Using the Regulations of IDEA to Shape Your Caseload/Workload

SHAV 2024

Angie Neal, M.S. CCC-SLP

wordnerdspeech@gmail.com

Learning Outcomes

1. State the key factors that contribute to high caseloads.

2. Discuss the specific requirements of IDEA with respect to assessment and eligibility.

3. Explain the difference between dismissal and ongoing eligibility.

Disclosures

Financial:

- Presenter is receiving and honorarium and stipend for presenting.

Nonfinancial:

- Presenter is a member of ASHA"s School Based Advisory Board (SIAB)
- State Education Agency Communication Disabilities Council (SEACDC) Board member
- South Carolina State Department of Education

Factors That Contribute to High Caseload/Workload

- IDEA **rule out** considerations not considered

- Misunderstandings regarding appropriate referral, assessment, and eligibility criteria in accordance with the requirements of the IDEA

- Student does not meet the prongs of eligibility as required by IDEA

- Student does not continue to meet eligibility

- Shortage of SLPs

- Student has not moved across the continuum of service delivery options within the LRE

- Therapeutic intervention that does not follow a clear progression along the continuum of development

- Limited collaboration across environments

- Student has not been reevaluated to consider other areas of suspected disability

- Poor implementation of EBP

IDEA Eligibility 34 CFR §300.8

Presence of a disability

Need for _specially_ designed instruction

Adverse educational impact

– For a preschool student, educational impact refers to their ability to "participate in appropriate activities" (34 CFR§300.304(b)(1)(ii).

Blue Cross Blue Shield, Humana, **United Health Care**, Cigna, etc. all have requirements and stipulations as well.

What is Special Education?

Special education means **specially-designed** instruction including...

- ... adapting the content, methodology, or delivery of instruction to address the **unique needs** of a student

- ... that **result from** **the student's disability**

- ... to ensure access of the student to the general education curriculum

- ... in order **to meet the educational standards** that apply to all students

(34 CFR § 300.39)

Are the student's needs **unique?**

How are their needs significantly different from same age/grade peers?

Are the student's needs resulting from the identified area of disability or "something else"?

If the needs are related to "something else", has the student been evaluated for a suspected disability in another area?

Is **specially designed instruction** necessary for the student to access the general education curriculum to meet the educational standards?

Does the instruction require the unique, skills, training, and expertise of **an SLP**?

How Do You Know?
(How is this documented?)

What is Special Education (continued) ?

If the data suggests the student's needs for instruction can be provided within the general education setting without the support of special education and related services, the team must determine that the student is **not** in need of special education and related services.

Working at the top of your license means utilizing the full extent of education, training, and experience, and not spending time doing things that could be effectively done by someone else.

Specially Designed Instruction …
in the Least Restrictive Environment

- To the maximum extent appropriate, children with disabilities.. are educated with children who are nondisabled; and … other removal of children with disabilities from the regular educational environment occurs **only if** the **nature or severity** of the disability is such that education in regular classes with the use of **supplementary aids and services** cannot be achieved satisfactorily (34 CFR 300.114(a)(2)

Nature – Severity

Specially Designed Instruction
in the Least Restrictive Environment (continued)

- Does the **nature** of the disability require an SLP to provide the services?

- Does the **severity** of the disability require an SLP to provide the services?

- Could **indirect** services adequately meet the students needs?

- Could **supplementary** services adequately meet the students needs?

Students Who May No Longer Need Specially Designed Instruction … *by an SLP*

- A student with who is making good grades and performing well on assessments **when utilizing** strategies or accommodations (e.g., graphic organizers, pre-teaching key vocabulary, audiobooks, etc.)

- A student who has nearly mastered speech sound production at the conversational level and is working only on self-monitoring and as such can be **supported with models and reminders** by their teachers in the classroom.

- A student with a fluency disorder who has established strategies that enhance fluency and is **working on self-monitoring and/or generalization** which can be supported with reminders by their teachers in the classroom.

- A student with pragmatic difficulties who is **also receiving adequate special education** support to address their needs.

Presence of a Disability and Diagnostic Accuracy

Rule Out Factors

Rule out factors are not about excluding students from receiving additional support, but rather **ensuring that all students are provided the necessary supports prior to determining the presence of a disability.**

Rule Out Factors
(34 CFR §300.306)

- (b) A child **must not be determined to be a child with a disability** (1) **if** the determinant factor for that determination is—

- (i) Lack of appropriate instruction in reading, including the essential components of reading instruction (systematic and explicit instruction in phonemic awareness, phonics, vocabulary, fluency and comprehension).

- (ii) Lack of appropriate instruction in math; or

- (iii) Limited English proficiency;

- (3)(a)(iv) Cultural factors;

- (3)(a)(v) Environmental or economic disadvantage;

Data must be collected to document whether these factors have been considered **prior** to determining the disability.

Magnets are atraktiv to sum medlsc. But sum medls arnt atractiv to magnets.

The magnetik fors cene go thruy coper. Perhaps it can go thruy uther stuf?

IDEA Evaluation Requirements 34 CFR 300.304 (at a glance)

1. A variety of assessment tools and strategies

2. Not use any single measure or assessment as the sole criterion

3. Use of technically sound instruments

4. Not discriminatory on a racial or cultural basis; administered in the child's native language unless it is clearly not feasible

5. Used for the purposes for which the assessments or measures are valid and reliable

6. Must be sufficiently comprehensive

7. Must determine the educational needs of the child

Sufficiently Comprehensive Evaluations (34 CFR §300.304)

- (4) The child is **assessed in all areas** <u>**related to the suspected disability**</u>, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

- <u>(6)</u> In evaluating each child with a disability under §§300.304 through 300.306, the evaluation is **sufficiently comprehensive** to identify all of the child's special education and related services needs, **whether or not commonly linked to the disability category** in which the child has been classified.

- While the **referral** may be for a specific area of concern, all areas must be reviewed and discussed by the team in order to look comprehensively at the student's strengths and needs and conduct a review of all existing data (34 CFR § 300.305(a)(1).

Technically Sound

- **Test A:** At a cut score of 1.5 SD, it has sensitivity of 47% and specificity of 96%

- **Test B:** At a cut score of 1 SD, it has sensitivity of 94% and specificity of 84%

- **Test C:** Not reported

- **Test D:** At a cut score of 1.5 SD, it has sensitivity of 85% and specificity of 99%, *but...*

  – The tool administered for the sensitivity group was not also administered for specificity group. Moreover, the tool used for the sensitivity measure lacked appropriate sensitivity, specificity, validity, reliability, and was not free of bias.

- **Test E*:** At a cut score of 1 SD, it has 83% sensitivity and specificity of 80%, *but.... (*see next slide)*

There is no single cut score or standard deviation that can be applicable to all standardized assessments.

Confidence Interval

- According to Betz, Eickhoff, and Sullivan (2013), the Standard Error of Measurement (SEM) and the related Confidence Intervals (CI), "indicate the degree of confidence that the child's true score on a test is represented by the actual score the child received." They yield a range of scores around the child's standard score, which suggests the range in which their "true" score falls.

- **Test E:** At a 90% confidence level, the child's true score falls **between 72 and 87.**

  - The lower end of this interval suggests a *moderate to severe* language impairment while the upper bound would classify the child as typically developing.

  - This does not align with IDEA's requirement for technically sound instruments (34 CFR 300.304 (3).

Should We Get Rid of Norm-Based Assessment Tools?
No.

- 34 CFR §300.304 (b) In conducting the evaluation, the public agency must ...
  - (1) **Use a variety of assessment tools and strategies** to gather relevant functional, developmental, and academic information about the child.

  - (2) **Not use any single measure or assessment** as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child;

- SLPs may use standardized assessments as part of the variety of assessment tools and strategies to gather information about strengths and weaknesses, but if the tool does not meet appropriate sensitivity and specificity, **but scores for these tools must not be reported or used to determine eligibility**.

.

Curriculum-Based Assessment Considerations

- What is student's oral reading fluency rate and accuracy?
- What type of questions were missed most frequently?
- What is the level of syntax?
- What is the student's familiarity with the vocabulary (including mental imagery)?
- What background knowledge is needed?
- What strategies do they use (comprehension monitoring, question generation, summarization, etc.)?
- What do executive function skills look like (cognitive flexibility, working memory, inhibitory control)?

- One-two sentence type comprehension questions are more closely aligned with word reading skills.

- Question-and-answer format is more closely aligned with language skills.

- Story retell is also more closely aligned with language skills (but does not correlate with question-and-answer format).

  (Keenan et al., 2008)

Informed Clinical Opinion

Its not about A test or THE test.

- Informed clinical opinion means …
  - the best use of **quantitative and qualitative** information
  - by **qualified personnel**
  - within their scope of practice
  - drawing from **clinical training and experience**,
  - **a variety of assessment tools and strategies**,
  - understanding of **clinical assessment procedures and psychometric properties**
  - knowledge of **age-appropriate development**,
  - experience and knowledge of children from **different cultures and languages**, and
  - the ability to gather and include **information from the family about the child's development.**

Educational Impact

Adverse Educational Impact

- Educational impact is not based on grades as **grades are subjective**, based on a teacher observations, and may be based on many different factors:
  - Some teachers allow students to improve their grades by doing **extra credit** work.
  - Some teachers may base grades on class **participation**, a good attitude, or citizenship.
  - Teachers may also give a student a better grade because the child is **trying very hard** to do good work.

A child who is making good grades can still need specially designed instruction and supports.

Educational Impact and Speech Sound Disorder

- **Evidence of struggle when compared to peers**
  - o Observation across educational environments
  - o Student interview/report of student's feelings about speech production - **Student's Experience in Speech Therapy Questionnaire** (Mumy, adaptation of the ACES questionnaire).
  - o Does the speech sound difficulty cause the student to...
    - » repeat or rephrase so that they can be understood?
    - » hesitate to speak aloud or read aloud in class?
    - » show reluctance to participate with peers and adults in structured discussions and routines about grade-appropriate topics and texts?
    - » communicate needs and wants?
    - » ask and answer questions?

Educational Impact and Speech Sound Disorder

- **Intelligibility to familiar and unfamiliar listeners**
  - "30, 40" ("fuhdy, fuhdy")
- **Phonemic and Phonological Awareness**
  - Atypical **speech sound errors and distortions in preschool are predictive of weak phonological awareness** (PA) skills (Preston & Edwards, 2010). This is true even when language is normal (Bird, et al., 1995; Overby, Trainin, Smit, Bernthal & Hull, 2012).

  - **The majority of all poor readers have an early history of spoken language deficits** with 73% of second grade poor readers having poor phonemic awareness or spoken language problems in K5 (Scientific Studies of Reading, 1999).

  - **Phonological processing (word reading and phonological working memory) skills have been shown to be weak *even once the speech sound disorder is remediated*** (Farquharson, 2015; Raitano, Tunick, Pennington, Boada, & Shriberg, 2004).

  - **Comorbidity of reading disability with a speech sound disorder** is approximately 25-30% (Grosse, 2009).

How Does Poor Phonological Awareness Have an Adverse Educational Impact?

- Phonological awareness is what allows us to compare words we know with words we don't know yet and when we are not aware of the differences in words, we are not able to make sense of how the meaning is different.

Habit – Habitat   People-Pupa   Specific-Pacific

Advice – Advise   Affect-Effect

- We put *written* words into long-term memory by anchoring them to their sounds, <u>not</u> by their meanings.

Suspicious   Convalesce

Determining the Need for Specially Designed Instruction for Speech Sound Difficulties

- Sounds that children **are stimulable** for have been found to undergo the most change **in the absence of treatment** (Miccio et al. 1999).

- Sounds stimulable *some of the time* (i.e., **at least 30 percent**), were "presumed to be stimulable" (Miccio 2002, p. 225). This criteria was also used by Storkel (2018).

Each of the components of language
play a vital role in reading and writing
(Wolf Nelson, Catts, Ehren, Roth, Scott, and Staskowski, 2009).

Phonology

- Phonological awareness has been shown to be more closely related to success in reading than intelligence (Torgesen, 1997) and is the strongest single predictor of word reading difficulties (e.g., Pennington, et al. 2012; Snowling, 2000).

Semantics

- Children must have mental imagery, representational and thinking skills (Westby, 1980) because understanding of a story requires the reader to form a mental representation of the story while reading (e.g., Kintsch, 1988; Zwaan and Radvansky, 1998).

Syntax

- In 2011 and 2012, student SAT scores revealed that only 43 percent reached a proficiency level for reading comprehension. The clearest differentiator was the students' ability to answer questions associated with texts that had complex syntactical structures as opposed to critical thinking skills.
- Proficient comprehension of text is influenced by adequate syntactic knowledge (Torgesen, 2007; Cain & Oakhill, 2009).

Morphology

- Approximately 80 percent of English words contain multiple morphemes (Anglin, 1993; Hiebert, Goodwin, & Cervetti, 2018) and morphologically complex words represent the bulk of unfamiliar words that children encounter in text (White, Power, & White, 1989).

Pragmatics

- Pragmatics includes understanding point-of-view, interpretation of figurative language, separating important from unimportant details, making inferences and predictions as well as conveying point-of-view, providing essential details and specific referents.

Discourse and Narrative

- Difficulties with narrative comprehension and production may have serious negative effects on students' educational and social achievement (Nation, Clarke, & Marshall, 2004) and when narrative performance is weak, children may be at risk for developing social and behavioral problems because of their limited ability to interact with others (Dickinson & Snow, 1987; Snow, Burns, & Griffin, 1998).

- Narratives are sensitive indicators of language impairment in students with compromised language skills typically produce shorter, less complete, and less elaborate narratives than their same age, typical peers.

Language Comprehension

Background Knowledge
facts, concepts, etc.

Vocabulary
breadth, precision, links, etc.

Language Structures
syntax, semantics, etc.

Verbal Reasoning
inference, metaphor, etc.

Literacy Knowledge
print concepts, genres, etc.

Word Recognition

Phonological Awareness
syllables, phonemes, etc.

Decoding
alphabetic principle, spelling-sound correspondence

Sight Recognition
of familiar words

increasingly automatic

Fluent execution and coordination of language comprehension and word recognition

Semantics

Morphology and Syntax

Pragmatics

Discourse/Narrative

Phonology and Morphology

Scarborough's Reading Rope, 2001

Determining the Need for Specially Designed Instruction for Language

- While there is a wealth of information outlining how to determine the presence of a language disorder, guidelines for determining the severity of a language impairment in children have not been well established (Spaulding et al., 2010).

- Be cautious in determining the severity of children's language impairment using norm-referenced test performance given the inconsistency in guidelines and lack of empirical data within test manuals (Spaulding et al., 2010).

- None of the 45 test manuals provided statistical analyses to indicate how the severity categories and cutoff points that they provided for determining degree of impairment were empirically derived (Spaulding et al., 2010).

Consequences of Inappropriate Eligibility Determination

- Identification of a child as disabled, who does not meet the federal definition of special education
  - Can have negative educational consequences for the student,
  - Is a violation of the student's civil rights (U.S. Department of Education, 2016),
  - Is a violation of ethical standards of practice/Code of Ethics,
  - Would be considered a denial of FAPE,
  - Inflates caseloads, and
  - May be considered fraudulent receipt of state and federal funds.

ASHA's Code of Ethics

- **Principle of Ethics I, Rule K :** "Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of the services provided ... and they shall provide services .... **only when benefit can be reasonably expected.**"

- **Principle I, Rule L:** "a reasonable statement of prognosis"

- **Principle I, Rule M:** "keeping paramount the best interests of the student"

Multilingual Reminders

The role of the interpreter is <u>not</u> to translate an English assessment into the student's primary language as this yields an invalid interpretation of ability.

- When tests are translated, there is not always a one-to-one translation as **languages may vary based on phonology, morphology, and syntactic structures and not all structures that are assessed on English tests exist in other languages** (Goldstein, 2000).

- Children should always be compared to peers from a similar environment to determine if they differ significantly enough to warrant a label of disability.

- Consideration for the stage of language acquisition

Do I Need to Be/Do We Need to Bring in a Bilingual Speech-Language Pathologist? No.

ASHA Code of Ethics (Principle of Ethics 1, C)

Individuals shall not discriminate in the delivery of professional services ... on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including **culture, language, dialect,** and accent; race; religion; sex; sexual orientation; or veteran status.

What if They Have Been Exposed to English and ____?
Which Language(s) Should Be Assessed?

Assessments should be administered in
all **languages used 30% of the time or more**
(Castilla-Earls, et al., 2020).

How is can that be determined?
The Alberta Language Environment Questionnaire
(free and online)

## Dynamic Assessment

- The **"test-teach-retest"** model of dynamic assessment has proven effective in discriminating between students with language differences and those with deficits (Laing & Kamhi, 2003).

- Dynamic assessment has been shown to help identify learning potential, eliminate bias for students with cultural and linguistic differences or socio-economic risk factors, and be statistically better than standardized assessments for distinguishing difference from disorder (Hasson, 2013).

- This differential learning rate (of dynamic assessment) allowed classification with better sensitivity and specificity (Roseberry and Connell, 1991).

- Dynamic assessment is more predictive in differentiating difference vs. disorder in CLD population on a word learning tasks (Peña et al., 2006).

Presence of a Disorder

Assess L1 in the area
of concern

L1

BOTH

L2

Assess L2 in the area
of concern
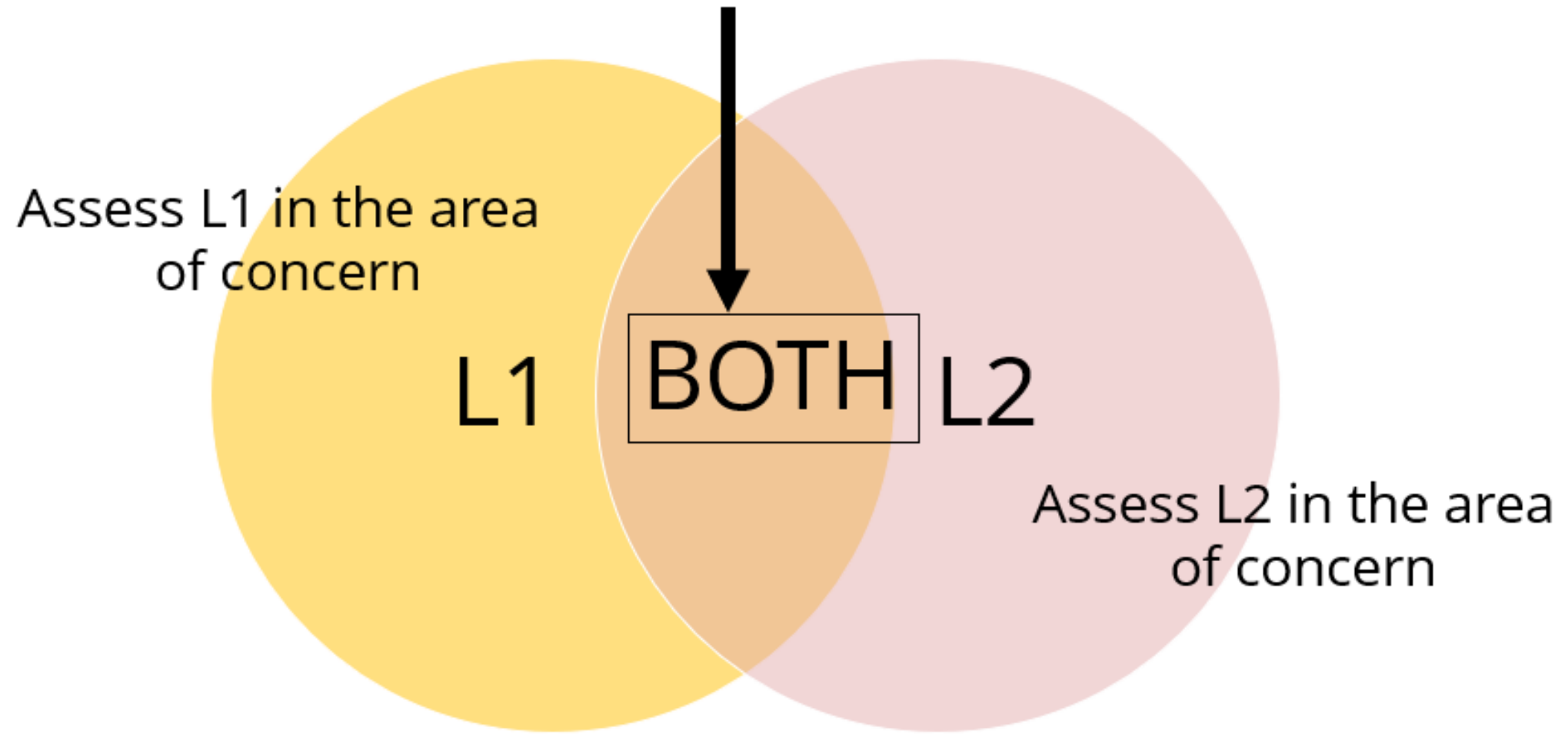
Three Diagnostic Questions if Child is Exposed to More than One Language (30% or more)
(with considerations for their stage of language acquisition)

1. Is what you hear developmentally appropriate for L1 (primary language and L2 (English)?

This is a delay, not a disorder.

2. Is what you hear atypical for L1 (primary language) and atypical for L2 (English)?

This would be considered disordered.

3. Is what you hear the influence of L1 (primary language) on L2 (English)?

This is a difference not a disorder.

Three Diagnostic Questions
if the Student Does Not Speak English
(with **considerations for their stage of language acquisition**)

1. Is what you hear developmentally appropriate for the child's language?

This is a delay, not a disorder.

2. Is what you hear atypical for the child's language?

This would be considered disordered.

3. Is what you hear the influence of exposure to English?

This is a difference _not_ a disorder and evaluation

must report the child's stage of language acquisition (Krashen & Terrell, 1983; Hearne, 2000)

Ongoing Eligibility

Dismissal vs. Ongoing Eligibility

- The term "dismissal" is not used in IDEA

- There are <u>not</u> two different standards for students who are eligible to receive services and those who are eligible to continue to receive services.

- The diagnostic battery used to determine initial eligibility is <u>not</u> required for ongoing eligibility as this is not the purpose of an assessment tool and IDEA requires that assessment tools <u>(iii)</u> Are used for the purposes for which the assessments or measures are valid and reliable; .

- However, the reevaluation **process** <u>is</u> required if the student has a classification as SLI.

Eligibility Is "Woven" Throughout the IEP

- **Present Levels of Academic and Functional Performance** - continued presence of a disability WITH data from teacher.

- **Impact Statement** - educational impact.

  - Must be specific to the INDIVIDUAL student, not general statements, not "may" impact, not "may impact in the future")

- **Goals** - steps towards decreasing the disability and its educational impact.

- **Services** - how the goals will be implemented.

- **Prior Written Notice** - summary of continued presence of a disability, adverse educational impact, and need for specially designed instruction.

What Data Supports A Change to Eligibility?

- Supporting data points (e.g., current assessments, therapy notes, progress notes, grades, attendance information, etc.).

- Documentation of mastery of goals and/or information to support plateau despite a variety of treatment methods.

- Early and ongoing communication regarding eligibility considerations (e.g., in progress reports with justification and supporting data points, communicate with the team in previous IEP meetings, etc.).

- Evidence from the classroom via classroom observation and/or teacher data relative to current impact of the disability within the classroom setting.
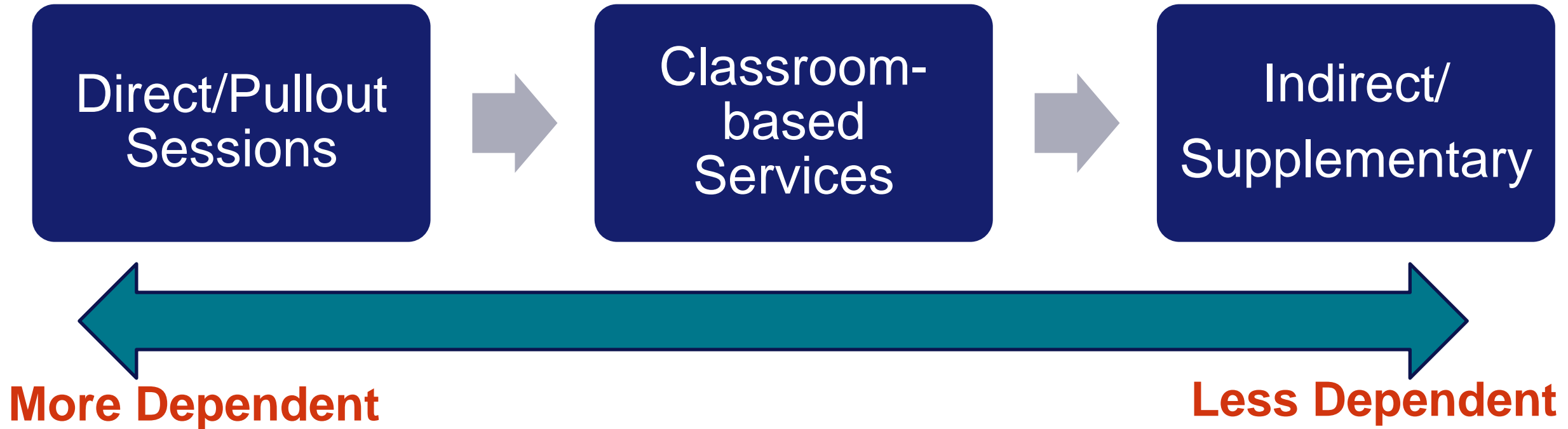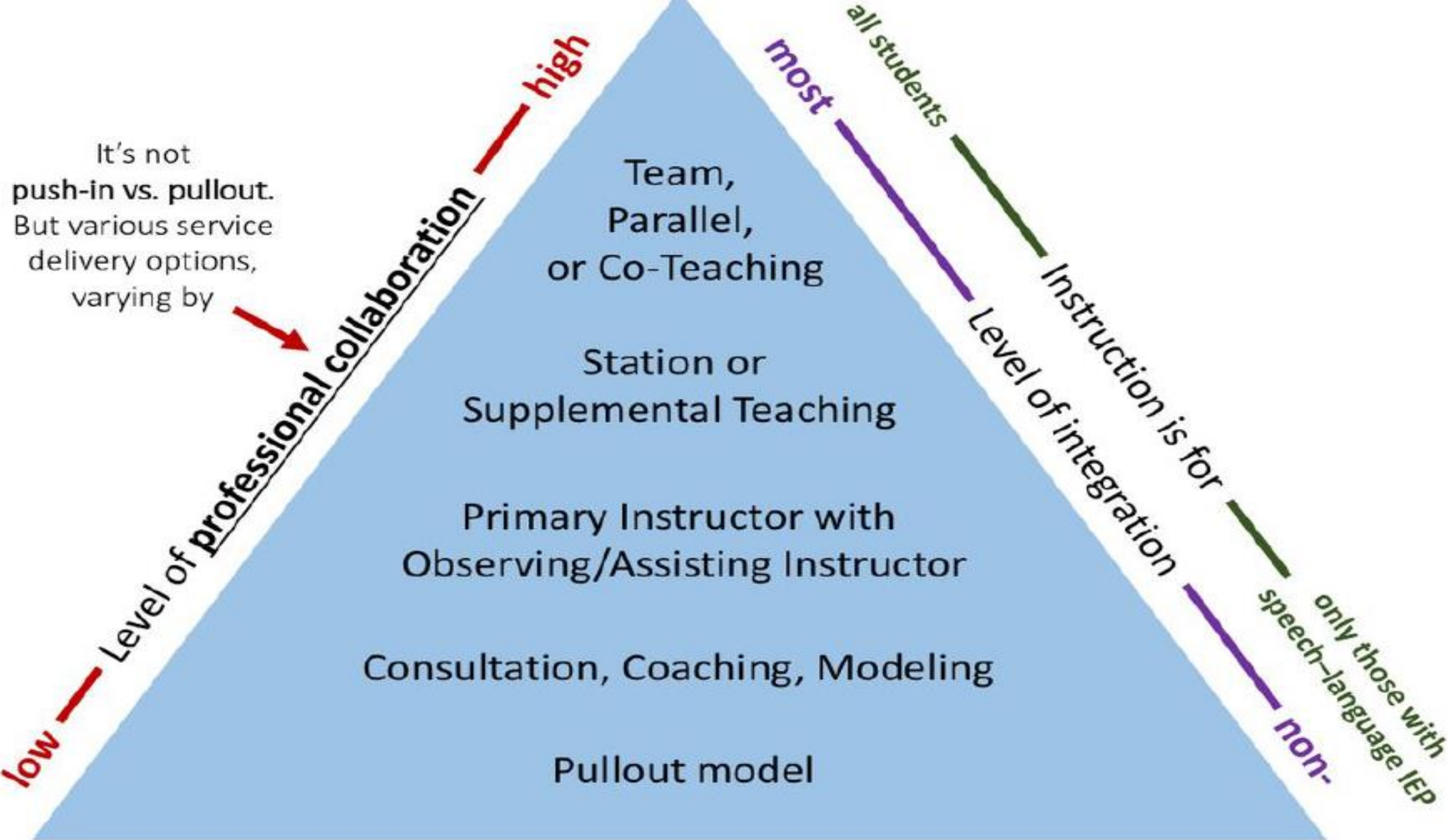
What If A Team Member Disagrees?

- Introduce the idea the team well ahead of the IEP meeting (I'd like your thoughts about ..."

- Share the data and documentation that supports your recommendation.

- Provide the team with an understanding of IDEA requirements regarding two prongs of eligibility, FAPE, LRE and specially designed instruction.

- Talk to the team about professional practice standards, the code of ethics, and potential for fraud.

- **Fade services** and as skills improve and document their performance.

Discuss ongoing eligibility at the initial eligibility meeting AND as it is woven throughout every annual review IEP.

Continuum of Service Delivery

Direct/Pullout Sessions → Classroom-based Services → Indirect/Supplementary

More Dependent ←————————————→ **Less Dependent**

- Generalization of skills to the classroom
- Reduction of direct services
- Location of services transition (therapy room to classroom)
- Increase of consultation (indirect services) with teacher and/or parent
- Variety of service models (3:1 model, "blast"/5-minute therapy, etc.

It's not **push-in vs. pullout.** But various service delivery options, varying by

Level of **professional collaboration**

low — high

most — **non-**

all students — only those with speech–language IEP

Instruction is for

Level of integration

Team, Parallel, or Co-Teaching

Station or Supplemental Teaching

Primary Instructor with Observing/Assisting Instructor

Consultation, Coaching, Modeling

Pullout model

(Glastetter-Stone, 2017)

Decision Tree

At any time will you be in direct contact with the student?

No - contact will only be with staff, parents, other IEP team members

Yes - there will be some contact with the student (periodic or partial)

Yes - there will be direct contact and interaction with the student

Supplementary Aids/Service

Indirect Service

Direct Service

IDEA indicates that the treatment approach is to be determined by the IEP committee based on individual student needs.

Reasons a Student May No Longer Be Eligible

- Prong 1
- Prong 2
- No Longer Needs Specially Designed Instruction by an SLP
- Extenuating Circumstances
- Cultural and linguistic diversity
- Functional
- Functional (with accommodations, modifications, etc.)
- Limited Participation
- Reasonable Benefit Not Expected

How Do I Know If Services Are No Longer Benefitting a Student?

- Has the student demonstrated progress (on assessments/goals)?

- Have the student's goals been changed to address a lack of progress?

- Has the student received consistent treatment without interruption in services?

- Has the SLP tried different levels of session intensity, length, and frequency?

- Have different methods of service delivery, such as classroom-based, various group configurations, consultation, or indirect services been used?

- Is the student performing independently? What level of prompting does the student require to meet their goals?

- Do classroom work samples and discussions with teacher support ongoing educational impacts?

Can a reasonable statement of prognosis be made?

Factors to Consider Relative to Ongoing Eligibility

- Performance in General Education Setting (Prong 2)
- Performance in Special Education Setting (if dually served)
- Continuity of treatment
- Review of Data
- Extenuating Circumstances
- Pattern of Service Delivery
- Capacity for Change

- Intensity of Services
- Duration of Services
- Cultural and Linguistic Differences
- Second Opinion
- Focus of Services
- Setting
- Individualization
- Situational Dynamics

Student Name: _____ Date: _____

- For each assessment area column, circle the item that best represents the student's performance.
- Is the student multilingual or bidialectal? ____ Yes ____No
  - If yes, what is the student's primary language or dialect spoken? _____
  - If yes, which speech sounds observed in the assessment are considered unique to the language or dialect and not considered to be in error:

Phonological Process Abbreviations: CR – Cluster Reduction WSD – Weak Syllable Deletion FR – Fronting Gliding- Gliding of liquids
DEP- Depalitalization of Singletons FCD- Final Consonant Deletion ICD- Initial Consonant Deletion

	Academic Activities, Tests, and Related Measures			SLP Probes, Tests and Measures			
	At least 2 out of 3 must be in moderate or substantial range			At least 2 out of 3 must be in moderate or substantial range			
				I. Speech Sound Production		II.	III.
	Data sources: teacher checklist, classwork and observations of oral, & written language in school settings	Phonological Awareness probes	Intelligibility in Connected Speech (ICS) across settings Familiar/ Unfamiliar listeners	Speech sound production (McLeod & Crowe 2020)	and/or Phonological Processes	Stimulability (Miccio Probe or dynamic assessment)	Severity – %age of Consonants Correct (PCC)
No Apparent Impact	Performs similarly to peers in most areas	Meets age appropriate norms	Familiar: ICS 4 or 5 Age 3: 75% Age 4: 85% Age5+: 90% Unfamiliar: Age: 75% Age: 83% >7: %	Meets norms for acquisition	No significant error processes.	Error sounds are 90% stimulable	PCC value more than 95%
Minimal Impact	Evidence of struggle in one or more areas when compared to peers	One PA skill does not meet age or grade appropriate norms	Familiar: ICS ≤3 Age 3: 65-75% Age 4: 75-85% Age 5+: 81-90% Unfamiliar: Age 5-6: 60-74% Age 6-7: 75-2% >7: 71-89%	One-two sounds do not meet norms for acquisition	One or more occur: - Gliding - CR with /s/ - Vowelization post-vocalic /r/ or /l/	Error sounds are 60 – 89% stimulable	PCC value of 85 – 94%
Moderate Impact	Evidence of struggle in most areas when compared to peers	Two skills do not meet age or grade appropriate norms	Familiar: ICS ≤3 Age 3: 50- 64% Age 4: 65-74% Age 5+: 70-80% Unfamiliar: Age 5-6: 51-60% Age 6-7: 51-74% >7: 51-70%	Three-four sounds do not meet norms for acquisition	One or more occur: - WSD - DEP - initial CR /l/, /r/, /s/ -Velar fronting	Error sounds are 50 - 59% stimulable	PCC value of 50 – 84%
Substantial Impact	Evidence of very limited ability in most areas	Three or more skills do not meet age or grade appropriate norms	Familiar: ICS ≤3 Age 3: <70% Unfamiliar: All Ages: 0-50%	Five or more sounds do not meet norms for acquisition	One or more occur: - ICD - FCD - Stopping - DEP final	Error sounds are less than 50% stimulable	PCC value less than 50%

Previously = (green circle)

Currently = (red circle)
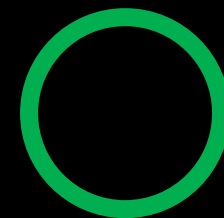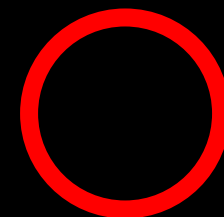
ASHA Resources (embedded links)

- [Evaluation and Eligibility for Speech-Language Services in Schools](#)
- [Eligibility and Dismissal in Schools](#)
- [Decision Making in Termination of Services](#)
- [Eligibility and Dismissal in Schools](#)
- [Decision Making in Termination of Services](#)
- [School Services Frequently Asked Questions – Eligibility and Dismissal](#)
- [Everyday Ethics: Dismissing a Student No Longer Benefitting From Intervention](#)

ASHA Resources (embedded links)

- Dynamic Assessment Modules
- Phonemic Inventories and Cultural and Linguistic Information Across Languages
- Roles and Responsibilities of SLPs in Schools
- Miccio Probe
- Using Norm-Referenced Tests to Determine Severity
- Rubrics

Question and Answer

Thank you for your time, attention, attendance, and for what you do for children every day!

If you'd like more information, please do not hesitate to reach out!

Angie Neal, M.S. CCC-SLP

wordnerdspeech@gmail.com

Abbreviated list of references is in separate Word document.