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Department of Public Instruction
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Speech-Language Pathology
Public School Guidelines:

Section II:
Eligibility Criteria for
Speech-Language Impairment



March 2010

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Eligibility Criteria For Speech or Language Impairment

Introduction

The following sections will describe each of the sub-categories of speech-language impairment and provide eligibility criteria therein. Appendices will include information for the SLP to use when making eligibility decisions.

In each sub-category, there is a rating scale which allows the SLP to assign points. These points are added to provide a total score to assist in the determination of a disability.

Since most SLPs' services are funded with special education funds, it is important to ensure the special education requirements for eligibility of services are followed. There may be times parents, doctors, or dentists believe a child needs speech therapy services, but the child is not eligible for special education speech-language services. The school is obligated to consider all outside evaluations and reports but is not obligated to provide or pay for services other than for those services that meet the eligibility requirement of special education.

Pre-referral

Prior to consideration for eligibility, building level teams should review all available data related to the student performance and abilities. This could be through the Response to Intervention process (RTI) or a building level team process such as the Building Level Support Team (BLST).

Eligibility

A child with a speech or language impairment has been evaluated in accordance with the Department's policies and procedures, determined to have a speech-language impairment, and as a result of this speech-language impairment, needs special education or related services. Children who have a speech or language impairment and no other disability may receive special education (specially designed instruction). "Specially designed instruction" means adapting, as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the child that result from the disability, and ensure access of the child to the general curriculum so that the child can meet the educational standards within the jurisdiction of the district that apply to all children. [Individuals with Disabilities Education Improvement Act 2004, CFR 34 §300.39(b)(3)] Children who have a speech-language impairment that is secondary to another disability may receive related services (services to benefit from special education).

Federal Definition of Speech or Language Impairment

A speech or language impairment is a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely impacts educational performance.

LANGUAGE

Language Criteria

A *Language Disorder* is defined as a breakdown in communication that is characterized by difficulties in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns attributed to dialectical, cultural or ethnic differences or the influence of a foreign language must not be identified as a disorder.

How to complete the Language Rating Scale: Circle the appropriate scores for each of the three categories:

Rows A and B (Formal/standardized assessment)

- Determination of the rating for formal assessment should be based on derived scores of relative standing, such as standard scores or percentiles.
- **Total test score or composite scores must be used—not individual subtests**

Row C (Informal/non-standardized assessment)

- Determination of the rating for informal assessment requires professional judgment and reference to normative data. Consider the results of criterion referenced tools, language samples, teacher-made tests, observation, etc.

Row D (Adverse affect on educational performance)

- Use the Teacher Input Form regarding language to assess the adverse affect on educational performance.

1. Circle the score for each row and add them to obtain the Total Score.

Total Score: 0-8	No Language Impairment (ineligible)
Total Score: 9-12	Mild (ineligible)
Total Score: 13-16	Moderate
Total Score: 17-20	Severe

2. The comment section may include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Considerations

- Given current medical, neurological, physical, emotional, and/or developmental factors, if the student's speech-language performance is within his/her expected performance range and compensatory skills have been achieved; then the student may not be found eligible.
 - The purpose of assessment is for determining eligibility and/or programming needs. Certain assessment tools are more appropriate for programming than for eligibility determination (ex., Single words vocabulary tests).
 - Students with Auditory Processing Disorders who are not eligible as language impaired, may be considered for a 504 plan.
- For written language: Document assessment under the "Informal Assessment" block:
 - Classroom writing samples should be included (ex., 6 Traits rubrics)
- Curriculum-based assessment

Additional Considerations

- Individuals with Autism may be eligible for speech-language services due to the pervasive nature of the social communication impairment. Formal assessment tools may not accurately detect problems in the social use of language and communication, so eligibility may need to be based on clinical judgment and more informal, observational measures.

Features to consider

1. Has limited joint attention and limited use of facial expressions directed toward others.
 2. Does not show or bring things to others to indicate an interest in the activity.
 3. Demonstrates difficulties in relating to people, objects, and events.
 4. Has a gross impairment in ability to make and keep friends.
 5. Shows significant vulnerability and safety issues due to social naiveté.
 6. Prefers isolated or solitary activities.
 7. Misinterprets others' behaviors and social cues.
 8. Demonstrates gross impairments of solitary, imaginative, cooperative, and reciprocal play.
 9. Demonstrates overreaction or under reaction to sensory stimuli resulting in communication breakdowns (which may include sight, smell, hearing, taste, touch, balance, body awareness, and pain).
 10. Uses rigid or rule-bound thinking such as an intense, focused preoccupation with a limited range of play, interests, or conversation topics.
- **For students referred for social-communication concerns that significantly impact their functional interactions with peers and adults, ADD the following points to the total rubric score:**
 - 2 features: 1 point
 - 3 features: 2 points
 - 4 features: 3 points
 - 5 or more features: 4 points

Language Severity Rating Scale

		No Disability	Mild	Moderate	Severe	Points Assigned
A	Formal Comprehensive Language Assessment in Oral &/or Written Language (Lowest Composite score may be used) (e.g., TOLD, CASL, CELF, OWLS)	Score = 0 SS 86-100 50% ile SD 0. - .99 below the mean	Score = 2 SS 78-85 16% ile SD 1.0 – 1.49 below the mean	Score = 3 SS 70-77 7% ile SD 1.5 – 1.99 below the mean	Score = 4 SS < 70 2% ile SD 2.0 > below the mean	
B	Second Formal Measure (e.g. LPT, WORD, Bracken, ELT, TLC-E)	Score = 0 SS 86-100 50% ile SD 0. - .99 below the mean	Score = 2 SS 78-85 16% ile SD 1.0 – 1.49 below the mean	Score = 3 SS 70-77 7% ile SD 1.5 – 1.99 below the mean	Score = 4 SS < 70 2% ile SD 2.0 > below the mean	
C	Informal /Non-Standardized Assessment (e.g., language sample, classroom work samples, classroom observation checklist)	Score = 0 Language skills are developmentally appropriate and do not interfere with communication	Score = 2 Language skills consist of some errors, and do not interfere with communication	Score = 3 Language skills are below the average range; errors are noticeable and interfere with communication	Score = 4 Language skills are significantly below average; errors are prevalent and greatly interfere with communication	
D	Educational Impact (social/emotional) (e.g., Teacher checklist, file review, state and district assessments, curriculum-based assessments)	Score = 0 Language skills are adequate for the student's participation in educational settings	Score = 4 Language skills are developing and can be addressed in the general educational setting	Score = 6 Language skills have an effect on the student's ability to participate in educational settings	Score = 8 Language skills have a significant impact on the student's ability to participate in educational settings	
TOTAL POINTS						

1. Circle the score for each row and add to obtain the Total Score.

Total Score: 0-8	No Language Disability (ineligible)
Total Score: 9-12	Mild (ineligible)
Total Score: 13-16	Moderate
Total Score: 17-20	Severe

2. **For students referred for social-communication concerns that significantly impact their functional interactions with peers and adults, ADD the following additional points to the total points, then re-total.** (See features listed on page 8):
- 2 features: 1 point
 - 3 features: 2 points
 - 4 features: 3 points
 - 5 or more features: 4 points

If a student is unable to complete standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.

Comments:

Language Severity Rating Scale Overall Functional Level

Level	Condition	Educational Impact
Level 0 (0 – 8 points) Ineligible	The student's independent language skills are consistently age-appropriate. The student is able to use compensatory strategies when needed.	Language skills are adequate for the student's participation in educational/developmentally appropriate settings.
Level 1 (9 – 12 points) Mild (ineligible)	The student's independent language skills are age appropriate. He/she is successful in participating in most low comprehension and low verbal demand educational activities with minimum support. However, the student's participation in high comprehension and high verbal demand situations may occasionally be limited.	Language skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Level 2 (13 – 16 points) Moderate	The student's independent language skills are often age appropriate in low comprehension and low verbal demand educational activities. The student's successful participation is frequently limited in high demand activities unless maximum support is provided to reduce the comprehension and verbal demands.	Language skills have an effect on the student's ability to participate in educational/developmentally appropriate settings.
Level 3 (17 – 20 points) Severe	The student's independent language comprehension and verbal messages are rarely age-appropriate even in low comprehension and low verbal demand educational activities. His/her participation in high comprehension and high demand educational activities is not age appropriate and tends to be extremely limited even with supports.	Language skills have a significant impact on the student's ability to participate in educational/developmentally appropriate settings.

Preschool Language Criteria

A *Language Disorder* is defined as a breakdown in communication that is characterized by difficulties in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns attributed to dialectical, cultural or ethnic differences or the influence of a foreign language must not be identified as a disorder.

How to complete the Language Rating Scale (Circle the appropriate scores for each of the three categories)

Rows A and B (Formal/standardized assessment)

- Determination of the rating for formal assessment should be based on derived scores of relative standing, such as standard scores or percentiles.
- **Total test score or composite scores must be used—not individual subtests**
-For children transitioning from Infant Development Part C to Part B (2.7 to 2.9 years of age), all information available should be considered for eligibility. When data presented indicate that skills are below age level using age ranges or percent of delay, this may be considered sufficient data to support the eligibility for speech/language services without further assessment. The existing data can be used to support eligibility without plotting scores on the rubric. This could include assessment data from private practice SLPs, medical centers, or university clinics. If the team determines insufficient data is available to make the determination of eligibility, additional assessment should be completed.

Row C (Informal/non-standardized assessment)

- Determination of the rating for informal assessment requires professional judgment and reference to normative data. Consider the results of criterion referenced tools, language samples, teacher-made tests, observation, etc.

Row D (Adverse affect on educational performance)

- Use the Teacher Input Form regarding language to assess the adverse affect on educational performance.

Circle the score for each row and add them to obtain the Total Score.

Total Score: 0-8	No Language Impairment (ineligible)
Total Score: 9-12	Mild (ineligible)
Total Score: 13-16	Moderate
Total Score: 17-20	Severe

The comment section on the criteria form may include statements regarding discrepancies among individual tests, subtests and other factors that are relevant to the determination of severity.

Considerations

- The purpose of assessment is for determining eligibility and/or programming needs. Certain assessment tools are more appropriate for programming than for eligibility determination.

Preschool Language Severity Rating Scale

		No Disability	Mild	Moderate	Severe	Points Assigned
A	Formal/Standardized Comprehensive Language Assessment (Lowest <u>Composite</u> score may be used) [e.g., CELF-P, PLS, TELD, TOLD, OWLS]	Score = 0 SS 86-100 50% ile SD 0 - .99 below the mean	Score = 2 SS 78-85 16% ile SD 1.0 -1.49 below the mean	Score = 3 SS 70-77 7% ile SD 1.5 – 1.99 below the mean	Score = 4 SS < 70 2% ile SD 2.0 > below the mean	
B	Second Formal Measure [e.g., vocabulary, basic concepts; etc.]	Score = 0 SS 86-100 50% ile SD 0 - .99 below the mean	Score = 2 SS 78-85 16% ile SD 1.0 -1.49 below the mean	Score = 3 SS 70-77 7% ile SD 1.5 – 1.99 below the mean	Score = 4 SS < 70 2% ile SD 2.0 > below the mean	
C	Informal / Non-Standardized Assessment (e.g., language sample, observation)	Score = 0 Language skills are developmentally appropriate and do not interfere with communication	Score = 2 Language skills consist of some errors, and do not interfere with communication	Score = 3 Language skills are below the average range; errors are noticeable and interfere with communication	Score = 4 Language skills are significantly below average; errors are prevalent and greatly interfere with communication	
D	Educational Impact (social/emotional) (Parent Questionnaire, Teacher Checklist)	Score = 0 Language skills are adequate for the student's participation in varied environments i.e. – Preschool – Daycare – Home	Score = 4 Language skills are developing and can be addressed in varied environment i.e. – Preschool – Daycare – Home	Score = 6 Language skills have an effect on the student's ability to participate in varied environments i.e. – Preschool – Daycare – Home	Score = 8 Language skills have a significant impact on the student's ability to participate in varied environments. i.e. – Preschool – Daycare – Home	
TOTAL POINTS						

1. Circle the score for each row and add them to obtain the Total Score.

Total Score: 0-8	No Language Disability (ineligible)
Total Score: 9-12	Mild (ineligible)
Total Score: 13-16	Moderate
Total Score: 17-20	Severe

2. For students referred for social-communication concerns that significantly impact their functional interactions with peers and adults, ADD the following additional points to the total points, then re-total. (See features listed on page 8):

- 2 features: 1 point
- 3 features: 2 points
- 4 features: 3 points
- 5 or more features: 4 points

If a student is unable to complete standardized assessment due to NON-COMPLIANCE or ABILITY, the assessment team will need to document an alternate means of determining eligibility.

Comments:

Preschool Language Severity Rating Scale
Overall Functional Level

Level	Condition	Educational Impact
Level 0 (0 – 8 points) Ineligible	The child’s independent language skills are consistently age-appropriate. The child is able to use compensatory strategies when needed.	Language skills are adequate for the child’s participation in educationally/developmentally appropriate settings.
Level 1 (9 – 12 points) Mild (ineligible)	The child’s independent language skills are age appropriate. He/she is successful in participating in most low comprehension and low verbal demand educational/developmental activities with minimum support. However, the child’s participation in high comprehension and high verbal demand situations may occasionally be limited.	Language skills are developing and can be addressed in their regular educationally/developmentally appropriate setting.
Level 2 (13 – 16 points) Moderate	The child’s independent language skills are often age appropriate in low comprehension and low verbal demand educational/developmental activities. The child’s successful participation is frequently limited in high demand activities unless maximum support is provided to reduce the comprehension and verbal demands.	Language skills have an effect on the child’s ability to participate in educationally/developmentally appropriate settings.
Level 3 (17 – 20 points) Severe	The child’s independent language comprehension and verbal messages are rarely age-appropriate even in low comprehension and low verbal demand educational activities. His/her participation in high comprehension and high demand educational/developmental activities is not age appropriate and tends to be extremely limited even with supports.	Language skills have a significant impact on the child’s ability to participate in educationally/developmentally appropriate settings.

Language Appendices

(Attached are resources that MAY be used in the assessment process to help the SLP determine eligibility)

- 1. Classroom Observational Checklist*
- 2. Classroom Based Communication Skills Checklist for Kindergarten*
- 3. Basic Concept Chart*
- 4. Classroom Based Communication Skills Checklist for First Grade*
- 5. Classroom Based Communication Skills Checklist for Second – Third Grade*
- 6. Classroom Based Communication Skills Checklist for Fourth – Fifth Grade*
- 7. Classroom Based Communication Skills Checklist for Middle and High School*
- 8. Informal Measure of Phonemic Awareness*
- 9. Preschool Language Skills Checklist (Birth – Age 6)*
- 10. Predicted MLU Ranges*
- 11. Observation for Preschool Speech/Language*
- 12. Parent Questionnaire*

Classroom Based Communication Skills Checklist for Kindergarten

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

The student does **NOT**:

- _____ 1. hear and identify familiar sounds
- _____ 2. hear and identify rhythmic patterns
- _____ 3. hear and identify rhyming words
- _____ 4. identify initial consonants
- _____ 5. listen and appropriately respond to nursery rhymes, fairy tales, poetry
- _____ 6. discriminate between sounds effectively
- _____ 7. recall what is heard
- _____ 8. follow oral instructions
 - _____ a. in individual direction
 - _____ b. in group direction
- _____ 9. listen for specific purposes
- _____ 10. listen during group discussions
- _____ 11. retain information heard
- _____ 12. ignore auditory distractions

II. SPEAKING

A. The student does **NOT** demonstrate appropriate grammar using:

- _____ 1. nouns
 - _____ a. singular
 - _____ b. plural
- _____ 2. verb tenses, except irregular past
- _____ 3. helping/linking verbs (e.g. "is, are")
- _____ 4. pronouns

B. The student does **NOT**:

- _____ 1. express ideas clearly
- _____ 2. retell directions, events and pictured sequences of four
- _____ 3. give oral presentations (i.e., "show and tell")
- _____ 4. recite from memory
- _____ 5. respond to questions and discussions
- _____ 6. speak clearly and audibly
- _____ 7. speak in complete sentences
- _____ 8. produce all sounds appropriately

III. VOCABULARY/CONCEPTS

A. The student does **NOT**:

- _____ 1. understand and use age appropriate basic concepts (see attached chart)

B. The student does **NOT**:

- _____ 1. sequence left to right
- _____ 2. recognize and name colors
- _____ 3. recognize and name shapes
- _____ 4. recognize and name numbers 0-20
- _____ 5. use age appropriate vocabulary
- _____ 6. group vocabulary by common categories

Classroom Based Communication Skills (Continued) Checklist for Kindergarten

Page Two

- 7. associate words with objects and activities
- 8. identify simple cause and effect relationships
- 9. distinguish between: “pretend” and “real”
- 10. identify basic emotions (e.g. happy, sad, angry)
- 11. predict outcomes
- 12. draw inferences/solve simple riddles

IV. SOCIAL LANGUAGE

The student does **NOT**:

- 1. stay on topic giving relevant information
- 2. take conversational turns
- 3. begin and terminate conversations appropriately
- 4. demonstrate the ability to make choices
- 5. accept decisions made by others and themselves
- 6. complete tasks independently or in groups

V. EARLY LITERACY SKILLS

The student does **NOT**:

- 1. recognize capital and lower case manuscript letters
- 2. match capital and lower case manuscript letters
- 3. recognize his own name
- 4. participate in language experience stories
- 5. use correct paper, pencil and proper body positions
- 6. copy and follow lines, shapes, etc. on paper
- 7. copy numerals, capitals, and lower case letters in manuscript
- 8. write numerals, capitals, and lower case letters in manuscript
- 9. segment sentences to show number of words (clapping)
- 10. tell sounds associated with letters
- 11. blend sounds in CVC words when segmented sounds are said to him
- 12. read sight words
- 13. accurately track enlarged print (big books, pocket charts)

Check the item that best summarizes your impression of this child’s language:

- Language skills are adequate for the student’s participation in educational setting
- Language skills are developing and can be addressed in the general educational setting
- Language skills have an effect on the student’s ability to participate in educational settings
- Language skills have a significant impact on the student’s ability to participate in educational settings.

Comments:

BASIC CONCEPT CHART

Student Name _____ Date _____ Teacher _____

Circle the concepts the child has not yet mastered

	2-3 years	3-4 years	4-5 years	High-Utility Concepts 5 years and up			
SPATIAL	together behind away from	top apart around high in front of toward	bottom low next to beside forward in back of	right left near far back front	side second third ahead center corner	edge upper right lower right upper left lower left across from	through right half left half to the right of to the left of separated
TEMPORAL				first last next beginning end	starting morning evening late following	afternoon yesterday tomorrow after before	second third gradual sudden early
QUANTITY/ QUALITY	some all small large	empty full same less than	short long thin each different	a little a lot thick many few none	enough both medium sized half whole another	pair wide narrow shallow deep every	equal the most the least diagonal horizontal vertical
SOCIAL - EMOTIONAL				tired surprised	scared angry	afraid excited	bored worried

Classroom Based Communication Skills Checklist for First Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

The student does **NOT**:

- _____ 1. follow oral directions
 - _____ a. in individual direction
 - _____ b. in group direction
- _____ 2. follow written directions
- _____ 3. identify main ideas, details and characters of a story
- _____ 4. draw conclusions from facts given in a story
- _____ 5. identify character's motives and feelings
- _____ 6. sequence four events
- _____ 7. ignore auditory distractions
- _____ 8. identify initial/final consonants
- _____ 9. identify vowel sounds
- _____ 10. discriminate between sounds effectively

II. SPEAKING

The student does **NOT**:

- _____ 1. identify groups of words as sentences
- _____ 2. identify asking vs. telling sentences
- _____ 3. identify nouns
- _____ 4. identify verbs and action words
- _____ 5. identify adjectives
- _____ 6. produce complete sentences
- _____ 7. produce appropriate grammar
- _____ 8. participate in group discussions
- _____ 9. comprehend and respond to wh questions
- _____ 10. produce all sounds appropriately

III. VOCABULARY/CONCEPTS

The student does **NOT**:

- _____ 1. associate text with pictures
- _____ 2. recognize emotion in stories
- _____ 3. differentiate true and false statements
- _____ 4. predict outcomes
- _____ 5. make inferences/solve simple riddles
- _____ 6. use context clues
- _____ 7. recognize antonyms
- _____ 8. use age appropriate vocabulary
- _____ 9. understand and use basic concepts

IV. SOCIAL LANGUAGE

The student does **NOT**:

- _____ 1. stay on topic giving relevant information
- _____ 2. take conversational turns
- _____ 3. begin and terminate conversations appropriately

Classroom Based Communication Skills (Continued) Checklist for First Grade

Page Two

V. LITERACY SKILLS

The student does **NOT**:

- 1. capitalize appropriately
- 2. punctuate appropriately
- 3. compose one sentence
- 4. compose multiple related sentences
- 5. demonstrate sound, letter, and letter pattern recognition and manipulation by substituting and deleting sounds
- 6. segment words into sounds
- 7. blend sounds into words
- 8. recognize, read, and write sight words
- 9. read with fluency
- 10. retell a story in sequence
- 11. identify story elements

Check the item that best summarizes your impression of this child's language:

- Language skills are adequate for the student's participation in educational settings
- Language skills are developing and can be addressed in the general educational setting
- Language skills have an effect on the student's ability to participate in educational settings
- Language skills have a significant impact on the student's ability to participate in educational settings.

Comments:

Return this form to: _____ **at** _____ **by** _____

Classroom Based Communication Skills Checklist for Second/Third Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

A. The student does **NOT**:

- _____ 1. follow directions
 - _____ a. in individual direction
 - _____ b. in group direction
- _____ 2. comprehend and answer "wh" questions

B. The student does **NOT** identify key elements of who, what, when and where

- _____ 1. from orally presented materials
- _____ 2. from written material

C. The student does **NOT**:

- _____ 1. identify the main idea
- _____ 2. differentiate between relevant and irrelevant information
- _____ 3. discriminate likeness and differences of sounds in words
- _____ 4. ignore auditory distractions

II. SPEAKING

The student does **NOT**:

- _____ 1. use grammatically correct sentences
- _____ 2. participate in group discussions
- _____ 3. give description with appropriate detail
- _____ 4. compare and contrast
- _____ 5. recall and discuss personal experiences
- _____ 6. convey information in an organized manner
- _____ 7. use specific vocabulary rather than general words (thing, stuff)
- _____ 8. ask/answer questions appropriately
- _____ 9. use appropriate articulation

III. VOCABULARY/CONCEPTS

The student does **NOT**:

- _____ 1. relate to cause and effect
- _____ 2. recognize synonyms, antonyms, homonyms, and multiple meaning words
- _____ 3. use appropriate vocabulary
- _____ 4. understand idioms and non-literal forms
- _____ 5. understand and give descriptions with appropriate detail
- _____ 6. appropriately compare and contrast

IV. SOCIAL LANGUAGE

The student does **NOT**:

- _____ 1. stay on topic giving relevant information
- _____ 2. take conversational turns
- _____ 3. begin and terminate conversations appropriately

Classroom Based Communication Skills (Continued)
Checklist for Second/Third Grade

Page Two

V. LITERACY SKILLS

The student does **NOT**:

- 1. identify groups of words as sentences
- 2. differentiate between sentences and questions
- 3. use correct capitalization and punctuation
- 4. write 2 to 4 complete sentences about a topic
- 5. write a sentence with descriptive words
- 6. write time ordered story using first, next and last
- 7. proof and edit his work
- 8. recognize, read and write sight words
- 9. retell a story in sequence
- 10. retell a story in sequence
- 11. identify story elements

Check the item that best summarizes your impression of this child's language:

- Language skills are adequate for the student's participation in educational settings
- Language skills are developing and can be addressed in the general educational setting
- Language skills have an effect on the student's ability to participate in educational settings
- Language skills have a significant impact on the student's ability to participate in educational settings.

Comments:

Return this form to: _____ **at** _____ **by** _____

Classroom Based Communication Skills Checklist for Fourth/Fifth Grade

Student's Name _____ Teacher _____ Date _____
Please return to _____ by _____

I. LISTENING/UNDERSTANDING

A. The student does **NOT**:

- _____ 1. understand directions and assignments
- _____ 2. takes notes and ask questions
- _____ 3. answer specific literal questions
- _____ 4. answer specific inferential questions
- _____ 5. recall main ideas and supporting details
- _____ 6. interpret and evaluate information
- _____ 7. distinguish between fact and opinion in an oral message
- _____ 8. relate cause and effect
- _____ 9. use strategies to enhance memory

II. SPEAKING

The student does **NOT**:

- _____ 1. use grammatically correct sentences
- _____ 2. give concise and accurate directions or information
- _____ 3. respond to questions appropriately
- _____ 4. ask questions to clarify or gain additional information
- _____ 5. retell a story or event with appropriate sequence and detail
- _____ 6. speak with appropriate articulation

III. VOCABULARY/CONCEPTS

The student does **NOT** use or understand grade appropriate:

- _____ 1. vocabulary
- _____ 2. antonyms, synonyms, multiple meaning words, homonyms
- _____ 3. idioms and figurative language
- _____ 4. inferences
- _____ 5. cause and effect relationships
- _____ 6. drawing of conclusions

IV. SOCIAL LANGUAGE

The student does **NOT**:

- _____ 1. contribute and stay on topic
- _____ 2. give relevant information
- _____ 3. take conversational turns
- _____ 4. begin and terminate conversations appropriately

V. LITERACY SKILLS

A. The student does **NOT** write appropriately:

- _____ 1. using correct capitalization and punctuation
- _____ 2. combining two simple sentences to make compound and/or complex sentences
- _____ 3. using pre-writing experiences such as brainstorming, webbing, etc.
- _____ 4. writing 2-3 paragraphs about topics
- _____ 5. writing different forms:
 - a) a book report; b) personal stories; c) a research report

Classroom Communication & Learning Checklist (Continued)
Fourth and Fifth Grade

Page Two

- _____ 6. write complete, grammatical sentences
- _____ 7. editing his work

Check the item that best summarizes your impression of this child's language:

- _____ Language skills are adequate for the student's participation in educational settings
- _____ Language skills are developing and can be addressed in the general educational setting
- _____ Language skills have an effect on the student's ability to participate in educational settings
- _____ Language skills have a significant impact on the student's ability to participate in educational settings.

Comments:

Return this form to: _____ **at** _____ **by** _____

Classroom Communication & Learning Checklist (Continued)
Middle School and High School

Page Two

Student: _____ Date: _____

RATING COMMENTS

Writing

- 36. has trouble writing what he/she is thinking
- 37. uses poor grammar when writing
- 38. has trouble writing complete sentences
- 39. writes short, choppy sentences
- 40. has trouble explaining an answer or providing details in writing
- 41. has trouble putting words in the right order in sentences

Additional Comments

Return this form to: _____ **at** _____ **by** _____

Informal Measure of Phonemic Awareness

Name _____ Grade _____ Date _____

1. Ability to hear rhyme and alliteration (*Emerges at age 4-5*)

Do these words rhyme?		
	Yes	No
out/spout		
short/out		
stout/out		
up/out		
shout/out		
rain/out		
spider/out		
without/spout		
TOTAL ERRORS		

Tell me two words that rhyme with:		
	Responses	
see		Errors: _____ Nonwds. _____ Correct: _____
toe		
bat		
man		
bell		
meat		
fit		
one		
take		

2. Ability to discriminate between sounds

Which two of these words <u>begin</u> with the same sound? (<i>Emerges in kindergarten</i>)		
PHONEME LEVEL	Correct	Error
tap/hug/hit		
rain/rug/apple		
pen/song/pipe		
fire/cloud/food		
run/lamb/rain		
what/rot/win		
ram/lamb/lane		
look/yell/let		
win/rain/why		
TOTALS		

Which two of these words <u>end</u> with the same sound? (<i>Emerges in kindergarten</i>)		
RIME LEVEL	Correct	Error
hit/split/wear		
cake/train/snake		
fun/sun/tap		
trip/fish/whip		
PHONEME LEVEL		
hop/camp/sand		
wish/tan/bun		
track/bike/wrap		
hunt/run/bat		
TOTALS		

3. Ability to split and blend sounds into syllables

Assess Splitting	Assess Blending		
SYLLABLE LEVEL (<i>Emerges at ages 3-4</i>)	SYLLABLE LEVEL (<i>Emerges in kindergarten</i>)	ONSET & RIME LEVEL	PHONEME LEVEL (<i>Emerges at age 6</i>)
I'm going to say some words. Clap to show how many <u>syllables</u> or <u>word parts</u> you hear.	I'm going to say some words slowly by <u>stretching</u> them into parts. Listen to the parts and put them back together.	I'm going to say some words slowly by <u>stretching</u> them into parts. Listen to the parts and put them back together.	I'm going to say some words slowly by <u>stretching</u> them into parts. Listen to the parts and put them back together.
seek	cow boy	c an	/p/ /a /t/
twilight	sun shine	n ight	/w/ /a/ /sh/
Tinkerbell	win dow	dr ess	/j/ /u/ /m/ /p/
butterfly	pen cil	str ike	/s/ /m/ /e/ /l/
dinner	Errors: /4	Errors: /4	Errors: /4
Errors: /5			

4. Ability to segment sounds

SYLLABLE LEVEL Errors: _____ (Emerges at age 4)	
I'm going to say some words. Tell me the parts you hear.	
bedroom	bed room
sometimes	some times
finger	fing ger
chattering	cha ter ing
television	tel a vi zhun
alligator	al li ga tor

PHONEME LEVEL Errors: _____ (Emerges at ages 5-7)		
I'm going to say some words. Say the word slowly and tell me each the sound you hear.		
pan	/p/ /a/ /n/	
tape	/t/ /a/ /p/	
went	/w/ /e/ /n/ /t/	
block	/b/ /l/ /o/ /k/	
smart	/s/ /m/ /ar/ /t/	
stand	/s/ /t/ /a/ /n/ /d/	

5. Ability to manipulate (add, delete, or substitute) sounds

ASSESS DELETION			
SYLLABLE LEVEL (Emerges at age 5- first grade)	Errors: ____	ONSET & RIME LEVEL (Emerges at age 7)	Errors: _____
Say CAMPSITE without the CAMP.	site	Say BEAT without the /b/.	eat
Say BASEBALL without the BALL.	base	Say SELL without the /s/.	ell
Say AIRPLANE without the AIR.	plane	Say CRUNCH without the UNCH.	kr
Say NOTEBOOK without the BOOK.	note	Say TRACK without the TR.	ack
Say UNLOCK without the LOCK.	un	PHONEME LEVEL	
Say RUNNING without the ING.	run	Say CAN'T without the /t/.	can
Say TWENTY without the TWEN.	ty	Say TRICK without the /t/.	rick
Say EXTRA without the TRA.	ex	Say SNEEZE without the /s/.	neeze

ASSESS SUBSTITUTION		
SYLLABLE LEVEL (Emerges at age 7+)		
Change the first part of CLASSROOM to BALL.	ballroom	
Change the last part of RAINCOAT to BOW.	rainbow	
Change the last part of SUNTAN to SHINE.	sunshine	
Change the first part of WATCHDOG to HOT.	hotdog	Errors: _____
ONSET & RIME LEVEL		
Change the /sm/ in SMELL to /t/.	tell	
Change the /tr/ in TRICK to /st/.	stick	
Change the /pl/ in PLATE to /sk/.	skate	Errors: _____
PHONEME LEVEL (Emerges at age 7+)		
Change the /t/ in HOT to /p/.	hop	
Change the /ch/ in BEACH to /t/.	beet	
Change the /k/ in CAT to /h/.	hat	
Change the /ng/ in SING to /k/.	sick	Errors: _____

Preschool Language Skills Checklist

Child's Name _____
 DOB: _____ Age: _____
 Parent's Name(s): _____
 DOE: _____ Examiner: _____

Key: A=Always/Accurately/Yes, S=Sometimes/Somewhat, N=Never/Not at all/No

0 to 6 months:

- _____ Startles in response to sounds
- _____ Smiles when spoken to
- _____ Recognizes voices
- _____ Turns head toward sounds
- _____ Fixes gaze on face
- _____ Anticipates feeding on sight of bottle and/or spoon
- _____ Frequently coos, gurgles and make sounds
- _____ Uses different cries to express different needs
- _____ Vocalizes in response to speech
- _____ Laughs when playing
- _____ Uses sounds or gestures to indicate wants
- _____ Uses P, B, M in babbling

7 to 12 months:

- _____ Understands "no"
- _____ Recognizes common items
- _____ Understands simple commands (ie "give me")
- _____ Reaches to request an object
- _____ Vocalizes to request or indicate need
- _____ Looks for objects out of sight
- _____ Shakes head "NO" and pushes undesired objects away
- _____ Waves "bye"
- _____ Directs others' behavior by pulling, tugging or patting
- _____ Participates in "pat-a-cake", "peek-a-boo", and/or "so big"
- _____ Has a vocabulary of 1-3 words
- _____ Uses speech sounds rather than only crying to get attention
- _____ Uses M, N, T, D, P, B, Z in babbling/jargon

13 to 18 months:

- _____ Identifies 1-3 body parts
- _____ Understands and responds to own name
- _____ Follows simple routine commands
- _____ Uses echolalia and jargon
- _____ Uses jargon to fill gaps in fluency
- _____ Uses adult like intonation patterns
- _____ Combines gestures and vocalizations
- _____ Expressive vocabulary of 3 to 20 words
- _____ Asks "What this?"
- _____ Requests "more"
- _____ Produces 1 to 2 word phrases
- _____ Says "NO"

**Normal speech patterns for this age range include: produces mostly unintelligible with omissions of many final and medial consonants and some initial consonants

Preschool Language Skills Checklist

19 to 23 months:

- Identifies 5 body parts
- Receptive vocabulary of 300 or more
- Enjoys listening to stories
- Answers “what’s that?” questions
- Uses words more frequently than jargon
- Uses appropriate intonation for questions
- Expressive vocabulary of 50 to 100 words
- Combines nouns and verbs
- Uses pronouns
- Speech is 25-50% intelligible to strangers

2-0 to 3-0 years:

- Identifies several body parts
- Points to pictures in a book when named
- Comprehends concepts: in, on, under, one and all
- Names everyday items
- Requests items by name
- Answers simple questions; what doing, who
- Asks simple questions, what’s that
- Uses 2 to 3 word phrases
- Uses articles such as; a, the
- Uses “ing” (ex. Running)
- Uses contractions such as don’t, can’t
- Refers to self as “me” versus first name
- Engages in short dialogue
- Uses attention getting words such as; hey, look
- Marks initial consonants
- Has mastered P, M, N, H and vowels
- Speech is 50% intelligible to strangers

** Normal speech patterns for this age range include: omission of medial sounds and omission or substitution of final sounds

3-0 to 4-0 years:

- Understands object function
- Identifies things that go together (associations)
- Sort objects into basic categories
- Comprehends concepts: big, little, empty, full, top, in front, in back, around
- Follows one step non routine directions with known concepts
- Uses specific location word (ex. In the barn vs. over there)
- Combines 3 to 4 words in sentences
- Uses a variety of nouns and verbs
- Uses “S” to indicate possession
- Uses regular past tense verbs (ed)
- Uses “S” for regular plurals
- Uses pronouns; he, she, I, you, me, and mine
- Uses negative “Not”
- Uses is, are, am + ing
- Uses conjunction: and
- Asks and answers simple questions; who, what, where, yes/no
- Initiates conversation
- Maintains topic (2-3 turns)

Preschool Language Skills Checklist

3-0 to 4-0 years continued:

- _____ Tells two events in chronological order
- _____ Consonants mastered: B, W, D, T
- _____ Speech is 75% intelligible to strangers

**Typical speech patterns for this age range include: TH errors, cluster reduction, gliding, depalatalization and stopping

**Typical disfluencies for this age range include: whole and part word repetitions at the beginning of a sentence/phrase

4-0 to 5-0 years:

- _____ Follows two step non routine directions with known concepts
- _____ Comprehends concepts: between, bottom, short, long, next to, same, different
- _____ Pays attention to a story and answers simple questions about it
- _____ Combines 4 to 7 words in sentences
- _____ Uses pronouns; our, their, they
- _____ Asks and answers simple questions; when, why
- _____ Answers questions about function
- _____ Answers questions about association
- _____ Labels basic categories
- _____ With question prompts can describe an object using several descriptors
- _____ Tells about past event (ex. event that happened at school, friend's house)
- _____ Accurately retells a story just heard
- _____ Refers to self as "I" versus first name/me
- _____ Tells name and age
- _____ Uses language to express emotion
- _____ Consonants mastered: K, G, F
- _____ Speech is 100% intelligible to strangers

**Typical speech patterns for this age range include: TH errors, Stopping of SH, CH and J, gliding and depalatalization

**Typical disfluencies for this age range include: whole and part word repetitions at the beginning of a sentence/phrase

5-0 to 6-0 years:

- _____ Follows three step non-routines directions with known concepts
- _____ Comprehends concepts: first, last, day, night, before, after
- _____ Understands humor
- _____ Uses reflexive pronouns (ex. myself)
- _____ Uses pronouns his, her
- _____ Uses comparative -er, -est
- _____ Uses irregular plurals (ex. feet/teeth)
- _____ Uses conjunctions: or, but
- _____ Sentence length decreased due to complexity
- _____ Name opposites
- _____ Can tell one difference and one similarity between two items
- _____ Asks and answers simple questions; how, what if
- _____ Sequences 4 pictures of events and tells the related story given the pictures
- _____ Without question prompts can describe an object using several descriptors
- _____ Consonants mastered: NG, Y (stridency should be present in speech – S distortion is still okay but they should mark stridency with another strident s/sh)
- _____ Speech is 100% intelligible to strangers

**Typical speech patterns for this age range include: TH errors, gliding and depalatalization

MLU RANGES

Table 3.2
PREDICTED MLU RANGES AND LINGUISTIC STAGES OF CHILDREN
WITHIN ONE PREDICTED STANDARD DEVIATION OF PREDICTED MEAN

Age ± 1 Mo	Predicted MLU	Predicted SD	Predicted MLU ± 1 SD (Middle 68%)	<i>Brown's Stages within 1 SD of Predicted MLU</i>								
				EI	LI	II	III	EIV	LIV/EV	LV	Post V	
18	1.31	.325	.99 – 1.64	X	X							
21	1.62	.386	1.23-2.01	X	X	X						
24	1.92	.448	1.47-2.37	X	X	X						
27	2.23	.510	1.72-2.74		X	X	X					
30	2.54	.571	1.97-3.11		X	X	X	X				
33	2.85	.633	2.22-3.48			X	X	X				
36	3.16	.694	2.47-3.85			X	X	X	X			
39	3.47	.756	2.71-4.23				X	X	X	X		
42	3.78	.817	2.96-4.60				X	X	X	X	X	
45	4.09	.879	3.21-4.97					X	X	X	X	X
48	4.40	.940	3.46-5.34					X	X	X	X	X
51	4.71	1.002	3.71-5.71						X	X	X	X
54	5.02	1.064	3.96-6.08						X	X	X	X
57	5.32	1.125	4.20-6.45							X	X	X
60	5.63	1.187	4.44-6.82								X	X

a) MLU is predicted from the equation $MLU = -.548 + .103 (AGE)$

b) SD is predicted from the equation $SD MLU = -.0446 + .0205 (AGE)$

From "The Relation between Age and Mean Length of Utterance in Morphemes," by J.F. Miller and R.S. Chapman, 1981, *Journal of Speech and Hearing Research*, 24(2), p.158. ©1981 by the American Speech-Language-Hearing Association.

KEY:

EI= Early (stage) I

LI= Late (stage) I

II= Stage II

III= Stage III

EIV= Early (stage) IV

LIV/EV= Late (stage) IV to Early (stage) V

LV=Late (stage) V

Post V

Observation for Preschool Speech/Language

Student: _____ DOB: _____ Date: _____
 Teacher: _____ School/Setting: _____
 Observer: _____

Check those items that describe the child's speech/language skills.

I. Attending

- | | |
|--|---|
| <input type="checkbox"/> Localizes to sounds | <input type="checkbox"/> Responds to his/her name |
| <input type="checkbox"/> Attends to voices | <input type="checkbox"/> Attends to task |

II. Vocalizations

- | | |
|--|--|
| <input type="checkbox"/> Vocalizes spontaneously | <input type="checkbox"/> Vocalizes to indicate wants/needs |
| <input type="checkbox"/> Imitates vocalizations | How? _____ |
| | <input type="checkbox"/> Produces words |

III. Language

A. Expressive:

- | | | |
|--|---|---|
| <input type="checkbox"/> Typical for age | <input type="checkbox"/> Speaks in: | <input type="checkbox"/> single words |
| <input type="checkbox"/> Vocabulary | | <input type="checkbox"/> 2-3 word phrase |
| Uses: | | <input type="checkbox"/> complete sentences |
| <input type="checkbox"/> 0-10 words | <input type="checkbox"/> Uses verb forms (-ing, -ed) | |
| <input type="checkbox"/> 11-20 words | <input type="checkbox"/> Confuses pronouns (I, he, she) | |
| <input type="checkbox"/> 21-50 words | <input type="checkbox"/> Difficulty forming sentences | |
| <input type="checkbox"/> over 50 words | | |

B. Receptive:

- | | |
|--|--|
| <input type="checkbox"/> Typical for age | <input type="checkbox"/> Difficulty answering wh – questions |
| <input type="checkbox"/> Does not follow directions well | (who – what – where – when – why) |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Difficulty answering yes/no questions |
| <input type="checkbox"/> 0-10 words | (e.g., "Do you want more?") |
| <input type="checkbox"/> 11-20 words | <input type="checkbox"/> Difficulty with comprehension |
| <input type="checkbox"/> 21-50 words | |
| <input type="checkbox"/> over 50 words | |

IV. Articulation

- | | |
|--|--|
| <input type="checkbox"/> Can be easily understood | <input type="checkbox"/> Can seldom be understood |
| <input type="checkbox"/> Has noticeable errors but can be understood | <input type="checkbox"/> Understood only when topic is known |
| <input type="checkbox"/> Substitutes sounds for other sounds(e.g., w/l, t/k, d/g, t/f) _____ | |
| <input type="checkbox"/> Leaves out sounds _____ | |
| <input type="checkbox"/> Difficulty expressing thoughts clearly | |

V. Social

What is child's primary form of communication? (gestures, words, sentences)

- | | |
|---|--|
| <input type="checkbox"/> Initiates communication | <input type="checkbox"/> Demonstrates turn – taking behavior |
| <input type="checkbox"/> Indicates emotion – How? | <input type="checkbox"/> Retells immediate experiences |

VI. Fluency

- | | |
|--|---|
| <input type="checkbox"/> Typical | Other Behaviors: (as related to stuttering) |
| <input type="checkbox"/> Stutters | <input type="checkbox"/> Blinks eyes |
| When: <input type="checkbox"/> Conversation | <input type="checkbox"/> Jerks head/leg |
| <input type="checkbox"/> Answering questions | <input type="checkbox"/> Other: _____ |

VII. Voice

- | | |
|--|---|
| <input type="checkbox"/> Typical | <input type="checkbox"/> Nasal (through nose) |
| <input type="checkbox"/> Hoarse (as if losing voice) | <input type="checkbox"/> Sounds like a cold |

Birth History

Did mother have any problems during the pregnancy? _____ If yes, please tell us about them.

Did mother smoke cigarettes during the pregnancy? _____ If so, how many packs per day? _____
 Did mother take or use any drugs or alcohol while she was pregnant? _____ What was taken or used?

Were there any stressful events or accidents during the pregnancy? _____ Please explain _____

Was your child premature? _____ How many weeks? _____ What was done to assist the baby?

Were there any injuries or problems at birth? _____ If so, please tell us what happened. _____

Were there any delivery complications, such as breech, C-section, or jaundice? If yes, please explain. _____

What was the baby's birth weight? _____ lbs _____ oz. How long did you and the baby stay in the hospital? _____

Health History

Please check the illnesses or problems your child has had and describe below:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Eczema/Rashes | <input type="checkbox"/> Tics/Twitching |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Overweight | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear infections/tubes |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Underweight | <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation/Diarrhea |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fevers above 104 | <input type="checkbox"/> Wetting/Soiling |

Please explain the details of the items you checked, such as age or date, complications, etc.

Does your child wear glasses? _____ Since when? _____ Date of last vision exam ___/___/___

- What is the nature of the vision problem? (near or far-sighted, crossed eyes, etc.) _____

- Does your child seem to have typical hearing? _____ Date of last hearing test ___/___/___

Does your child take any medication? _____ For what? _____ Since when? _____

- What is the medicine, and how often is it taken? _____

Does your child have a typical amount of energy? _____ If no, is the problem not enough or too much? _____

Does your child eat breakfast regularly? _____ Is he/she absent from school too much? _____

Does your child have any nervous habits, such as nail biting or thumb sucking? _____ When did this begin? _____

Developmental History

At about what age did your child first do each of the following?

- | | |
|----------------------------------|------------------------------------|
| Turn over _____ months | Say first words _____ months |
| Sit up alone _____ months | Ask simple questions _____ years |
| Stand alone _____ months | Talk in sentences _____ years |
| Begin to crawl _____ months | Start toilet training _____ years |
| Start to walk alone _____ months | Finish toilet training _____ years |
| Feeds him/herself _____ years | |

In the following section, several stages of childhood are listed, along with groups of words that often describe children at those stages.

Please check all of the words that describe your child during each one of the following stages.

Early Infancy - Birth to 1 year

- | | | | | |
|--|---|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hard to wean | <input type="checkbox"/> Contented | <input type="checkbox"/> Rocking | <input type="checkbox"/> Crying | <input type="checkbox"/> Head banging |
| <input type="checkbox"/> Underactive | <input type="checkbox"/> Feeding problems | <input type="checkbox"/> Fussy | <input type="checkbox"/> Demanding | <input type="checkbox"/> Good natured |
| <input type="checkbox"/> Difficult to soothe | | | | |

Late Infancy - Ages 1 to 3 years

- | | | | | |
|--------------------------------------|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Uncoordinated | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Clingy | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Wanderer | <input type="checkbox"/> Whining | <input type="checkbox"/> Overactive | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Happy | <input type="checkbox"/> Tantrums | <input type="checkbox"/> Underactive | <input type="checkbox"/> Night Terrors |
| <input type="checkbox"/> Dependent | | | | |

Early Childhood - Ages 3 to 5 years

- | | | | | |
|---|---|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Careless | <input type="checkbox"/> Loving | <input type="checkbox"/> Excitable | <input type="checkbox"/> Fearful | <input type="checkbox"/> Underactive |
| <input type="checkbox"/> Untruthful | <input type="checkbox"/> Angry | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tearful | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Destructive | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Considerate | <input type="checkbox"/> Eating problems | <input type="checkbox"/> Motivated | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Funny | <input type="checkbox"/> Moody | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Restless sleeper | <input type="checkbox"/> Follows directions | <input type="checkbox"/> Overactive | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Shy | | | |

Comments _____

Speech Development

Is your child's speech understandable? _____ If not, why? _____

- Does your child seem to have a difficult time expressing thoughts or ideas? _____

- Does your child stutter? _____ If so, it is occasionally or frequently? _____

Do any other family members have speech problems? _____ If so, please describe them. _____

Please tell us about any other concerns about your child's speech development _____

General Information

Has your child ever been evaluated/tested? If so, where and when? _____

Has your child ever been tested by any other agency? If yes, when and by what agency? _____

- What were the findings? _____

Please tell us about any past or present family situations which may have had an impact on your child, such as a death in the family, separations or divorce, problems with siblings, depression, substance abuse problems. _____

Does your child like school? _____ What do you think your child has the most difficulty with at school? (school work, following rules, getting along with classmates, teachers, etc.) Please describe.

Have other members of your family had similar problems? _____ If yes, please tell us about them.

What other family members have received special education services? _____

What classes or services were provided for them? _____

Please check any of the following problems your child may have, and describe your concerns below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Overeating or under-eating | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Sad/depressed | <input type="checkbox"/> Refusal to obey |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Stealing | <input type="checkbox"/> Swears |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Complains of being picked on | <input type="checkbox"/> Withdrawn/loner |
| <input type="checkbox"/> Fire setting | <input type="checkbox"/> Excessive fighting | <input type="checkbox"/> Bullies other children |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Destructive of property | |

Please explain your concerns _____

Who usually disciplines your child? _____

- Which method of discipline is used most often?

<input type="checkbox"/> Scolding	<input type="checkbox"/> Removing privileges	<input type="checkbox"/> Time-out	<input type="checkbox"/> Spanking
-----------------------------------	--	-----------------------------------	-----------------------------------
- How often is this necessary?

<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> 3-4 times/week	<input type="checkbox"/> 1-2 times/month	<input type="checkbox"/> less than once/month
---	---	--	---
- Do you feel this works well? _____

Thank you again for taking the time to complete this questionnaire. Please sign and date it below.
Is there anything else you wish to share?

Signature _____

Date ____/____/____

SPEECH

Considerations

Evaluation Data

The following measures are appropriate for use in determining the presence of a speech sound impairment:

- Speech sample
- Contextual probe
- Structured observation
- Classroom work
- Other curriculum/academic results
- Standardized test(s)
- Teacher report, interview, or checklist
- Child report, interview, or checklist
- Parent report, interview, or checklist

NOTE: Teacher, child, and parent reports, interviews, or checklists are not sufficient evidence by themselves and must be supported with additional data.

Overall Functional Level

The speech-language pathologist should complete the attached rating scale first, adding the points assigned to each factor. Then the total points should be applied to the Speech Rating Scale Overall Functional Level to determine an overall severity rating.

Intelligibility

One procedure would be to select 100 consecutive words from contextual speech. Determine the percentage of words understood based on a tape-recorded sample (Weiss, 1980). For additional information on evaluating intelligibility of children's speech, the following article may be useful: The Intelligibility of Children's Speech: A Review of Evaluation Procedures *American Journal of Speech-Language Pathology*, Vol.3 81-95, May 1994. <http://ajslp.asha.org/cgi/content/abstract/3/2/81>

Speech sound (segmental) production:

A standardized articulation test should be administered. Percentile rank and standard scores are used for determining point allocation for category B1. If a *Phonological Process* analysis is used, the SLP should use a standardized assessment which allows for phonological analysis e.g., Goldman-Fristoe Test of Articulation (Khan-Lewis) or the HAPP-3 (Hodson).

Speech-language pathologists may find it helpful to refer to normative data when explaining speech sound development. You may determine developmental appropriateness by using the Iowa-Nebraska (I-N) norms (Smit, *et al*, 1990. See Appendix 1, pg.48). These norms were originally published in a *Journal of Speech and Hearing Disorders* article and reflect the most recent and comprehensive normative study that has been reported. While results are comparable to those of Templin (1957), the I-N norms represent a larger normative sample. Sanders' (1972) report of normative data does not reflect data that is original to him, but rather represent a reinterpretation (albeit useful) of Templin's normative data.

There is literature to support children with lateral productions of fricatives and affricates will typically need intervention to correct these misarticulations because they are not developmental patterns. If students are not determined eligible using the Speech Severity Rating Scale, the IEP team may determine eligibility based on this knowledge.

Phonological Processes

The following are ***minimal requirements*** for qualifying a sound change error as a phonological process:

1. A process must affect more than one sound from a given sound class. For example, the omission of [t] from the end of words does not necessarily signal the process of final consonant deletion. Deletion of at least one additional plosive [p, b, d, k, g] must also be observed.
2. The sound change or process must occur at least 40% of the time. An inconsistent sound change indicates only a potential phonological process. In other words, if the student uttered ten words containing final consonants, s/he must delete the consonant in at least four of those words in order for the pattern to be considered as that of final consonant deletion. An inconsistent sound change may also signal that the student is in a transition phase of development, i.e., the student is gradually eliminating the process on his/her own as sound productions become more developmentally appropriate.

Stimulability

Data suggest that lack of stimulability for a misarticulated sound is a good indicator of the error's impact on intelligibility. In addition, if a child is not stimuable for a sound that is developmentally appropriate, it is less likely that it can be acquired without direct intervention. Stimulability is determined for all error sounds, regardless of developmental appropriateness. Determine stimulability using the Miccio Probe, the GFTA, or clinician-designed measures.

School-Aged Speech Criteria

A speech sound disorder (impairment) is characterized by a failure to use speech sounds that are appropriate for a person's age and linguistic dialect. Such errors in sound productions may interfere with intelligibility, social communication, and/or academic and vocational achievement. Students cannot be considered to have a speech sound disorder based on dialect characteristics that are consistent with cultural and/or linguistic diversity.

Children who evidence problems with hearing, and/or the structure and function of the speech mechanism (e.g., cleft palate), or motor speech difficulty (e.g., apraxia) should be viewed differently than those with more common developmental speech sound disorders. The presence of such etiological variables would suggest a high priority for intervention. After intervention, when the child has reached a plateau in his/her motor skills and has mastered compensatory strategies, the child may not require continued services.

This rating scale represents the most current research in the area of speech sound disorders at the time of initial implementation (2010).

The presence of a speech sound disorder does not guarantee the child's eligibility for special education, as its impact on the child's overall communication and educational performance must be considered.

How to complete the Speech Rating Scale (Assign the appropriate score for each of the four categories)

Row A (Intelligibility)

Row B1 (Speech Sounds) **OR** Row B2 (Phonological Processes)

Row C (Stimulability)

Row D (Adverse affect on educational performance)

- Use the Teacher Input Form regarding articulation to assess the adverse affect on educational performance.

1. Circle the score for each row and add them to obtain the Total Score.

Total Score:	0-3	No Speech Sound Disorder (ineligible)
Total Score:	4-6	Mild (ineligible)
Total Score:	7-9	Moderate
Total Score:	10-12	Severe

2. The comment section may include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Speech Severity Rating Scale

Factors		No Disability (0 pts)	Mild (1 pts)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Intelligibility (connected speech) OR	Age 5+: 90% or > OR 85-100% = typical	Age 5+: 80-90% OR 65-84% = mild	Age 5+: 70 – 80% OR 50-64%= moderate	Age 5+: <70% OR 0-49% = severe	
	Percent Consonants Correct					
B 1	Speech sounds (segmental productions) (e.g., GFTA, Arizona,)	SS 86-100 50%ile SD 0 -.99 below the mean	SS 78-85 16%ile SD 1.0-1.49 below the mean	SS 70-77 7%ile SD 1.5-1.99 below the mean	SS < 70 2%ile SD 2.0> below the mean	
B 2	Phonological Processes (e.g., HAPP-3, Khan- Lewis)	No error processes	One or more of the following error processes occur in 40% or more available opportunities: <ul style="list-style-type: none"> • gliding of liquids • cluster reductions with /l/, /r/, /w/ • vowelization of post-vocalic liquids (/r/, /l/) 	One or more of the following error processes occur in 40% or more of available opportunities: <ul style="list-style-type: none"> • weak syllable deletion • cluster reduction with /s/ • fronting of velars 	One or more of the following error processes occur 40% or more of available opportunities: <ul style="list-style-type: none"> • initial consonant deletion • final consonant deletion • stopping • depalatization of final singletons 	
C	Stimulability (Miccio, GFTA, informal)	90% of the error sounds are stimulable	60 – 89% of the error sounds are stimulable.	50 -59% of the error sounds are stimulable.	Less than 50% of the error sounds are stimulable.	
D	Educational Impact	Articulation skills are adequate for the student's participation in educational settings	Articulation skills are developing and can be addressed in the general educational setting	Articulation skills have an effect on the student's ability to participate in educational settings	Articulation skills have a significant impact on the student's ability to participate in educational settings	
TOTAL POINTS						

Circle the score for each row and add them to obtain the Total Score.

Total Score: 0-3	No Speech Sound Disorder (ineligible)
Total Score: 4-6	Mild (ineligible)
Total Score: 7-9	Moderate
Total Score: 10-12	Severe

Comments: _____

Speech Severity Rating Scale Overall Functional Level

Level	Condition	Educational Impact
Level 0 (0-3 points) Ineligible	The student's connected speech during educational activities is consistently understood and not distracting to the listener. Student's verbal participation in educational activities is rarely limited by self-consciousness or listener reaction.	Speech skills are adequate for the student's participation in educational/developmentally appropriate settings.
Level 1 (4 – 6 points) Mild (Ineligible)	The ability to understand the student's connected speech in educational activities may be affected by listener familiarity and/or knowledge of the context. The student's articulation is occasionally distracting to the listener. The student's verbal participation in educational activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.	Speech skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Level 2 (7 – 9 points) Moderate	The student's connected speech in educational activities requires context cues to be understood. The student's articulation is usually distracting to the listener. The student is aware of errors. The student's verbal participation in educational activities may frequently be limited by self-consciousness about listener reactions to his/her speech.	Speech skills have an effect on the student's ability to participate in educational/developmentally appropriate settings.
Level 3 (10 – 12 points) Severe	The student's connected speech in educational activities is rarely understood in known context. The student may or may not be aware of errors and is rarely stimulable for correct production. The student's verbal participation in educational activities is usually limited by self-consciousness about listener reactions to his/her speech.	Speech skills have a significant impact on the student's ability to participate in educational/developmentally appropriate settings.

Preschool Speech Criteria

A speech sound disorder (impairment) is characterized by a failure to use speech sounds that are appropriate for a person's age and linguistic dialect. Such errors in sound productions may interfere with intelligibility, social communication, and/or academic and vocational achievement. Students cannot be considered to have a speech sound disorder based on dialectal characteristics that are consistent with cultural and/or linguistic diversity.

Children who evidence problems with hearing, or the structure and function of the speech mechanism (e.g., cleft palate), or motor speech difficulty (e.g., apraxia) should be viewed differently than those with more common developmental speech sound disorders. The presence of such etiological variables would suggest a high priority for intervention. After intervention, when the child has reached a plateau in his/her motor skills and has mastered compensatory strategies, the child may not require continued services.

This rating scale represents the most current research in this area of speech sound disorders at the time of initial implementation (2010).

The presence of an articulation/phonological impairment does not guarantee the child's eligibility for special education.

How to complete the Speech Rating Scale for PRESCHOOLERS (Assign the appropriate score for each of the four categories)

- Row A (Intelligibility **OR** Percent of Consonants Correct)
- Row B1 (Speech Sounds) **OR** Row B2 (Phonological Processes)
- Row C (Impact on Social Development)
 - Use the 'Observation of Speech/Language for Preschool' to assist with determining score for this category.

1. Circle the score for each row and add them to obtain the Total Score.

Total Score:	0-3	No Speech Sound Disorder (ineligible)
Total Score:	4-5	Mild (ineligible)
Total Score:	6-9	Moderate to Severe

2. The comment section may include statements regarding discrepancies among individual tests, subtests, classroom performance and other factors that are relevant to the determination of severity.

Preschool Speech Severity Rating Scale

Factors		No Disability (0 pts)	Mild (1 pts)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Intelligibility (connected speech) OR Percent Consonants Correct	Age 2.5-3: 75% or > Age 4: 85% or > Age 5+: 90% or > OR 85-100% = typical	Age 2.5-3: 65-75% Age 4: 75-85% Age 5+: 80-90% OR 65-84% = mild	Age 2.5-3: 50-65% Age 4: 65 – 75% Age 5+: 70 – 80% OR 50-64%= moderate	Age 2.5-3: <50% Age 4: <65% Age 5+: <70% OR 0-49% = severe	
	B 1	Speech sounds (segmental productions) (e.g., GFTA, Arizona, PAT)	SS 86-100 50%ile SD 0 -.99 below the mean	SS 78-85 16%ile SD 1.0-1.49 below the mean	SS 70-77 7%ile SD 1.5-1.99 below the mean	SS < 70 2%ile SD 2.0> below the mean
B 2	Phonological Processes (e.g., HAPP-3, Khan- Lewis)	No error processes	One or more of the following error processes occur in 40% or more of available opportunities: <ul style="list-style-type: none"> • gliding of liquids • cluster reductions with /l/, /r/, /w/ • vowelization of post-vocalic liquids (/r/,/l/) 	One or more of the following error processes occur in 40% or more of available opportunities: <ul style="list-style-type: none"> • weak syllable deletion • cluster reduction with /s/ • fronting of velars 	One or more of the following error processes occur 40% or more of available opportunities: <ul style="list-style-type: none"> • initial consonant deletion • final consonant deletion • stopping • depalatzation of final singletons 	
C	Social/Emotional Impact	Speech skills are adequate for the child's participation in varied settings: <ul style="list-style-type: none"> - Preschool - Daycare - Home No awareness of sound errors	Speech skills are developing and child can be understood in varied settings: <ul style="list-style-type: none"> - Preschool - Daycare - Home Limited awareness of errors	Speech skills have an effect on the child's ability to participate in varied settings: <ul style="list-style-type: none"> - Preschool - Daycare - Home Child shows some frustration when not understood.	Speech skills have a significant impact on child's ability to participate in varied settings: <ul style="list-style-type: none"> - Preschool - Daycare - Home Child shows significant frustration (e.g., tantrums, withdrawal...)	
TOTAL POINTS						

Circle the score for each row and add them to obtain the Total Score.

Total Score: 0 - 3

No Speech Sound Disorder (**ineligible**)

Total Score: 4 - 5

Mild (**ineligible**)

Total Score: 6 - 9

Moderate to Severe

Comments: _____

Preschool Speech Severity Rating Scale Overall Functional Level

Level	Condition	Educational Impact
Level 0 (0-3 points) Ineligible	The child's connected speech during educational activities is consistently understood and not distracting to the listener. The child's verbal participation in educational/developmental activities is rarely limited by self-consciousness or listener reaction.	Speech skills are adequate for the student's participation in educational/developmentally appropriate settings.
Level 1 (4 – 5 points) Mild (Ineligible)	The ability to understand the child's connected speech in educational/developmental activities may be affected by listener familiarity and/or knowledge of the context. The child's articulation is occasionally distracting to the listener. Verbal participation in educational/developmental activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.	Speech skills are developing and can be addressed in the general educational/developmentally appropriate setting.
Level 2 (6 points) Moderate	The child's connected speech in educational/developmental activities requires contextual cues to be understood. The child's articulation is usually distracting to the listener. The child is aware of errors and verbal participation in educational/developmental activities may frequently be limited by self-consciousness about listener reactions to his/her speech.	Speech skills have an effect on the student's ability to participate in educational/developmentally appropriate settings.
Level 3 (7- 9 points) Severe	The child's connected speech in educational/developmental activities is rarely understood in known context. The child may or may not be aware of errors. The child's verbal participation in educational/developmental activities is usually limited by self-consciousness about listener reactions to his/her speech.	Speech skills have a significant impact on the student's ability to participate in educational/developmentally appropriate settings.

SPEECH APPENDICES

(Attached are resources that MAY be used in the assessment process to help the SLP determine eligibility)

1. *Iowa-Nebraska Articulation Norms*
2. *MICCIO Stimulability Probe (Instructions and chart)*
3. *Percent Consonants Correct (Instructions and chart)*
4. *Sound Development chart – Age at which 90% of males have acquired each phoneme and word-initial cluster*
5. *Sound Development chart – Age at which 90% of females have acquired each phoneme and word-initial cluster*
6. *Teacher Input – Speech Sound Production*
7. *Phonological Processes (3 pages)*
8. *Oral Speech Mechanism Screening*

Other useful tools may be found in the *Assessment in Speech-Language Pathology, A Resource Manual*, 4th Edition, Demlar-Cengage (2009)

Iowa – Nebraska Articulation Norms¹

Listed below are the recommended ages of acquisition for phonemes and clusters, based generally on the age at which 90% of the children correctly produced the sound.

Note regarding phoneme positions:

/m/ refers to prevocalic and postvocalic positions

/h-/ refers to prevocalic positions

/-f/ refers to postvocalic positions

Phoneme	Age of Acquisition (Females)	Age of Acquisition (Males)
/m/	3;0	3;0
/n/	3;6	3;0
/a/	7;0	7;0
/h-/	3;0	3;0
/w-/	3;0	3;0
/j-/	4;0	5;0
/p/	3;0	3;0
/b/	3;0	3;0
/t/	4;0	3;6
/d/	3;0	3;6
/k/	3;6	3;6
/g/	3;6	4;0
/f-/	3;6	3;6
/-f/	5;6	5;6
/v/	5;6	5;6
/ʃ/	6;0	8;0
/ʒ/	4;6	7;0
/s/	7;0	7;0
/z/	7;0	7;0
/c/	6;0	7;0
/ɟ/	6;0	7;0
/j/	6;0	7;0
/l-/	5;0	6;0
/-l/	6;0	7;0
/r-/	8;0	8;0
/ʁ/	8;0	8;0

Word-Initial Clusters	Age of Acquisition (Females)	Age of Acquisition (Males)
/tw kw/	4;0	5;6
/sp st sk/	7;0	7;0
/sm sn/	7;0	7;0
/sw/	7;0	7;0
/sl/	7;0	7;0
/pl bl kl gl fl/	5;6	6;0
/pr br tr dr kr gr fr/	8;0	8;0
/ʀ/	9;0	9;0
/skw/	7;0	7;0
/spl/	7;0	7;0
/spr str skr/	9;0	9;0

The Miccio Stimulability Probe

Use of the Miccio Probe is best described in Miccio's article in the American Journal of Speech-Language Pathology, Volume 11, Issue 3. "To facilitate quick administration of a stimulability probe, **only sounds absent from the inventory are tested**. The student is asked to imitate these specific consonants in isolation or nonsense syllables. Those sounds imitated correctly some of the time (at least 30% of possible opportunities) are presumed to be stimuable....If multiple sounds are absent from the inventory, the probe may be shortened by administering only one vowel context during the initial assessment. In the complete probe, a child has 10 opportunities to produce a sound: in isolation and in three word positions in three vowel contexts, [i], [u], and [a]. The corner vowel contexts: a high (or close) unround front vowel, a high round back vowel, and a low unround vowel usually reveal any consonant-vowel dependencies. If time does not permit the completion of the probe, stimulability is tested in isolation and with the vowel [a], for example, [sa], [asa], [as]"

[i] as in beat

[u] as in shoe

[a] as in pop

Nonstimulable sounds are least likely to change without direct treatment (Powell, Elbert, & Dinnsen, 1991). In addition, Miccio, Elbert, & Forrest (1999) found that sounds that are stimuable undergo the most change in the absence of treatment. These results suggest that stimuable sounds are being acquired naturally and may not require direct treatment.

For a video demonstration on the Miccio probe, refer to the Virginia Department of Education website at http://www.doe.virginia.gov/special_ed/iep_instruct_svcs/related_services/speech_language/index.shtml and click on the *Rating Stimulability for the SRS* link.

Miccio Stimulability Probe

Name:											
Transcriber:											
Date:											
Prompt: <i>“Look at me, listen, and say what I say.”</i>											
Sound	Isolation	_i	i_i	i__	_a	a_a	a_	_u	u_u	u_	% Correct
p											
b											
t											
d											
k											
g											
'											
;											
f											
v											
s											
z											
c											
3											
.											
j											
m											
n											
a											
w											
j											
h											
l											
r											

Percentage of Consonants Correct

The procedures below are based on the recommendations of Shriberg and Kwiatkowski (1982), but are abbreviated for purposes of simplicity.

1. Obtain a tape-recorded connected speech sample that will include 90 different words usually a sample of around 225 total words is sufficient. If the child is so unintelligible that it is impossible to identify this number of different words, then a single word assessment tool can be used to gather a corpus of single word productions for analysis.
2. Only consonants are scored, not vowels (i.e., only the consonantal /r/ is scored).
3. Score only the first production of a consonant if a syllable is repeated (e.g., ba-balloon. Score only the first production of /b/).
4. Do not score consonants if a word is unintelligible or only partially intelligible.
5. Errors include substitutions, deletions, distortions, and additions. Voicing errors are only scored for consonants in the initial position of words.
6. If /ng/ is replaced with /n/ at the end of a word, do not score it as an error. Likewise, minor sound changes due to informal speech and/or selection of sounds in unstressed syllables are not scored as errors (e.g., /fider/ for “feed her,” /dono/ for “don’t know”).
7. Dialectal variations are not scored as errors.
8. To determine the PCC value use the following formula:

$$\frac{\text{Number of Correct Consonants}}{\text{Total Number of Consonants}} \times 100 = \text{PCC}$$

For a video demonstration on the Percent Consonants Correct refer to the Virginia Department of Education website at http://www.doe.virginia.gov/special_ed/iep_instruct_svcs/related_services/speech_language/index.shtml and click on the *Rating Phonological Processes for the SRS* link.

Sound Development Chart

Age at which 90% of **FEMALES** have acquired each phoneme and word-initial cluster

Phoneme	yrs: mo	3.0	3.6	4.0	4.6	5.0	5.6	6.0	6.6	7.0	7.6	8.0	8.6	9.0
m														
h initial														
w initial														
p														
b														
d														
f														
k														
g														
n														
j initial														
t														
th voiced														
l														
f final														
v														
sh														
ch														
l final														
th														
r														
r final voiced														
ng final														
s														
z														

Word-initial clusters	3.0	3.6	4.0	4.6	5.0	5.6	6.0	6.6	7.0	7.6	8.0	8.6	9.0
tw kw													
pl bl kl gl fl													
pr br tr dr kr gr fr													
sp st sk													
sm sn													
sw													
sl													
skw													
spl													
spr str skr													
thr													

Source: Smit, A. et al (1990). The Iowa articulation norms project and its Nebraska replication. *Journal of Speech, Language, and Hearing Research*, 55, 779-798

PHONOLOGICAL PROCESSES *(Page 1 of 3)*

Definition: Systematic changes that affect entire phoneme classes or phoneme sequences. These changes are age appropriate up to the ages listed below.

<i>Ages</i>	DELETIONS	
2 3 4	1. Initial Consonant Deletion 2. Final Consonant Deletion 3. Consonant Cluster Reduction	at/hat no/noze tap/stop (deleting one or more)
	SUBSTITUTIONS	
3 ½ – 5 3 3 – 6 4 – 5 5 – 6	1. Stopping 2. Voicing/Devoicing 3. Gliding 4. Fronting/Backing 5. Affrication/Deaffrication	ton/sun dus/juice die/tie crip/crib ju/shoe wef/leaf weed/read dum/gum cop/top chew/shoe ship/chip
	ASSIMILATION	
3 – 4 3 – 4 3 3 – 4 4 3	1. Progressive 2. Regressive OR 3. Velar Assimilation 4. Labial Assimilation 5. Alveolar Assimilation 6. Nasal Assimilation	beb/bed dod/dog lellow/yellow fwim/swim gog/dog beb/bed fwim/swim lellow/yellow dod/dog neon/pencil
	OTHER (infrequent)	
3 – 4 4 7 5 2 2	1. Vocalization (vowelization) 2. Weak Syllable Deletion 3. Transposition (Metathesis) 4. Vowel Neutralization 5. CC Deletion 6. Reduplication	bado/bottle tefon/telephone aks/ask bad/bed op/stop wawa/water

Phonological Disability in Children cited by Linda M. Khan. "A Review of 16 Major Phonological Processes." Language, Speech, and Hearing Services in Schools. (April 1982). pp. 77-85. Phonological Processes. Used by permission.

PHONOLOGICAL PROCESSES *(Page 2 of 3)*

Phonological Process	Description	Example	Developmental Information
A. Syllable Structure Processes			
1. Deletion of Final Consonant	Reduction of CVC words or syllables to CV form, not usually sound specific	book → /b1/	Children who are developing language normally will begin to include final consonants by age 3 ¹
2. Cluster Reduction	Simplification of clusters of consonants usually by deleting the one that is most difficult to produce	tree → /ti/	Most children (90%) do not use cluster reduction after age 4 ¹
3. Weak Syllable Deletion	Deletion of unstressed syllables	telephone → /t fon/	Process does not exist in speech of normally developing children beyond age 4 ¹
4. Glottal Replacement	Replacement of final consonant of a syllable, usually in the intervocalic position, by a glottal stop; may mark the place of a consonant that is deleted.	kitchen → /kiʔən/	
B. Harmony Processes			
1. Labial Assimilation	Substitution of a labial phoneme for a non-labial phoneme due to influence of a dominant labial phoneme contained within the word	thum → /wʌm/	
2. Alveolar Assimilation	Substitution of a phoneme which is produced with alveolar placement for a non-alveolar phoneme due to influence of a dominant alveolar phoneme within the word	yellow → /lɛlo/	
3. Velar Assimilation	Substitution of a phoneme which is produced with velar placement for a non-velar phoneme due to influence of a dominant velar phoneme within the word	dog → /gɔg/	
4. Prevocalic Voicing	Substitution of a voiced stop for its voiceless cognate due to influence of the following vowel	pig → /big/	
5. Final Consonant Devoicing	Substitution of a voiceless stop for its voiced cognate due to influence of the silence following the word	bed → /bɛt/	Devoicing of final consonants does not occur after age 3 in normal phonological development ¹

Phonological Disability in Children cited by Linda M. Khan. "A Review of 16 Major Phonological Processes." *Language, Speech, and Hearing Services in Schools*. (April 1982). pp. 77-85. Phonological Processes. Used by permission.

PHONOLOGICAL PROCESSES (Page 3 of 3)

Phonological Process	Description	Example	Developmental Information
C. Feature Contrast Processes 1. Stopping	Substitution of a stop for a fricative	sun →/tʌŋ/	
2. Affrication	Substitution of affricatives for fricatives: usually occurs more often with sibilant fricatives than others	sun→/tsʌŋ/	Most fricatives should be correctly produced by age 4.
3. Fronting	Substitution of phonemes by others which are produced anterior to the target phonemes; occurs commonly with velar stops	wagon→/wadn/	Reported to no longer be evident by age 4 in normally developing children. ¹
4. Gliding of Fricatives	Substitution of glides for fricative phonemes	soap→/jop/	
5. Gliding of Liquids	Substitution of /w/, and /j/ for /l/ or /r/, simplification process	red→/wed/	Majority of children reported to produce correct liquids by age 4. ¹
6. Vowelization	Substitution of vowels for syllable consonants, most frequently /u/ and /o/	table→/tebo/	Syllabics are usually acquired by age 4 ¹
7. Denasalization	Substitution of stops for nasals; usually affects word-initial and word-medial nasals more than word-final nasals	smoke→/bok/	

Phonological Disability in Children cited by Linda M. Khan. "A Review of 16 Major Phonological Processes." Language, Speech, and Hearing Services in Schools. (April 1982). pp. 77-85. Phonological Processes. Used by permission.

Examination of the Oral Peripheral Mechanism

Name: _____ Age: _____ Examiner: _____
 School: _____ Date: _____

1. Facial Appearance _____

2. Lips

- Habitual Posture: Closed _____ Parted _____
- Mobility: Press _____ Purse _____ Retracts _____

3. Jaw Mobility Sufficient _____ Insufficient _____ Excessive _____

4. Tongue

Appearance at rest: _____
 Size _____ Appropriate _____ Too large _____ Too small _____
 Protrusion _____ Tremors _____ Deviation _____
 Mobility Evaluation _____ Lateralization _____ Licks lips with tongue _____
 Lingual Frenum _____ Moves independently with jaw _____
 Sweeps palate from alveolar ridge _____

5. Palate

Appearance of hard palate _____ Length of soft palate _____
 Mobility _____ Gag Reflex _____
 Closure evidently complete _____
 Uvula _____ Length _____ Mobility _____ Bifid _____

6. Tongue Thrust

Does s/he swallow with teeth apart? Yes _____ No _____
 Can you see the tongue when s/he swallows? Yes _____ No _____
 If s/he swallows with the lips closed, can you
 See tensing of the chin? Yes _____ No _____

7. Dental observations

Spacing _____ Missing teeth _____
 Alignment: normal _____ misaligned _____ spaced _____
 Condition: good _____ slight decay _____ excessive decay _____
 Occlusion: normal _____ overjett _____ edge to edge _____
 crossbite _____

8. Breathing Mouth breather? Yes _____ No _____

Other deviations noted: _____

9. Comments

VOICE

Voice Criteria

A voice impairment is defined as a pitch, loudness or quality condition that calls attention to itself rather than to what the speaker is saying.

How to complete the Voice Rating Scale: Circle the score for each of the five categories:

Row A: Voice Quality

Row B: Resonance

Row C: Loudness

Row D: Pitch

Row E: Educational impact

- Use the Teacher Input Form regarding voice to assess the adverse affect on educational performance.

1. Circle the score for each row and add them to obtain the total score.

Total Score: 0-3	No Voice Impairment (ineligible)
Total Score: 4-6	Mild (ineligible)
Total Score: 7-10	Moderate
Total Score: 11-15	Severe

2. The comment section may include statements of clinical impressions based on observations that are relevant to the determination of severity.

Considerations

There are multiple aspects to consider when evaluating voice impairments:

- pitch
- loudness
- quality
- resonance
- duration

Many disorders of voice or resonance have an organic etiology with a related medical history. Other disorders are functionally based, caused by “faulty usage” or behavioral histories. For assessment and instructional purposes, classifying voice disorders by vocal behaviors or symptoms provides the most useful information for the speech-language pathologist. Boone and McFarlane (2005) suggest “For those patients not referred by laryngologists, part of the evaluation process may include a medical evaluation. Occasional voice patients, such as those who do not talk loudly enough or those who use aberrant pitch levels for what appear to be functional reasons, may not require medical evaluation. Patients with voice quality and resonance problems generally require some medical evaluation of the ears, nose, oral cavity, and throat as part of the total voice evaluation...A laryngeal examination must be completed before a patient can begin voice therapy for problems related to quality or resonance.” (p. 133)

A student may be eligible for speech-language pathology services when vocal quality, pitch, loudness, resonance (hypernasality, hyponasality, nasal emissions, mixed), and/or duration adversely affect educational performance and the ability to communicate. If structural etiology is suspected, a referral to the regional cleft palate team may be warranted. Parent may elect to consult their personal physician. Information can be obtained by contacting the Children’s Health Services at (701)328-2436, toll free at (800)755-2714, or at www.ndhealth.gov/CSHS/clinic.htm. There is currently no cost to the family to participate in the cleft palate team evaluation.

Evaluation

The following measures are appropriate for use in determining the presence of a voice impairment:

1. Speech sample
2. Structured observation
3. Observation of oral presentations
4. Teacher report, interview, or checklist
5. Child report, interview, or checklist
6. Parent report, interview, or checklist

Note: Teacher, child, and parent reports, interviews, or checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: A comprehensive voice examination should include information obtained from both subjective measures (e.g., perceptual ratings and clinical impressions based on observations and analysis of speech samples) and objective measures (e.g., standardized tests or instrument evaluations). Observations should take place in situations calling for both low and high vocal demand:

- Low vocal demand: utterances produced in a relatively quiet environment or short responses that do not require talking over a prolonged period of time.
- High vocal demand: talking in a noisy environment (e.g., in the cafeteria), for a prolonged period of time (e.g., oral presentation or reading aloud), or controlling the voice over a wide pitch range (e.g., singing).

NOTE: Before a child may be found eligible for services for a voice impairment, the child should receive a medical examination from an otolaryngologist (i.e., ear, nose and throat physician), clearing the child for intervention. This is important to ensure the source of the voice impairment is not an organic problem for which therapy is contraindicated.

Voice Severity Rating Scale

Factors		No Disability (0 pts)	Mild (1 pt)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Voice Quality (hoarse, breathy, no voice)	Normal voice quality	Inconsistent problems; noticeable to the trained listener.	Frequent problems in conversational speech. Noticeable to most listeners.	Persistent problem. Noticeable at all times.	
B	Resonance (hypernasality, nasal emissions, and/ or hyponasality,)	Normal resonance	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
C	Loudness (judged for appropriateness for age and gender, and for appropriate variability)	Normal loudness.	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
D	Pitch (judged for appropriateness for age and gender, and for appropriate variability)	Normal pitch.	Inconsistent problems; noticeable to the trained listener.	Frequent problems. Inappropriate for age, gender or culture. Noticeable to most listeners.	Persistent problem. Always inappropriate for age, gender or culture. Noticeable at all times.	
E	Educational Impact (social/emotional) (e.g., Teacher input)	Voice skills are adequate for the student's participation in educational settings	Voice skills are developing and can be addressed	Voice skills have an effect on the student's ability to participate in educational setting	Voice skills have a significant impact on the student's ability to participate in educational setting	
					TOTAL POINTS	

Circle the score for each row and add them to obtain the total score.

Total Score: 0-3	No Voice Impairment (ineligible)
Total Score: 4-5	Mild (ineligible)
Total Score: 6-10	Moderate
Total Score: 11-15	Severe.

Comments: _____

Voice Severity Rating Scale Overall Functional Level

Level	Condition	Educational Impact
Level 0 (0 –3 points) Ineligible	The student’s voice consistently sounds normal and does not call attention to itself.	The student’s ability to participate in educational activities requiring low or high vocal demands is not limited by his/her voice. The student self-monitors vocal production as needed.
Level 1 (4 -5 points) Mild (Ineligible)	The student’s voice occasionally sounds normal and is usually not distracting to the listener. There is some situational variation.	The student’s ability to participate in educational activities requiring voice is rarely limited in low vocal demand activities, but occasionally limited in activities with high vocal demand. The student occasionally self-monitors.
Level 2 (6-10 points) Moderate	The student’s voice is occasionally functional for communication but is consistently distracting to the listener.	The student’s ability to participate in educational activities requiring voice is usually limited to low vocal demand activities, but consistently limited in high vocal demand activities.
Level 3 (11–15 points) Severe	The student’s voice is persistently abnormal.	The student may not be able to use his/her voice to communicate.

Voice Appendices

(Attached are resources that MAY be used in the assessment process to help the SLP determine eligibility)

1. *Voice Terminology*
2. *Quick Screen for Voice*
3. *Teacher Input/Voice*
4. *Voice Evaluation Worksheets (3 pages)*
5. *Vocal Self perception: Attitudinal Questionnaire*
6. *Voice Conservation Index Self Rating*

Assessment in Speech-Language Pathology: A Resource Manual, 4th Edition, Delmar-Cengage (2009), has useful evaluation tools and checklists such as the *Vocal Characteristics Checklist, Forms 1 and 2*

Voice Terminology

Abusive Vocal Behaviors – activities such as frequent “throat clearing” or shouting (e.g., cheerleading)

Breathing Pattern – the general contributions of the thoracic, clavicular, and abdominal areas involved in breathing during conversational speech. Look for reliance upon one pattern to the exclusion of the others.

Glottal Attack – the relative (soft vs. hard) onset of vocal fold activity.

Loudness Level – the estimated level of the student’s speech during normal conversation in a quiet environment. Persistent whispering or shouting would be positive indications.

Maximum Phonation Time – averaged over three different trials, the maximum amount of time (in seconds) that the student can continuously sustain /a/ (or /i/) on one exhalation.

Muscle Tension – the amount of tension visible in the student’s face, neck, and chest areas during normal conversation. Abnormal tension suggested by a stiff posture and/or accompanying strain.

Nasal Emission - audible or inaudible (“visible”) nasal escape during production of speech, especially pressure consonants.

Nasal Resonance – the amount of perceived resonance associated with the production of nasal consonants. An inappropriate degree of hypo – hyper nasality perceived during conversation would be a positive indication. Note: mixed nasal resonance (i.e., both hypo – and hypernasal resonance perceived within the same speaker) may occur.

Oral Resonance - the perceived amount of resonance associated with oral consonants and vowels. Positive indications might include speaking with limited oral openings and reduced intelligibility.

Phonation Breaks - the inappropriate cessation of voicing during speech. A positive indication would be an unintentional and relatively brief period of silence during a normally voiced consonant or a vowel.

Pitch – consider if the vocal pitch is too high, too low, or monotonic for a student’s height/weight, age and gender.

Pitch Break – the cessation of a continuous and appropriate pitch level during speech.

Quality – the overall quality of the student’s conversational speech including hoarseness, breathiness, and/or harshness.

s/z ratio – the ratio of the maximum sustained production of /s/ (in seconds) relative to /z:/ (in seconds). Two trials with the longer production of each sound used to compute the ratio. A ratio greater than 1.4 is an indication of possible laryngeal inefficiency for speech. Report data to the nearest single decimal place.

Quick Screen for Voice

Student _____ DOB: _____ Screening Date: _____
 Teacher: _____ School: _____

Speech-Language Screening Date: _____ Passed Failed

If failed, describe communication status: _____

Hearing Screening Date: _____ Passed Failed

If failed, described hearing status: _____

Pertinent Medical and Social History _____

Directions: The Quick Screen for Voice should be conducted in a quiet area. Elicit verbal activities, such as spontaneous conversation, picture description, imitated sentences, recited passages, counting, and other natural samples of voice and speech, or perform the tasks requested. The screening test is failed if one or more disorders in production are found in any area, indicating that a more thorough evaluation is needed.

Mark all observations that apply, as the individual produces connected speech:

Respiration

- | | |
|---|---|
| <input type="checkbox"/> Inhalatory stridor or expiratory wheeze | <input type="checkbox"/> Limited breath support for speech |
| <input type="checkbox"/> Infrequent breaths; talking too long on one breath | <input type="checkbox"/> Reduced loudness or vocal weakness |
| <input type="checkbox"/> Normal respiration for speech | |

Phonation

- | | |
|---|--|
| <input type="checkbox"/> Rough or hoarse quality | <input type="checkbox"/> Breathy quality |
| <input type="checkbox"/> Vocal strain and effort | <input type="checkbox"/> Aphonia |
| <input type="checkbox"/> Persistent glottal fry | <input type="checkbox"/> Hard glottal attacks |
| <input type="checkbox"/> Conversational pitch is too high or too low | <input type="checkbox"/> Conversational voice too loud or too soft |
| <input type="checkbox"/> Conversational voice is limited in pitch or loudness variability | |

Resonance

- | | |
|--|--|
| <input type="checkbox"/> Hyponasality (observed humming, nasal consonant contexts: Mommy makes me muffins; Man on the moon; Many men make money, etc.) | <input type="checkbox"/> Nasal turbulence or audible nasal emission observed during pressure consonant contexts: Count from 60 to 69; Popeye plays baseball; Give Kate the cake; Buy Bobby a puppy, Take a ticket to Dad |
| <input type="checkbox"/> Consistent mouth breathing | |
| <input type="checkbox"/> Hypernasality (observed during vowel and oral consonants) | |

Quick Screen for Voice

Nonverbal Vocal Range and Flexibility

Model the series of nonverbal tasks that are described on the test form. Multiple trials are allowed. Visual cues such as hand gestures moving a toy car across the table (for maximum phonation time) or up and down a hill (for pitch range), etc. may be used to supplement auditory model.

- Habitual pitch and loudness task:** "Count from 1 to 10. Repeat, but stop at "three" and hold out the /i/."
 - Abnormal pitch and/or loudness
 - Normal pitch and loudness

- Maximum phonation time (MPT):** "Take your biggest breath and hold out an /a:/ as long as possible."

Number of seconds /a:/ was sustained: _____

MPT less than: _____

Age in Years	Normal Mean in Seconds (Range)*
3	7 (3-11)
4	9 (5-15)
5	10 (5-16)
6-7	13 (5-20)
8-9	16 (5-29)
10-12	Males: 20 (9-39) Females: 16 (5-28)
13-17	Males: 23 (9-43) Females: 28 (9-34)
18+	Males: 28 (9-62) Females: 22 (6-61)

Note: MPT values are related to age and height; multiple attempts also influence results.

MPT within normal limits: _____

- Pitch range task:** "Make your voice go from low to high like this (demonstrate pitch glide on the word "whoop" now go down from your highest to low (demonstrate rapid downward pitch glide like a bomb falling)." OR model and elicit a fire siren sound.

- Little pitch variation
- Voice breaks in pitch glides up or down
- Acceptable pitch range and flexibility

Comments or Observations: _____

Teacher Input – Voice

Student _____ DOB: _____ Screening Date: _____
 Teacher: _____ School: _____

Your observations of the above student's speech will help determine if s/he has a voice problem which adversely affects educational performance. Please answer all questions and return this form to: _____

- | | Yes | No |
|--|-------|-------|
| 1. Is the student able to project loudly enough to be adequately heard in your classroom during recitations? | _____ | _____ |
| 2. Does this student avoid reading out loud in class? | _____ | _____ |
| 3. Does this student appear generally to avoid talking in your classroom? | _____ | _____ |
| 4. Does this student ever lose his or her voice by the end of the school day? | _____ | _____ |
| 5. Does this student use an unusually loud voice or shout a great deal in your classroom? Or on the playground? | _____ | _____ |
| 6. Does this student engage in an excessive amount of throat clearing or coughing?
If so, when? _____ | _____ | _____ |
| 7. Does the student's voice quality worse during any particular time of the day? If so, which? _____
If so, how does it appear to disturb the other students, (e.g., their concentration, listening)? _____ | _____ | _____ |
| 8. Does this student's voice quality make it difficult to understand the content of his or her speech? | _____ | _____ |
| 9. Does this student's voice quality in itself distract you from what he or she is saying? | _____ | _____ |
| 10. Has this student ever mentioned to you that he or she thinks he or she has a voice problem? | _____ | _____ |
| 11. Have you ever heard any of his or her peers mention his or her voice sounds funny or actually make fun of this student because of his or her voice problem? | _____ | _____ |
| 12. If this student has a pitch that is too low or too high, does his or her pitch make it difficult to identify him or her as male or female just by listening? | _____ | _____ |
| 13. During speaking, does this student's voice break up or down in pitch to the extent that s/he appears to be embarrassed by this? | _____ | _____ |

Additional observations/comments:

It is my opinion that these behaviors:

- _____ Does not interfere with the child's participation in the educational setting
 _____ Do interfere with the child's participation in the educational setting

Classroom Teacher's Signature: _____ Date: _____

Voice Evaluation Worksheets *(Page 1)*

Child _____ DOB _____ Date _____ SLP _____
 School _____ Teacher _____ Grade _____

Record areas assessed. The assessment should reflect areas of concern described in the referral and those that arise during the evaluation. Areas not assessed should be marked N/A.

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PHONATION			
Isolation			
Total Pitch Range			
Optimum Pitch			
Pitch Appropriate for Age			
Pitch Appropriate for Gender			
Loudness Range			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			

Voice Evaluation Worksheets (Page 2)

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PHONATION			
Connected Speech			
Voice Onset			
Voiceless to Voiced			
Appropriateness of Loudness			
Pitch Breaks			
Pitch Range			
Habitual Pitch			
Aphonia			
Breathiness			
Diplophonia			
Glottal Fry			
Hoarseness			
Harshness			
Tremor			
RESONANCE IN CONNECTED SPEECH			
Hypernasality			
Hyponasality			
Throatiness/Cul De Sac			
Nasal Emission			
Assimilation Nasality			

Voice Evaluation Worksheets *(Page 3)*

Child _____ Date _____

Voice Area	Impairment	Evidence	Adverse Effects on Educational Performance
PROSODY IN CONNECTED SPEECH			
Stress			
Intonation			
RESPIRATION			
Type of Breathing Pattern			
At rest			
In Connected Speech			
Breath Support for Speech			
Posture			
Tension			
ASSOCIATED FACTORS			
Vocal Abuse Behaviors			
Personality Factors			
ORAL MECHANISM			
Structure			
Function/Tension			
OTL EXAMINATION RESULTS			

Voice Conservation Index Self Rating

Name _____ Age _____ Gender _____ Date _____ (Please circle the answer that is best)

-
- | | | | | | | |
|-----|---|---------------------|-------------------------|----------------------|------------------------|--------------|
| 1. | When I get a cold, my voice gets hoarse. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 2. | After cheering at a ballgame, I get hoarse. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 3. | When I'm in a noisy situation, I stop talking because I think I won't be heard. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 4. | When I'm in a noisy situation, I speak very loudly. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 5. | When I'm at home or at school, I spend a lot of time talking every day. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 6. | I like to talk to people who are far away from me. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 7. | When I play outside with my friends, I yell a lot. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 8. | I lose my voice when I don't have a cold. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 9. | People tell me I talk too loudly. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 10. | People tell me I never stop talking. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 11. | I like to talk. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 12. | I talk on the phone. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 13. | At home, I talk to people who are in another room. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 14. | I like to make car or other noises when I play. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 15. | I like to sing. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |
| 16. | People don't listen to me unless I talk loudly. | <i>All the time</i> | <i>Most of the time</i> | <i>Half the time</i> | <i>Once in a while</i> | <i>Never</i> |

FLUENCY

Fluency Criteria

Stuttering is primarily characterized by repetitions (sounds, syllables, part words, whole words, and phrases), pauses, and prolongations that differ in number and severity from those of normally fluent individuals. The onset usually occurs during the time that language skills are developing, and onset is generally gradual in nature. Secondary characteristics are frequently evident, and these vary in type and severity from individual to individual. The disfluencies may interfere with intelligibility, social communication, and/or academic and vocational achievement.

How to complete the Fluency Rating Scale: Circle the score for each of the five categories:

Row A: Frequency of Disfluency

Row B: Description of Disfluency

Row C: Secondary Characteristics

Row D: Avoidance

Row E: Educational Impact

Use the Teacher Input Form regarding fluency to assess the adverse affect on educational performance.

1. Circle the score for each row and add them to obtain the total score.
 - a. Total Score: 0-3 No Fluency Impairment (**ineligible**)
 - b. Total Score: 4-6 Mild (**ineligible**)
 - c. Total Score: 7-10 Moderate
 - d. Total Score: 11-15 Severe

The comment section may include statements of clinical impressions based on observations that are relevant to the determination of severity.

Considerations

The following measures are appropriate for use in determining the presence of a stuttering impairment:

1. speech sample
2. total disfluency index of the types and number of disfluencies and secondary characteristics obtained in the language sample and a structured reading activity
3. multiple environments/listeners
4. structured observation
5. anecdotal records – impact of disfluencies on oral/expressive language task standardized tests
6. standardized tests
7. teacher report, interview, or checklist
8. student report, interview or checklist
9. parent report, interview or checklist

Note: Teacher, student and parent reports, interviews, and checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: An assessment for a fluency disorder should include the following components:

- Background: a history of the development of the student’s stuttering, family history of stuttering, etc;
- Communication abilities: a report of his/her skills in the five parameters of communication – stuttering, articulation, voice, language, and hearing;
- Oral-peripheral examination: a description of any atypical structures and the functional abilities of the oral mechanism;
- Reports, interviews, checklists: completed by the parents, the student, and the teacher;
- Structured observation: observation of student’s speech and language during oral language activities in the classroom/school environment;
- Age of student; and/or,
- Length of time disfluent speech pattern has been present.

Fluency Rating Scale

The stuttering rating scale uses the following terminology:

- Description of disfluency addresses the duration of pauses (from less than 1 second to more than 3 seconds) and number of repetitions.
- Associated non-verbal behaviors means the presence of facial grimaces; visible tension of the head, neck, jaw, and/or shoulders; audible tension, as noted in uneven stress, pitch changes, increased rate, or tension during inhalation or exhalation.

Fluency Severity Rating Scale

Factors		No Disability (0 pts)	Mild (1 pt)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Frequency of Disfluency	Less than 4% disfluencies	4% disfluencies	5 – 9% disfluencies	10% or more disfluencies	
B	Description of Disfluency	Primarily whole multisyllabic word repetitions. Occasional whole-word interjections and phrase/sentence revisions Less than 1 second pauses OR less than 4 repetitions	Transitory disfluencies in specific speaking situations which may include repetitions, prolongations, blocks, hesitations or interjections, and vocal tension. 1 second pauses OR 4 repetitions	Frequent disfluencies in many speaking which may include repetitions, prolongations, blocks in which sounds and airflow are shut off, hesitations or interjections and vocal tension 2 second pauses OR 5 repetitions	Habitual disfluencies in a majority of speaking situations, which may include repetitions, prolongations, blocks (long and tense with some noticeable tremors), hesitations or interjections, and vocal tension 3 or more second pauses OR 6 or more repetitions	
C	Secondary Characteristics	No associated behaviors	One or more associated behaviors that are noticeable and distracting and occurs inconsistently	One associated behavior that is noticeable and distracting and occurs consistently	Two or more associated behaviors that are noticeable and distracting and occur consistently	
D	Avoidance (rate for children 7 and older)	Does not avoid speaking situations	Occasionally avoids speaking situations	Avoids <u>specific</u> speaking situations (e.g., presentations, phone)	Avoids many speaking situations	
E	Educational Impact	Fluency skills are adequate for the student's participation in educational	Disfluencies are noticeable and in some situations limit the student's verbal participation in educational settings	Disfluencies are having an impact on the student's ability to speak and verbally participate in educational settings	Disfluencies are having a significant impact on the student's ability to speak and verbally participate in educational settings	
TOTAL POINTS						

Circle the score for each row and add them to obtain the Total Score.

Total Score: 0-3	No Stuttering Disability (ineligible)
Total Score: 4-6	Mild (ineligible)
Total Score: 7-10	Moderate
Total Score: 11-15	Severe

Comments: _____

Fluency Severity Rating Scale Overall Functional Level

Level	Conditions	Educational Impact
Level 0 (0 – 3 points) Ineligible	Disfluencies are primarily characterized by easy whole word repetitions that comprise less than 4% disfluent speech. The student's speech and language skills during educational activities are consistently understood and not distracting to the listener.	Student's verbal participation in educational activities is not limited by self-consciousness about listener reaction to his/her speech.
Level 1 (4 -6 points) Mild	Disfluencies are transitory and characterized by easy repetitions, prolongations and some hesitations that comprise 4-5% disfluent speech. Blocking, if it occurs, is less than a full second. Tension is noticeable but disfluencies and tensions are not distracting to the listener. Student does not usually avoid speaking situations and participates in oral language activities.	Student's verbal participation in educational activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.
Level 2 (7 – 10 points) Moderate	Disfluencies are frequent and characterized by repetitions, prolongations, and some hesitations/interjections, and blocking that comprise 5-9% disfluent speech. Tension is noticeable, distracting to the listener. Associated behaviors, such as grimacing, and other distracting behaviors may be evident during speaking situations. Student is aware of disfluent speech and avoids some speaking situations and oral language activities.	Student's verbal participation in educational activities is impacted by self-consciousness about listener reactions to his/her speech.
Level 3 (11-15 points) Severe	Disfluencies are habitual and are characterized by repetitions, prolongations, hesitations/interjections, and blocking that lasts 3 or more seconds. Disfluencies comprise greater than 9% disfluent speech. There is evidence of significant vocal tension, some noticeable tremors, and noticeable associated behaviors that are distracting to the listener. Student generally avoids speaking situations and oral language activities.	Student's verbal participation in educational activities is significantly impacted by self-consciousness about listener reactions to his/her speech.

Preschool Fluency Criteria

Stuttering is primarily characterized by repetitions (sounds, syllables, part words, whole words, and phrases), pauses, and prolongations that differ in number and severity from those of normally fluent individuals. The onset usually occurs during the time that language skills are developing, and onset is generally gradual in nature. Secondary characteristics are frequently evident, and these vary in type and severity from individual to individual. The disfluencies may interfere with intelligibility, social communication, and/or academic and vocational achievement.

How to complete the Fluency Rating Scale: Circle the score for each of the five categories:

Row A: Frequency of Disfluency

Row B: Description of Disfluency

Row C: Secondary Characteristics

Row D: Awareness

Row E: Educational Impact (social-emotional)

1. Add one point for EACH of the following risk factors:
 - a. consistently disfluent for more than 6 months
 - b. family history
 - c. male
 - d. onset after age 3.5
 - e. presence of other speech or language disorders

2. Circle the score for each row and add them to obtain the total score.

Total Score: 0-3	No Fluency Impairment (ineligible)
Total Score: 4-6	Mild (ineligible)
Total Score: 7-10	Moderate
Total Score: 11-15	Severe

Considerations

The following measures are appropriate for use in determining the presence of a stuttering impairment:

1. speech sample
2. total disfluency index of the types and number of disfluencies and secondary characteristics obtained in the language sample and a structured reading activity
3. multiple environments/listeners
4. structured observation (note level of awareness)
5. anecdotal records – impact of disfluencies on oral/expressive language task standardized tests
6. standardized tests
7. teacher/caregiver report, interview, or checklist
8. parent report, interview or checklist

Note: Teacher, caregiver and parent reports, interviews, and checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: An assessment for a fluency disorder should include the following components:

- Background information: a history of the development of the student’s stuttering, family history of stuttering, etc;
- Communication abilities: a report of his/her skills in the five parameters of communication – stuttering, articulation, voice, language, and hearing;
- Oral-peripheral examination: a description of any atypical structures and the functional abilities of the oral mechanism;
- Reports, interviews, checklists: completed by the parents, the caregiver, and the teacher;
- Structured observation: observation of student’s speech and language during oral language activities;

Fluency Rating Scale

The stuttering rating scale uses the following terminology:

- Description of disfluency addresses the duration of pauses (from less than 1 second to more than 3 seconds) and number of repetitions.
- Associated non-verbal behaviors means the presence of facial grimaces; visible tension of the head, neck, jaw, and/or shoulders; audible tension, as noted in uneven stress, pitch changes, increased rate, or tension during inhalation or exhalation.

For a preschool-age child who is exhibiting disfluent behavior, research indicates that the chances of success are greater the sooner a problem and its contributing factors are identified. When a preschool-aged child exhibits the following chronic non-fluent behaviors, it is likely the child will benefit from early intervention: the insertion of the schwa, uneven stress and rhythm, difficulty initiating and sustaining airflow, body tension and struggle behavior during speech, and the presence of significant predictors such as family history (Runyan, 2004).

For preschool children, the consideration of the adverse effect should be based on the effect of the stuttering impairment on the child's developmental skills in play, adaptive/self-help, communication, social-emotional, cognitive, and sensori-motor domains.

Preschool Fluency Severity Rating Scale

Factors		No Disability (0 pts)	Mild (1 pt)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Frequency of Disfluency	Less than 4% disfluencies	4% disfluencies	5 – 9% disfluencies	10% or more disfluencies	
B	Description of Disfluency	Primarily whole multisyllabic word repetitions. Occasional whole-word interjections and phrase/sentence revisions Less than 1 second pauses OR less than 2 repetitions	Transitory disfluencies in specific speaking situations which may include repetitions, prolongations, blocks, hesitations or interjections, and vocal tension. 1 second pauses OR 2 repetitions	Frequent disfluencies in many speaking situations which may include repetitions, prolongations, blocks in which sounds and airflow are shut off, hesitations or interjections and vocal tension 2 second pauses OR 3-4 repetitions	Habitual disfluencies in a majority of speaking situations, which may include repetitions, prolongations, blocks (long and tense with some noticeable tremors), hesitations or interjections, and vocal tension 3 or more second pauses OR 5 or more repetitions	
C	Secondary Characteristics	No associated behaviors	One associated behavior that is noticeable and distracting and occurs inconsistently	One associated behavior that is noticeable and distracting and occurs consistently	Two or more associated behaviors that are noticeable and distracting and occur consistently	
D	Awareness	Is not aware of the speech disfluencies	Shows occasional awareness of by commenting to parent or caregiver	Is aware of disfluencies and occasionally shows some frustration with speaking	Is aware of disfluencies and shows frustration with not being able to communicate fluently	
E	Educational Impact/ Social/Emotional (Teacher Checklist, Parent Questionnaire)	Fluency skills are adequate for the student's participation in educational or preschool settings (home, child care or center-based programs)	Disfluencies are noticeable and in some situations limit the student's verbal participation in educational/preschool settings	Disfluencies are having an impact on the student's ability to speak and verbally participate in educational/preschool settings	Disfluencies are having a significant impact on the student's ability to speak and verbally participate in educational/ preschool settings	
TOTAL POINTS						

- Add one point for EACH** of the following risk factors to the total: consistently disfluent for more than 6 months; family history; male; onset after age 3.5; and/or presence of other speech or language disorders.
- Circle the score** for each row and add them to obtain the total score.

Total Score: 0-3	No Fluency Impairment (ineligible)
Total Score: 4-6	Mild (ineligible)
Total Score: 7-10	Moderate
Total Score: 11-15	Severe

Preschool Fluency Severity Rating Scale
Overall Functional Level

Level	Conditions	Educational Impact
Level 0 (0 – 3 points) Ineligible	Disfluencies are primarily characterized by easy whole word repetitions that comprise less than 4% disfluent speech. The child’s speech and language skills during educational/developmental activities are consistently understood and not distracting to the listener.	Child’s verbal participation in educational/developmental activities is not limited by self-consciousness about listener reaction to his/her speech.
Level 1 (4 -6 points) Mild	Disfluencies are transitory and characterized by easy repetitions, prolongations and some hesitations that comprise 4-5% disfluent speech. Blocking, if it occurs, is less than a full second. Tension is noticeable but disfluencies and tensions are not distracting to the listener. Child does not usually avoid speaking situations and participates in oral language activities.	Child’s verbal participation in educational/developmental activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.
Level 2 (7 – 10 points) Moderate	Disfluencies are frequent and characterized by repetitions, prolongations, and some hesitations/interjections, and blocking that comprise 5-9% disfluent speech. Tension is noticeable and distracting to the listener. Associated behaviors, such as grimacing, and other distracting behaviors may be evident during speaking situations. Child is aware of disfluent speech and avoids some speaking situations and oral language activities.	Child’s verbal participation in educational/developmental activities is impacted by self-consciousness about listener reactions to his/her speech.
Level 3 (11-15 points) Severe	Disfluencies are habitual and are characterized by repetitions, prolongations, hesitations/interjections, and blocking that lasts 3 or more seconds. Disfluencies comprise greater than 9% disfluent speech. There is evidence of significant vocal tension, some noticeable tremors, and noticeable associated behaviors that are distracting to the listener. Child generally avoids speaking situations and oral language activities.	Child’s verbal participation in educational/developmental activities is significantly impacted by self-consciousness about listener reactions to his/her speech.

Fluency Appendices

(Attached are a number of resources that MAY be used in the assessment process to help the SLP determine eligibility)

1. *Stuttering Evaluation Guidelines*
2. *Types of Disfluencies*
3. *Teacher Input – Fluency*
4. *Stuttering: Parent Interview Form (K-grade 12) (2 pgs)*

Note: The following useful forms can be purchased *Assessment in Speech-Language Pathology, A Resource Manual*, 4th Edition, Demlar-Cengage (2009), has useful evaluation tools and checklists,

- *FORM 10-1: Fluency Charting Grid*
- *FORM 10-2: Frequency Count for Disfluencies*
- *FORM 10-3: Calculating the Disfluency Index*
- *FORM 10-4: Assessment of Associated Motor Behaviors*

Stuttering Evaluation Guidelines

I. Assessment of Stuttering Behaviors

A. Speech Samples

1. Conversation: at least 10 minutes, or 300 words.
2. Narrative: 3-5 minutes of uninterrupted talking about a movie, book, or situation that the client experienced. Picture description may also be used. Emotional context should be fairly neutral, unless attempting to get indications of stuttering variability.
3. Reading: assure sample is at client's level, one paragraph of sufficient length (5-10 sentences).
4. Conversation with pressure: about 2-3 minutes of interaction where the clinician imposes some type of communicative pressure, in the form of: loss of eye contact, challenging or disagreement with the client's statements (e.g., "I watch Sesame Street, and that's not Grover, that's Cookie Monster."), verbal interruption, competition, and/or time pressure.
5. Telephone call(s), as appropriate to child's age.

B. Frequency of Stuttering

1. Transcribe the sample(s) including markings for all disfluencies; calculate frequency in percentage of stuttered words/syllables; each can be stuttered only once. Determining the intended message can assist when attempting to calculate the stuttered and/or disfluent words/syllables.
2. Count the number of syllables contained in the transcript (only intended message syllables should be counted).

C. Types of Stutters

1. Count the stuttered disfluencies,
2. Count the normal/typical disfluencies,
3. Determine the percentage of each, of the total number of disfluencies.

D. Duration of Stutters: using a stopwatch, time the duration of the three longest stutters, and average them.

E. Secondary Behaviors: count the number of different behaviors observed; determine how noticeable they are, and rate them in terms of severity, as part of an overall severity assessment.

F. Overall Severity: The most commonly used measure is the *Stuttering Severity Instrument-4* (Riley, 2009), available from Pro-Ed.

II. Additional Measures related to Stuttering

A. Speech Rate: Using a stopwatch, calculate the duration of selected utterances (count the number of *intended* syllables in the utterance, and calculate syllables per minute. It may be beneficial to select mainly fluent utterances/segments).

B. Speech related Beliefs, Feelings and Attitudes: "talk about talking" to determine:

1. Level of awareness about what stuttering is,
2. Thoughts and beliefs about why he/she stutters,
3. Awareness of what s/he does to help speak more fluently,
4. Level of worry or concern about stuttering,
5. Perceptions of parental level of worry or concern (interview with parent(s) are typically necessary).

- C. Perceptions about Therapy: particularly helpful when working with any child who has awareness of the stuttering problem. Determine what the client believes has helped, what has not helped, goals, likes/dislikes in therapy, willingness to include others, expectations, etc.
- D. Experiences with teasing: determine when, how often, reactions, present situation, previous methods of dealing with it, etc.
- E. Teacher Interview: determine what they would like to know about stuttering, the child's treatment, and about how to manage the problem in the classroom.
- F. Classroom Observation: determine how much the stuttering interferes with the child's educational experience(s).

III. Additional Assessments

- A. Articulation Skills
- B. Language Skills
- C. Confrontation naming/word retrieval skills/word finding skills: Physical Development
- D. Cognitive Development
- E. Social-Emotional Development
- F. Educational Impact

Types of Disfluencies

OBSERVABLE CHARACTERISTICS OF STUTTERING

Behavior	Definition	Example
Hesitation	Any nontense break in the forward flow of speech	I ___ am going home.
Broken words	With unacceptable within-word hesitations	Partially uttered words: I am g__oing home.
Repetition	Repeated utterances of parts of words (PWR), words (WR), and phrases (PR)	I am <u>g</u> going. (PWR) I <u>am</u> <u>am</u> going. (WR) <u>lam lam</u> going (PR)
Interjections	Use of sounds, syllables, and words that are independent of context of utterance	I <u>er er</u> am <u>uh</u> going.
Prolonged sounds	Unacceptably prolonged sounds, usually at the start of a word	I am <u>s-s-s</u> so late
Dysrhythmic phonation	Distortion of the prosodic elements <u>within</u> a word, with improper stress, timing, or accenting	I am <u>going</u> (rising inflection) home.
Tension	Audible manifestation of abnormal breathing or muscular tightening <u>between</u> words, parts of words, or interjections	I <u>am</u> (forced breathing) going home.
Revisions, modifications	Grammatical or content	<u>I am</u> , I was going.
Incomplete phrases	Failure to complete an initiated unit of speech	<u>I am---</u> but not today.

Teacher Input – Stuttering

Student: _____

Teacher: _____

Grade: _____ DOB: _____

Your observations of this student’s speech fluency will help determine if the problem adversely affects educational performance. **Check all items that have been observed.**

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Does the student have characteristics associated with stuttering (e.g., part or whole word repetitions, silent blocks, sound or word prolongations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the stuttering characteristics accompanied by other behaviors (e.g., tension in the upper trunk, head, and neck, facial tics, body movements)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does stuttering make it difficult to understand the content of his/her speech? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the student appear to talk less in the classroom because of stuttering? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the student avoid verbal participation during classroom activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the student avoid verbal participation in social situations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you think the student is aware of his/her communication problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have the student’s parents talked to you about his/her fluency disorder? | <input type="checkbox"/> | <input type="checkbox"/> |

In my opinion, these behaviors do NOT adversely affect educational performance. Yes No

In my opinion, these behaviors DO adversely affect educational performance. Yes No

What other observations do you have relating to this student’s communication skills:

Teacher’s Signature: _____

Date: _____

Stuttering: Parent Interview Form

(Kindergarten through Grade 12)

Student: _____ Age: _____ Date: _____
 Grade: _____ School: _____
 Parent's Name: _____ Address: _____
 Phone: _____ Siblings: _____
 SLP: _____

1. What are your concerns about this child's speech? _____

2. Is anyone else in the family concerned? Yes No If yes, please describe:

3. Is there a history of stuttering in your family?
 mother _____ aunt _____
 father _____ uncle _____
 child's brother _____ grandmother _____
 child's sister _____ grandfather _____

4. Describe the type of stuttering of the family member and their treatment, if any:

5. At what age did your child first... Age:
 speak words: _____
 say two-word combinations: _____
 say sentences: _____

6. How often does your child... (Circle answer)	Frequently	Sometimes	Never
a. Repeat sounds	1	2	3
b. Repeat parts of words	1	2	3
c. Repeat words	1	2	3
d. Repeat phrases	1	2	3
e. Prolongs sounds	1	2	3
f. Holds breath	1		
g. Adds interjections (um, ah)	1	2	3
h. Makes facial grimaces (or other behaviors)	1	2	3

7. Does your child appear concerned about his/her speech? Yes No

8. Do siblings/friends tease your child about his/her speech? Yes No

In each of the following speaking situations, does your child's disfluencies
 Increase [I] Decrease [D] or Remain the Same [RS]?

(Circle one)

a) talks with mother/father	I	D	RS
b) talks with strangers	I	D	RS
c) talks with friends	I	D	RS

d) talks with teacher	I	D	RS
e) talks in front of class	I	D	RS
f) talks in small groups	I	D	RS
g) asks questions	I	D	RS
h) is excited	I	D	RS
i) is upset	I	D	RS
j) talks on the phone	I	D	RS
k) other (describe: _____)	I	D	RS

9. How long have the disfluencies been evident in your child’s speech?

Just occurred one month several months a year or more

10. To help my child to speak fluently, I tell my child to:

- _____ Stop and start over again
- _____ Take a deep breath and start over again
- _____ Speak more slowly
- _____ Think of the word(s) before talking
- _____ Tell my child the difficult word(s) if I know what they are
- _____ Remind my child not to stutter
- _____ Finish speaking the phrase or sentence for my child
- _____ Answer immediately when my child asks a question
- _____ Ask my child to practice speaking without stuttering
- _____ I try to provide uninterrupted, unhurried speaking opportunity for my child

11. Describe the speaking environment at home:

- _____ Child is frequently interrupted by siblings
- _____ Child has many opportunities to talk without interruption
- _____ Child frequently has opportunity to talk with parents without presence of other family members.

12. Describe any help/treatment your child has received for his/her speech:

13. Child’s preferences:

Food: _____	Toys: _____	TV: _____
Beverages: _____	Games: _____	Music: _____
Sports: _____	Other (describe): _____	

CONTINUED ELIGIBILITY

Continued Eligibility Speech/Language Pathology Services

Evaluation of a student is required by the Individuals with Disabilities Education Act (IDEA 2004) [34 CFR 300.305(e)] to determine that a child no longer has a disability. Exit decisions must be individualized, based on developmental norms, progress data collected, assessment information and the current best practices as determined by the IEP team. The IEP team may choose one or more of the following conditions as reason for discontinuation of speech-language services. These decisions must be made on a case-by-case basis determined by the rate of progress, discrepancy from peers/standards, instructional need of the student and the IEP process.

Consider the following:

- The student has met all speech-language goals and data indicate no additional needs.
- Given current medical, dental, neurological, physical, emotional, and/or developmental factors, the student's speech-language performance is within his/her expected performance range and compensatory skills have been achieved and documented on the IEP.
- The student has made minimal or no measurable progress over three progress reporting periods even though program modifications, varied approaches, and/or colleague consultations have been attempted and documented.
- Limited carry-over, self monitoring or generalization has been documented in one or more environments over the IEP year.
- The student is unwilling or unmotivated to participate in treatment, attendance has been limited and/or participation precludes progress through therapeutic intervention. Attendance record over a period of time with attempts to improve attendance and participation are documented on the IEP.
- Parent/legal guardian of student requests that speech-language services be discontinued.
- Goals can be met through efforts of teachers and other professionals as documented on the IEP.
- Data indicate that with modifications and/or alternative methods of responding to academic/social tasks the student performs satisfactorily within the general education environment.

Exit Considerations

The decision to dismiss a student from speech-language services (terminate eligibility) is the responsibility of the IEP/assessment team. When the speech-language pathologist, or anyone with a legitimate educational interest in the student, perceives that the student no longer requires speech-language services to benefit from the special or general education programs, the IEP team must be convened to discuss the possible change in services.

The regulations require schools to follow the assessment process before determining that a child no longer meets the definition of “a child with a disability.” A comprehensive evaluation is not required before the termination if a student’s eligibility is due to exceeding the age of eligibility for FAPE or due to graduation with a regular high school diploma. For these individuals the evaluation team must provide a Summary of Performance (SOP). The SOP must include information about the student’s academic achievement and functional performance, as well as recommendations on how to assist the student in meeting the student’s postsecondary goals.

The evaluation team may have the same composition as the IEP team. The number of persons involved in the evaluation process will vary from one student to another. The evaluation team will review existing data about the child. This information can consist of relevant data collected through a variety of methods. Such performance data may be collected on the student’s daily performance on activities associated with meeting the IEP goals, performance on class assignments, small or large group interactions, parental reports of performance outside the school environment, or student self-reporting. The evaluation may warrant the administration of standardized assessment instruments. In these instances, parental consent for testing must be obtained prior to administration of the standardized assessment unless that particular instrument was already noted in the student’s IEP as a means of measuring progress. The various severity rating scales included in the appendices of these guidelines may also be helpful in determining progress.

After all available information has been organized and reviewed; the team will identify whether a disability continues to exist, whether the current levels of academic achievement are related to the developmental needs of a child, and whether the child continues to need special education and related services. In essence, the decision to dismiss is based on the same principles as the decision to find the child eligible:

- Does the child have a speech-language impairment?
- Is there an adverse educational impact?
- As a result, does the child need special education and related services?

Reasons for dismissal might include:

- The child no longer has a speech-language impairment;
- The child has a speech-language impairment, but it no longer affects his/her educational performance;
- The child has a speech-language impairment that affects his/her educational performance, but the IEP team determines the child no longer needs related services to benefit from special education. For example, the child’s communication needs can be met through the communication goals worked on in the regular or special education classroom.

When a child reaches a level that is commensurate with his or her ability, demonstrating little if any progress over a period of time, the IEP team must review the child’s IEP to determine whether the annual goals are being met and revise the IEP as appropriate to address any lack of progress. Any decision to dismiss a child who continues to have a speech-language impairment and who is not making progress should occur only after an IEP team has reviewed the child’s progress and has pursued a variety of options for achieving progress. Those options may include working with other special and general education teachers to incorporate the communication goals into their classrooms. This may be especially effective for children with other disabilities (e.g., intellectual disability). Some children may simply lack motivation to continue to work on their speech-language impairment. The IEP team should consider the causes of the motivation problem and may develop a joint effort to address motivation (e.g., working with the school social worker, guidance counselors, the teacher(s), or another speech-language pathologist).

If the lack of progress is not related to any of the above, the IEP team should consider whether further evaluation may be needed to understand the lack of progress. This evaluation may be conducted by a school-based speech-language pathologist, an outside speech-language pathologist with specialized skills, another school professional, or outside professionals.

Prior to dismissal from receiving special education and related services, the school district must complete the evaluation process before determining that the child is no longer a child with a disability. This includes a child who is dismissed from a single service, but who continues to receive other special education or related services. A comprehensive evaluation is not required before the termination of a student's eligibility due to exceeding the age of eligibility for FAPE or due to graduation with a regular high school diploma. For more information on assessment procedures, refer to the ND Department of Public Instruction Guidelines: Evaluation Process at <http://www.dpi.state.nd.us/speced1/laws/evalproc.pdf>.

A parent signature is required on the Integrated Written Assessment Report, indicating that assessment information has been shared. If a parent disagrees with the determination, he/she may access the procedural safeguards found in the Parental Rights for Public School Students Receiving Special Education Services: Notice of Procedural Safeguards at <http://www.dpi.state.nd.us/speced1/laws/PGuide07.pdf>.

Appendices to Eligibility Determination
(Attached are two resources that MAY assist in documenting eligibility.)

NOTE: The following forms do not replace required forms adopted by the ND Department of Public Instruction, Office of Special Education or your local school district. They were incorporated as supplementary means by which to document continued eligibility considerations.

- 1. Need for special education worksheet*
- 2. Educational Relevance of the Communication Disorder*

Need for Special Education

Yes	1. Does the student have needs that cannot be met in regular education? If yes, list the needs below. (Use reverse side or attach additional pages if needed)
No	If no, there is no need for special education.
Yes	2. Are there accommodations/adaptations that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptations of content, methodology and/or delivery of instruction.) If yes, A. List accommodations/adaptations that do not require special education. Use reverse side of page or attach additional pages if needed. B. List accommodations/adaptations that require special education. Use reverse side of page or attach additional pages if needed.
No	If no, go to question 3.
Yes	3. Are there accommodations or adaptations that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.) <i>If yes, list below. Use reverse side of page or attach additional pages if needed.</i>
No	

In order for the IEP team to determine that the student needs special education, the IEP team must have answered "yes" to question 1 AND list needs under 2B and/or 3.

Educational Relevance of the Communication Disorder

Name of Student _____
 Teacher: _____

Date: _____

Academic-ability to benefit from the curriculum

Social-ability to interact with peers and adults

Vocational-ability to participate in work related activities

Academic Impact	Social Impact	Vocational Impact
<p>List academic areas impacted by communication problems:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Below average grades</p> <p><input type="checkbox"/> Inability to complete language-based activities vs. non-language-based activities</p> <p><input type="checkbox"/> Inability to understand oral directions</p> <p><input type="checkbox"/> Grades below the student's ability level</p> <p><input type="checkbox"/> Other</p>	<p>List social areas impacted by communication problems:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Peers tease student about communication problem</p> <p><input type="checkbox"/> Student demonstrates embarrassment and/or frustration regarding communication problem</p> <p><input type="checkbox"/> Student demonstrates difficulty interpreting communication intent</p> <p><input type="checkbox"/> Other</p>	<p>List job related competencies and/or skills impacted by the student's communication problems: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Inability to understand/follow oral directions</p> <p><input type="checkbox"/> Inappropriate response to coworker/supervisor comments</p> <p><input type="checkbox"/> Unable to answer/ask questions in a coherent concise manner</p> <p><input type="checkbox"/> Other</p>

Adapted from *A training and Resource Manual for the Implementation of State Eligibility Criteria for the Speech and Language Impaired* [Addendum] (p. 20), Florida Department of Education, Bureau of Instructional Support and Community Services, Division of Public Schools, 1997, Tallahassee, F.L.

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