible 65-74% of the time in connected speech. Multiple distortions, substitutions, and/or omissions outside developmental guidelines may be present. There is limited stimulability for errored phonemes. Probable impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted. | Intelligible 50-64% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Noted impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted. Augmentative communication systems may be warranted. | Speech is unintelligible without gestures and cues, and/or knowledge of the context. Deviations range from extensive substitutions and omissions to a sound repertoire consisting of vowels only. A limited number of phoneme classes are evidenced in a speech/language sample. Significant impact on reading fluency, if even measurable at all. Usually there are additional pathological or physiological problems, such as neuro-motor deficits or structural deviations. Augmentative communication systems may be warranted. |
| MOTOR SPEECH DISORDERS Childhood Apraxia of Speech Dysarthria Orofacial Myofunctional Disorders | Typical oral-motor structures, strength, mobility and function for speech sound production, speaking, feeding and swallowing. No measurable differences noted. | N/A | Ongoing, pre-discharge medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success. | Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success. | Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success. | Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success. |

*By 18 months a child's speech is normally 25% intelligible

By 24 months a child's speech is normally 50 -75% intelligible

By 36 months a child's speech is normally 75-100% intelligible

[from Lynch, Brookshire & Fox (1980), p. 102, cited in Bowen (1998).]

OR use most current normative information available through ASHA at www.asha.org.

By the age of 8.6 years, 75% of the population tested has mastered production of all phonemes. (Bowen, C., PhD, 8/2012).

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| FLUENCY | The individual demonstrates age-appropriate communication skills and fluency in connected speech based upon observations of student freely engaging in conversation with peers and adults. The individual does not alter communication habits. | Severity rating will be determined by what the STUDENT's experience is as an adverse impact when communicating in the education and/or social settings. The student's communication perspective provides a measurable indication of how much stuttering is associated with adverse impact for the child. This will be determined by the Overall Assessment of Speaker's Experience of Stuttering (OASIS) or other age-appropriate rating scale that measures the student's perspective regarding stuttering adverse impact on his/her communication. Dysfluencies are brief and inconsistent. No visible tension observed; secondary characteristics are absent. Disturbances in rate and/or prosody may occur but rarely interfere with communication. However, these disturbances in rate/prosody may impact reading fluency during progress monitoring. Individual rarely avoids communicative opportunities. The individual rarely makes decisions of daily life based on the possibility of stuttering. | Severity rating will be determined by what the STUDENT's experience is as an adverse impact when communicating in the education and/or social settings. The student's communication perspective provides a measurable indication of how much stuttering is associated with adverse impact for the child. This will be determined by the Overall Assessment of Speaker's Experience of Stuttering (OASIS) or other age-appropriate rating scale that measures the student's perspective regarding stuttering adverse impact on his/her communication. Majority of dysfluencies are less than 250 ms in duration. No tension to minimal tension; secondary characteristics are absent. Disturbances in rate and/or prosody may mildly interfere with communication and reading fluency. Individual may exhibit avoidance of communicative opportunities. The individual may occasionally make decisions of daily life based on the possibility of stuttering. | Severity rating will be determined by what the STUDENT's experience is as an adverse impact when communicating in the education and/or social settings. The student's communication perspective provides a measurable indication of how much stuttering is associated with adverse impact for the child. This will be determined by the Overall Assessment of Speaker's Experience of Stuttering (OASIS) or other age-appropriate rating scale that measures the student's perspective regarding stuttering adverse impact on his/her communication. Majority of dysfluencies are less than 1 second in duration. Noticeable tension and/or secondary characteristics may be present. Disturbances in rate and/or prosody may often interfere with communication and reading fluency. Individual may often choose to avoid communicative opportunities. The individual may often make decisions of daily life based on the possibility of stuttering. | Severity rating will be determined by what the STUDENT's experience is as an adverse impact when communicating in the education and/or social settings. The student's communication perspective provides a measurable indication of how much stuttering is associated with adverse impact for the child. This will be determined by the Overall Assessment of Speaker's Experience of Stuttering (OASIS) or other age-appropriate rating scale that measures the student's perspective regarding stuttering adverse impact on his/her communication. Majority of dysfluencies are between 1-5 seconds in duration. Excessive tension and/or secondary characteristics are present. Disturbances in rate and/or prosody usually interfere with communication and reading fluency. Individual usually chooses to avoid communicative opportunities. The individual usually makes decisions of daily life based on the possibility of stuttering. | Severity rating will be determined by what the STUDENT's experience is as an adverse impact when communicating in the education and/or social settings. The student's communication perspective provides a measurable indication of how much stuttering is associated with adverse impact for the child. This will be determined by the Overall Assessment of Speaker's Experience of Stuttering (OASIS) or other age-appropriate rating scale that measures the student's perspective regarding stuttering adverse impact on his/her communication. Majority of dysfluencies are greater than 5 seconds in duration. Excessive tension and/or secondary characteristics are present and interfere significantly with communication. Disturbances in rate and/or prosody always interfere with communication and reading fluency. The individual always chooses to avoid communicative opportunities. The individual always makes decisions of daily life based on the possibility of stuttering. |

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| VOICE | No measurable or audible vocal differences are noted, or differences noted are caused by a temporary condition. | N/A | Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of minimal concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening. | Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of some concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening. | Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of significant concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted subsequent to a voice screening. | Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted with/without a voice screening. |
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|--------------------------------|--|---|--|--|--|---|
| Description of Severity | No measurable effect on academic performance or social function. | N/A | Impairment mildly affects the individual's ability to participate in mealtimes/snack activities within the school setting. | Impairment interferes with the individual's ability to participate in mealtimes/snack activities within the school setting. | Impairment limits the individual's ability to participate in mealtimes/snack activities within the school setting. | Impairment prevents the individual from participating in mealtimes/snack activities independently within the school setting. |
| SWALLOWING | <p>The individual demonstrates normal swallowing, and is independently able to manage nutritional intake during snack and/or lunch settings.</p> <p>no concerns.</p> | N/A | <p>The individual requires intermittent or stand-by assistance and/or cueing during meals (snack, meals at school).</p> <p>1-2 consistencies are restricted.</p> <p>Oral sensory issues possible with reduced tolerance of certain food textures/consistencies.</p> <p>Per VFS/VSS, oral transit times <5 seconds. Reduced or limited mobility, coordination, and strength of mandible and tongue for bolus manipulation (prep for swallow). No pharyngeal impairment.</p> <p>Ongoing/pre-discharge medical care. School-based treatment dependent upon physician script and/or swallowing protocol. Collaboration with nursing, teacher, and lunchroom staff to be considered.</p> | <p>The individual requires assistance and cueing to follow safety guidelines during meals (snack, meals at school).</p> <p>2 or more consistencies are restricted.</p> <p>Per VFS/VSS, oral transit times 6-10 seconds. Poor chewing, restricted lateralization and/or coordination of the tongue for mastication. Oral and/or Pharyngeal stage impairment identified, with no observed aspiration.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p> | <p>The individual requires trained assistance and cueing to follow safety guidelines at all times during meals(snack,meals).</p> <p>Diet is limited to certain prescribed consistencies.</p> <p>Per VFS/VSS, oral transit times exceed 10 seconds. Oral and Pharyngeal stage anatomic or physiologic disorders identified. Known aspiration on select foods which are eliminated from the diet.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p> | <p>The individual requires alternate feeding method, with support and supervision from nurse and/or SLP.</p> <p>The individual is NPO (no oral feedings).</p> <p>Per VFS/VSS, the individual has been diagnosed with severe dysphagia, and is unable to tolerate and manage oral feedings safely. Oral and pharyngeal anatomic or physiologic disorders identified; known aspirator.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p> |

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| EXPRESSIVE LANGUAGE (Academic, Verbal/Social Communication) | <p>The individual demonstrates age-appropriate communication skills in expressive language, for academic as well as social purposes, as measured by two or more index/composite scores and/or language samples.</p> <p>Less than 1.0 deviation below the mean standard score. Language quotient or SS of 86 or above; 16th percentile or above.</p> <p>Developmental expectations are based on Brown's Stages of Language Development, norms referenced at asha.org, and norms listed in standardized measures.</p> <p>Academic ² and teacher report suggest that grade level expectations are being met by the individual independently.</p> | <p>The individual exhibits weaknesses in organization of thought, syntax and morphology on informal screenings or assessments, despite an overall passing criterion score. Curriculum-based measurements (CBMs) and teacher report suggest that the student struggles to meet grade level expectations solely through general education supports.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p> | <p>The individual presents with mild deficits in organization of thought, syntax and morphology as measured by two or more index/composite scores.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with moderate deficits in organization of thought, syntax and morphology as measured by two or more index or composite scores.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with severe deficits in organization of thought, syntax and morphology as measured by two or more diagnostic index/composite scores (if standardized tests can be administered).</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> | <p>The individual presents with profound deficits in organization of thought, syntax and morphology, which <u>prevent</u> effective communication within academic and/or social situations.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> |
| SOCIAL/ PRAGMATIC LANGUAGE ASD | <p>The individual demonstrates age-appropriate communication skills as noted during social interactions, and by two or more index/composite scores on standardized measurements of nonverbal language learning, problem-solving and other critical thinking skills.</p> <p>Social and academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p> | <p>The individual presents with inconsistent skills during social interactions, reluctance to answer questions or contribute to discussions, and/or inappropriate or off-topic responses.</p> <p>Scores for criterion-referenced screening tools have been "met", despite these demonstrated differences.</p> <p>Consultation with teaching staff and/or support personnel (i.e. social worker, counselor) may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support based on consultation and/or whether or not the student receives other services (eg. participation in a social skills group).</p> | <p>The individual presents with mild deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>Social and academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with moderate deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>Social and academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with severe deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Social and academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> | <p>The individual presents with profound deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Social and academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> |

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| WRITTEN LANGUAGE (Academic, Social Communication) | <p>The individual demonstrates age-appropriate communication skills in written language for academic as well as social purposes, as measured by two or more index/composite scores.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p> | <p>The individual exhibits weaknesses in organization of thought, spelling, syntax and morphology on informal screenings or assessments, despite an overall passing criterion score.</p> <p>Curriculum-based measurements (CBMs) and teacher report suggest that the student struggles to meet grade level expectations solely through general education supports.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p> | <p>The individual presents with mild deficits in organization of thought, spelling, syntax and morphology as measured by two or more index/composite scores.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with moderate deficits in organization of thought, spelling, syntax and morphology as measured by two or more index or composite scores.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general education supports.</p> | <p>The individual presents with severe deficits in organization of thought, syntax and morphology as measured by two or more index or composite scores (if standardized tests can be administered).</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> | <p>The individual presents with profound deficits in organization of thought, syntax and morphology, which prevent effective communication within academic and/or social situations.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> |

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| RECEPTIVE LANGUAGE Vocabulary, Language Processing, Listening and/or Reading Comprehension | <p>The individual demonstrates age-appropriate communication skills in receptive language, vocabulary, language processing, listening and/or reading comprehension as measured by a "criterion score met", CBMs, teacher report, and/or two or more index/composite scores on standardized measures.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p> | <p>The individual presents with inconsistent difficulties in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>The individual may have "met the criterion score" on an informal screening, showing weaknesses in following directions, etc.</p> <p>Academic data and teacher report suggest that the individual is struggling to meet grade level expectations consistently and independently. Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p> | <p>The individual presents with mild deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score on two or more diagnostic index/composite measures.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with moderate deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>Performance falls from 1.5-2.5 standard deviations below the mean standard score on two or more diagnostic index/composite measures.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general education supports.</p> | <p>The individual presents with severe deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations.</p> <p>If standardized tests can be administered, performance is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> | <p>The individual presents with profound deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations, which prevent communication within and/or social situations.</p> <p>Standardized measures may be difficult to obtain.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p> |

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|--|---|---|--|---|---|---|
| Description of Severity | No measurable effect on academic performance or social function. | Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer. | Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented. | Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited. |
| CENTRAL AUDITORY PROCESSING Auditory Discrimination, Binaural Processing, Temporal Processing | <p>The individual exhibits no difficulties in the ability to use auditory information sent from the peripheral auditory system to the brain. The individual successfully processes and executes responses using acoustic, phonologic, linguistic, and cognitive-communicative skills to communicate effectively and to achieve academically.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p> | <p>The individual presents with inconsistent difficulties in auditory attention, discrimination, analysis, synthesis, association, and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Academic data and teacher report suggest that the individual struggles at times to meet grade level expectations consistently and independently, especially in the areas of phonemic awareness, phonics development, listening (especially in noisier environments), efficiently processing and understanding information heard. Consultation with teaching staff may be warranted/desired, especially with regards to modifying the listening environment and/or proximity to point of instruction. The individual may be considered for RTI (Tier 2) speech language support.</p> | <p>The individual presents with mild deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures falls from 1.0-1.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with moderate deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures falls from 1.5-2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> | <p>The individual presents with severe deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> <p>Assistive technology may be warranted.</p> | <p>The individual presents with profound deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> <p>Assistive technology may be warranted.</p> |

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