

SPEECH SOUND DISORDERS: ARTICULATION, PHONOLOGICAL PROCESSING					
GATHERING INFORMATION: (preparing for Domain Review, Eligibility Determination, etc.)	☐ File Review	☐ Teacher Report/Observations	☐ Work Samples (various subjects)	☐ Formal/Informal Assessments	☐ Crowe & McLeod Sp Sound Development Chart
	☐ Prior Hx/Background	☐ Student Interview (if appropriate)	☐ Classroom Observations	☐ Language Sample	☐ ISBE Special Ed Elig & Entitlement Procedures/Rtl Framework
	☐ Audiological Hx/Results	☐ Team Collaboration/Discussion	☐ Rating Scales	☐ Dynamic Assessment	☐ Developmental Milestones
	☐ Parent/Guardian Interview	☐ OTHER:	☐ Behavior	☐ Differential Diagnosis	☐ IL Common Core Standards (scroll down to links at bottom of page)
Articulation Disorders: when individuals have difficulties producing speech sounds accurately. Phonological Processing Disorder (as defined on ASHA's website): "...the use of the sounds of one's language (i.e., phonemes) to process spoken and written language (Wagner & Torgesen, 1987). The broad category of phonological processing includes phonological awareness, phonological working memory, and phonological retrieval."					
ADVERSE EFFECT(S): Articulation Disorder, Phonological Processing Disorder	ACADEMIC PERFORMANCE may be characterized by...		FUNCTIONAL PERFORMANCE may be characterized by...		ADDITIONAL RESOURCES
	☐ reluctance to ask and/or answer questions.	☐ may impact (decrease) reading fluency	☐ difficulty expressing needs effectively; poor intelligibility	☐ developmental nature of error(s); reduced stimulability for correct production	☐ ASHA: Speech Sound Disorders
	☐ errors in spelling (encoding), written expression	☐ errors noted in expressive language: vocabulary, grammar, sentence structure, morphology	☐ difficulties in improving reading fluency	☐ social skills, developing friendships	☐ The Informed SLP: Treatment Approaches
	☐ difficulties noted in phonemic awareness/early literacy, phonics	☐ limited to no class and/or small group participation	☐ difficulties engaging with peers while playing games	☐ behavior concerns, frustration, withdrawal	☐ Adventures in Speech Pathology (blog)
PARENT/GUARDIAN, TEACHER, TEAM OBSERVATIONS Observations and/or feedback should be gathered in a way that determines whether or not skills are commensurate to same-aged peers, and/or limit access and progress in the general education setting.	The individual's speech sound production does not interfere with the ability to communicate effectively in the educational environment. The individual performs similarly to peers in most areas related to speech sound production (i.e. articulation and/or phonological processing).	The individual's speech sound errors present a mild interference relevant to communicating effectively in the educational setting.	The individual's speech sound errors result in a moderate interference with the ability to communicate effectively within academic and/or social settings as noted by at least one familiar listener (eg. parent, teacher).	The individual's speech sound errors result in substantial interference in the ability to communicate effectively within academic and/or social settings as noted by parents/guardians, teachers, peers, and perhaps even the individual. The individual is not self-monitoring or aware of errors.	The individual's speech sound errors result in profound interference in the ability to communicate effectively within academic and/or social settings as noted by parents/guardians, teachers, and peers. The individual is not self-monitoring or aware of errors.
	Intelligibility of connected speech is good. The listener is able to understand in both known and unknown contexts, even though slight, inconsistent errors may be observed. No impact on auditory discrimination skills for the development of phonemic awareness and other literacy skills. Reading fluency is likely not impacted.	Intelligibility of connected speech is good despite occasional 1-2 sound production errors outside developmental guidelines. Possible impact on reading fluency measures. Individual is stimutable for correct production of errored phonemes, and communication needs are met with minimal assistance/supports from others.	Intelligibility of connected speech is moderately poor. Probable impact on spelling, phonemic awareness, literacy development, and written expression. Reading fluency measures are moderately affected. Participation in class discussions and/or social situations may be limited.	Intelligibility of connected speech is substantially poor. A limited number of phoneme classes are evidenced in a speech/language sample. Noted impact on phonemic awareness, encoding/decoding, literacy skills (for both reading and writing). Reading fluency measures are substantially impacted. Participation in class discussions and/or social situations is limited.	Intelligibility of connected speech is profoundly limited. A restricted number of phoneme classes are evidenced in a language sample. Speech is unintelligible without gestures and cues, and/or knowledge of the context. Noted impact on communication and literacy development. Reading fluency measures may be difficult to obtain. Limited to no class participation and/or peer interactions are noted.
FORMAL, INFORMAL ASSESSMENTS SLP screenings, assessments; Curriculum-based Measurements (CBMs); State Assessments; Informal Assessments (observations, language sample, work samples, questionnaires, interviews, rating scales, etc.) can all be considered.	Based on developmental milestones, the individual demonstrates age-appropriate speech sound production and intelligibility.	No more than 2 speech sound errors outside the developmental guidelines.	Multiple distortions, substitutions, and/or omissions outside the developmental guidelines may be present.	Multiple distortions, substitutions, and/or omissions outside the developmental guidelines present are present.	Deviations range from extensive distortions, substitutions, and omissions to possibly a sound repertoire consisting of vowels only.
	Formal or standardized scores are less than 1.0 standard deviation below the mean, or above the 16th percentile (borderline or above average).	Formal or standardized scores fall 1.0-1.5 standard deviations below the mean, or the 16th-10th percentile ranks (low average to borderline range).	Formal or standardized scores fall 1.6-2.0 standard deviations below the mean, or in the 9th-3rd percentile ranks (low average to moderately below the average range).	Formal or standardized scores fall 2.1-3.0 standard deviations below the mean, or below the 3rd to the 1st percentile ranks (substantially below the average range).	Formal or standardized scores fall 3 or more standard deviations below the mean, or below the 1st percentile rank (profoundly below the average range).
CLINICAL IMPRESSIONS Consider the supports provided within the educational environment. Use clinical judgment and known program supports to make appropriate decisions. Document indirect service minutes for workload analysis as appropriate.	During informal assessments, the individual demonstrates skills that are within normal limits, average range.	Errors are recognized by listeners, and may cause minimal distraction. Possible impact may be noted in spelling, written expression, and/or during reading fluency measures when progress monitoring.	There is limited stimulability to correct errored phonemes. Probable impact on reading fluency, spelling, written expression, and/or social interactions.	There is limited to no stimulability to correct errored phonemes. Probable impact on reading fluency, spelling, written expression, and/or social interactions.	No stimulability to correct errored phonemes. Probable impact on reading fluency, spelling, written expression, and/or social interactions.
	The individual is independently able to perform desired skill(s) without prompting or specialized intervention. The individual has mastered compensatory strategies to navigate successfully in the educational environment at a level that is commensurate to same-aged peers.	The individual is stimutable for correct production given minimal cues, and there is no significant adverse effect on academics or function. The team may consider consultation and strategies via MTSS/Rtl monitoring to limit the impact of mild difficulties in speech sound production.	The individual requires or continues to require specialized intervention to limit the impact of moderate difficulties in speech sound production when compared to same aged peers.	The individual requires or continues to require specialized intervention to limit the impact of substantial difficulties in speech sound production when compared to same aged peers. The team may want to consider consultation with the AT team for appropriateness of AAC/AT implementation.	The individual requires or continues to require specialized intervention to limit the impact of profound difficulties in speech sound production when compared to same aged peers. The team may want to consider consultation with the AT team for appropriateness of AAC/AT implementation.
OVERALL IMPACT	NO IMPACT No impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MILD IMPACT Mild impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MODERATE IMPACT Moderate impact on meeting grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	SUBSTANTIAL IMPACT Substantial impact on meeting age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing) .	PROFOUND IMPACT Profound impact on meeting age/grade expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).
	SUGGESTED MPW/MPM: Minutes across all impact levels depend on the supports present in the educational environment.	SUGGESTED MINUTES: 0 minutes	SUGGESTED MINUTES: 15-30 mpw/60-120 mpm	SUGGESTED MINUTES: 31-60 mpw/124-240 mpm	SUGGESTED MINUTES: 61-90 mpw/244-360 mpm

SPEECH SOUND DISORDERS: Motor Speech Disorders (eg. CAS, Dysarthria, TBI-related Deficits)						
GATHERING INFORMATION: (preparing for Domain Review, Eligibility Determination, etc.)	☐ File Review	☐ Teacher Report/Observations	☐ Work Samples (various subjects)	☐ Formal/Informal Assessments	☐ Crowe & McLeod Sp Sound Development Chart	
	☐ Prior Hx/Background	☐ Student Interview (if appropriate)	☐ Classroom Observations	☐ Language Sample	☐ ISBE Special Ed Elig & Entitlement Procedures/Rtl Framework	
	☐ Audiological Hx/Results	☐ Team Collaboration/Discussion	☐ Rating Scales	☐ Dynamic Assessment	☐ Developmental Milestones	
	☐ Parent/Guardian Interview	☐ OTHER:	☐ Behavior	☐ Differential Diagnosis	☐ IL Common Core Standards (scroll down to links at bottom of page)	
Motor Speech Disorders: communication disorders that result from impaired motor control of the muscles used for speech and nutritional intake; difficulties with the planning, coordination, or execution of speech movements due to damage or dysfunction in the nervous system. Examples include Childhood Apraxia of Speech (CAS), Dysarthria, and some TBI-related deficits.						
ADVERSE EFFECT(S): Motor Speech Disorders (eg. Childhood Apraxia of Speech, Dysarthria, TBI-related Deficits)	ACADEMIC PERFORMANCE may be characterized by...		FUNCTIONAL PERFORMANCE may be characterized by...		OTHER	
	☐ reluctance to ask and/or answer questions.	☐ may impact (decrease) reading fluency	☐ difficulty expressing needs effectively; poor speech intelligibility	☐ developmental nature of error(s); reduced stimulability for correct production	☐ difficulties managing food intake safely	
	☐ errors in spelling (encoding), written expression	☐ errors noted in expressive language: vocabulary, grammar, sentence structure, morphology	☐ difficulties in improving reading fluency	☐ social skills, developing friendships	☐ ASHA: Childhood Apraxia of Speech	
	☐ difficulties noted in phonemic awareness/early literacy, phonics	☐ limited to no class and/or small group participation	☐ difficulties engaging with peers while playing games	☐ behavior concerns, frustration, withdrawal	☐ Child Apraxia Treatment	
PARENT/GUARDIAN, TEACHER, TEAM OBSERVATIONS Observations and/or feedback should be gathered in a way that determines whether or not skills are commensurate to same-aged peers, and/or limit access and progress in the general education setting.	Speech Intelligibility may be characterized as mostly intelligible speech, especially in familiar contexts. Errors occur infrequently or only in longer, more complex utterances. Speech sound errors resemble developmental patterns, but persist slightly longer than expected. Subtle differences in articulation, speech timing/coordination, especially in longer utterances. May exhibit slight/subtle uneven stress on words or utterances; slower or faster rate during more challenging tasks.	Impairment mildly affects the individual's ability to communicate with others as noted by at least one other familiar listener. Occasional articulation errors noted; may mildly impact phonemic awareness, early literacy skills, and reading fluency. Subtle imprecision, reduced rate or prosody, occasional sound distortions which may increase with fatigue/complexity. Minimal impact on participation in class discussions or during social interactions.	Impairment moderately affects the individual's ability to communicate with others as noted by at least one other familiar listener. Consistent articulation errors noted; moderate impact on phonemic awareness, literacy skills, and reading fluency. Imprecision is more notable, with reduced rate/prosody. Increased fatigue with complexity of tasks. Moderate impact on participation in class discussions, and limited social interactions.	Impairment substantially affects the individual's ability to communicate with others as noted by familiar and unfamiliar listeners. Frequent and severe distortions with substantial impact on phonemic awareness, literacy skills, and reading fluency. Limited sound repertoire, markedly abnormal prosody and/or voice. Speech is effortful and slow. Substantial limitation in functional communication; frequent need for repetition and/or repair.	Impairment profoundly affects the individual's ability to communicate with others as noted by familiar and unfamiliar listeners. Constant and severe distortions with profound impact on phonemic awareness, literacy skills, and reading fluency. Minimal or no functional speech; profoundly-impaired motor control. May produce only vocalizations and/or isolated sounds.	
FORMAL, INFORMAL ASSESSMENTS	Based on developmental milestones, the individual demonstrates age-appropriate speech sound production and intelligibility.	Possible impact may be noted in spelling, written expression, and/or during reading fluency measures when progress monitoring.	Interferes with communication for some speaking tasks such as phone conversations, group discussions, and/or with unfamiliar listeners. Moderate impact on academic (literacy) and functional (oral expression, nutritional intake) tasks.	Interferes with communication for many speaking tasks such as phone conversations, group discussions, and/or with unfamiliar listeners. Substantial impact on academic (literacy) and functional (oral expression, nutritional intake) tasks.	Communication is profoundly difficult for many speaking tasks, and impacts academic (literacy) and functional (oral expression, nutritional intake) tasks. Reliance on caregiver support, gestures and/or AAC.	
SLP screenings, assessments; Curriculum-based Measurements (CBMs); State Assessments;	Formal or standardized scores are less than 1.0 standard deviation below the mean, or above the 16th percentile (borderline or above average).	Formal or standardized scores fall 1.0-1.5 standard deviations below the mean, or the 16th-10th percentile ranks (borderline to low average range). 90-100% intelligible in most contexts.	Formal or standardized scores fall 1.6-2.0 standard deviations below the mean, or in the 9th-3rd percentile ranks (low average to moderately below the average range). 50-89% intelligible depending on context and listener familiarity.	Formal or standardized scores fall 2.1-3.0 standard deviations below the mean, or below the 3rd to the 1st percentile ranks (substantially below the average range). 10-49% intelligible; familiar listeners may understand better.	Formal or standardized scores fall 3 or more standard deviations below the mean, or below the 1st percentile rank (profoundly below the average range). Less than 10% intelligibility or unintelligible, even for familiar listeners.	
Informal Assessments (observations, language sample, work samples, questionnaires, interviews, rating scales, etc.) can all be considered.	During informal assessments, the individual demonstrates skills that are within borderline to normal limits, low average range. Performance on academic tasks is commensurate with same-aged peers.	There may be on-going pre-discharge medical care. School-based services may include physician referral and/or collaboration with private/medical SLP to meet academic, social, and/or nutritional needs.	There may be on-going pre-discharge medical care. School-based services may include physician referral and/or collaboration with private/medical SLP to meet academic, social, and/or nutritional needs.	There may be on-going pre-discharge medical care. School-based services may include physician referral, nursing, and/or collaboration with private/medical SLP to meet academic, social, and/or nutritional needs.	There may be on-going pre-discharge medical care. School-based services may include physician referral, nursing, and/or collaboration with private/medical SLP to meet academic, social, and/or nutritional needs.	
CLINICAL IMPRESSIONS Consider the supports provided within the educational environment. Use clinical judgment and known program supports to make appropriate decisions.	The individual is independently able to perform desired skill without prompting or specialized intervention. The individual has mastered compensatory strategies to navigate functionally and in the academic environment at a level that is commensurate to same-aged peers. No adverse effect on academic and/or functional performance.	Speech is functional and effective. A motor speech disorder is present but does not limit participation or affect nutrition. The individual is able to perform most academic and functional tasks with minimal prompting/support, and is meeting grade level expectations.	The individual requires or continues to require specialized intervention to limit the impact of moderate difficulties in speech sound production and/or for nutritional intake when compared to same aged peers. The team may want to consider consultation with the AT team for appropriateness of AAC/AT implementation. Include training for family and instructional team if warranted.	The individual requires or continues to require specialized intervention to limit the impact of substantial difficulties in speech sound production and/or for nutritional intake when compared to same aged peers. The team may want to consider consultation with the AT team for appropriateness of AAC/AT implementation. Include training for family and educational team.	The individual requires or continues to require specialized intervention to limit the impact of profound difficulties in speech sound production and/or for nutritional intake when compared to same aged peers. The team may want to consider consultation with the AT team for appropriateness of AAC/AT implementation. Include training for family and educational team.	
OVERALL IMPACT	NO IMPACT No impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MILD IMPACT Mild impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MODERATE IMPACT Moderate impact on meeting grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	SUBSTANTIAL IMPACT Substantial impact on meeting age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	PROFOUND IMPACT Profound impact on meeting age/grade expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	
	SUGGESTED MPW/MPM: Minutes across all impact levels depend on the supports present in the educational environment.	SUGGESTED MINUTES: 0 minutes	SUGGESTED MINUTES: 15-30 mpw/60-120 mpm	SUGGESTED MINUTES: 31-60 mpw/124-240 mpm	SUGGESTED MINUTES: 61-90 mpw/244-360 mpm	SUGGESTED MINUTES: Consider supports present in the educational environment.

LANGUAGE: Receptive, Expressive and Pragmatic Language						
GATHERING INFORMATION (preparing for Domain Review, Eligibility Determination, etc.)	☐ File Review	☐ Teacher Report/Observations	☐ Work Samples (various subjects)	☐ Formal/Informal Assessments	☐ Other	
	☐ Prior Hx/Background	☐ Student Interview (if appropriate)	☐ Classroom Observations	☐ Language Sample	☐	ISBE Special Ed Elig & Entitlement Procedures/Rtl Framework
	☐ Audiological Hx/Results	☐ Team Collaboration/Discussion	☐ Rating Scales	☐ Dynamic Assessment	☐	Developmental Milestones
	☐ Parent/Guardian Interview	☐ Speech/Language screening and/or evaluation	☐ Behavior	☐ Differential Diagnosis	☐	IL Common Core Standards (scroll down to links at bottom of page)
RECEPTIVE, EXPRESSIVE and/or PRAGMATIC LANGUAGE: The student exhibits impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve (1) the form and structure of language (i.e. morphology, syntax/grammar), (2) the content of language (i.e. vocabulary), and/or (3) the function of language in communication (i.e. social interactions) in any combination. Per ASHA, "A spoken language disorder represents a persistent difficulty in the acquisition and use of listening and speaking skills across any of the five language domains: phonology, morphology, syntax, semantics, and pragmatics" as it compares to commensurate same-aged peers.						
ADVERSE EFFECT(S) of RECEPTIVE, EXPRESSIVE and PRAGMATIC LANGUAGE	ACADEMIC PERFORMANCE may be characterized by...			FUNCTIONAL PERFORMANCE may be characterized by...		
	☐ Decreased length of utterance	☐ Errors noted in semantics/meaning, receptive language (eg. vocabulary, comprehension)	☐ Difficulty with listening comprehension, such as understanding questions and following directions, inferencing based on experiences and texts	☐ Difficulties in expressing ideas, feelings, and/or experiences clearly and effectively (ie: narrative story-telling and discourse)	☐ Difficulties with utilizing and expressing themselves using expected nonverbal and verbal communication	
	☐ Errors noted in morphology (ie: prefixes, suffixes/word endings, plural and possessive forms)	☐ Difficulties noted in oral/written organization of thoughts/ideas, difficulty with word finding	☐ Difficulties in understanding or inferring/predicting others' thoughts and feelings, and/or judging appropriateness of own emotions	☐ Difficulties in initiating and/or sustaining conversations, and/or making relevant contributions to small/whole group discussion	☐ Difficulties with comprehension of nonliteral language, sarcasm, humor, and idioms used by same-age peers	
	☐ Errors noted in syntax/grammar, (ie: past tense markers, word order/sentence structure)	☐ Slower rate of vocabulary development; difficulties in comprehending curricular terms and concepts	☐ Difficulty keeping up with fast-paced peer interactions; limited peer interactions reluctance or avoidance of social situations	☐ Difficulties in recognizing and/or modifying a message based on communication breakdowns	☐ Difficulties problem solving or advocating for assistance	
PARENT/GUARDIAN, TEACHER, TEAM OBSERVATIONS *Observations and feedback should be gathered in a way that determines if skills are commensurate to same-aged peers and limit progress and access to the general education environment.	<u>Based on teacher/team input and collected data:</u> The individual is progressing with course standards at an equivalent rate as same-aged peers. The student is able to use skills to express and understand language independently.	<u>Based on teacher/team input and collected data:</u> The individual may be progressing toward mastery of IL Learning Standards at a slower rate when compared to same-age peers. Language is characterized by mild difficulties as checked and/or noted above; needs are beyond the provision of general education tiered supports.	<u>Based on teacher/team input and collected data:</u> The individual is progressing toward mastery of IL Learning Standards at a moderately slower rate when compared to same-age peers. Language is characterized by moderate difficulties as checked and/or noted above; needs are beyond the provision of general education tiered supports. Curricular modifications may be necessary to support progress.	<u>Based on teacher/team input and collected data:</u> The individual is progressing toward mastery of IL Learning Standards at a significantly slower rate when compared to same-age peers. The clinician may choose to administer an alternative/functional teacher feedback form. Language is characterized by substantial difficulties, as checked and/or noted above; needs are beyond the provision of general education tiered supports. Curricular modifications are necessary to support progress.	<u>Based on teacher/team input and collected data:</u> The clinician will administer an alternative/functional teacher feedback form. The individual is progressing toward mastery of Essential Elements. Language is characterized by profound difficulties, as checked and/or noted above; needs are beyond special education services within general education. Alternative curriculum is necessary to support progress.	
FORMAL, INFORMAL ASSESSMENTS Direct SLP assessments, Curriculum-based Measurements (CBMs), State Assessments Informal assessments can all be considered.	Formal or standardized scores are less than 1.0 standard deviation (SD) from the mean. Informal assessments are within the average range.	The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Formal or standardized scores are 1.0–1.5 standard deviations below the mean (16th–10th percentiles). Informal assessments are mildly discrepant.	The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Formal or standardized scores are 1.5–2.5 standard deviations below the mean (9th–3rd percentiles). Informal assessments are moderately discrepant.	The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/standardized tests. Language skills may be measured through alternative functional assessment. Formal or standardized scores are 2.5 or more standard deviations below the mean (below the 3rd percentile). Informal assessments are substantially discrepant.	The student demonstrates a deficit in receptive, expressive, or pragmatic language. Language skills may be measured through alternative functional assessment. Standardized assessment may not be able to be administered. Informal assessments show profound discrepancies.	
CLINICAL IMPRESSIONS: Consider the supports provided in the educational environment. Use clinical judgment and known program supports to make appropriate decisions.	Student is independently able to perform desired skill without prompting or specialized intervention. Student has mastered compensatory strategies to navigate their functional and academic environment at a level that is commensurate to same-aged peers. If previously eligible, student has met desired goals.	Student requires or continues to require minimal specialized intervention to limit the impact of difficulties in comparison to same aged peers. If previously eligible, student is progressing toward goals, but a mild impact continues to be documented through the evaluation process.	Student requires or continues to require moderate specialized intervention to limit the impact of difficulties in comparison to same aged peers. If previously eligible, student is progressing toward goals, but a moderate impact continues to be documented through the evaluation process.	Student requires or continues to require substantial specialized intervention to limit the impact of difficulties in comparison to same aged peers. Augmentative communication systems may be warranted. If previously eligible, student is progressing toward goals, but a substantial impact continues	Student requires or continues to require substantial specialized intervention to limit the impact of difficulties in comparison to same aged peers. Augmentative communication systems may be warranted. If previously eligible, student is progressing toward goals, but a profound impact continues	
OVERALL IMPACT:	NO IDENTIFIABLE/ADVERSE IMPACT No Services The individual demonstrates age-appropriate speaking, listening skills, and pragmatic skills is able to navigate the educational environment independently. There is no adverse impact.	MILD IMPACT The individual's speaking and listening language skills (receptive, expressive, written, or reading) may have a minimal to mild impact on communicating effectively within the educational environment.	MODERATE IMPACT The individual's speaking and listening language skills (receptive, expressive, written, or reading) have a moderate impact that interferes with communicating effectively within the educational environment.	SUBSTANTIAL IMPACT The individual's speaking and listening language skills (receptive, expressive, written, or reading) may have a minimal to mild impact on communicating effectively within the educational environment.	PROFOUND IMPACT The individual's speaking and listening language skills (receptive, expressive, written, or reading) have a profound impact that interferes with communicating effectively within the educational environment.	
SUGGESTED MPW/MPM: *Minutes across all impact levels depend on the supports present in the educational environment.	SUGGESTED MINUTES: 0 minutes	SUGGESTED MINUTES: 15-30 mpw/60-120 mpm	SUGGESTED MINUTES: 31-60 mpw/124-240 mpm	SUGGESTED MINUTES: 61-90 mpw/244-360 mpm	SUGGESTED MINUTES: Consider supports already available in the educational environment; base minutes on student need.	

CHILDHOOD ONSET FLUENCY DISORDER					
GATHERING INFORMATION: (preparing for Domain Review, Eligibility Determination, etc.)	☐ File Review	☐ Teacher Report/Observations	☐ Work Samples (various subjects)	☐ Formal/Informal Assessments	☐ Crowe & McLeod Sp Sound Development Chart
	☐ Prior Hx/Background/Family Hx	☐ Student Interview (if appropriate)	☐ Classroom Observations	☐ Language Sample	☐ ISBE Special Ed Elig & Entitlement Procedures/Rtl Framework
	☐ Audiological Hx/Results	☐ Team Collaboration/Discussion	☐ Rating Scales	☐ Dynamic Assessment	☐ Developmental Milestones
	☐ Parent/Guardian Interview	☐ Environmental Factors (schedules, expectations)	☐ Behavior	☐ Differential Diagnosis	☐ IL Common Core Standards (scroll down to links at bottom of page)
Childhood Onset Fluency Disorder: (per ASHA) "...an interruption to the flow of speech that can negatively impact an individual's communication effectiveness, efficiency, and willingness to speak. Refers to continuity, smoothness, rate, and effort in speech production." Stutterers may experience emotional, social, and/or functional challenges (Tichenor & Yaruss, 2019). Two types: stuttering and cluttering.					
ADVERSE EFFECT(S): Childhood Onset Fluency Disorder	ACADEMIC PERFORMANCE may be characterized by...		FUNCTIONAL PERFORMANCE may be characterized by...		ADDITIONAL RESOURCES
	☐ reluctance to ask and/or answer questions.	☐ may pretend to not know answers, avoids raising hand in class	☐ difficulty expressing needs effectively; poor intelligibility	☐ behavior concerns, frustration, withdrawal	ASHA: Stuttering, Cluttering, and Fluency
	☐ limited to no class and/or small group participation	☐ teacher may find it difficult to "connect" with the student	☐ difficulties in improving reading fluency	☐ social skills, limited friendships	The Stuttering Foundation
	☐ may impact (decrease) reading fluency	☐ due to avoidance, difficult for the teacher to assess progress	☐ difficulties engaging with peers while playing games	☐ reduced self-confidence	The National Stuttering Association
PARENT/GUARDIAN, TEACHER, TEAM OBSERVATIONS Observations and/or feedback should be gathered in a way that determines whether or not skills are commensurate to same-aged peers, and/or limit access and progress in the general education setting.	Participates during academic and/or social situations similarly to same aged peers. The individual does not avoid speaking.	The individual exhibits mild disturbances in rate and/or prosody, most likely typical dysfluencies, that rarely, if ever, interfere with academic and/or functional performance.	Moderate dysfluencies are noted, and may be characterized by repetitions of phrases, words, syllables, prolongations of sounds, or blocks. Other atypical language patterns may exist: word substitutions, circumlocutions, pragmatics (eg. interruptions).	Substantial dysfluencies are noted, and may be characterized by repetitions of phrases, words, syllables, prolongations of sounds, or blocks. Nonverbal characteristics may also be noted such as facial grimacing, neck tension, eye blinking.	Profound dysfluencies are noted, most likely characterized by repetitions of phrases, words, syllables, prolongations of sounds, or blocks. Nonverbal characteristics may also be noted such as facial grimacing, neck tension, eye blinking.
	Primarily whole-word repetitions, slower pace. Some phrase repetitions, interjections (eg. um, like), more typical dysfluencies.	Slight decrease in oral participation during classroom activities/discussions, including asking/answering questions.	Limited participation during small/whole group discussions. Avoids asking/answering questions orally.	Substantial impact limiting participation in small/whole group discussions. Avoids asking/answering questions orally.	Profound impact limiting participation in small/whole group discussions. Avoids talking/asking/answering questions orally.
	Less than 1-second pauses OR fewer than 2 repetitions.	Fewer difficulties when reading aloud when compared to giving oral presentations. This may lead to reduced confidence.	Moderate impact on reading fluency, which may limit comprehension when reading aloud. Increased dysfluencies may be noted during oral	Substantial impact on reading fluency that limits comprehension, especially when reading aloud.	Profound impact on reading fluency that limits comprehension, especially when reading aloud.
	Positive, age-appropriate friendships and interactions.	The individual may experience occasional teasing by peers.	The individual may experience embarrassment, withdrawal from social interactions, presence of negative social stigma.	There is a potential for being bullied, ridiculed, or shunned by peers. Increased absences/somatic complaints when speaking	The individual may choose classes and/or extracurricular activities based on speaking demands rather than interest and/or aptitude.
	No associated behaviors such as facial grimaces or tension. The individual views self as able to communicate easily in all/most situations.	There is a potential for more frequent absences and/or somatic complaints as classroom demands for speaking increase.	Absences and/or somatic complaints may be more frequent when classroom demands for speaking increase.	Increased number of absences and/or somatic complaints when classroom demands for speaking increase.	Increased number of absences and/or somatic complaints when classroom demands for speaking increase.
FORMAL, INFORMAL ASSESSMENTS SLP screenings, assessments; Curriculum-based Measurements (CBMs); State Assessments; Informal Assessments (observations, language sample, work samples, questionnaires, interviews, rating scales, etc.) can all be considered. SPECIFIC TO FLUENCY: analysis of dysfluencies, speech rate and efficiency, social-emotional data, family history, behavioral observations.	Based on developmental milestones, the individual demonstrates age-appropriate fluency and intelligibility.	2-4% atypical dysfluencies within a speech sample of at least 100 words.	5-8% atypical dysfluencies within a speech sample of at least 100 words.	9-12% atypical dysfluencies within a speech sample of at least 100 word	More than 12% atypical dysfluencies within a speech sample of at least 100 words.
	Connected speech is typically fluent. The individual freely engages in conversation with peers and adults.	Majority of dysfluencies are less than 250 ms in duration. No tension to mild tension; secondary characteristics are absent.	Majority of dysfluencies are less than 1 sec in duration. Noticeable tension and/or secondary characteristics may be present.	Majority of dysfluencies are between 1-5 sec in duration. Excessive tension and/or secondary characteristics may be present.	Majority of dysfluencies are greater than 5 sec in duration. Excessive tension and/or secondary characteristics are present and significantly interfere with communication.
	No measurable or audible vocal differences are noted. No associated behaviors, or the presence of associated behaviors do not interfere with communication effectiveness.	Disturbances in rate and/or prosody may mildly interfere with communication and reading fluency.	Disturbances in rate and/or prosody may often interfere with communication and reading fluency.	Disturbances in rate and/or prosody usually interferes with communication and reading fluency.	Disturbances in rate and/or prosody always interferes with communication and reading fluency.
CLINICAL IMPRESSIONS Consider the supports provided within the educational environment. Use clinical judgment and known program supports to make appropriate decisions.	The individual is independently able to perform desired skill without prompting or specialized intervention. The individual has mastered compensatory strategies to navigate functionally and in the academic environment at a level that is commensurate to same-aged peers.	The individual may exhibit avoidance of communicative opportunities. The individual may occasionally make decisions of daily life (eg. volunteer to read, participate in a performance, avoid certain extracurricular activities) based on the possibility of being dysfluent.	The individual may often choose to avoid communicative opportunities. The individual may often make decisions of daily life (eg. volunteer to read, participate in performances, avoid certain extracurricular activities) based on the possibility of being dysfluent.	The individual usually chooses to avoid communicative opportunities. The individual usually makes decisions of daily life based on his/her probability of being dysfluent, especially to avoid co-existing secondary characteristics.	The individual consistently chooses to avoid communicative opportunities. The individual always makes decisions of daily life based on his/her probability of being dysfluent, especially to avoid co-existing secondary characteristics.
	NO IMPACT No impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MILD IMPACT Mild impact on the individual's ability to meet age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	MODERATE IMPACT Moderate impact on meeting grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).	SUBSTANTIAL IMPACT Substantial impact on meeting age/grade level expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing) .	PROFOUND IMPACT Profound impact on meeting age/grade expectations within the educational environment (re: IL Learning Standards--Speaking & Listening, Reading, Writing).
OVERALL IMPACT					
SUGGESTED MPW/MPM: Minutes across all impact levels depend on the supports present in the educational environment.	SUGGESTED MINUTES: 0 minutes	SUGGESTED MINUTES: 15-30 mpw/60-120 mpm	SUGGESTED MINUTES: 31-60 mpw/124-240 mpm	SUGGESTED MINUTES: 61-90 mpw/244-360 mpm	SUGGESTED MINUTES: Consider supports present in the educational environment.