Iowa's

Severity Rating Scale

for

Communication Disabilities

State of Iowa
Department of Public Instruction
Special Education Division

IOWA'S

SEVERITY RATING SCALE

FOR

COMMUNICATION DISABILITIES

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PUBLISHED BY

DEPARTMENT OF PUBLIC INSTRUCTION
SPECIAL EDUCATION DIVISION
GRIMES STATE OFFICE BUILDING
DES MOINES, IOWA 50319
1978

5100-C100383-5/78

State of Iowa
DEPARTMENT OF PUBLIC INSTRUCTION
Special Education Division
Grimes State Office Building
Des Moines, Iowa 50319

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FOREWORD

This document is the result of several years of study (and the study continues). I would particularly recognize those who gave so much professional consideration: the Iowa Supervisors, Clinical Speech and Language Services with input from Speech and Language Clinicians in the various Area Education Agencies (AEA). This document reflects the collective professional expertise of over 400 Speech and Language Clinicians.

We are not satisfied with this publication--more data is needed. Nevertheless, we have a procedure which seems to have merit and we want to share it with our colleagues. We welcome comments from those who elect to experiment with this procedure. For example, Mr. Chuck Renter, Coordinator, Communication Disorders Program, School District of Grand Island, Nebraska, has shared with us his modifications of an earlier design and some of his ideas have been incorporated into this document. Please critique and send your comments to us.

We are especially indebted to Kenneth Barker, Supervisor, Clinical Speech and Language Services, AEA 16, for the preliminary work in this area. Ken prefers anonymity, but we his colleagues, in all honesty and respect, must credit most of this impetus to his leadership. We take this avenue to thank you, Ken, for helping us.

In any publication, the ultimate support is the Secretary. Nancy Brees tolerated our hieroglyphic-like manuscript to produce this document. She did a fantastic job capturing our thinking in the organization of this document. Thanks, Nan, from all of us.

Des Moines, Iowa
May 15, 1978

J. Joseph Freilinger, Ph.D.
Consultant, Clinical Speech Services

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IOWA'S

SEVERITY RATING SCALE

FOR

COMMUNICATION DISABILITIES

SECTION I

TOWARD AN UNDERSTANDING

TOWARD AN UNDERSTANDING

> *"... classification can profoundly affect what happens to a child. It can open doors to services and experiences the child needs to grow in competence, to become a person sure of his worth and appreciative of the worth of others, to live with zest and to know joy. On the other hand, classification, or inappropriate classification, or failure to get needed classification--and the consequences that ensue--can blight the life of a child, reduce opportunity, diminish his competence and self-esteem, alienate him from others, nurture a meanness of spirit, and make him less a person than he could become. Nothing less than the futures of children is at stake." (Hobbs, 1975)*

The act of classification or the labelling of a person or an apparent similar group of persons is as old as society and has been disputed for nearly as long. In recent years there has been a growing cry to do away with labelling.

We should not believe that labelling, with both positive and negative features, is restricted to the handicapped. In recent newspaper articles one might have read these accounts:

a. Television Reporter Arthur Unger:

> "Sir Huw says 'royal awe' is the feeling one gets when in the presence of certain blue-bloods, the same way you would for any other exclusive and excluded people--sort of like the way primitive people feel toward the saintly, the ill, the mad. We feel awe toward various sorts of people in our society, but especially if they are royal."

b. Letter to the Editor:

> "... In everyone's zeal to be thin and trim, they have erected insurmountable barriers to those who aren't. Using the euphemism of their choice--obese, portly, plump, heavy, or plain, old unadorned, ugly-sounding 'fat'--thin people and formerly fat people label those who are overweight as clearly as if they were branding cattle. As

> surely as the caste system in India, America has singled out its 'untouchables'--fat people.
>
> * * *
> * * *
>
> "My person, corpulent though it may be, is my temple. If you do not choose to honor my temple or plumb the inner depths of my being, move on, my friend, to thinner pastures. K.M.C."

How poignant, "K.M.C."! Do we let an assigned label keep us from seeing the person? Each individual must answer that question. Unger calls to mind what has been termed the "expectancy label"--you get, not what you see, but what a label conjures. Perhaps Unger didn't intend it, but is he saying that most of contemporary society is primitive?

Very little empirical evidence has been advanced with regard to effects or affects of labelling; rather philosophical and theoretical positions are pontificated. As Hobbs (1975) noted, "There is widely expressed sentiment that classification of exceptional children should be done away with. This is a misguided aspiration."

Labelling is roundly criticized but it is being done, will be done and, in fact, in some cases, is required. It is often used, when convenient, even by those who most vocally oppose labelling. Who labels? Consider

a. Federal and state legislators,

b. professional practitioners,

c. society,

d. parents, and,

e. the labeled individual.

"Labels" are easy to count but difficult to help--and where does it lead? Consider the following possible effects of classification.

a. A label may stigmatize, cause rejection or exclusion of the pupil.

b. If invalid diagnostic measures and procedures are employed the due process of the pupil evaluated is violated as is the value of the label.

c. One may assign a program or service placement which may not change as the pupil's needs change.

d. An assigned program or service may be inappropriate if one assumes that all pupils with a given label have the same intervention needs.

e. When a dominant disorder (primary handicapping condition) is identified there is the likelihood that other handicapping conditions the pupil may have will be neglected.

f. A label may become a self-fulfilling prophecy.

g. A label may suggest "ownership" by a particular discipline rather than providing all the programs and services the pupil needs.

h. Labelling may be a violation of a pupil's talents or cultural background.

i. A label may exclude participation in the educational plan by the regular classroom teacher.

j. There may be social regulation and control of those labelled.

k. Society may lack the opportunity to know a group--except, perhaps at a law-level of awareness.

l. A label may invite cruelty by peer groups, by society.

m. Labels support rehabilitation rather than prevention.

n. A label may affect a pupil's self-concept in a negative way.

In view of these and other possible consequences of labelling, "Why", one may ask, "is labelling done?" Perhaps the lack of empirical evidence of a direct cause-effect relationship allows many to label and for some to label indiscriminately. There are expedient reasons for labelling. This partial list suggests why labelling of the handicapped is so prevalent:

a. to get program funding;

b. to obtain and provide services;

c. to obtain staff;

d. for accountability;

e. to evaluate outcomes of intervention;

f. to provide a structure for legislation;

g. to provide a structure for administration;

h. for training personnel;

i. for research;

j. to attempt to communicate effectively about problems;

k. a requirement of statutes;

l. to plan most effectively for the pupil;

m. for protection of one's due process; and,

n. to obtain participation of Agencies.

If professional practitioners continue to label, and it appears that we will, then we must begin to make the label useful. Perhaps our efforts should shift from the philosophical and theoretical arguments for and against labelling to concentrating our efforts on making labels more meaningful.

We feel strongly that each person engaged in labelling must be sensitive to what has occurred throughout history in this respect. "What is it like to be 'different'?" Dr. William C. Rhodes (1977) helped this author obtain a better understanding of the tragedy of labelling. We will share some of Rhodes' thoughts augmented by areas so very close to our professional "home".

Johnson (1942) offered the *diagnosogenic* theory with respect to stuttering. You will recall that Johnson argued that what made the difference between normal childhood nonfluency and stuttering was in abnormal parental

reactions to the child's speech. In later writings Johnson presented some tenets which are of particular interest to us in our consideration of labelling.

a. Stuttering was diagnosed, as such, by a layman--usually the parents.

b. By and large, the "stuttering" was indistinguishable of characteristics of the normal speech of young children.

c. Stuttering became a disorder after being diagnosed.

The hearing impaired, particularly the deaf, experienced centuries of frustration in obtaining adequate education. Even today, some feel that we, as a society, have far to go to provide an equal educational opportunity for the hearing impaired. Bender (1960) recalls some of the earlier and less pleasant treatment of the hearing impaired. She notes that originally the hearing impaired were considered "mentally defective." Frequently the deaf lacked legal rights, marriage was not valid, and, perhaps, they were destroyed. Bender writes, "from the dawn of history... there was little place for the handicapped."

Rhodes (1977) reminds us of the plight of the lepers, the mad and a comtemporary massive action on a people. Leprosy has been "known" from pre-Biblical times; nevertheless as late as 1960 it was impossible to give a reliable estimate of the prevalence. Binford writes (Brody 1974),

> "Most persons might expect that leprosy can be diagnosed easily. Since the disfigurements are so gross and horrible, one is likely to suspect that no other condition can possibly resemble it. This simple assumption is far from the truth. The mimicry of the disease is so great that it has to be differentiated from many diseases, including syphilis, psoriasis, fungous infections, various types of dermatitis, lupus vulgaris, leukoderma, peripheral neuritis of other types, Raynaud's disease and many others."

Hansen's disease (leprosy) was not confirmed until 1965. What was the treatment of lepers? One was a religious ceremony in which the leper was declared dead to the world and a list of prohibitions read to the leper--forbidden to enter church, fair, marketplace or company of persons; must wear leper's costume; never go barefoot; if someone speaks to you, put yourself downwind; not to drink or eat in company; and so on. In other cases the leper was buried alive or burned to death at a post. In better times great leprosariums were built to house the afflicted. As the disease declined (or was it better diagnostic evaluations?), society quickly filled the institutions with the mad. Foucault (1954, 1973) notes that "It was at a relatively recent date that the West accorded madness the status of mental illness." "Generally speaking (Editors note: during the 16th century), madness was allowed free reign; it circulated throughout society, it formed part of the background and language of everyday life, it was for everyone an everyday experience that one sought neither to exalt nor to control..." "About the middle of the 17th century, a sudden change took place: the world of madness was to become the world of exclusion." Foucault reports that the former Lazar houses were filled with

> "... not simply the mad, but a whole series of individuals who were highly different from one another, at least according to our criteria of perception--the poor and disabled, the elderly poor, beggars, the work-shy, those with venereal diseases, libertines of all kinds, people whose families or the royal power wished to spare public punishment, spend thrift fathers, defrocked priests; in short, all those who in relation to the order of reason, morality, and society, showed signs of 'derangement'."

Bosch's famed painting, "Ship of Fools," illustrates how, in an earlier period, "Because folly, water and sea, as everyone then 'knew', had an affinity for each other" the mad were placed on ships which criss-crossed the seas and rivers of Europe. (Foucault 1954, 1973.)

"But that was long ago," one says. Perhaps we should consider the extreme and pathological example from the 20th century. Rhodes (1977) says that the 1930's were "not a condition of just a few powerful individuals in Germany, it was a total culture of death, destruction and human hate." To develop the most fit culture, those with "insanity, retardation, multiple handicaps, physical disabilities, delinquency, chronic illnesses, et cetera." were eliminated. This led to the "various technological devices for mass elimination." Eliminating the "unfit" finally focused on the "Jews, Bolsheviks, Free-Masons, Poles, Gypsies, Priests and Ministers" and others not of Aryan descent. Yes, this was Nazi Germany.

Rhodes' ecological view of emotional disturbance is refreshing. Two concepts from his work are especially important to this document.

> "We found, as might be expected, that most children were not equally disturbed in their different settings, such as school, home, and neighborhood play group. Furthermore, some children seen as disturbed at home were not viewed as disturbed in school and vice versa. Here we see in operation the ecological nature of disturbance--that is, that disturbance was dependent on the setting, that it was dependent upon an interaction between the individual and his specific surrounding world." (Rhodes 1977)

Rhodes urges,

> "... caution and conservatism in our rush to modify our populations. We do not know what the consequences are of wholesale attempts to change those who live in states which we currently feel are not desirable. We do not even know that those states are really undesirable, either for the people we label, or for ourselves." (Rhodes, 1977)

Where does all of this leave us? It appears that labels will be with us for some time. Somewhere on that continuum of tyrannical treatment and the ecological view of Rhodes we must find our place. We must reconcile the potential damage with the potential good.

Labelling, as we know, is a form of case selection. Case selection has troubled our profession for years. Sixteen years ago Shine and Freilinger (1962) presented a table for case load selection based upon school grade and type of problem. It was not too helpful.

In 1966 through 1968 the Journal of Speech and Hearing Disorders addressed the topic in a series of sixteen articles on case selection in the schools. Six of the authors were employed in the schools. (Allen, 1966; Flower, 1967; Henrickson, 1968; and Webster, 1966)

Schultz (1972) presents a model to analyze clinical behavior. He notes, "any clinician who makes predictions is operating from some model, whether or not he can detail it to someone else." Schultz says that populations can be expressed as a normal distribution--the bell shaped curve--whether it is a normal "X" or abnormal "Y" population and that the two overlap (X called Y and Y called X). At the base, or abscissa, is the "decision axis" and the ordinate, or vertical intersecting line is the criterion cutoff (or "fence"). Two questions surface: "What happens when the criterion cutoff is moved?" and "Why do criterion cutoffs move?". In the former, Schultz indicates that the number of the population not served but who need service or those served but not needing service increases or decreases depending upon the movement of the cutoff. In the latter question, we believe that the "fence" moves because of an economy factor (good times, poor times), an environment factor (private practice, Speech and Hearing centers, tax supported programs), or, perhaps a philosophy factor (prevention, tongue thrust, service only to severe problems).

Schultz suggests that his model indicates a need for better predictive tests, a possible delay in management strategies, and, employing a variety of delivery models (the continuum concept).

Our concern for labelling leads us to also consider our diagnostic skills and the instruments we employ. For the pupil we must insure that the instruments or evaluative techniques employed do not violate an individual's talents or cultural heritage. We must compare performance on an evaluation with demonstrated performance in ordinary communication. The evaluation instruments or techniques must be adequate, appropriate, valid and reliable. Assigning a label is just a beginning--"will the pupil profit or suffer because of it?".

This publication has not been written to defend labelling, rather it is an attempt to make labelling a meaningful step in the process of serving those who have a communication disability and who may be helped by professional intervention. A label is frequently an "expectancy label" based on each individual's concept of the label. It is our hope that the Iowa Severity Rating Scale will assist in providing a more uniform expectancy.

THE CONTINUUM OF SERVICES FOR PUPILS WITH COMMUNICATION DISABILITIES

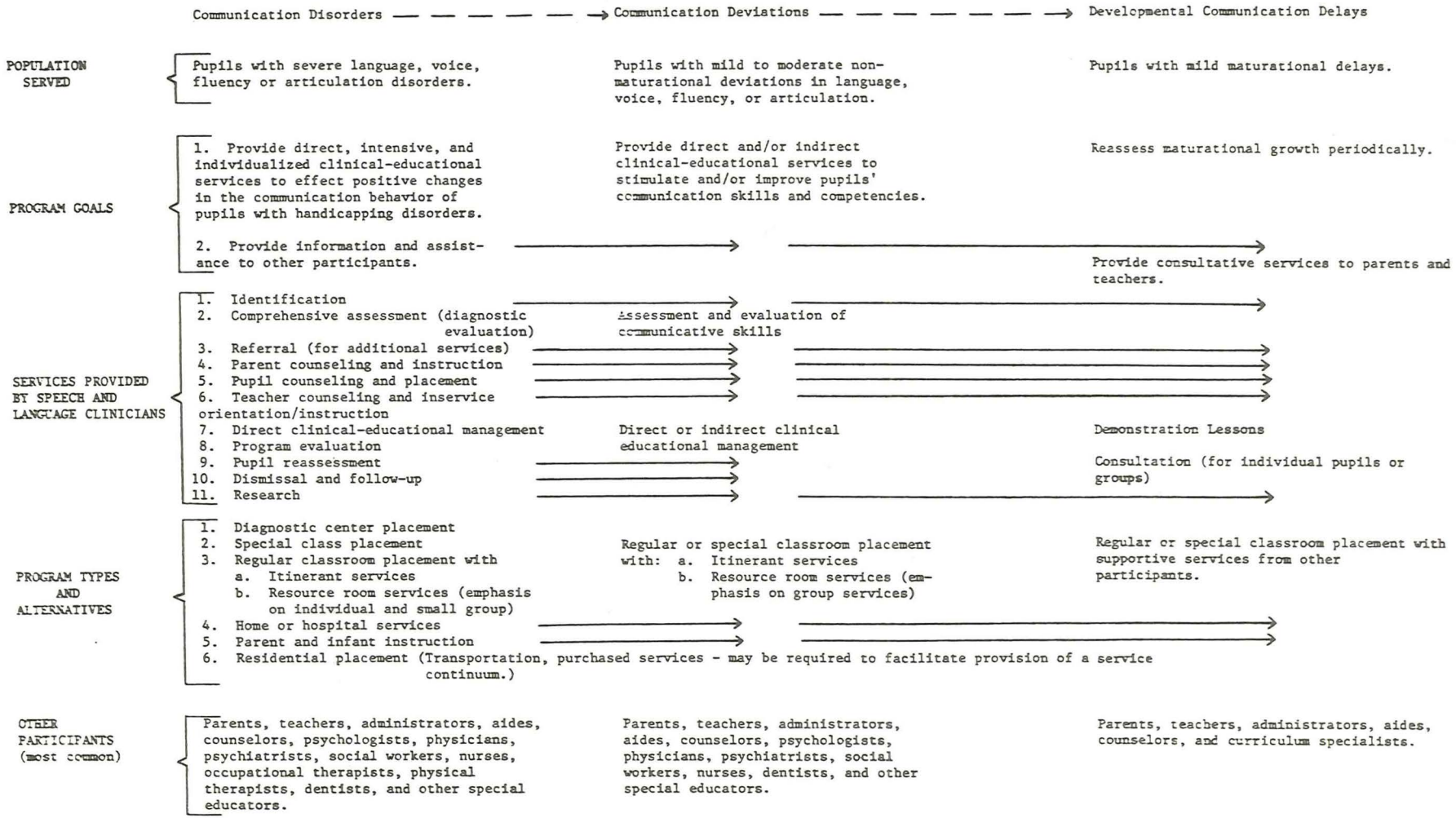
It is evident that all communication disabilities occur somewhere along a continuum from adequate at one extreme to inadequate at the other; from minor developmental delays through more significant deviations to disorders that demand intensive clinical/educational intervention. The appraisal of a speech "problem" in and of itself is not authority for the direct remedial services of a speech and language clinician.

Establishment of pupil eligibility for various program delivery services should include consideration of factors in two broad areas: the severity of the pupil's communication problems in terms of any present and future personal, social, and educational handicaps and the likelihood that these handicaps will diminish with the kinds of services that should be made available.

The following continuum model was adapted from the model developed by the American Speech and Hearing Association in their publication, Standards and Guidelines for Comprehensive Language, Speech and Hearing Programs in the Schools (1973-74).

THE CONTINUUM OF LANGUAGE AND SPEECH SERVICES FOR PUPILS

CONTINUUM COMPONENTS



SECTION II

THE

IOWA SEVERITY RATING SCALE

FOR

COMMUNICATION DISABILITIES

DEFINITIONS

For purposes of this document we use the following definitions:

COMMUNICATION DISORDERS

Pupils who are handicapped academically, socially, personally, or emotionally, by deficits in areas of voice, fluency, language or articulation to the degree that normal adjustment is affected.

COMMUNICATION DEVIATIONS

Pupils displaying mild to moderate deficits in voice, fluency, language or articulation which moderately impair academic, social, personal, or emotional adjustment.

DEVELOPMENTAL COMMUNICATION DELAYS

Pupils having mild maturational delays in the acquisition of articulation or language or slight or infrequent deviations in voice or fluency.

Communication disorders management

Provide direct services for students with:

1. Language handicaps which involve disordered syntax, semantics, morphology, and phonology (severe articulation disorders).
2. Chronic voice disorders.
3. Fluency deficits (stuttering).
4. Articulation disorders which include distortions, omissions, or substitutions of phonemes significantly affecting intelligibility.

These students generally require intensive individual or small group intervention by the speech and language clinician and often involve the services of many other professional and paraprofessional personnel.

Communication deviations management

Complements the disorders component and provides direct or indirect services for pupils' deviations, such as:

1. Moderate delay in language skills usually associated with experiential or other factors.
2. Identifiable voice deviations (often transitory).
3. Some nonmaturational misarticulations that may not interfere with intelligibility, but may result in self-conscious reactions as a result of teacher, parent, or peer response.
4. Moderate residual verbal differences remaining after treatment in the communication disorders component and requiring minimal supervision for maintenance and stabilization of new behavior.
5. General language and speech retardation as a concomitant of significantly depressed intellectual ability or other constraints such as physiological deficits.

Pupils in items 1 through 4 may require group work to improve their communication competencies. Students described in item 5 may or may not be enrolled individually or in groups for their language and speech deviations depending on their communication needs and the quality of their classroom curriculum, class size, and other considerations. Students with mental retardation generally need a sequentially presented daily language curriculum in cooperation with the classroom teacher.

Developmental communication delays management

Provides identification with follow-up services to pupils having mild maturational delays but who would not be enrolled in an individual or small group management program.

SEVERITY CLASSIFICATION

The four basic areas of concern for a pupil's communication lie in the parameters of language, voice, articulation, and fluency. With the exception of hearing, handicapping conditions of communication lie directly in or overlapping these four areas. With this in mind, the following five point severity rating scale will be based on specific criteria within these four parameters.

A 5-point scale identifies the severity of each parameter as follows:

0	=	Normal
1	=	Developmental delay
2	=	Deviation
3	=	Deviation
4 or 4+	=	Disorder

Within this severity rating scale for each parameter, a total number quotient can be obtained. The total severity rating can then be used to classify the pupil having a communication disorder, communication deviation, or developmental communication delay. An asterisk appended to a rating of 1, 2, 3 or 4 indicates that the rating was obtained from two or more parameters. The number quotient can then be converted to a severity classification:

Severity Classification

Normal	Developmental	Deviant	Disorder
0	1	2, 3	4, 4+

A rating in excess of "4" can be achieved if the pupil displays problems in more than one area. For example, it would be possible for a child to receive a rating of "4" (disorder) in articulation and a "3" (deviation) in

language making a possible total rating of "7". This high of a rating should indicate a higher priority for service.

If a "2" or "3" is obtained by one rating, consider the child deviant. If the "2" or "3" is obtained by two or three separate ratings, the speech and language clinician must decide through consideration of diagnostic information whether the communication skills are deviant or developmental, and then give the correct number indicated for a severity classification. For example, if a child received a rating of "1" developmental delay or a "2" deviant; or, if a child received a rating of "2" voice and "1" articulation, the speech and language clinician could rate the child a "2" or a "3" deviant. A child can be rated no lower than the highest rating received in any one area and no higher than the combined ratings received from all areas.

If a "4" is obtained by one rating, consider the child <u>disordered</u>. If a "4" is obtained by two or three separate ratings, the speech and language clinician must decide through consideration of diagnostic information, or the check lists and profiles, whether the child is <u>communicatively deviant</u> or <u>disordered</u>. If a child received a rating of "2" articulation and "3" language, the speech and language clinician could place the child in either the "3" <u>deviant</u> or "4" or "5" <u>disordered classification</u>. Again, a child can be rated no lower than the highest rating received in any one area and no higher than the combined ratings received for all areas.

SEVERITY RATING SCALES

The following rating scales are general guidelines which may be used as a part of the clinical speech and language program to obtain uniform identification of children with communication disabilities. A child to be classified at any level may or may not exactly fit the description given, however. One or more of the characteristics present, the descriptions, check lists and profiles may be used for developing an understanding of the level of severity any one number represents. They do not include all factors a speech and language clinician needs to consider when assigning a rating. There are other factors, such as academic difficulties or parent or peer reaction, which could make what is described as a low rated problem demand a higher rating. The speech and language clinician must consider the total child and the effect the communication disability is having in assigning a rating.

When a pupil has reached a communication maintenance level and is no longer scheduled for direct management, sometimes termed a "provisional release," the pupil is automatically assigned a rating of "2" or "2*". This assigned rating is for a specified period of time. At that designated time, the pupil is reevaluated to determine the level of maintenance and an appropriate rating is assigned.

ARTICULATION SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent misarticulation of phonemes, whether substituted, omitted, or distorted. Sounds must be stimulable and no more than six months below the developmental range for the phoneme.
2	Consistent misarticulations of phonemes, but not interfering with intelligibility. Phonemes may be stimulable but due to age or other factors self correction is not expected. (Also, provisional release cases.)
3	Interferes with communication. Shows signs of frustration. Some phonemes may be stimulable. Distractible to a listener. Intelligibility may be affected.
4	Unintelligible all of the time. Interferes with communication. Pupil shows signs of frustration and refuses to speak at times. Difficult to stimulate most sounds. Distracting to a listener.

FLUENCY SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Observable nonfluent speech behavior present. Child is not aware or concerned about the nonfluent speech. Normal speech periods reported or observable and predominant.
2	One to three stuttered words per minute. Observable nonfluent speech behavior present and observable on a regular basis. Child is becoming aware of the problem and parents, teachers, or peers are aware and concerned. (Also, provisional release cases.)
3	More than three stuttered words per minute or other stuttering behavior is noted on a regular basis. Child is aware of a problem in communicating. Struggle, avoidance, or other coping behaviors are observed at times.
4	More than ten stuttered words per minute. All communication is an effort. Avoidances and frustrations are obvious. Struggle behavior is predominant.

* Stuttered words per minute can be calculated by eliciting a representative sample of conversational speech and tallying the following:

    a. part word repetitions,
    b. whole word repetitions,
    c. prolongations, and
    d. struggle behavior.

Stuttered words per minute can be calculated by dividing the minutes into the number of stuttered words.

LANGUAGE SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, the expressive or receptive, or both, skills indicate a difference from normal language behavior. Inconsistent. A zero to six months delay.
2	Appropriate diagnostic tests indicate a noticeable difference from the norm. Conversational speech shows definite indications of language deficit. A six to twelve months delay. (Also, provisional release cases.)
3	Appropriate diagnostic tests indicate a language problem which is interfering with communication and educational progress and is usually accompanied by a phonology problem. A twelve to eighteen months delay.
4	Appropriate diagnostic tests indicate a significant gap from the norms. Communication is an effort. Could range from no usable language to unintelligible communication. Educational progress is extremely difficult. Usually accompanied by a severe phonology problem. Eighteen or more months delay.

When evaluating pupils in a regular class, a comparison should be made between the pupil's language age score (as determined by appropriate diagnostic instruments) and their chronological age. Pupils assigned to special classes should have their language age scores compared to their developmental age.

VOICE SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent or slight deviation. Check periodically.
2	Voice difference is not noted by casual listener. Child may be aware of voice. (Also, provisional release cases.)
3	Voice difference is consistent and noted by casual listener. Child may be aware of voice. Medical referral may be indicated.
4	There is a significant difference in the voice. Voice difference is noted by casual listener. Parents are usually aware of problem. Medical referral is indicated.

DISCUSSION

While some question exists as to the feasibility of providing appropriate service to all of the communicatively handicapped students in an area, we cannot, as professionals, be satisfied with a program which meets the needs of less than 90 or 95 percent of these children. It is the responsibility of each speech and language clinician to demonstrate objectively the appropriateness or inappropriateness of the services being provided and to indicate the steps necessary in continuing or establishing suitable programs. By establishing specific criteria for service, initiating a comprehensive identification program, providing a continuum of services that insures remedial programs which fit the communication needs of the students, and analyzing those programs in relation to the recommendations of the speech and language clinicians, a program is able to accumulate objective data which may suggest program modification (additional staff, redeployment of staff, and so forth).

IMPLICATIONS

1. The use of a severity rating scale and subsequent analysis can demonstrate the scope of a speech and language clinician's caseload as well as the "head count" local, state and federal agencies require.
2. The caseload severity and size can then be compared to assist in providing service based on needs rather than numbers. (See Appendix I.)
3. This system can assist in providing speech and language clinicians with priorities for service.

Children who demonstrate delays significant enough

to place them at the Communication Disorder level demand service before those children with less severe problems. (See Appendix II.)

4. The continuum of service offers the speech and language clinician the opportunity to monitor the success or failure of management strategies in the progress of a child over that continuum.

   Students whose communication needs have been met move from Disordered to Deviant which provides the clinician the opportunity to observe carry-over in the social and academic settings. This is consistent with the rules to P.L. 94-142 which require the "least restrictive environment" for handicapped children and a method for monitoring the success of the Individual Educational Plan.

5. A program based on a severity rating scale provides a uniform system among the speech and language clinicians working in a program for analyzing communication disabilities.

6. The severity rating scale provides the speech and language clinician with an illustration of his or her particular program which can be easily explained to principals, teachers, administrators, parents and the public.

   The speech and language clinician can demonstrate the priorities of the program to indicate why one child is being seen more often than another and how those students' skills differ.

7. The use of the severity rating scale and subsequent analysis will assist the Supervisor, Clinical Speech Services, in examining the services the Supervisor will be required to provide. This allows for planning based on severity rather than numbers. (See Appendix III.)

If you are using this booklet as a training program, turn to Appendix IV and administer the Self-Test.

SECTION III

A TRAINING PROGRAM

IN THE USE

OF THE

IOWA SEVERITY RATING SCALE

TRAINING PROGRAM

The following is a training program for the Severity Rating Scale which has been developed to assist in clinical speech and language program planning and development.

This training program is designed to be either a self-training program or taught in workshop form by someone trained in the use of the procedures. In a self-training program, one must have an understanding of the rationale and philosophy of the Severity Rating Scale and the definitions used in the Severity Rating Scale.

SEVERITY CHECK LIST

The following check lists and profiles were developed to aid speech and language clinicians in making decisions concerning the severity ratings which they may wish to assign to a given child. At times with some children, the severity ratings are clear cut, but at other times the speech and language clinician needs to take a long look at specific parameters of each child's diagnostic profile to make a reasonably accurate decision. These check lists and profiles are intended for this purpose. Sufficient diagnostic information is provided so that one can make a severity judgment. If the speech and language clinician wishes to use the check list or profile, the following instructions may be followed:

Check List

1. Place checks on the lines which are appropriate for each child.
2. Refer to the appropriate severity rating scale characteristics to determine into which category, a "4", "3", "2", "1", or "0" a child can be placed.

Profiles

1. Place all of the test information for each test on the proper disorder profile. Follow the instruction that a child may be rated the most severe rating for any one item. That is, if a child is given four different articulation tests and one test suggests a "4", or disordered rating, the pupil may be assigned that rating.

SEVERITY RATING SCALE TRAINING PROGRAM

A R T I C U L A T I O N

On the following pages read the historical information for each child and then check off the items on the check list. Enter the rating for each child in the severity rating scale at the bottom of the page and also circle whether you would classify this child as developmental, deviant, or disordered. There is sufficient information provided in each case history so that a rating decision can be made.

ARTICULATION SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent misarticulation of phonemes, whether substituted, omitted, or distorted. Sounds must be stimulable and no more than six months below the developmental range for the phoneme.
2	Consistent misarticulations of phonemes, but not interfering with intelligibility. Phonemes may be stimulable but due to age or other factors self correction is not expected. (Also, provisional release cases.)
3	Interferes with communication. Shows signs of frustration. Some phonemes may be stimulable. Distractible to a listener. Intelligibility may be affected.
4	Unintelligible all of the time. Interferes with communication. Pupil shows signs of frustration and refuses to speak at times. Difficult to stimulate most sounds. Distracting to a listener.

The child is rated according to these criteria and then placed into one of the following categories:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

A R T I C U L A T I O N

Case #1
Case History:

Name: Billy S. Age: 6 yrs. 4 mos. Grade: 1

Billy S.'s speech and language were evaluated on September 9, 1976, and he was found to have an articulation problem characterized by the following substitutions: [f/θ, v/ð]. These misarticulations seemed to occur in all positions on the McDonald Deep Screening Test of Articulation. This sound was found to be easily imitated. Billy's parents were not aware of any speech difference prior to the conference. He seems to function well in his first grade class. His conversational speech also shows Billy misarticulates this sound 100% of the time...

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Intelligibility:
   0. child is intelligible _____
   1. unintelligible some of the time _____
   2. unintelligible most of the time _____
   3. unintelligible all of the time _____

4. Interferes with communication:
   0. not at all _____
   1. some of the time _____
   2. most of the time _____
   3. all of the time _____

5. Frustration:
   0. low _____
   1. high _____

6. Stimulation:
   0. all sounds _____
   1. 3 or 4 sounds _____
   2. 1 or 2 sounds _____
   3. no sounds _____

7. Articulation could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

How did speech and language clinicians, experienced in using the severity rating scale, rate Billy?

A R T I C U L A T I O N

Case #1
Case History:

Name: Billy S. Age: 6 yrs. 4 mos. Grade: 1

Billy S.'s speech and language were evaluated on September 9, 1976, and he was found to have an articulation problem characterized by the following substitutions: [f/θ, v/ð]. These misarticulations seemed to occur in all positions on the McDonald Deep Screening Test of Articulation. This sound was found to be easily imitated. Billy's parents were not aware of any speech difference prior to the conference. He seems to function well in his first grade class. His conversational speech also shows Billy misarticulates this sound 100% of the time...

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: 2

2. Consistency:
   0. inconsistent ____
   1. consistent ✓

3. Intelligibility:
   0. child is intelligible ✓
   1. unintelligible some of the time ____
   2. unintelligible most of the time ____
   3. unintelligible all of the time ____

4. Interferes with communication:
   0. not at all ✓
   1. some of the time ____
   2. most of the time ____
   3. all of the time ____

5. Frustration:
   0. low ✓
   1. high ____

6. Stimulation:
   0. all sounds ✓
   1. 3 or 4 sounds ____
   2. 1 or 2 sounds ____
   3. no sounds ____

7. Articulation could be due to developmental factors: yes ✓ no ____

Now, after reading the above information, fill in the following:

Severity: 1

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	(1)	2, 3	4, 4+

Now work the next cases without a "walk-through."

A R T I C U L A T I O N

Case #2
Case History:

Name: Mary Ann W. Age: 5 yrs. 1 mo. Grade: Kdg.

Mary Ann's mother requested a speech evaluation last year during preschool roundup. This was not accomplished until this fall during kindergarten screening. Mary Ann was administered the Goldman Fristoe Test of Articulation, which revealed Mary Ann substituted the following sounds: [θ/s, all positions; f/θ, all positions; w/r, all positions; θ/f, all positions; t/k, all positions; and d/g, all positions. Mary Ann could not use either the /r/ or /s/ blends. Mrs. W. reports that it is difficult for Mary Ann to make people understand her some of the time. Test results also reveal that the /k/, /θ/, and /f/ sounds are stimulable. Mrs. W. reports that Mary Ann gets mad and will not talk. Mary Ann seemed inconsistent in her misarticulation of /f/ and /θ/.

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Intelligibility:
   0. child is intelligible _____
   1. unintelligible some of the time _____
   2. unintelligible most of the time _____
   3. unintelligible all of the time _____

4. Interferes with communication:
   0. not at all _____
   1. some of the time _____
   2. most of the time _____
   3. all of the time _____

5. Frustration:
   0. low _____
   1. high _____

6. Stimulation:
   0. all sounds _____
   1. 3 or 4 sounds _____
   2. 1 or 2 sounds _____
   3. no sounds _____

7. Articulation could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Mary Ann's severity was rated a "4", or disordered.

A R T I C U L A T I O N

Case #3
Case History:

Name: John F. Age: 11 yrs. Grade: 3

John F.'s speech and language were evaluated for the first time in first grade. This report is a re-evaluation of John's articulation problem. The Arizona Test of Articulation was administered on 9-14-76. At that time John was found to have the following misarticulations: lateral distortion of the /s/, /z/, /ʃ/, /tʃ/, /dʒ/, and /l/ sounds. John also substitutes the following: w/r and f/θ. John cannot be understood in conversation. He seems to get easily discouraged when he can't make people understand him. His teacher reports that John will not participate verbally in class... John has not learned to produce any of the misarticulated sounds in isolation.

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Intelligibility:
   0. child is intelligible _____
   1. unintelligible some of the time _____
   2. unintelligible most of the time _____
   3. unintelligible all of the time _____

4. Interferes with communication:
   0. not at all _____
   1. some of the time _____
   2. most of the time _____
   3. all of the time _____

5. Frustration:
   0. low _____
   1. high _____

6. Stimulation:
   0. all sounds _____
   1. 3 or 4 sounds _____
   2. 1 or 2 sounds _____
   3. no sounds _____

7. Articulation could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: John's severity was rated as a "4", or disordered.

A R T I C U L A T I O N

Case #4
Case History:

Name: James K. Age: 8 yrs. 2 mos. Grade: 3

James was evaluated on September 9, 1976, upon referral from Miss Jones, third grade teacher at Denmark School. The results of the speech and language evaluation indicate that James misarticulates the following: [f/θ, w/l, and omits the /h/ sound]. James could produce the /θ/ and the /h/ sound through stimulation techniques and was able to produce the /l/ with some difficulty. James' conversational speech showed the misarticulation of these sounds to be inconsistent. Miss Jones states that James is a well adjusted third grader who has little difficulty in communicating.

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Intelligibility:
   0. child is intelligible _____
   1. unintelligible some of the time _____
   2. unintelligible most of the time _____
   3. unintelligible all of the time _____

4. Interferes with communication:
   0. not at all _____
   1. some of the time _____
   2. most of the time _____
   3. all of the time _____

5. Frustration:
   0. low _____
   1. high _____

6. Stimulation:
   0. all sounds _____
   1. 3 or 4 sounds _____
   2. 1 or 2 sounds _____
   3. no sounds _____

7. Articulation could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: James' severity was rated a "2", or deviant.

A R T I C U L A T I O N

Case #5
Case History:

Name: Jane T. Age: 6 yrs. 3 mos. Grade: 1

Jane's mother called school on the first day this fall to be sure that Jane would be seen by the speech and language clinician. Subsequent evaluation indicated that Jane would not talk in any situation except at home. Jane was enrolled in speech management class with two other friends. An effort was made to make Jane feel comfortable and relaxed and to realize that speaking could be a self satisfying experience. Under controlled conditions Jane was given the Templin Darley Test of Articulation. The results of this test revealed that Jane was in the lower 10th percentile for girls her age. She had many sound substitutions, distortions and omissions. For all practical purposes Jane has little understandable speech. She could not imitate any sounds in isolation. Jane's mother reported that Jane could only be understood by her brother.

COMPLETE THE FOLLOWING ARTICULATION CHECK LIST AND PROFILE

1. Number of phoneme misarticulations: _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Intelligibility:
   0. child is intelligible _____
   1. unintelligible some of the time _____
   2. unintelligible most of the time _____
   3. unintelligible all of the time _____

4. Interferes with communication:
   0. not at all _____
   1. some of the time _____
   2. most of the time _____
   3. all of the time _____

5. Frustration:
   0. low _____
   1. high _____

6. Stimulation:
   0. all sounds _____
   1. 3 or 4 sounds _____
   2. 1 or 2 sounds _____
   3. no sounds _____

7. Articulation could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Jane's severity was rated "4", or disordered.

A R T I C U L A T I O N

Now that you have worked on five articulation samples with the use of the check list, try the next two without looking at the check list and see how you score.

Case #6
Case History:

Name: David H. Age: 6 years Grade: 1

David is enrolled in speech class with the speech and language clinician. Diagnostic testing indicates that David has an articulation problem characterized by the substitution of: [f/θ, w/l, and θ/f]. David can imitate the /θ/ and /f/ sounds. His teacher reports that David does not seem to have any difficulties in communicating, and reports that he is doing well academically.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: David's severity was rated as "2", or deviant.

A R T I C U L A T I O N

Case #7
Case History:

Name: Amy S. Age: 8 yrs. 2 mos. Grade: 3

Amy was identified for a communication adequacy evaluation through routine screening. Administration of the McDonald Deep Screening Test of Articulation revealed that Amy had an articulation problem. Amy was able to produce correctly only the /t/ sound on this test. All other phonemes were failed. Amy seems to have good receptive language abilities but she is unable to communicate orally with anyone. When the listener cannot understand her she gets very angry. Amy was unable to stimulate any of her misarticulated sounds.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Amy's severity was rated as "4", or disordered.

SEVERITY RATING SCALE TRAINING PROGRAM

F L U E N C Y

On the following pages, read the historical information for each child and then check off the items on the check list. Enter the rating for each child in the severity rating scale at the bottom of the page and also circle whether you would classify this child as developmental, deviant or disordered. There is sufficient information provided in each case history so that a rating decision can be made.

FLUENCY SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Observable nonfluent speech behavior present. Child is not aware or concerned about the nonfluent speech. Normal speech periods reported or observable and predominant.
2	One to three stuttered words per minute. Observable non-fluent speech behavior present and observable on a regular basis. Child is becoming aware of the problem and parents, teachers, or peers are aware and concerned. (Also, provisional release cases.)
3	More than three stuttered words per minute or other stuttering behavior is noted on a regular basis. Child is aware of a problem in communicating. Struggle, avoidance, or other coping behaviors are observed at times.
4	More than ten stuttered words per minute. All communication is an effort. Avoidances and frustrations are obvious. Struggle behavior is predominant.

The child is rated according to these criteria and then placed into one of the following categories:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

F L U E N C Y

Case #1
Case History:

Name: Eddie O. Age: 6 yrs. 3 mos. Grade: 1

Eddie was identified through first grade communication adequacy screening as having possible fluency problems. Eddie was administered the stuttering inventory and his conversational speech showed three stuttered words per minute. Eddie seemed concerned about his speech and indicated that his parents felt that he had a speech problem. During the evaluation, Eddie exhibited a tight pressing of his lips during some stuttered words.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: _____

2. Consistency: (0) inconsistent _____ (1) consistent _____

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem _____

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem _____
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time _____
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior _____

7. Avoidances are present:
   0. Not present _____
   1. Present _____

8. Disfluencies could be due to age of the child: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

How did speech and language clinicians, experienced in using the severity rating scale, rate Eddie?

F L U E N C Y

Case #1
Case History:

Name: Eddie O. Age: 6 yrs. 3 mos. Grade: 1

Eddie was identified through first grade communication adequacy screening as having possible fluency problems. Eddie was administered the stuttering inventory and his conversational speech showed three stuttered words per minute. Eddie seemed concerned about his speech and indicated that his parents felt that he had a speech problem. During the evaluation, Eddie exhibited a tight pressing of his lips during some stuttered words.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: 3

2. Consistency: (0) inconsistent _____ (1) consistent ✓

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem ✓

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem ✓
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time ✓
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior ✓

7. Avoidances are present:
   0. Not present ✓
   1. Present _____

8. Disfluencies could be due to age of the child: yes _____ no ✓

Now, after reading the above information, fill in the following:

Severity: 3

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, (3)	4, 4+

Now, work the next cases without a "walk-through."

F L U E N C Y

Case #2
Case History:

Name: Doug S. Age: 14 yrs. 6 mos. Grade: 9

Doug referred himself to the speech and language clinician at his middle school. His complaint was that he stuttered and could not get words out at times. He indicated that oral participation in the classroom was almost impossible for him and due to this, he chose to not speak at all in class. He also reported that some students tease him regularly and this upsets him greatly. Doug was administered conversation, reading and monologue sampling which revealed that he stuttered at the rate of 18.3 stuttered words per minute. His stuttering behavior is characterized by a rapid quivering of the lips with a tensing of facial muscles.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: _____

2. Consistency: (0) inconsistent _____ (1) consistent _____

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem _____

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem _____
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time _____
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior _____

7. Avoidances are present:
   0. Not present _____
   1. Present _____

8. Disfluencies could be due to age of the child: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Doug's severity was rated as a "4", or disordered.

F L U E N C Y

Case #3
Case History:

Name: Teresa W. Age: 15 yrs. 2 mo. Grade: 9

Teresa has been enrolled for disfluency management for the past six months and has made some progress. Teresa, according to her mother is a relatively normal child. Teresa's speech patterns show a slight fluency problem which was measured to be four stuttered words per minute in the form of whole word and part word repetitions. Teresa has recently become concerned about her speech, but she does not feel it is a serious problem. Teresa does not exhibit any struggle behavior.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: _____

2. Consistency: (0) inconsistent _____ (1) consistent _____

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem _____

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem _____
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time _____
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior _____

7. Avoidances are present:
   0. Not present _____
   1. Present _____

8. Disfluencies could be due to age of the child: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Teresa's severity was rated as a "2", or deviant.

F L U E N C Y

Case #4
Case History:

Name: Alan L. Age: 8 yrs. 8 mos. Grade: 3

Alan was recently retested for speech and language function as a direct result of failing the screening. He was administered a routine battery of speech and language tests which included a stuttering inventory. This inventory indicated that Alan repeated whole words at the rate of 1.5 stuttered words per minute. Alan's mother reported that even though Alan is a 'rebel' and somewhat hyperactive, she was not aware or concerned about a fluency problem. Alan also indicated that he noticed no difference in his speech from others.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: _____

2. Consistency: (0) inconsistent _____ (1) consistent _____

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem _____

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem _____
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time _____
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior _____

7. Avoidances are present:
   0. Not present _____
   1. Present _____

8. Disfluencies could be due to age of the child: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Alan's severity was rated as a "1", or developmental.

F L U E N C Y

Case #5
Case History:

Name: Jeff K. Age: 11 yrs. 2 mos. Grade: 6

Jeff has a difficult time with his speech. He is quite concerned about obtaining fluency and he states that his parents are quite upset with him because he "stutters." Jeff was asked to converse, read and talk in a monologue for five minutes for each model. The stuttered words per minute were counted and for the 15 minute period, Jeff exhibited stuttering behavior at the rate of 14 stuttered words per minute. Jeff's speech pattern consists of some bizarre struggle behaviors. Jeff feels that his stuttering worries him so much that he thinks about it 50 percent of the time.

COMPLETE THE FOLLOWING FLUENCY CHECK LIST AND PROFILE

1. Number of stuttered words per minute: _____

2. Consistency: (0) inconsistent _____ (1) consistent _____

3. Child is aware of problem:
   0. Not aware of problem _____
   1. Is aware of problem _____

4. Parents are aware of problem:
   0. Not aware of problem _____
   1. Aware of problem _____
   2. Concerned about problem _____

5. Struggle behavior:
   0. Is not present _____
   1. Present some of the time _____
   2. Present most of the time _____
   3. Present all of the time _____

6. Type of stuttering behavior:
   0. No stuttering behavior _____
   1. Part word repetitions _____
   2. Whole word repetitions _____
   3. Prolongations _____
   4. Struggle behavior _____

7. Avoidances are present:
   0. Not present _____
   1. Present _____

8. Disfluencies could be due to age of child: yes_____ no _____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Jeff's severity was rated as a "4", or disordered.

F L U E N C Y

Now that you have worked on five fluency samples with the use of the check list, try the next two cases without the use of the check list and see how you score.

Case #6
Case History:

Name: Cornielius B. Age: 16 yrs. 9 mos. Grade: 11

Cornielius has been enrolled in speech management for two years for work on disfluency. In recent tests, he stuttered at a rate of eight stuttered words per minute for a 20 minute period. Cornielius reports that even though he stutters a lot that he has learned to do it in an easy manner and he is not as bothered concerning his speech as he once was. He feels that since he is a twin and black that his parents have put a great deal of pressure upon him for normal speech.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Cornelius' severity was rated as a "3", or deviant.

F L U E N C Y

Case #7
Case History:

Name: Paula C. Age: 17 yrs. 6 mos. Grade: 12

Paula was referred to the speech and language clinician by her high school English teacher. She scored a stuttered word per minute score of 17 per minute on a 20 minute sample of conversation and reading. Paula's connected speech patterns are filled with whole word repetitions, part word repetitions, prolongations and evident struggle behavior. In a parent conference, Mrc. C. felt that Paula was a very poorly adjusted girl due to the stuttering behavior. She becomes frustrated and angry when she is unable to get a word out.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Paula's severity was rated as a "4", or disordered.

SEVERITY RATING SCALE TRAINING PROGRAM

L A N G U A G E

On the following pages read the historical information for each child and then check off the items on the check list. Enter the rating for each child in the severity rating scale at the bottom of the page and also circle whether you would classify this child as developmental, deviant, or disordered. There is sufficient information provided in each case history so that a rating decision can be made.

LANGUAGE SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, the expressive or receptive, or both, skills indicate a difference from normal language behavior. Inconsistent. A zero to six month delay.
2	Appropriate diagnostic tests indicate a noticeable difference from the norm. Conversational speech shows definite indications of language deficit. A six to twelve months delay. (Also, provisional release cases.)
3	Appropriate diagnostic tests indicate a language problem which is interfering with communication and educational progress and usually accompanied by a phonology problem. A twelve to eighteen months delay.
4	Appropriate diagnostic tests indicate significant gap from the norms. Communication is an effort. Could range from no usable language to unintelligible speech and language. Educational progress is extremely difficult. Usually accompanied by a severe phonology problem. Eighteen or more months delay.

The child is rated according to these criteria and then placed into one of the following categories:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

L A N G U A G E

Case #1
Case History:

Name: Lee B. Age: 8 yrs. 2 mos. Grade: 2

Lee was administered the Bankson Language Screening Test on 9-4-76. The score on the Bankson indicated Lee's performance on this test was measured at 7 years and 2 months. The results of the Peabody Picture Vocabulary Test set Lee's M.A. at 7 years, 4 months. Additional language testing revealed the same gap between Lee's chronological and language age. Lee also has a slight articulation problem in the form of a substitution of θ/s in all positions. Lee's reading teacher states that he is reading at a 1.1 grade level. Lee enjoys participating orally in class.

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit _____
   1. consistent deficit _____

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit _____
   1. some noticeable language deficit _____
   2. prevalent language deficit _____

3. Educational progress impaired: (reading level)
   0. 0 years behind _____
   1. 1 year behind _____
   2. 2 years behind _____
   3. 3 years behind _____

4. Articulation problem with:
   0. no articulation problem _____
   1. 1 or 2 sounds defective _____
   2. 3 or 4 sounds defective _____
   3. unintelligible some of time _____
   4. unintelligible all of time _____

5. Communication is an effort:
   0. no effort _____
   1. some effort _____
   2. extreme effort _____

6. Can use language to satisfy needs:
   0. all of the time _____
   1. most of the time _____
   2. some of the time _____
   3. not at all _____

7. Language skills could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

How did speech and language clinicians, experienced in using the severity rating scale, rate Lee?

L A N G U A G E

Case #1
Case History:

Name: Lee B. Age: 8 yrs. 2 mos. Grade: 2

Lee was administered the Bankson Language Screening Test on 9-4-76. The score on the Bankson indicated Lee's performance on this test was measured at 7 years and 2 months. The results of the Peabody Picture Vocabulary Test set Lee's M.A. at 7 years, 4 months. Additional language testing revealed the same gap between Lee's chronological and language age. Lee also has a slight articulation problem in the form of a substitution of θ/s in all positions. Lee's reading teacher states that he is reading at a 1.1 grade level. Lee enjoys participating orally in class.

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit
   1. consistent deficit ✓

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit
   1. some noticeable language deficit ✓
   2. prevalent language deficit

3. Educational progress impaired (reading level):
   0. 0 years behind
   1. 1 year behind ✓
   2. 2 years behind
   3. 3 years behind

4. Articulation problem with:
   0. no articulation problem
   1. 1 or 2 sounds defective ✓
   2. 3 or 4 sounds defective
   3. unintelligible some of time
   4. unintelligible all of time

5. Communication is an effort:
   0. no effort ✓
   1. some effort
   2. extreme effort

6. Can use language to satisfy needs:
   0. all of the time ✓
   1. most of the time
   2. some of the time
   3. not at all

7. Language skills could be due to developmental factors: yes ____ no ✓

Now, after reading the above information, fill in the following:

Severity: 3

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, (3)	4, 4+

Now, work the next cases without a "walk-through."

L A N G U A G E

Case #2
Case History:

Name: Peggy B. Age: 6 yrs. 2 mos. Grade: Kdg.

Peggy was held out of school by her parents due to what they describe as "immaturity." Peggy was administered speech and language tests on 10-2-76. At that time Peggy scored at an average of 20 months below her chronological age on these tests. In conversation Peggy is unintelligible and is considered to have little usable language. The parents show great concern for improvement of Peggy's language and school success.

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit _____
   1. consistent deficit _____

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit _____
   1. some noticeable language deficit _____
   2. prevalent language deficit _____

3. Educational progress impaired (reading level):
   0. 0 years behind _____
   1. 1 year behind _____
   2. 2 years behind _____
   3. 3 years behind _____

4. Articulation problem with:
   0. no articulation problem _____
   1. 1 or 2 sounds defective _____
   2. 3 or 4 sounds defective _____
   3. unintelligible some of time _____
   4. unintelligible all of time _____

5. Communication is an effort:
   0. no effort _____
   1. some effort _____
   2. extreme effort _____

6. Can use language to satisfy needs:
   0. all of the time _____
   1. most of the time _____
   2. some of the time _____
   3. not at all _____

7. Language skills could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Peggy's severity was rated as a "4", or disordered.

L A N G U A G E

Case #3
Case History:

Name: Becky P. Age: 5 yrs. 3 mos. Grade: Kdg.

Becky presents unusual language symptoms in that she is capable of forming correct grammatical constructs orally in some situations but in other situations her language becomes jargon and meaningless. Becky cannot name simple nouns but she can tell the use of things. Formal language testing has not been completed due to Becky's inability to adapt to a testing situation. Both teachers and parents report that Becky is unintelligible most of the time.

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit _____
   1. consistent deficit _____

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit _____
   1. some noticeable language deficit _____
   2. prevalent language deficit _____

3. Educational progress impaired (reading level):
   0. 0 years behind _____
   1. 1 year behind _____
   2. 2 years behind _____
   3. 3 years behind _____

4. Articulation problem with:
   0. no articulation problem _____
   1. 1 or 2 sounds defective _____
   2. 3 or 4 sounds defective _____
   3. unintelligible some of time _____
   4. unintelligible all of time _____

5. Communication is an effort:
   0. no effort _____
   1. some effort _____
   2. extreme effort _____

6. Can use language to satisfy needs:
   0. all of the time _____
   1. most of the time _____
   2. some of the time _____
   3. not at all _____

7. Language skills could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Becky's severity was rated as a "4", or disordered.

L A N G U A G E

Case #4
Case History:

Name: Sandy W. Age: 6 yrs. 3 mos. Grade: 1

Sandy was evaluated on 9-6-76 for speech and language skills due to the fact that she failed the screening tests. Sandy's parents just moved to the area from Kahoka, Missouri. Sandy's conversational speech reveals poor language usage and a slightly limited vocabulary. The Programmed Conditioning Language Test shows Sandy scored 5 years, 2 months as compared to girls of her age. This test revealed difficulties with the constructs: "is", "he", "she", "it", and use of the...

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit _____
   1. consistent deficit _____

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit _____
   1. some noticeable language deficit _____
   2. prevalent language deficit _____

3. Educational progress impaired (reading level):
   0. 0 years behind _____
   1. 1 year behind _____
   2. 2 years behind _____
   3. 3 years behind _____

4. Articulation problem with:
   0. no articulation problem _____
   1. 1 or 2 sounds defective _____
   2. 3 or 4 sounds defective _____
   3. unintelligible some of time _____
   4. unintelligible all of time _____

5. Communication is an effort:
   0. no effort _____
   1. some effort _____
   2. extreme effort _____

6. Can use language to satisfy needs:
   0. all of the time _____
   1. most of the time _____
   2. some of the time _____
   3. not at all _____

7. Language skills could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Sandy's severity was rated as a "2", or deviant.

L A N G U A G E

Case #5
Case History:

Name: Mike M. Age: 7 yrs. 3 mos. Grade: 2

According to Mike's mother, Mike has little difficulty with his speech or language. Mike's scores on a battery of language tests showed that his language would be 6 years, 11 months. His conversational speech revealed inconsistencies and no specific pattern could be found. Mike is achieving well in school and his teacher reports that Mike is well adjusted.

COMPLETE THE FOLLOWING LANGUAGE CHECK LIST AND PROFILE

1. Consistency:
   0. inconsistent deficit _____
   1. consistent deficit _____

2. Conversation shows indications of language deficit:
   0. no noticeable language deficit _____
   1. some noticeable language deficit _____
   2. prevalent language deficit _____

3. Educational progress impaired: (reading level)
   0. 0 years behind _____
   1. 1 year behind _____
   2. 2 years behind _____
   3. 3 years behind _____

4. Articulation problem with:
   0. no articulation problem _____
   1. 1 or 2 sounds defective _____
   2. 3 or 4 sounds defective _____
   3. unintelligible some of time _____
   4. unintelligible all of time _____

5. Communication is an effort:
   0. no effort _____
   1. some effort _____
   2. extreme effort _____

6. Can use language to satiafy needs:
   0. all of the time _____
   1. most of the time _____
   2. some of the time _____
   3. not at all _____

7. Language skills could be due to developmental factors: yes_____ no_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Mike's severity was rated as a "1", or developmental.

L A N G U A G E

Now that you have worked five language samples with the use of the check list, try the next two without looking at the check list to see how you score.

Case #6
Case History:

Name: Craig C. Age: 8 yrs. 3 mos. Grade: 2

Craig was first seen by the speech and language clinician on 3-4-76 for a speech and language evaluation. After receiving a battery of language and articulation tests, Craig scored well below his chronological age for all tests. The average oral language age obtained for these tests was 6 years, 2 months. Craig's speech and language are basically unintelligible most of the time. Criag is having a great deal of difficulty, academically, and is seen daily by the learning disabilities teacher.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Craig's severity was rated as a "4", or disordered.

L A N G U A G E

Case #7
Case History:

Name: Fonda P. Age: 6 yrs. 5 mos. Grade: 1

Language tests indicate that Fonda has a language problem characterized by a slight articulation problem, plus depressed language scores. Fonda's language age was scored at 5 years, 2 months, and her teacher reports Fonda has a definite problem with language in her classroom setting. Academically Fonda is not achieving at the level expected by her teacher.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Fonda's severity was rated as a "3", or deviant.

SEVERITY RATING SCALE TRAINING PROGRAM

V O I C E

On the following pages, read the historical information for each child and then check off the items on the check list. Enter the rating at the bottom of the page and also circle whether you would classify this child as developmental, deviant or disordered. There is sufficient information provided in each case history so that a rating decision can be made.

VOICE SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent or slight deviation. Check periodically.
2	Voice difference is not noted by casual listener. Child may be aware of voice. (Also, provisional release cases.)
3	Voice difference is consistent and noted by casual listener. Child may be aware of voice. Medical referral may be indicated.
4	There is a significant difference in the voice. Voice difference is noted by casual listener. Parents are usually aware of problem. Medical referral is indicated.

The child is rated according to these criteria and then placed into one of the following categories:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

V O I C E

Case #1
Case History:

Name: Jay F. Age: 8 yrs. 4 mos. Grade: 3

Jay was referred to the speech and language clinician by his mother who reported that "Jay is a very active boy who loses his voice almost every day by the time he gets home from school. He is just barely able to whisper at times." Jay was given a reading passage during which the presence of pitch breaks and a hard glottal attack were noted. Jay reports that his voice has been this way for several years. A medical referral has been made with the results to be released to the speech and language clinician.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1.	Action needed:	0. normal	_____
		1. borderline	_____
		2. problematic	_____
2.	Consistency:	0. inconsistent	_____
		1. consistent	_____
3.	Noted by listener:	0. not noticed	_____
		1. noticed some of the time	_____
		2. noticed most of the time	_____
		3. noticed all of the time	_____
4.	Student aware of voice difference:	0. does not notice	_____
		1. notices voice	_____
5.	Medical referral indicated:	0. no	_____
		1. yes	_____
6.	Parents are aware of problem:	0. no	_____
		1. yes	_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

How did speech and language clinicians, experienced in using the severity rating scale, rate Jay?

V O I C E

Case #1
Case History:

Name: Jay F. Age: 8 yrs. 4 mos. Grade: 3

Jay was referred to the speech and language clinician by his mother who reported that "Jay is a very active boy who loses his voice almost every day by the time he gets home from school. He is just barely able to whisper at times." Jay was given a reading passage during which the presence of pitch breaks and a hard glottal attack were noted. Jay reports that his voice has been this way for several years. A medical referral has been made with the results to be released to the speech and language clinician.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1.	Action needed:	0. normal	
		1. borderline	
		2. problematic	✓
2.	Consistency:	0. inconsistent	
		1. consistent	✓
3.	Noted by listener:	0. not noticed	
		1. noticed some of the time	
		2. noticed most of the time	✓
		3. noticed all of the time	
4.	Student aware of voice difference:	0. does not notice	
		1. notices voice	✓
5.	Medical referral indicated:	0. no	
		1. yes	✓
6.	Parents are aware of problem:	0. no	
		1. yes	✓

Now, after reading the above information, fill in the following:

Severity: 4

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	(4), 4+

Now, work the next cases without a "walk-through."

V O I C E

Case #2
Case History:

Name: Donna A. Age: 11 yrs. 2 mos. Grade: 6

Donna was given a speech and language evaluation as a result of a referral by her teacher. Donna is not aware of a voice difference and stated that she has always sounded "this way." Donna's voice was rated as a slight breathiness with some accompanying tension. The presence of these attributes seemed to vary from time to time.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1.	Action needed:	0. normal	_____
		1. borderline	_____
		2. problematic	_____
2.	Consistency:	0. inconsistent	_____
		1. consistent	_____
3.	Noted by listener:	0. not noticed	_____
		1. noticed some of the time	_____
		2. noticed most of the time	_____
		3. noticed all of the time	_____
4.	Student aware of voice difference:	0. does not notice	_____
		1. notices voice	_____
5.	Medical referral indicated:	0. no	_____
		1. yes	_____
6.	Parents are aware of problem:	0. no	_____
		1. yes	_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Donna's severity was rated as a "2", or deviant.

V O I C E

Case #3
Case History:

Name: Charles H. Age: 7 yrs. 3 mos. Grade: 2

Charles reported to the speech and language clinician that he has had a hoarse voice for the last year. When asked to count to 20, he took breaths at "13" and "18". Charles' mother indicated that she had not really been concerned about Charles' hoarseness until asked about it by the speech and language clinician. She indicated that she would take Charles to a Physician.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1.	Action needed:	0. normal	_____
		1. borderline	_____
		2. problematic	_____
2.	Consistency:	0. inconsistent	_____
		1. consistent	_____
3.	Noted by listener:	0. not noticed	_____
		1. noticed some of the time	_____
		2. noticed most of the time	_____
		3. noticed all of the time	_____
4.	Student aware of voice difference:	0. does not notice	_____
		1. notices voice	_____
5.	Medical referral indicated:	0. no	_____
		1. yes	_____
6.	Parents are aware of problem:	0. no	_____
		1. yes	_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Charles' severity was rated as a "3", or deviant.

V O I C E

Case #4
Case History:

Name: Bill T. Age: 7 yrs. 4 mos. Grade: 2

When Bill was given an evaluation for a voice quality disorder, little voice deviation was noted. Bill's vocal quality was characterized by a slight breathiness. We feel Bill has a minor voice problem and that he should be rechecked again near the close of the school year.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1. Action needed:
   0. normal _____
   1. borderline _____
   2. problematic _____

2. Consistency:
   0. inconsistent _____
   1. consistent _____

3. Noted by listener:
   0. not noticed _____
   1. noticed some of the time _____
   2. noticed most of the time _____
   3. noticed all of the time _____

4. Student aware of voice difference:
   0. does not notice _____
   1. notices voice _____

5. Medical referral indicated:
   0. no _____
   1. yes _____

6. Parents are aware of problem:
   0. no _____
   1. yes _____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Bill's severity was rated as a "1", or developmental.

V O I C E

Case #5
Case History:

Name: Robert F. Age: 6 yrs. 8 mos. Grade: 1

Robert's mother reported that he went swimming when he was 5 years old on a very cold day. The next day he was extremely hoarse and he has been consistently this way since that date. Robert's voice was evaluated during reading, conversation, and monologue. His vocal quality deteriorated over time and he complained that speaking hurt his throat. A hard glottal attack, pitch breaks and poor phonation time for vowels were noted. A medical referral was made and further recommendations will be made when the results are received.

COMPLETE THE FOLLOWING VOICE CHECK LIST AND PROFILE

1.	Action needed:	0. normal	_____
		1. borderline	_____
		2. problematic	_____
2.	Consistency:	0. inconsistent	_____
		1. consistent	_____
3.	Noted by listener:	0. not noticed	_____
		1. noticed some of the time	_____
		2. noticed most of the time	_____
		3. noticed all of the time	_____
4.	Student aware of voice difference:	0. does not notice	_____
		1. notices voice	_____
5.	Medical referral indicated:	0. no	_____
		1. yes	_____
6.	Parents are aware of problem:	0. no	_____
		1. yes	_____

Now, after reading the above information, fill in the following:

Severity: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Robert's severity was rated as a "4", or disordered.

V O I C E

Now that you have worked on five voice samples with the use of the check list, try the next two samples without looking at the check list and see how you score.

Case #6
Case History:

Name: Richie H. Age: 7 yrs. 4 mos. Grade: 2

Richie's voice behavior was brought to the attention of the speech and language clinician by his mother. She had recently remarried and since the new marriage she reported that Richie had become somewhat aggressive with his siblings and peers. Richie's vocal quality was somewhat tense and consistent throughout the evaluation. It seemed to the speech and language clinician that Richie should be referred for a medical examination to see if his vocal mechanism was functioning properly.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Richie's severity was rated as a "3", or deviant.

V O I C E

Case #7
Case History:

Name: Paul J. Age: 16 yrs. 4 mos. Grade: 11

Paul was referred to the speech and language clinician by his high school social studies teacher. His teacher noted that Paul lost his voice easily and thought that speaking was a great effort for Paul. During the speech evaluation Paul's vocal quality was rated as severe with signs of tension at the laryngeal level. A conference was held with Paul's parents at which time they also expressed their concerns for Paul's vocal quality. A medical referral was made.

Severity rating: _____

CIRCLE ONE

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Answer: Paul's severity was rated as a "4", or disordered.

The next example demonstrates a case in which a pupil gives evidence of both an articulation and a language deficit. Work through the case and then turn the page to learn how speech and language clinicians, experienced in using the severity rating scale, rated Joyce.

Case History:

Name: Joyce H. Age: 5 yrs. 10 mos. Grade: Kdg.

The Peabody Picture Vocabulary Test indicates her vocabulary recognition skills to be functioning at the four year six month level as compared to her chronological age of 5 years, 10 months. The Utah Test of Language development indicates that her receptive and expressive language readiness skills are functioning at approximately the 4 years, 4 month level. Joyce has difficulty establishing the correct word order when attempting conversational speech. This proves embarrassing for her and often causes her to avoid classroom speaking situations.

The Goldman-Fristoe Test of Articulation revealed the following substitutions: w/l, w/r, θ/s, ð/z and t/k in all positions of words. Joyce could be stimulated to produce the /l/ in isolation. If the listener is aware of the topic Joyce can be understood; however, unintelligibility is usually a problem.

CIRCLE ONE IN EACH AREA

Language rating:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Articulation rating:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

Combined rating:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, 4+

How did speech and language clinicians, experienced in using the severity rating scale, rate Joyce?

Case History:

Name: Joyce H. Age: 5 yrs. 10 mos. Grade: Kdg.

The Peabody Picture Vocabulary Test indicates her vocabulary recognition skills to be functioning at the four year six month level as compared to her chronological age of 5 years, 10 months. The Utah Test of Language development indicates that her receptive and expressive language readiness skills are functioning at approximately the 4 years, 4 month level. Joyce has difficulty establishing the correct word order when attempting conversational speech. This proves embarrassing for her and often causes her to avoid classroom speaking situations.

The Goldman-Fristoe Test of Articulation revealed the following substitutions: w/l, w/r, θ/s, ð/z and t/k in all positions of words. Joyce could be stimulated to produce the /l/ in isolation. If the listener is aware of the topic Joyce can be understood; however, unintelligibility is usually a problem.

CIRCLE ONE IN EACH AREA

Language rating:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	(4), 4+

Articulation rating:

Normal	Developmental	Deviant	Disordered
0	1	2, (3)	4, 4+

Combined rating:

Normal	Developmental	Deviant	Disordered
0	1	2, 3	4, (4+)

S E L F T E S T

Name: _____

Complete the following to see how you did with rating the sample cases.

ARTICULATION

Case	Right	Wrong
1 Billy		
2 Mary Ann		
3 John		
4 James		
5 Jane		
6 David		
7 Amy		

Total _____

FLUENCY

Case	Right	Wrong
1 Eddie		
2 Doug		
3 Teresa		
4 Alan		
5 Jeff		
6 Cornielius		
7 Paula		

Total _____

LANGUAGE

Case	Right	Wrong
1 Lee		
2 Peggy		
3 Becky		
4 Sandy		
5 Mike		
6 Craig		
7 Fonda		

Total _____

VOICE

Case	Right	Wrong
1 Jay		
2 Donna		
3 Charles		
4 Bill		
5 Robert		
6 Richie		
7 Paul		

Total _____

COMBINED

Case: Joyce	Right	Wrong
Language		
Articulation		
Combined		

Total _____

Total correct out of 31 _____

% correct _____

SECTION IV

REFERENCES

REFERENCES

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SECTION V

APPENDICES

APPENDIX I

S C H E D U L E

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	PREPARATION, TEACHER CONFERENCES, ETC.				
8:30	PAUL	PAUL	PAUL	PAUL	PAUL
9:00	MARY	TERRY	MARY	TERRY	TERRY
9:30	TOM	BETTY	TOM	BETTY	TOM
		CATHY		CATHY	
10:25	B	R	E	A	K
10:35	JOE	JOE	JOE	JOE	JOE
	JOHN	JOHN	JOHN	JOHN	JOHN
	SUE	SUE	SUE	SUE	SUE
	BILL	BILL	BILL	BILL	BILL
11:30	KERRY	FRANK	BETTY	FRANK	SHARON
12:00	L	U	N	C	H
1:00	PAUL	MARCIA	PAUL	MARCIA	OTHER DIRECT OR INDIRECT SERVICES
1:30	JERRY	JERRY	JERRY	JERRY	
	RAY	RAY	RAY	RAY	
2:00	PATTY	PATTY	PATTY	PATTY	
2:30	NANCY	DICK	NANCY	DICK	
3:00	FAY	FAY	FAY	FAY	
		JEFF		JEFF	
3:30	JEFF	CAROL	JEFF	CAROL	
4:00					
5:00	RECORDS, REPORTS LETTERS, CONFERENCES, AND OTHER SUPPORT ACTIVITIES.				

			MINUTES
PAUL	5X/WK/30 MIN (150)		
	2X/WK/30 MIN (60)	=	210
* MARY	2X/WK/30 MIN	=	60
* TERRY	3X/WK/30 MIN	=	90
TOM	3X/WK/55 MIN	=	165
* BETTY	2X/WK/30 MIN	=	60
* CATHY	2X/WK/30 MIN	=	60
** JOE	5X/WK/55 MIN	=	275
** JOHN	5X/WK/55 MIN	=	275
** SUE	5X/WK/55 MIN	=	275
** BILL	5X/WK/55 MIN	=	275
KERRY	1X/WK/30 MIN	=	30
FRANK	2X/WK/30 MIN	=	60
BETTY	1X/WK/30 MIN	=	30
SHARON	1X/WK/30 MIN	=	30
MARCIA	2X/WK/30 MIN	=	60
* JERRY	4X/WK/30 MIN	=	120
* RAY	4X/WK/30 MIN	=	120
PATTY	4X/WK/30 MIN	=	120
NANCY	2X/WK/30 MIN	=	60
DICK	2X/WK/30 MIN	=	60
*** FAY	4X/WK/30 MIN	=	120
*** JEFF	4X/WK/30 MIN	=	120
CAROL	2X/WK/30 MIN	=	60

* GROUP SIZE OF 2

** GROUP SIZE OF 4

*** COMBINATION INDIVIDUAL AND GROUP SIZE OF 2

SERVICES 23 CHILDREN ACCORDING TO THE NEEDS OF EACH.

AVAILABLE MINUTES:	2400	
CHILD CONTACT (2735 MINUTES):	1720	(71.6%)
OTHER DIRECT OR INDIRECT SERVICES:	240	(10.0%)
BREAK:	50	(2.0%)
PREP, RECORDS, REPORTS:	390	(16.2%)

APPENDIX II

Appendix II is meant to illustrate how the Severity Rating Scale can assist the speech and language clinician in establishing priorities for service within buildings.

Children #1 and #5 are already enrolled for service. When the next opening develops, who should have the next opportunity for service?

It is felt that child #6 should be scheduled next since the child earned a rating of 3 in only one area. The next priority for service should be child #7 since the child earned a rating of 2 in both fluency and articulation even though the clinician chose to keep the child within the deviant category. The next opening should go to child #4 since he has a rating of three.

Obviously, children #2 and #3 are not candidates for service since they have been classified as developmental by the speech and language clinician.

School JEFFERSON Teacher CLYDE Grade 1

Clinician SMITH Date SEPTEMBER 1977

CLINICAL SPEECH SERVICES
EVALUATION ROSTER

	Name of Child Last, First	SCREENING RESULTS		DIAGNOSTIC RESULTS			
		Adequate	Retest	Adequate	Referral	Diagnosis	Disposition
1.	JACK		X			3A 4L (7)	DISORDER - ENROLL
2.	PAT		X			1A	DEVELOPMENTAL - MONITOR
3.	DON		X			1A 1L (2)	DEVELOPMENTAL - MONITOR
4.	TIM		X			2V 1A (3)	DEVIANT - WAITING LIST
5.	JOHN		X			4A 2L (6)	DISORDER - ENROLL
6.	TOM		X			3F	DEVIANT - WAITING LIST
7.	LOIS		X			2A 2L (3)	DEVIANT - WAITING LIST

A = ARTICULATION V = VOICE
L = LANGUAGE F = FLUENCY

APPENDIX III

Appendix III illustrates how Severity Rating Scale data can be compiled and used to determine:

A. the needs of particular school districts for clinical time;

B. individual building needs; and

C. year to year changes in the needs of buildings and school districts.

SCHOOL	ENROLLMENT	DISORDER	PERCENT	DEVIANT	PERCENT	DEVELOPMENTAL	PERCENT	TOTAL	PERCENT
A	208	2	(.9)	11	(5.2)	4	(1.9)	17	(8.1)
B	277	26	(9.3)	29	(10.4)	5	(1.8)	60	(21.6)
C	271	9	(3.3)	29	(10.7)	3	(1.1)	41	(15.1)
D	301	4	(1.3)	11	(3.6)	4	(1.3)	19	(6.3)
E	425	9	(2.1)	19	(4.4)	8	(1.8)	36	(8.4)
F	262	7	(2.6)	14	(9.4)	6	(2.2)	27	(10.3)
G	287	4	(1.3)	25	(8.7)	9	(3.1)	38	(13.2)
H	411	4	(.9)	26	(6.3)	9	(2.2)	39	(9.4)
I	175	0		22	(12.5)	11	(6.2)	33	(18.8)
J	282	4	(1.4)	9	(3.2)	8	(2.8)	21	(7.4)
K	508	10	(1.9)	29	(5.7)	18	(3.5)	57	(11.2)

APPENDIX IV

S E L F T E S T

After reading the explanation and the philosophy for the rating scales, see if you can answer the following questions without referring back to the previous material.

1. Define:

   a. Communication disorder

   b. Communication deviation

   c. Developmental communication delay

2. Communication disorders can be divided into four types; they are:

   a. _____ b. _____

   c. _____ d. _____

3. A maturational problem would be considered:

   a. _____ a disorder

   b. _____ a deviant problem

   c. _____ a developmental problem

4. What are the 5 severity classifications?

   0 _____

   1 _____

   2 _____

   3 _____

   4, 4+ _____

5. Would it be possible for a child with two moderate types of problems to be classified as disordered?

   Yes _____ No _____

6. What are some of the criteria for a disordered rating in articulation?

   a. _____

   b. _____

   c. _____

   d. _____

7. What are some of the criteria for a disordered rating in voice?

   a. _____

   b. _____

   c. _____

   d. _____

8. What are some of the criteria for a disordered rating in language?

   a. _____

   b. _____

   c. _____

   d. _____

9. What are some of the criteria for a disordered rating in fluency?

   a. _____

   b. _____

   c. _____

   d. _____

10. If a child is rated as a "3", deviant, what service models might that child receive?

    a. _____

    b. _____

    c. _____

Now, check your answers in the text.