

Iowa Speech-Language Pathologist

Educationally Related Guidelines Manual



Iowa Department of Education
Speech-language Services

Bureau of Children, Family and Community Services
Grimes State Office Building
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Grimes State Office Building
Des Moines, Iowa
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SECTION I

SECTION I Purpose and Introduction

Purpose and Introduction

The purpose of this document is to explain requirements and current best practices as well as promote consistency of quality speech and language services throughout the state of Iowa. This guide may be used as a resource for staff development and an awareness of expectations for competencies of speech-language pathologists working with students in Iowa.

Currently there is a State Speech and Language Leadership Association (SLLA) with representation from all Area Education Agencies (AEAs), Des Moines Public Schools (DMPS), Iowa School for the Deaf and the Iowa Department of Education (DE). Members of this group have developed a vision, mission and goals for the Association and Speech-Language Pathologists (SLPs) in the state. In addition, five committees were formed to develop tools and skills to be used for high quality services to schools and children.

The leadership association has followed a sequence for the creation of tools and staff development. Once a need area was established, a committee was formed. The committees included members of the SLLA, DE Speech-Language Consultant and practicing SLPs. These committees then developed ideas and procedures and piloted what they had developed. Data was analyzed and decisions were made regarding changes. These changes were then re-piloted across the state. This guidelines manual is a collection of information the public school SLP will find useful.

Janelle Swanson, MA, CCC-SP
Lead Speech-Language Pathologist
Prairie Lakes AEA 8

Frank Forcucci, MS, CCC-SP
Program Consultant Speech-language Services
Iowa Department of Education

Legal Mandates

State and federal laws have mandated the provision of related services such as speech and language services for children. The Individuals with Disabilities Education Act (1997) provides for related or support services to students who are enrolled in special education, (IDEA 97 Part B Section 602 (3)). The Iowa Administrative Rules of Special education considers...*speech-language services as specially designed instruction and activities, Which augment, supplement or support the educational program of eligible Individuals.* (Iowa Administrative Code 281—41.86, 2000)

The following chart is a list of Iowa Public School speech-language pathologists workload descriptors, mandated core responsibilities and necessary to support students' educational programs implement best practices, and insure compliance with IDEA 97 and state and local mandates.

**IOWA SPEECH-LANGUAGE PATHOLOGISTS
 WORKLOAD DESCRIPTORS, CORE RESPONSIBILITIES AND STANDARDS
 NECESSARY TO SUPPORT STUDENTS' EDUCATION PROGRAMS,
 IMPLEMENT BEST PRACTICES, AND INSURE COMPLIANCE WITH IDEA,
 STATE AND LOCAL MANDATES**

(Mandated Areas Shaded with Iowa Code Referenced)

Speech-Language Services for Birth Through 21 years in Public and Non-Public Settings for "Eligible individuals"—281-41.5 including Speech Only—281-41.86
Pre-referral Involvement Prevention and In-service Activities
Identification/Referrals—281-41.47(2)
Participate with Gen. Ed. Student Planning and Spec. Ed. Multidisciplinary Teams
Screen Students for Suspected Communication/Learning Problems
Classroom Observation—41.56(3), 41.48(4)a
Teacher Consultation/Collaboration—281-41.48(2)b
Design/Recommend Modifications to the Curriculum to Support Students with SL Needs in IRE/Gen. Ed. Curriculum/Classroom—281-41.48(2)b/281-41.48(2)b
Teacher/Parent Interviews/Meetings—281-41.48(4)
Student Record Reviews
Written General Education SL Intervention Plans/Goals—281-41.48(2)b
Accountability / Data Collection—281-41.48(2)b
Ongoing Monitoring Progress—281-41.48(2)b
Ongoing Redesign/Modify Interventions—281-41.48(2)b
Individual Full Evaluation—281-41.48(3)
Assessments/CBE, Dynamic Assessments—281-41.49(5)
Written Assessment Reports—281-41.50(5)
Eligibility & Educational Relevance Determination—281-41.49(5)
Iowa Speech-Language Caseload Selection Questions
Staffing Meetings with Parents and Others—281-41.61(1), 41.64(1)
Design and Implement Iowa IEP/IFSP—281-41.67(1), 41.69
Connect to District Standards Linking IEP Goals with Gen. Ed. Curriculum—281-41.64(1)
Write Goals, Benchmarks and/or Objectives to improve student achievement—281-41.67(2)b
Complete Compliance Paperwork—281-41.64(2)
Ongoing Direct Services to Students Individual /Group Using a Continuum Service Delivery Options—281-41.83, 41.42
Annual Reviews of Speech-Language IEPs—281-41.61(3)
Parent Progress Reports—281-41.67g(2)
Charting/Monitoring IEP/I SFP Goals 281-41.67g(1)
Scheduling of Schools and Students
Transition Services—281-41.67(2)
Workload/Caseload Size (ASHA Recommends 45 Students per SLP)
Monitor and Follow-up on Students Exited from Speech Service
Complete Three year Reviews of IEP (as needed)
Provide Extended School Year Services—281-41.80

(Mandated Core Responsibility Service Standards Continued)
Medicaid Reports—281-41.132(10)a
Complete Daily Logs of Student Services
Travel time
Planning/preparation of lessons/materials
Supervise Student teachers CFY for ASHA
Coordination with private, nonpublic teachers, staff and preschools
Teacher/service provider meetings (planning, progress monitoring, modifications to program)
Interagency communication/ Referrals to other professionals
Attended required Local LEA meetings/Duties and Sector meetings
Supervision of Speech-Language Pathology Assistant—281-41.10(2)h
Participation in continuing professional education/staff development activities—281-41.20
<ul style="list-style-type: none"> • AEA staff Development • Mandatory State requirements for licensure renewal • ASHA CCC maintenance (not required to work in schools)
Special preparation for services to students (e.g. low incidence populations, research basis for intervention, best practices, thorough and informed practice patterns <ul style="list-style-type: none"> • Designing and programming high and low tech assistive technology systems and equipment • Teacher and staff training for AT/AC system use • Analysis of and engineering the environment to increase opportunities for communication • Deaf Education • Autism Spectrum, Autism resource teams B.I.R.T. (extra time requirements developing materials) • English Language Learners
Administer DIBELS
Required participation with Success 4, Character Counts school behavior programs
Carry out State and AEA/District initiatives

STAFF DEVELOPMENT

Staff Development

The SLLA wanted to provide a consistent approach to statewide training. See the outline below for the SLLA staff development guidelines. In general, the SLLA has utilized the "Train the Trainers" model across the state. Members of the statewide committees have been given materials and trained to provide training to SLPs in the AEAs, DMPS, and ISD as a way to disseminate information to their colleagues.

Speech-Language Leadership Association Staff Development Guidelines (2000)

Provide a Consistent Approach to Statewide Training:

- Overview of big picture (visual model using Inspiration)
- Consistent terminology used
- Facilitation of the change process
- Comprehensive training at all levels (new staff, beginning or advanced SLPs, AEA and administrators)

Successful Implementation of Training Includes:

- Research-based
- Data based decision-making
- Links to curriculum
- Dynamic assessment
- Progress monitoring
- Consideration of ICEL (Instruction, Curriculum, Environment, Learner)
- Knowledge of standards/benchmarks
- Involvement of general education teachers
- Skill practice with follow up
- Link to other committee outcomes and competencies

Evaluation of Effective Staff Development

Use of SLP new knowledge and skill; application/self-evaluation rubric
What was the impact on students? Did it affect student performance or achievement?

**THE IOWA PROFESSIONAL
DEVELOPMENT MODEL**

The Iowa Professional Development Model

In recent years, research in the fields of school improvement and staff development* has converged in a remarkable consensus about the most effective ways to improve student achievement. The agreement is all the more surprising because it comprises a cluster of variables rather than assertions that any single action alone will increase student learning. This consensus includes:

- ❑ The importance of data for driving school improvement and student achievement goals;
- ❑ The alignment of assessment with curriculum and instruction;
- ❑ The provision of quality staff development with research-based content;
- ❑ The necessity for learning communities that study what is effective and work collaboratively to learn and implement new knowledge;
- ❑ The study of the implementation of planned change;
- ❑ The evaluation, both formative and summative, of planned change for its impact on student learning; and
- ❑ The guidance of strong leaders—teachers, principals, central office staff, superintendents, and school boards—operating collectively and collaboratively to govern the staff development/school improvement system.

At the same time, legislation at the federal (No Child Left Behind Act, 2001) and state levels has reinforced the need for these variables to operate simultaneously to increase the learning of our students. The National Staff Development Council (NSDC) has published revised standards for the conduct of staff development that focus not only on the process of staff development, but the content and context as well (NSDC, 2001). Given the overwhelming evidence that well-designed staff development, fully integrated with effective school improvement practices, can increase student learning (Cohen and Hill, 2001; Consortium for Policy Research in Education, 2000; Elmore and Burney, 1999; Joyce and Calhoun, 1996; Joyce and Showers, 2002; Loucks-Horsely, et al., 1998; Schmoker, 1996; Supovitz, Mayer and Kahle, 2000), the NSDC now states that the **purpose of staff development is increased student achievement** (NSDC, 2001).

The model described in the following pages is a collaborative effort of the Iowa Department of Education (DE) and a stakeholders group representing area education agencies (AEAs), professional organizations (teachers, administrators, school boards), local education agencies (LEAs), higher education, and other providers of professional development in the state of Iowa. The model reflects their study, collaboration, reflection and negotiation and provides an invaluable roadmap to the conduct of staff development for educators in Iowa.

*This document uses the terms “professional development” and “staff development” interchangeably.

Two Major Elements of Model

The Iowa Professional Development Model (facing page) has two major elements:

- **Operating Principles**, which describe actions and priorities essential for the ongoing sustained implementation of professional development at the district, building, and classroom levels. Attention to these operating principles occurs as needed throughout the cycle of professional development.
- **The Cycle of Professional Development**, which describes an action research process to study data, set goals, make decisions about the content and the design of professional development, support ongoing learning opportunities, collaboration, and implementation, and evaluate the results. Note that the “cycle within the cycle” components are ongoing, following the planning stage and preceding the summative evaluation stage.

As you examine the Cycle of Professional Development on the graphic to the left, locate these components:

Planning Components On the graphic, the Planning Components are in white boxes on a gray curve. These occur early in the long-term professional development plan and set the stage for the Ongoing Components.

The Model indicates that the process of developing a District Career Development Plan involves:

- Collecting/Analyzing Student Data
- Goal Setting
- Selecting Content
- Designing the Process

Ongoing Components On the graphic, the Ongoing Components are in yellow boxes. These processes reoccur frequently until the goal is met. It is within the Ongoing Components where the work of learning and improving instructional practices occurs. The cycle includes:

- Training/Learning Opportunities
- Collaboration and Implementation
- Ongoing Data Collection (formative)

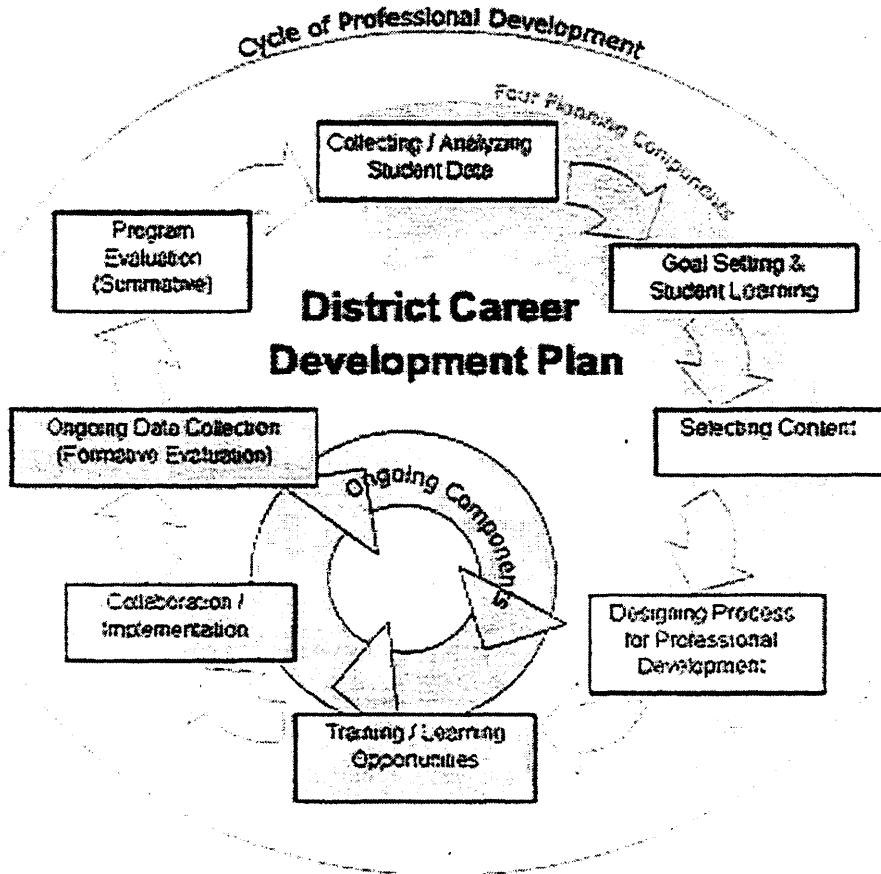
The Program Evaluation Component On the graphic, the Program Evaluation Component is again in a white box. Although data is collected throughout the process, the evaluation of the professional development plan’s impact on student learning and teacher practices occurs at the end of the long-term cycle.

Iowa Professional Development Model

Student Learning – the Center of School Improvement and Staff Development

Operating Principles

- ✓ Focus on Curriculum, Instruction, and Assessment
- ✓ Participative Decision-Making (School & District)
- ✓ Leadership
- ✓ Simultaneity



**THE IOWA STATEWIDE
SPEECH-LANGUAGE LEADERSHIP
ASSOCIATION**

Speech-Language Leadership Association History

Prior to 1965, Dale Bingham was the first state consultant for Speech Pathology Services for the Iowa Department of Education. He would meet periodically with speech clinicians and leaders on a regional basis.

The state speech pathology group was better developed in approximately 1965. At that time the state was organized by county and joint county school systems. Some local school districts were large enough to have their own staff of speech clinicians. Approximately thirty-seven speech clinicians were designated as program coordinators for speech services. Dr. Joe Freilinger was the state consultant at that time.

Dr. Freilinger could foresee the development of much larger organizations called Area Education Agencies. He realized that with increased staff size the program leaders would need additional training in management skills. This training was provided in intensive training during the summers of 1973 and 74. Joe was able to secure expert management trainers from such places as General Electric, Kodak, IBM and Coors Brewing. This management training provided great preparation for those fifteen people who would eventually be designated as Program Supervisors for Speech Pathology services in the fifteen new AEAs.

During the next several years, this core of fifteen supervisors helped developed the excellent programs in Iowa and created several products and services which had a tremendous impact around the country. Such things as the Iowa Severity Rating Scales, communication assistant programs, the Iowa articulation norms project, creation of the Iowa Expressive Vocabulary Test and what is now assistive technology services across the state can be attributed to the leadership of these fifteen supervisors and Joe Freilinger.

As AEAs matured the administrative structure of the AEA's changed and so did the speech pathology supervisor's group. Statewide there was a trend away from department supervision. While the makeup of the state group changed, each AEA continued to send a representative to state Speech meetings.

In 1994 Dr. Freilinger announced his retirement at the end of the 94-95 school year. Realizing that our group could be without state representation for some time we decided to form the Speech-Language Leadership Association with members of the group rotating as chairpersons. During this time period the American Speech-Language-Hearing Association asked the state of Iowa to help develop their National Outcomes Measurement System (NOMS). The state of Iowa responded and collected massive amounts of information which proved very helpful to ASHA and the nation.

In 1997 Dr. LauraBelle Sherman Proehl became the new State Consultant for Speech Pathology Services. Under her leadership many state initiatives were developed. Task Forces addressed such issues as data collection for treatment outcomes, case selection criteria was develop, a new state report was developed, service delivery options were

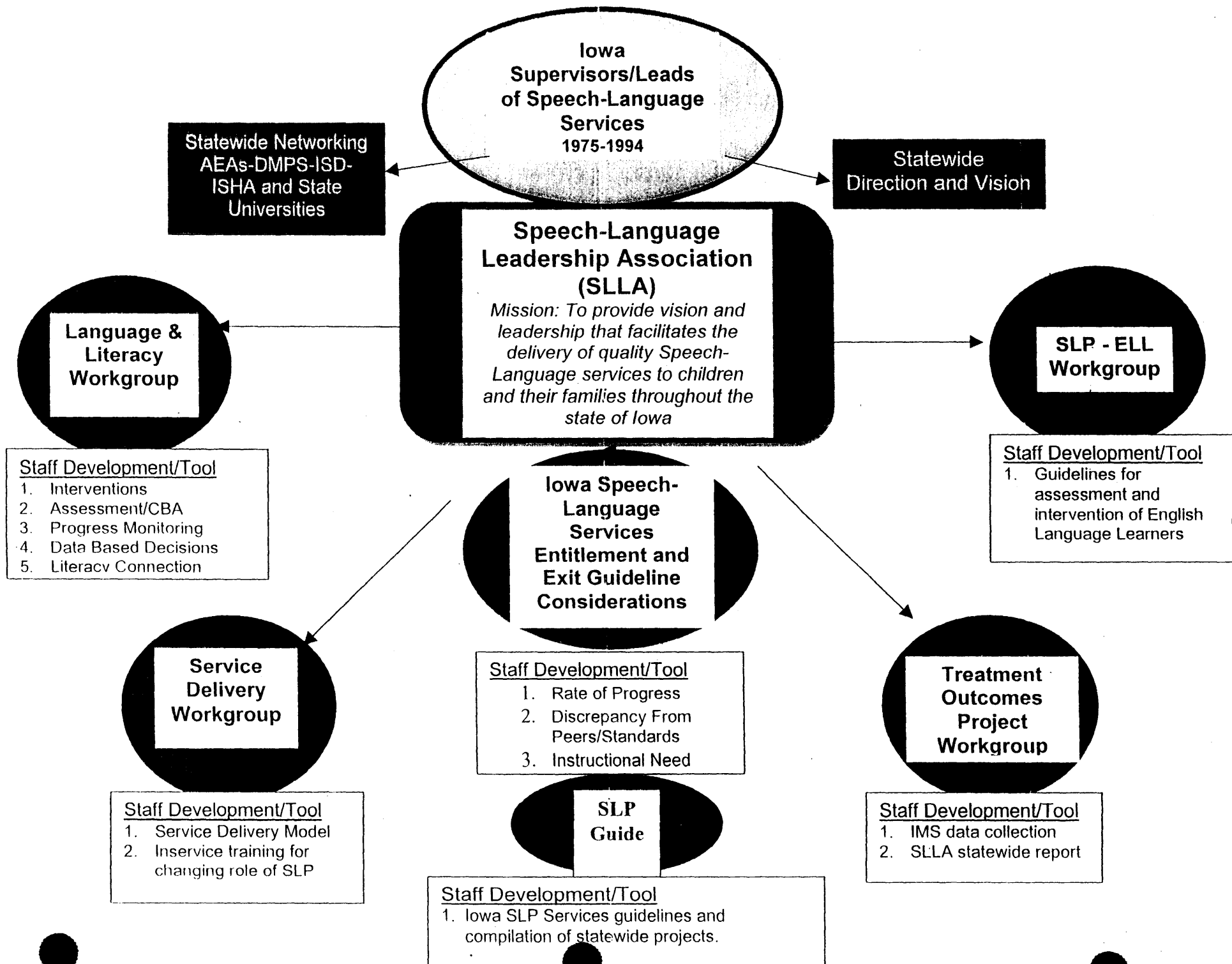
formalized, a state wide oral narrative project was developed and a communication profile committee developed a system to monitor progress of students. These initiatives continue to benefit not only the state of Iowa but also the rest of the country as Iowa continues to be thought of as the leader in school based services for children with communication problems.

In 2003 Frank Forcucci was named as the new State Consultant for Speech Pathology Services. He is from the Des Moines Public Schools where he worked as the Lead Speech-Language pathologist for two years and as a public school SLP for 25 years.

**Speech-Language Leadership Association
Contacts 2004-05**

Mission Statement: To provide vision and leadership that facilitates the delivery of quality Speech-Language services to children and families throughout the state of Iowa.

AEA	Contact/Email
AEA 1	Anita Palmer apalmer@aea1.k12.ia.us Tracy Duettmeyer tduettmeyer@aea1.k12.ia.us
AEA 4	Don Tisthammer dtisthammer@aea4.k12.ia.us
AEA 267	Kathy Buzynski kbuzynski@aea267.k12.ia.us Connie Scherber cscherber@aea267.k12.ia.us Kathy Baker kbaker@aea267.k12.ia.us
AEA 8	Janelle Swanson jswanson@aea8.k12.ia.us
AEA 9	Bob Baldes bbaldes@aea9.k12.ia.us
AEA 10	Priscilla Polehna ppolehna@aea10.k12.ia.us Kris Larson klarson@aea10.k12.ia.us
AEA 11	Laura Gillon lgillon@aea11.k12.ia.us
DMPS	Julie Daly-Baysden julie.baysden@dmeps.k12.ia.us Ann Stolley-Schiefelbein, ann.stolley-schiefelbein@dmeps.k12.ia.us
AEA 12	Bob Ownby bownby@aea12.k12.ia.us Cindy Munn cmunn@aea12.k12.ia.us
AEA 13	Carol McMahon cmcmahon@aea13.org
AEA 14	Barb Nelson bnelson@aea14.k12.ia.us
AEA 15	Linda Lewman lewmanl@aea15.k12.ia.us
AEA 16	Tim Rider wshnwell@winco.net
ISD	Ann Thiessen athiessen@iadeaf.k12.ia.us
DE	Frank Forcucci Frank.Forcucci@iowa.gov



**SECTION II
PERSONNEL**

SECTION II Personnel

Definition of Speech-Language Pathologist

The Iowa Administrative Rules of Special Education states the following definition...*"Speech-language pathologist" applies principles, methods and procedures for an analysis of speech and language comprehension and production to determine communicative competencies and provides intervention strategies and services related to speech and language development as well as disorders of language, voice, articulation and fluency.* (Iowa Administrative Rules of Special Education 281 Chapter 41.9, 2000).

The American Speech-Language Hearing Association (ASHA) Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist defines the speech-language pathologist as ... *a professional trained to prevent, screen, identify, assess, diagnose, refer, provide intervention for, and counsel persons with, or who are at risk for, articulation, fluency, voice, language, communication, swallowing, and related disabilities. In addition to engaging in activities to reduce or prevent communication disabilities, speech-language pathologists also counsel and educate families or professionals about these disorders and their management* (Asha 1999).

Role of the Speech-Language Pathologist in the Educational Setting

Individuals with Disabilities Education Act (IDEA, 1997) details how services should be provided in educational settings. The goal of providing services under IDEA is to help students' progress in the general education curriculum. If the student has difficulties that do not "adversely impact the child's educational performance," the student does not qualify for services under IDEA. Therefore, SLPs need to relate the student's speech and language needs to progress in the general education curriculum, (Reauthorized Individuals with Disabilities Education Act, Public Law 101-476 (1997).

The reading and writing process is an important element in the progress of students in the general education curriculum. According to ASHA's position statement, Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents,

...students with speech and language difficulties are at risk for literacy development, including both oral and written language.

It further states that SLPs,

...play a critical and direct role in the development of literacy for children and adolescents with communication disorders including those with severe or multiple disabilities. (Asha, 2000).

When Speech-Language Pathologists address functional communication needs, literacy is an obvious critical outcome. Spoken language provides the foundation for the development of reading and writing. Poor language skills and deficits in sound awareness skills can affect literacy development. Since students with speech and language difficulties are at risk for delays in literacy, speech-language pathologists make a contribution to the literacy efforts of a school. They may be a direct service provider, an interventionist/collaborator **linking communication strategies** with performance in general education curriculum or daily environment and/or a planning team member for students with reading and writing deficits who also have communication concerns. This aspect of the speech and language role will facilitate success for students not only in the special education environment but also in the general education environment and curriculum, which is the intent of IDEA 97 and NCLB legislation. For example, as part of Iowa's Oral Narrative Speech and Language Initiative, speech-language pathologists use literacy based assessment and interventions to strengthen comprehension skills, vocabulary, knowledge of story structure etc, to correlate with skills needed for success in reading and writing.

Requirements for Speech-Language Pathologist's Iowa Teaching License

Iowa Administrative Code states requirements for Speech-language Pathologist's Iowa Teaching License:

...Possess a master's degree or its equivalent from an accredited school, college, or university with a major in speech pathology. Show evidence of completion of not less than three hundred hours of supervised clinical training in speech pathology as a student in an accredited school, college, or university. Show evidence of completion of not less than nine months clinical experience under the supervision of a licensed speech pathologist following the receipt of the master's degree (Iowa Administrative Code 147.153, 2003).

Statement of Professional Recognition

Iowa Administrative Code defines Statement of Professional Recognition (SPR) as...

Alternative means of authorization to practice as a speech-language pathologist or audiologist in the schools: (called "certification" prior to October 1988). For those who have completed the master's degree in speech-language but have not completed the education sequence or choose not to be licensed by the Board of Educational Examiners, a Statement of Professional Recognition (SPR) must be obtained from the Board of Educational Examiners.

To obtain the SPR, the Director of Special Education of the area education agency wishing to employ the speech-language pathologist or audiologist must submit a letter requesting that the SPR be issued, and the speech-language pathologist or audiologist must have a current DPH license. For the SPR to continue to be valid the DPH license must be maintained and the speech-language pathologist or audiologist must complete an approved course in human relations before the start of the next school year.

(Iowa Administrative Code 256B.8, 2003)

New Requirements for ASHA-CCC Certification Maintenance Standards:

Beginning 2005 to maintain your Certificate of clinical competence you must accumulate continuing professional development according to ASHA's new guidelines, (Background Information and Standards and Implementation for the Certificate of Clinical Competence in Speech Language Pathology Standard VII: Maintenance of Certification (Asha, 2002). These new guidelines can be found on the ASHA member's website at: <http://www.asha.org/about/membership-certification/certification/SLP-standard7.htm>
The following information can be found at the following ASHA member website: http://www.asha.org/about/membership-certification/certification/FAQ_SLP-standard7.htm#2

Standard VII goes into effect on January 1, 2005. Implementation will be on a staggered basis depending on when certification was granted. Call the Action Center at 1-800-498-2071 or send an e-mail to certification@asha.org to find out when you will begin your first 3-year maintenance interval.

If you were initially certified (or reinstated)...	You will accumulate professional development hours between...
Before January 1, 1980	January 1, 2005 and December 31, 2007
Between January 1, 1980 and December 31, 1989	January 1, 2006 and December 31, 2008
Between January 1, 1990 and December 31, 2002	January 1, 2007 and December 31, 2009
If you expect to be certified after January 1, 2005:	You will accumulate professional development hours between:
For example, if your certification effective date is: <ul style="list-style-type: none"> • February 2005 • September 2005 • March 2007 • January 2008 	January 1 of the year following your certification date, for example: <ul style="list-style-type: none"> • January 1, 2006 and December 31, 2008 • January 1, 2006 and December 31, 2008 • January 1, 2008 and December 31, 2010 • January 1, 2009 and December 31, 2011

This standard requires you to maintain certification in speech-language pathology by demonstrating every 3 years that you have participated in 30 contact hours of continuing professional development during your designated 3-year maintenance interval.

Continued professional development may be demonstrated through participation in one or more of the following four options:

- 30 contact hours through Employer-sponsored in-service or other continuing education activities that contribute to professional development; and/or
- 3 CEUs from ASHA-approved continuing education (CE) providers; and/or
- 3 CEUs from International Association for Continuing Education and Training (IACET) approved providers; and/or

- 2 semester hours from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority.

Examples of employer-sponsored in-service activities are special education workshops dealing with autism, IEP procedures, IDEA, formal training sessions on equipment used in the evaluation or treatment of your clients; and/or professional activities dealing with literacy, autism, professional ethics, diversity issues, or workload issues.

Examples of other continuing education activities are state association workshops, seminars offered through other professional associations, and/or formal on-line, non-credit courses offered through a university.

For ease of combining credits, use the following formula and conversion table.

Remember you need to accumulate the equivalent of 30 contact hours of continuing professional development credit.

1 quarter credit hour = 10 contact hours

1 semester credit hour = 15 contact hours

1 CEU = 10 contact hours

For example, you could earn 1 semester hour (15 contact hours) and 1.5 CEUs (15 contact hours) or you could earn 1 semester hour (15 contact hours), 1 quarter hour (10 contact hours) and 0.5 CEU (5 contact hours).

Any activities that do not meet the definition of professional development and that occur outside of your 3-year maintenance interval will not be accepted. Attending meetings, serving on leadership committees, or work experiences would **not** be considered professional development activities because the activities are not part of a planned and supervised educational experience.

You may choose to accumulate the required 30 contact hours through participation in employer-sponsored in-service or other continuing education activities that contribute to professional development; however, you will not earn ASHA CEUs or be able to maintain the hours on the ASHA CE Registry to document your participation.

If you need to earn ASHA CEUs, and the organization offering the CE activity is not an ASHA-approved CE Provider, you may choose to develop an Independent Study plan and have it approved and monitored by an ASHA-approved CE provider as an Independent Stud

You must keep the following information on every activity in which you participate:

- title of the course/activity
- name of the sponsoring organization or college/university
- date(s) of attendance
- number of professional development hours (or equivalent) earned

A record-keeping tool will be mailed to each certificate holder at the beginning of your first renewal cycle. For example, if your first cycle is January 1, 2005 through December 31, 2007, you will receive a packet of information from ASHA in December 2005. The

packet will contain guidelines for maintaining your certification, a record keeping tool, and samples of the documents you will need to keep.

Records should be kept for the entire 3-year maintenance interval and not discarded until you have received notification from ASHA that you met the requirements of the standard and that your certification is current through your next 3-year maintenance interval.

You will submit one form, Maintenance of the Certificate of Clinical Competence, every three years. Your signature on the form provides the assurance that you have met the requirements of the standard. The form includes the "List of Professional Development Activities" for you to complete and provide the following information:

- title of the course/activity
- name of the sponsoring organization or college/university
- date(s) of attendance
- number of professional development hours (or equivalent) earned

Only those certificate holders who are selected for the Professional Development Review audit will be required to submit supporting documents such as copies of certificates of attendance or college transcripts.

Throughout the initial implementation period of 2005-2009, certificate holders will receive reminders about maintaining their certification. Certification Maintenance packets will be sent to certificate holders well in advance of the certification expiration date and will include the Maintenance of the Certificate of Clinical Competence form and instructions.

A certain number of certificate holders will be randomly selected for a Professional Development Review audit and be asked to submit additional documentation and evidence of their professional development activities.

Individuals who are selected for the Professional Development Review audit will be notified prior to the end of their maintenance interval and asked to submit the following information:

- title of the course/activity
- name of the sponsoring organization or college/university
- date(s) of attendance
- number of professional development hours (or equivalent) earned
- Outline or agenda for the activity that includes a description of the activity, the learning outcomes, qualifications of the presenter, and how the content contributed to your professional development
- A copy of a certificate of completion, signed by the sponsoring authority
- A copy of the college transcript, if appropriate

Individuals who have met the requirement by earning ASHA CEUs as documented on the ASHA CE Registry record will not be required to maintain or submit additional documentation. Information regarding ASHA CEUs earned at a course offered by an ASHA-approved CE Provider is recorded on the ASHA CE Registry and is readily available to Certification Maintenance staff.

If you plan to meet the requirement by earning IACET-CEUs, non-CAA-approved college and university credit, and employer-sponsored in-service continuing education or

**ASHA CERTIFICATION MAINTENANCE
RECORD KEEPING FOLDER
(PHOTOCOPY)**



Certification Maintenance Record Keeping

Name: _____ ASHA ID _____

3-year maintenance interval inclusive dates:

Audiology

Speech-Language Pathology

from _____ to _____

from _____ to _____

If you are a member of the ASHA CE Registry and have earned ASHA CEUs, you do not need to maintain a separate record or documentation of your activities. Certification Maintenance staff will access your Registry transcript electronically.

Use this form for the following professional development activities:

- Employer sponsored in-service activities
- Any other workshops, seminars, conferences that are not offered by an ASHA approved CE provider
- IACET CEUs
- Semester hours from college or university

				Check off and place in folder		
Title of Activity	Completion Date	Sponsoring Organization	Number of Contact Hours	Evidence of Attendance (✓)	Description of Activity (✓)	Office Use Only

Verification of Attendance

This confirms that _____
(name of attendee)

Attended (title of activity):

Completion date: _____

Number of contact hours* earned: _____

Verified by:

Print name of program sponsor's authorized individual Title

Signature of program sponsor's authorized individual

Name of sponsoring organization

Mailing address of sponsoring organization

Telephone number E-mail address

**Contact hours = actual time spent in the educational activity (do not include break time)
.1 CEU = 1 contact hour
1 CEU = 10 contact hours
3 CEUs = 30 contact hours
1 quarter hour college coursework = 10 contact hours
1 semester credit hour college coursework = 15 contact hours*

other activities, your hours will not be eligible to be maintained on the ASHA CE Registry and you will be required to submit documentation of the activities that are not on the ASHA CE Registry.

Note: The ASHA CE Registry is a computerized database that awards ASHA CEUs and maintains a permanent, cumulative transcript of ASHA CEUs.) The ASHA Continuing Education Board awards ASHA CEUs to those individuals who (a) meet the satisfactory completion requirements set by the ASHA Approved CE Provider and (b) are members of the ASHA CE Registry. For information about joining the CE Registry refer to ASHA's web site or contact ASHA CE Registry staff by phone 1-800-498-2071 or by e-mail continuinged@asha.org .

It is the certificate holder's responsibility to maintain documentation of participation in professional development activities throughout each 3-year maintenance interval. A record keeping form will be distributed at the beginning of your 3-year maintenance interval to assist you in keeping track of your activities throughout the maintenance interval.

You should be prepared to provide the required information in case you are selected for the Professional Development Review audit. Certificate holders will be randomly selected for the Professional Development Review audit during the last six months of the maintenance interval. If you accumulated your hours through ASHA-approved CE providers and are a member of the CE Registry, you will not need to maintain a separate set of records. Certification maintenance staff will be able to access your records electronically through the Registry.

You will receive confirmation verifying that you have maintained your certification according to the standards set by ASHA within 90 days of the end of your maintenance interval. Your annual membership card will reflect the effective dates that you have maintained your certification. You will not receive a new Certificate nor will this confirmation replace your original Certificate.

Speech-Language Pathology Assistants

The Iowa Administrative Rules of Special Education states

... the Speech-language pathology assistant provides certain language, articulation, voice and fluency activities as assigned by the supervising speech-language pathologist. (Iowa Administrative Rules of Special Education 281 Chapter 41.10(2), 2000).

Speech–Language Assistant Roles and Responsibilities

The Speech–Language Assistant will work under the direct supervision of the assigned Speech-Language Pathologist (SLP) to provide prescribed language, articulation, voice and fluency practice to designated students.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Additional duties may be assigned.
- Effectively utilizes technologies appropriate to the position and assumes responsibility for attending training needed to successfully perform designated responsibilities as directed by supervisor.
- Follows treatment plans designed by the supervising SLP, working with students in the same area with another certified school staff member, using materials approved by the supervising SLP.
- Reports and documents changes in student performance to the supervising SLP.
- Meets with the supervising SLP no less than once in every 5 day period to discuss progress, receive direction for upcoming sessions, and exchange information.
- Assist the Speech/Language Pathologist in assembling and preparing instructional materials
- Participate in staff development activities related to area of assignment
- Maintain confidentiality with regard to student records and information
- Complies with State Law and District policies and regulations.

THE SPEECH THERAPY ASSISTANT WILL NOT:

- Introduce any teaching activity not approved by the supervising clinician.
- Make clinical judgments as to progress or lack of progress by student(s).
- Assume diagnostic responsibilities.
- Develop IEP goals and objectives.
- Make judgments as to case selection.
- Attempt to interpret observations and collected data.
- Refer a student to other professionals or agencies.
- Independently participate in conferences with parents or teachers regarding student progress, nor discuss general student behavior or other student information.

ADDITIONAL RESPONSIBILITIES

- Performs record keeping and other clerical tasks.
- Assists in making materials.

SUPERVISORY RESPONSIBILITIES

- Supervises children under the care of the Speech-Language Assistant.

QUALIFICATIONS AND REQUIREMENTS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions:

EDUCATION AND/OR EXPERIENCE.

- Communication skills adequate for the task assigned.
- Ability to relate to the student population being served.
- Fluency in spoken and written Spanish preferred.
- Additional qualifications may be established according to program needs and the population being served.

LANGUAGE SKILLS

- Ability to read and interpret written information related to Speech Therapy as provided.
- Ability to write basic reports and general correspondence.
- Ability to effectively present information and respond to questions from administrators, staff and the general public (parents).

REASONING ABILITY

- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

OTHER SKILLS AND ABILITIES

- Ability to work with children and must have patience working with children.
- Ability to learn new skills, flexibility and willingness to perform a variety of tasks.
- Ability to establish and maintain effective relationships with students, peers, parents and staff members, and complete assignments given.
- Is self-directed, and works without direct supervision.
- Ability to apply knowledge of current research and theory to program.

Qualifications of Paraprofessionals as described in No Child Left Behind.

Paraprofessionals hired with Title I funds after the effective date of the Act shall have:

Completed at least two years of study at an institution of higher education.

Obtained an associate's or higher degree; or Met a rigorous standard of quality and can demonstrate through a formal state or local academic assessment the knowledge of and ability to assist in the instruction of reading, writing, and mathematics or the instruction in readiness for these subjects. Paraprofessionals qualifying under this criterion must have a high school diploma or equivalent as a prerequisite. Existing paraprofessionals have four years to meet this standard. Exception is made for paraprofessionals who serve primarily as translators or who solely conduct parent involvement activities. All paraprofessionals, regardless of hiring date, must have earned a secondary school diploma or its equivalent.

Duties of Paraprofessionals as described in No Child Left Behind:

Provide one on one tutoring.

Assist with classroom management.

Provide assistance in a computer laboratory.

Provide support in a library or media center.

Act as a translator: or Provide instructional services while working under the direct supervision of a teacher (P.L.107-110 No Child Left Behind Act of 2001).

SECTION III

SECTION III

Speech-Language Tools and Recommended Promising Practice Guidelines

Speech-Language Tools

Starting with the problem solving process, to evaluations, services and even dismissal, each Area Education Agency (AEA), Des Moines Public Schools (DMPS) and Iowa School for the Deaf (ISD), all have their own procedures for identifying students in need of special education services. However, speech language pathologists across the state have a set of tools and options available to them to help ensure the consistency of services across the state. This section will address the tools available with their description and purpose.

The following will be addressed:

- Tools for the Toolbox
- Iowa Speech-Language Entitlement and Exit Considerations Practice Guidelines (2004 Long and Short Forms)
- Pre-Reintegration Strategies
- Changing Role of the SLP
- Service Delivery Models (2004)
- Service Delivery Options-matching the SDO to Student Need
- SDO Decision Making Guide
- SDO Self Assessment
- Treatment outcomes (2004)
- Communication Profile (2003)
- Oral Narrative Strategies/Data Charts

Tools for the Toolbox

One project that was developed for Iowa SLPs is the Iowa Speech-Language Pathologists Tools for the Toolbox, Iowa Department of Education April, 2002. Included are materials and a videotape to explain how to identify students and how to serve them using Iowa's Service Delivery Model. Each AEA has a copy of the SLP Tools for the Toolbox.

Speech-Language Entitlement and Exit Considerations Practice Guidelines

The Iowa Caseload Selection Questions were revised in 2004. The new document Speech-Language Entitlement and Exit Considerations Practice Guidelines (ISLEECPG) is a consistent systematic procedure to use when making entitlement and exit decisions for individuals from birth to 21 years of age. The caseload selection questions were originally developed by a former state committee "Caseload Management Committee" and revised in 2004. The ISLEECPG was developed with the purpose of assisting SLPs in utilizing a series of questions to help determine entitlement for speech-language services while using professional judgment. SLPs gather information regarding the child's current communication skills in relationship to rate of progress, instructional need and discrepancy from peers/standards. They use that data to assist them in answering the

questions from the ISLEECPG. While each decision is individually based, the same set of questions is used for every child who is entitled and exited from speech-language services. This provides consistency in determining entitlement across the state. The IEP team should consider if the student demonstrates a communication concern that negatively impacts his/her ability to benefit from the educational process. A student must demonstrate a disability by considering the rate of progress and discrepancy from peers or standard. In addition a student must demonstrate an educational need by assessing the environment, instruction and curriculum. Multiple sources of data must converge to the same conclusion of entitlement.

The reintegration workgroup made up of SLPs from around the state currently working on the reintegration project with information coming out during the 2004-05 school year. The ISLEECPG was designed to be used not only during the initial referral process but also at program reviews, re-evaluations and dismissals to continue to make data based decisions regarding the child's current communication needs.

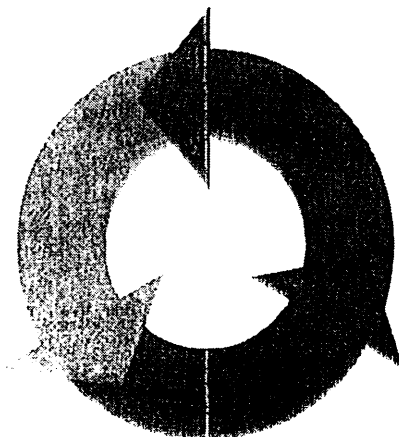
Therefore the ISLEECPG assists in the following:

- Entitling a child for speech-language services,
- Determining the level of service needed,
- Continuing services,
- Changing the current service delivery option(s),
- Exiting a child from speech-language services and/or
- Determining that speech-language services are not warranted.

**IOWA SPEECH-LANGUAGE SERVICES
ENTITILMENT AND EXIT
CONSIDERATIONS
PRACTICE GUIDELINES**

Iowa Speech-Language Services Entitlement and Exit Considerations Practice Guidelines

**--Rate of Progress--
--Discrepancy from Peers/Standard--
--Instructional Need--**



2004

Iowa Speech-Language Entitlement Consideration Questions 2004

Student: _____ Birthdate: _____ Building: _____ Date: _____

281-41.5(3) Defines "Communication disability" as "a disorder such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects an individual's educational performance." 281-41.49(6) No single procedure is used as the sole criterion for determining whether the individual is an eligible individual and for determining an appropriate educational program for the individual. The IEP team should consider if the student demonstrates a communication concern that negatively impacts his/her ability to benefit from the educational process. A student must demonstrate a disability by considering the rate of progress and discrepancy from peers or standard. In addition a student must demonstrate an educational need by assessing the environment, instruction and curriculum. Multiple sources of data must converge to the same conclusion of entitlement.

	YES	NO	COMMENTS
1. Does the result of the Intervention Plan indicate a need for speech-language entitlement? () Student data from instructional decision making (I Plan) indicates persistent communication concern. () There are no additional interventions that need to be implemented in the student's present educational program/setting to address the communication concern. () Accommodations and modifications to general education have been implemented for this student.			List student data from instructional decision making plan that indicates a disability and need for service in the areas of: rate of progress, discrepancy from peers or standard and instructional need.

RATE OF PROGRESS

	YES	NO	COMMENTS
2. Is the student's pre-academic/academic, and vocational performance adversely affected by his/her communication skills? () Teacher/parents voice concern about the student's communication skill and its adverse effect on the child. () Student avoids speaking in class, exhibits frustration or anxiety. () Student demonstrates inability to complete language-based activities. () Student demonstrates inability to understand/follow oral directions or questions. () Student's reading, writing or spelling skills reflect communication errors. () Poor grades in class due to communication concern. () Communication concern is related to district/grade level standard. () Attendance is not a problem and is not affecting academic performance.			List academic/vocational areas impacted by communication concern and how this hinders the student's ability to benefit from the general education curriculum:

DISCREPANCY FROM PEERS/STANDARDS

YES NO

COMMENTS

<p>3. Does the student's communication behavior differ significantly when compared with community, school and/or peer standards?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observation of and comparison to other students indicate a significant difference in communication skills. <input type="checkbox"/> There is a significant discrepancy from peers in the classroom, hall or playground. <input type="checkbox"/> Parents and teachers report significant differences. <input type="checkbox"/> There is more than a single speech sound error. <input type="checkbox"/> Intelligibility is significantly impaired. <input type="checkbox"/> Communication concern is readily evident even without having the teacher/parent bring it to your attention. <input type="checkbox"/> The student has not received previous services for the same concern. 			<p>List significant determining factors:</p>
<p>4. Are the student's social interactions adversely affected by his/her communication skills?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is aware of his/her communication concern. <input type="checkbox"/> Student demonstrates embarrassment and/or frustration regarding communication concern. <input type="checkbox"/> Peers tease student about communication concern during speaking situations. <input type="checkbox"/> Student demonstrates difficulty interpreting communication intent. <input type="checkbox"/> Input from other team members in other settings indicates a concern. <input type="checkbox"/> The communication concern or behavior is not attention seeking. <input type="checkbox"/> Parents voice communication concern and its adverse effect on the child and family. 			<p>List social areas impacted by the communication concern and how this affects the student's ability to interact with peers and adults:</p>
<p>5. Is it developmentally appropriate/consistent with classroom, home, or community expectations to work on the targeted communication skill?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication skill is not consistent with developmental norms. <input type="checkbox"/> The communication concern is present in the student's native language. <input type="checkbox"/> The communication concern is not a result of dialectical differences or from learning English as a second language. 			<p>List communication concern that is not within developmental levels for this student:</p>

INSTRUCTIONAL NEED	YES	NO	COMMENTS
<p>6. Is there potential for change in the communication skill at this time?</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student does not correct communication error spontaneously. <input type="checkbox"/> The student corrects error in response to being given a cue or an appropriate model to imitate. <input type="checkbox"/> Other variables (i.e., sensory or physical), which interfere with the attainment of communication skills, are not present. <input type="checkbox"/> There is the likelihood that this student will not improve without speech-language services. <input type="checkbox"/> There is no evidence to suggest that the child will develop the communication skill at his/her own predictable rate without services. <input type="checkbox"/> The student is motivated to work on communication concern. 			<p>List the areas for potential change if service is provided:</p>
<p>7. Are speech-language services the only support available to meet the student's communication needs?</p> <ul style="list-style-type: none"> <input type="checkbox"/> The child's present educational placement does not provide the necessary instruction for the communication need. <input type="checkbox"/> Attempts to enlist the help of parents through an ongoing home program have been made. <input type="checkbox"/> The student is not receiving services from other school personnel where that provider can work on the communication concern with consultation from speech-language pathologist. 			<p>List other potential service supports for student's communication concern:</p>

OUTCOME

- | | |
|--|--|
| <input type="checkbox"/> Continue Intervention Plan | <input type="checkbox"/> Continue speech-language services |
| <input type="checkbox"/> Speech-language services not recommended | <input type="checkbox"/> Change service delivery options |
| <input type="checkbox"/> Entitle for speech-language services | <input type="checkbox"/> Exit from speech-language services |

ADDITIONAL INFORMATION

REFERENCES

American Speech-Language-Hearing Association. (1999). IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21. Technical Report. Rockville, MD: Author.

Council for Exceptional Children. (2000). *Developing educationally relevant IEPs: A technical assistance document for speech-language pathologists*. Reston, VA: Author.

Florida Department of Education, Bureau of Instructional Support and Community Services, Division of Public Schools (1997). A Training and Resource Manual for the Implementation of State Eligibility Criteria for the Speech and Language Impaired.

Kathleen A. Whitmire, Director of Schools Services, American Speech-Language-Hearing Association. *Provisions of Speech-Language Services in the Schools: Working With the Law* (2002).

Iowa Administrative Rules of Special Education (2000).

U.S. Congress. (1997) Individuals with Disabilities Education Act, Public Law 101-476.

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Iowa Speech-language Pathologists
Exit Considerations for Discontinuation of Speech-Language Services

Reevaluation of a student is required by IDEA 97 (34CFR300.534) to determine that a child no longer has a disability. Reevaluation should include current performance data and IEP progress data. Exit decisions must be individualized, based on developmental norms, progress data collected, assessment information and the current best practices as determined by the IEP team. The IEP team may choose one or more of the following conditions as reason for discontinuation of speech-language services. It is important that the IEP process drive decisions regarding speech-language services. These decisions must be made on a case-by-case basis determined by the rate of progress, discrepancy from peers/standards, instructional need of the student and the IEP process.

Check the conditions that apply:

Rate of Progress

- The student has met all speech-language goals and data indicate no additional needs. The IEP team determines that the child can make progress in general education without the support of speech-language services.
- Given current medical, dental, neurological, physical, emotional, and/or developmental factors, the student's speech-language performance is within his/her expected performance range and maximum compensatory skills have been achieved and documented on the IEP.
- The student has made minimal or no measurable progress and there has been a lengthy plateau. During this time, program modifications, varied approaches, and/or colleague consultations have been attempted and documented. Lack of progress is specified and documented on the IEP.
- Limited carry-over, self-monitoring or generalization has been documented in one or more environments. Limited progress is documented on the IEP.
- Data indicate that the student does not demonstrate the potential for change as documented in IEP progress reports.

Discrepancy from Peers/Standards

- Data indicate that the speech and/or language concern no longer exists as documented on the IEP.
- Speech-language concern no longer interferes with the student's educational performance including academic, vocational, and social functioning and is documented on the IEP.
- Data indicate the student is more independent and less discrepant from peers as measured on the IEP Results, Section C, of the current IEP and is ready for reintegration into the general education classroom.
- The student's communication skills are functional and effective within the student's current classroom or environment as documented on the IEP.

Exit Considerations Continued:

Instructional Need

- The student is unwilling or unmotivated to participate in treatment, attendance has been limited and/or participation precludes progress through therapeutic intervention. Attendance record over a period of time with attempts to improve attendance and participation are documented on the IEP.
- Parent/legal guardian of student requests that speech-language services be discontinued (consider free appropriate public education, FAPE).
- Carryover goals can be met through the efforts of teachers and other professionals as documented on the IEP.
- Data indicate that with modifications and/or alternative methods of responding to academic/social tasks the student performs satisfactorily within the general education environment.

REFERENCES

American Speech-Language-Hearing Association. (1999). *IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21*. Technical Report. Rockville, MD: Author.

Council for Exceptional Children. (2000). *Developing educationally relevant IEPs: A technical assistance document for speech-language pathologists*. Reston, VA: Author.

Iowa Administrative Rules of Special Education (2000).

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**IOWA SPEECH-LANGUAGE SERVICES
ENTITILMENT AND EXIT
CONSIDERATIONS
PRACTICE GUIDELINES
(SHORT FORM)**

Student:

Birthdate:

Building:

Date:

<p>1. Does the result of the Intervention Plan indicate a need for speech-language entitlement?</p> <p><input type="checkbox"/> Student data from instructional decision making (I Plan) indicates persistent communication concern.</p> <p><input type="checkbox"/> There are no additional interventions that need to be implemented in the student's present educational program/setting to address the communication concern.</p> <p><input type="checkbox"/> Accommodations and modifications to general education have been implemented for this student.</p>			<p>List student data from instructional decision making plan that indicates a disability and need for service in the areas of: rate of progress, discrepancy from peers or standard and instructional need.</p>	
RATE OF PROGRESS		YES	NO	COMMENTS
<p>2. Is the student's pre-academic/academic, and vocational performance adversely affected by his/her communication skills?</p> <p><input type="checkbox"/> Teacher/parents voice concern about the student's communication skill and its adverse effect on the child.</p> <p><input type="checkbox"/> Student avoids speaking in class, exhibits frustration or anxiety.</p> <p><input type="checkbox"/> Student demonstrates inability to complete language-based activities.</p> <p><input type="checkbox"/> Student demonstrates inability to understand/follow oral directions or questions.</p> <p><input type="checkbox"/> Student's reading, writing or spelling skills reflect communication errors.</p> <p><input type="checkbox"/> Poor grades in class due to communication concern.</p> <p><input type="checkbox"/> Communication concern is related to district/grade level standard.</p> <p><input type="checkbox"/> Attendance is not a problem and is not affecting academic performance.</p>			<p>List academic/vocational areas impacted by communication concern and how this hinders the student's ability to benefit from the general education curriculum:</p>	
DISCREPANCY FROM PEERS/STANDARDS		YES	NO	COMMENTS
<p>3. Does the student's communication behavior differ significantly when compared with community, school and/or peer standards?</p> <p><input type="checkbox"/> Observation of and comparison to other students indicate a significant difference in communication skills.</p> <p><input type="checkbox"/> There is a significant discrepancy from peers in the classroom, hall or playground.</p> <p><input type="checkbox"/> Parents and teachers report significant differences.</p> <p><input type="checkbox"/> There is more than a single speech sound error.</p> <p><input type="checkbox"/> Intelligibility is significantly impaired.</p> <p><input type="checkbox"/> Communication concern is readily evident even without having the teacher/parent bring it to your attention.</p> <p><input type="checkbox"/> The student has not received previous services for the same concern.</p>			<p>List significant determining factors:</p>	
<p>4. Are the student's social interactions adversely affected by his/her communication skills?</p> <p><input type="checkbox"/> Student is aware of his/her communication concern.</p> <p><input type="checkbox"/> Student demonstrates embarrassment and/or frustration regarding communication concern.</p> <p><input type="checkbox"/> Peers tease student about communication concern during speaking situations.</p> <p><input type="checkbox"/> Student demonstrates difficulty interpreting communication intent.</p> <p><input type="checkbox"/> Input from other team members in other settings indicates a concern.</p> <p><input type="checkbox"/> The communication concern or behavior is not attention seeking.</p> <p><input type="checkbox"/> Parents voice communication concern and its adverse effect on the child and family.</p>			<p>List social areas impacted by the communication concern and how this affects the student's ability to interact with peers and adults:</p>	
<p>5. Is it developmentally appropriate/consistent with classroom, home, or community expectations to work on the targeted communication skill?</p> <p><input type="checkbox"/> Communication skill is not consistent with developmental norms.</p> <p><input type="checkbox"/> The communication concern is not present in the student's native language.</p> <p><input type="checkbox"/> The communication concern is not a result of dialectical differences or from learning English as a second language.</p>			<p>List communication concern that is not within developmental levels for this student:</p>	

ISTRUCTIONAL NEED

YES NO

COMMENTS

<p>6. Is there potential for change in the communication skill at this time?</p> <p><input type="checkbox"/> The student does not correct communication error spontaneously.</p> <p><input type="checkbox"/> The student corrects error in response to being given a cue or an appropriate model to imitate.</p> <p><input type="checkbox"/> Other variables (i.e., sensory or physical) that interfere with the attainment of communication skills are not present.</p> <p><input type="checkbox"/> There is the likelihood that this student will not improve without speech-language services.</p> <p><input type="checkbox"/> There is no evidence to suggest that the child will develop the communication skill at his/her own predictable rate without services.</p> <p><input type="checkbox"/> The student is motivated to work on communication concern.</p>			<p>List the areas for potential change if service is provided:</p>
<p>7. Are speech-language services the only support available to meet the student's communication needs?</p> <p><input type="checkbox"/> The child's present educational placement does not provide the necessary instruction for the communication need.</p> <p><input type="checkbox"/> Attempts to enlist the help of parents through an ongoing home program have been made.</p> <p><input type="checkbox"/> The student is not receiving services from other school personnel where that provider can work on the communication concern with consultation from speech-language pathologist.</p>			<p>List other potential service supports for student's communication concern:</p>

OUTCOME

Continue Intervention Plan

Speech-language services not recommended

Entitle for speech-language services

Continue speech-language services

Change service delivery options

Exit from speech-language services

Exit Considerations for Discontinuation of Speech-Language Services

Rate of Progress

- The student has met all speech-language goals and data indicate no additional needs. The IEP team determines that the child can make progress in general education without the support of speech-language services.
- Given current medical, dental, neurological, physical, emotional, and/or developmental factors, the student's speech-language performance is within his/her expected performance range and maximum compensatory skills have been achieved and documented on the IEP.
- The student has made minimal or no measurable progress and there has been a lengthy plateau. During this time, program modifications, varied approaches, and/or colleague consultations have been attempted and documented. Lack of progress is specified and documented on the IEP.
- Limited carry-over, self-monitoring or generalization has been documented in one or more environments. Limited progress is documented on the IEP.
- Data indicate that the student does not demonstrate the potential for change as documented in IEP progress reports.

Discrepancy from Peers/Standards

- Data indicate that the speech and/or language concern no longer exists as documented on the IEP.
- Speech-language concern no longer interferes with the student's educational performance including academic, vocational, and social functioning and is documented on the IEP.
- Data indicate the student is more independent and less discrepant from peers as measured on the IEP Results, Section C, of the current IEP and is ready for reintegration into the general education classroom.
- The student's communication skills are functional and effective within the student's current classroom or environment as documented on the IEP.

Instructional Need

- The student is unwilling or unmotivated to participate in treatment, attendance has been limited and/or participation precludes progress through therapeutic intervention. Attendance record over a period of time with attempts to improve attendance and participation are documented on the IEP.
- Parent/legal guardian of student requests that speech-language services be discontinued (consider free appropriate public education, FAPE).
- Carryover goals can be met through the efforts of teachers and other professionals as documented on the IEP.
- Data indicate that with modifications and/or alternative methods of responding to academic/social tasks the student performs satisfactorily within the general education environment.

PRE-REINTEGRATION STRATEGIES

Iowa Speech-Language Pathologists' Pre-Reintegration Strategies

The Speech-Language Pathologist (SLP) will utilize as many strategies as possible to provide the best services to students. **Caseload** means the total number of students with IEPs that the SLP treats directly or indirectly. **Workload** includes all activities required and performed by the school-based SLP. As we review best practice and the use of effective strategies, remember that incorporating one new idea into your practice can make a difference in the time you have to manage your total workload.

The exit decision-making process consists of three major areas of service that include best practices before, during and after a student is exited from speech-language services. Thus, SLPs can use several strategies when providing services to students that will improve reintegration services and aid in the exit process. One of the initial steps is to adhere to the use of the **Iowa Speech-Language Entitlement Questions & Exit Consideration Guidelines 2004** when considering entitlement.

Review the effective instructional strategies listed below that could be used during therapy to 1) improve student achievement and 2) aid in the generalization of new skills as soon as possible into the general education classroom.

INITIAL IEP MEETING

1. Inform parents at the initial IEP meeting that we provide a service that will help the student perform in the general education classroom. Provide information regarding dismissal/reintegration and the level of skills the student would need in order to be considered for dismissal.
2. Stress how important the parent's role is in their child's progress. Show them the ASHA NOMS results that show an increase in the rate of progress when parents participate in their child's treatment.
3. At the initial IEP meeting, inform and discuss with parents and teachers the concept of plateau of performance—that after a reasonable amount of time as well as when data points show no improvement in performance, that dismissal may be warranted.
4. Explain to parents and teachers that “dismissal” does not mean the end of your services for the student. Reassure parents and let them know that the SLP will monitor and follow-up as necessary

SERVICE DELIVERY OPTIONS

1. Use a variety of Service Delivery Options (Iowa SDOs). Provide services in the classroom through general education collaboration, integrated services, team-teaching, etc. to promote generalization of new skills and to enable teachers/associates to practice skills with students everyday in the classroom.

(Service Delivery Options Continued)

2. Utilize Speech-Language Pathology Assistants and Associates or other school personnel to increase student achievement (e.g. teaching early childhood staff to cue and model language skills in the classroom).
3. Consider increasing duration and frequency of scheduled therapy sessions for more difficult cases. Flexible or block scheduling may increase progress and provide a period of intensive treatment. In addition, some students work best with shorter sessions 10 minutes twice a day versus 30 minutes one time a day.
4. Make sure the amount of service time meets the student's need versus making it a routine amount of time for a specific type of speech-language problem. Do not be afraid to increase or decrease student service time when needed. Combine use of service delivery options, and/or change the way you deliver services to a student, based on his/her need.

REINFORCEMENTS

1. Use reinforcements in therapy that help students self monitor/regulate and that promote independence (e.g. "I like the way you moved your tongue up and said that sound in the word", "what did you do right there—you said that perfectly", "you used your words—great", say "good job and where was your tongue" instead of just saying, "good job").
2. Maximize responses for each student during your sessions. Do this by providing something for the student to touch for each repetition such as a token or an item related to the season or activity such as snowflakes or cut out pumpkins. This provides motivation and also helps the student stay focused and attend as he/she can see how many productions are left before that task is completed.

GENERALIZATION

1. If a student is served within a group, have each student rate the others on how well they did. When they go back to the classroom, they can remind their peers when they hear or notice a positive use of their new skills during the rest of the day. This communication partner will facilitate skill carryover in the general education classroom.
2. The SLP should work towards putting a system in place in the general education classroom that will help the student when you are not there (i.e. train the teacher to cue targets during classroom instruction; the teacher provides opportunities for the student to use skills during classroom activities; or a small picture taped to the student's desk can help them remember sounds or to speak/read fluently).
3. Enlist the help of parents through an ongoing home program. When possible decrease direct contact with students and shift expectations to the home program.

(Generalization continued)

4. Integrate carryover activities into treatment plans early in the speech-language program. Try to find out what is going on in the student's life outside of school such as scouts, music and other activities and see if someone could reinforce speech skills in other natural environments.
5. Incorporate the use of the student's curriculum based materials into therapy to facilitate carryover and generalization in the general education classroom. Encourage teachers to let you know when a student has a report, a part in a play, or other assignment that may involve speech-language skills so that therapy can focus on skills needed to participate in the general education environment.
6. Consider the Principles of Generalization (Sohlberg & Raskin, 1996)
Principle # 1: Actively plan for and program for generalization from the beginning.
Principle #2: Identify reinforcements in the natural environment.
Principle #3: Program stimuli common to both training environments and real world.
Principle #4: Use sufficient examples when conducting therapy.
7. Utilize coaching strategies to enhance the student's awareness of and self-responsibility toward generalization of the specific communication skill(s) they are working on. Allow the student to review a progress chart as well as feedback from teachers and parents on the generalization of the skill.
8. In situations where generalization beyond the SLP is **not** occurring, invite significant listeners to attend a session. Discuss the student's performance with the observer and student using positive reflective statements.
9. Use the 45 Day Trial Integration to build in a period of reduced service time and/or more general education interventions. When the student is successful during the trial period, the SLP can be more certain of success after the dismissal from services.
10. The SLP should actively involve parents from the beginning. The parents should be aware of the ways they can help at home to promote generalization. The SLP may need to train parents, as they would teachers, to provide opportunities for skill use at home in every day activities. Worksheets or planned activities could also be a part of this program, especially during the summer months.
11. The SLP should consult with parents and teachers on a frequent basis. Through frequent contacts from the SLP, the parents and teachers are reminded to assist you in the student's progress towards the goal.
12. Sometimes it helps to bring a friend to a therapy session. With the permission of parents, classroom friends that the speech student selects can take turns coming with the speech and language student. By practicing new skills with a friend, the skills are more easily generalized and the student may be more willing to try their new skill in the classroom.

(Generalization continued)

13. If the student is not making expected progress, set up a conference. As a team, brainstorm new ways to motivate the student and new interventions/strategies. This makes the student's goal a team process and the parents/teachers/student may be more willing to help reinforce the goals in class and at home.

GOALS

1. Use database decision-making to determine instructional and communication needs of the student in order to keep progress moving forward toward meeting student IEP goals.
2. Vary your treatment/instructional approaches as needed based on student data to maximize student achievement.
3. Write clearly defined treatment goals so therapy can focus on specific, attainable targets.
4. Make sure your student knows the day-to-day treatment goals, amount of progress toward that goal and allow the student to help monitor progress toward goals. Leave time at the end of the session to count/tally data for the student to see. A visual is helpful for students to see growth and where you want them to move in the acquisition of skills.
5. Allow the student to monitor his or her own progress. Students can plot their daily progress on their own graph. Students are more motivated to improve from session to session or level to level when they can see their progress on a graph.

For additional ideas and information, contact ASHA (Phone: 1-800-498-2071; Website: www.asha.org; Email: actioncenter@asha.org) to request a copy of the following:

- IDEA and Your Caseload: A Template for Eligibility And Dismissal Criteria for Students Ages 3 to 21.
- Working for Change: A Guide for Speech-Language Pathologists and Audiologists in Schools.
- A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools.

Many of you have great ideas, programs and procedures for serving students needing speech-language services. As a group we need to share with one another and problem solve together so that we can continue to improve student achievement. I encourage each of you to share your ideas with SLRS workgroup members. This team is comprised of SLPs just like you that have chosen to volunteer their time to help us deliver the best services for our students.

Please contact me at Frank.Forcucci@iowa.gov with your ideas for reintegration strategies. I look forward to hearing from you.

**THE CHANGING ROLE OF THE
SPEECH-LANGUAGE PATHOLOGIST
(REVISED 2004)**

The Changing Role of the Speech-Language Pathologist Revised 2004

A. THE EVOLUTION OF THE PUBLIC SCHOOL SPEECH-LANGUAGE PATHOLOGIST'S ROLE IN IOWA.

I. PAST ROLE AND DEFINITIONS:

1970's Specialist Role—Speech Pathologist

To identify and serve children from age 0 through grade 12 who require special education services.

(Placement oriented)

1980's Expert Role—Speech-Language Pathologist

To identify and serve children from birth through twenty-with a focus on language and pragmatics.

(Language oriented)

1990's Collaborative-Consultative Role--SLP

To provide school improvement leadership and services to schools to enable every learner to perform at higher education levels.

(Teaching oriented)

II. PRESENT DEFINITION:

2004—Facilitator of the Service Delivery—School Based SLP

To use instructional decision making to determine student's communication needs to meet curricular demands and design curriculum-based goals and objectives.

(Outcome oriented) Source: School Programs in Speech-Language Pathology Organization and Service Delivery, 4th Ed. Jean Blosser and Elizabeth A. Neidecker, 2002 Allyn & Bacon

B. WHY WAS OUR ROLE REDEFINED?

I. The impact of No Child left Behind Act of 2001 (NCLB) influences our role working with students with disabilities:

- Continuing and increasing link with general curriculum
- Increased emphasis on accountability, i.e. academic outcomes
- Increased pre-referral involvement
- Students with disabilities must demonstrate "adequate yearly progress" according to state benchmarks
- IEP progress will not be acceptable to represent AYP
- IEPs will need to reflect student needs in relationship to general education benchmarks
- District and state benchmark expectations
- Assist teachers identifying where and why a student is struggling (greater collaboration)
- The use of researched based intervention efforts to facilitate remediation of target skills
- Relevant data collection to document the success of intervention effort

II. Three key elements of IDEA 97 have influenced our role change:

1. **Strengthening the role of parents:** Parents must have the opportunity to be involved in any and all meetings with respect to the identification, evaluation, and educational placement of their child.
 - In regard to speech referrals of school aged students, we are asking the classroom teacher to make the first contact with parents to explain how that particular communication skill impacts their child's success in the classroom.
 - When teachers initiate the parental contact, this begins the SLP's involvement with the problem solving process.

2. **Evaluation information must be directly tied to enabling the child to be involved in and progress in the general curriculum.**
 - Whenever the SLP, teacher, parent and other team members are formulating assessment questions, designing general education interventions or designing speech-language programs, we must always think of how the communication skill of concern will impact that student in academics or social situations. This link is vital for the motivation to work on improving that skill and for the possibility of generalizing those skills back to the general education environment whether that be school, home, or job site
 - General education interventions are the link between special education and general education.
 - Communication skills are not just within the learner. In school and other educational environments, learning is the interaction between the learner, the curriculum, instruction and environment. In the home, learning is the interaction between the child, the environment, and significant others.
 - Our evaluation procedures, goals and instructional strategies must reflect this interaction or the gap between the student's communication skills and peers will continue to widen.
 - The use of Dynamic Assessment and/or Curriculum Based Evaluation links communication assessment and instruction to the curriculum. It also allows us to determine the student's current level of functioning and potential for change according to the district's standards, benchmarks and grade level outcomes.

3. **Least Restrictive Environment**
 - IDEA 97 clearly states: to the maximum extent appropriate children with disabilities are to be educated with general education children removal of children with special needs from the regular education environment occurs ONLY if the nature and severity of the disability is such that accommodations and modifications cannot be successfully achieved in the general education environment.

- Information must show that a general education intervention plan was completed and that the child can not be successful in the classroom or general environment without special assistance or the level of assistance is more than can be provided in the general environment.

OVERALL GOAL OF IDEA 97

To build bridges between general education and special education; plays a huge role in service delivery

C) SERVICE DELIVERY OPTIONS (SDOs)

Once a student is entitled for special education services, which includes Speech and Language, there are a variety of service delivery options, which allow the team to make decisions about the best way to provide service to each student. (See handout) Research indicates that a variety of SDOs support student progress. (Blosser, Jean L. & Kratcoski, Annette: PACs: A Framework for Determining Appropriate Service Delivery Options, Language, Speech and Hearing Services in Schools: volume 28.)

1. Decisions are made in regard to the least restrictive environment (LRE), with consideration given to the unique combination of providers; instruction and environment needed to meet the specific needs of each individual.

2. As we consider each of the SDOs, we ask the following 4 questions based on the information gathered from our teaching oriented evaluation system:

What needs to be taught with consideration given to the student's current level of performance and stage of learning?

How should the skill be taught?

Who will be the best person (or combination of people) to teach the skill?

Where will the instruction take place?

An entitled speech student will probably be assigned more than one SDO per goal. These options are determined based on changes in his/her skill development or performance acquisition.

**IOWA SERVICE DELIVERY MODELS
(REVISED 2004)**

IOWA SERVICE DELIVERY MODEL

DEFINITION OF TERMS

Intervention Plan: An intervention is selected, monitored and evaluated to determine if the student is able to learn a target skill with structured assistance and whether that skill can be successfully maintained without that structured assistance in the classroom, home or community.

SDO 1: Skill Building: Skill building is used for students learning a new skill, needing more specific and intensive instruction, requiring drill, practice and shaping through progressive approximation by a professionally trained SLP. Skillbuilding can be provided in **any environment** that lends itself to guided and controlled practice opportunities.

SDO 2: Integrated: A communication **skill has been trained but needs to be integrated and generalized to functional settings** of the classroom, home, or community. Providers may include SLP, special and/or regular education teacher, parents and others having a significant impact on the child's daily communication.

SDO 3: Co-Teaching: Skill building and/or generalization is taught to the student as a **combined effort** between the SLP, regular education teacher, support teacher, special education teacher, or parent. **Regularly scheduled co-planning, shared goals, shared materials and shared responsibilities between providers are critical and necessary.**

SDO 4: Consultative: Skill building or generalization occurs but a **different provider other than the SLP** implements the meaningful change and development of target communication skills. The SLP assumes an **assistive role** in monitoring, providing materials, model teaching, etc.

SDO 5: 45 Day Trial Out (Monitor Only): Proficiency /Fluency Level The communication skill has been trained but **maintenance of the skill is questioned**. A maintenance goal is written and monitored **without intervention from any provider** (SLP, teacher, parent etc.) to ensure proficiency level.

- the student demonstrates very consistent/correct performances
- the goal has been achieved and dismissal is being considered

Consultation is expected and required as a necessary part of each of the SDOs.

SKILL BUILDING/ACQUISITION LEVEL IS BEST ACHIEVED THROUGH THE USE OF SDOs 1, 3, 4

- the student demonstrates inconsistent performance with a low frequency of correct answers.
- needs a great deal of direct teaching, corrective feedback and modeling
- short and frequent sessions are best at this level

FLUENCY BUILDING/GENERALIZATION IS BEST ACHIEVED AT SDO 2, 3, 4
student demonstrates more consistent performance

- continues to need extensive practice
- less direct instruction is needed
- demonstrates a mid level frequency of correct performance

D) FLEXIBLE SCHEDULING

One of the most difficult parts of an SLP's job is the process of scheduling. Since individual students on an SLP's caseload will all be receiving service under different types of SDOs, it is necessary for the SLP to use a flexible scheduling process. It is safe to say that SLP's schedules will change monthly and sometimes weekly. It is critical that the SLP be able to meet the IEP minutes per month requirements for students. Included in those minutes are planning and collaboration time with teachers, classroom observations targeting your IEP student, and times spent in the child's classroom demonstrating strategies, lessons, cues and prompts. SLPs must have regularly scheduled time available to:

1. Consult/collaborate with teachers to plan lessons to link instruction to the curriculum and grade level outcomes, modify curriculum, design intervention plans and problem solve
2. Complete screenings and evaluations
3. Attend Building Assistance Teams (BAT), meetings and staffings, annual reviews, and parent-teacher conferences.
4. Make classroom observations to:
 - monitor student progress
 - become more familiar with curriculum expectations and classroom routines
 - observe opportunities for students to practice their targeted communication skills within the regular classroom
5. Demonstrate strategies and/or cueing techniques
6. Attend staff development meetings

**Iowa Service Delivery Model-Revised, 2004
Service Delivery Options (SDOs)**

Intervention Plan	SDO 1 Skill building	SDO 2 Integrated	SDO 3 Co-teaching	SDO 4 Consultative	SDO 5 45 Day Trial-Out (Monitor only)
Provider: • SLP • Special ed teacher • Regular ed teacher • Parent • LEA staff • SL Assistant (supervised by SLP) • Site coordinator	Provider: • SLP (primary provider) • SL Assistant (supervised by SLP)	Provider: • SLP (primary provider) • Special ed teacher • Regular ed teacher • Parent • Paraprofessional • Site coordinator	Provider: • SLP • Special ed teacher • Regular ed teacher	Provider: • SLP (assistive role) • Special ed teacher • Regular ed teacher • Parent • Site coordinator	Provider: • SLP (monitoring role)
Instruction: • Written intervention plan completed • Specific intervention selected, monitored, and evaluated to determine student needs • Used as pre-referral, prevention, modeling for staff/provider training, strategy training, modification of the educational environment, or short term delivery of skill building, integrated, or consultative model	Instruction: Implement intervention: Teach skill Provide drill Prompt Cue Elicit Model Reinforce Modify Accommodate Teach self-regulation Individual or group instruction provided	Instruction: • Enhance carryover/ generalization of communication skill from skill building level • Functional integration of established communication skill within the classroom, home, or community • Inform teachers of expectations to use communication skill • Implement modification or accommodation as needed to maintain skill in classroom, home, or community	Instruction: • Preplanned lessons by SLP/regular/special education teacher • Integration of target communication skills for group lesson • Alternate turns being lead instructor • Rotate between small or large groups	Instruction: • Regularly scheduled contact/monitoring • Goals /objectives/ milestones written by SLP • Brief demonstration teaching and materials provided by SLP • Monitoring of progress for goals/objectives by the service provider or SLP • Continuous evaluation of successful or unsuccessful intervention	Activity: • Regularly scheduled contact/monitoring • Goals /objectives written by SLP • Monitoring of progress for goals/objectives by the SLP • Evaluation of successful use of communication skills • Dismissal or change in service model is considered upon completion of specified time period
Environment: • Speech room • Classroom • Other educational settings (lunchroom, playground, art, music, or gym) • Home • Community	Environment: • Speech room • Classroom • Other educational settings (lunchroom, playground, art, music, or gym) • Home • Community	Environment: • Speech room • Classroom • Other educational settings (lunchroom, playground, art, music, or gym) • Home • Community	Environment: • Classroom	Environment: • Speech room • Classroom • Other educational settings (lunchroom, playground, art, music, or gym) • Home • Community	Environment: • Classroom • Other educational settings (lunchroom, playground, art, music, or gym) • Home • Community

Definitions

Intervention Plan-*An intervention is selected, monitored and evaluated to determine if the student can learn the target skill with structured assistance, needs structured assistance to successfully maintain the skill, or fails without the structured assistance in the classroom, home, or community*

Skill building-*Skill building is used for students learning a new skill, needing more intensive instruction, requiring drill and practice, and shaping through progressive approximation by a professionally trained SLP*

Integrated-*A communication skill has been trained but needs to be integrated and generalized to functional settings of the classroom, home, or community*

Co-teaching-*Skill building and generalization is taught to the student as a combined effort between the SLP and the regular/special education teacher*

Consultative-*Skill building occurs but a different provider other than the SLP guides the meaningful change and development of target communication skills*

45 Day Trial-Out (Monitor only)-*The communication skill has been trained and maintenance of the skill is routinely evaluated without intervention from any provider (SLP, teacher, parent, etc.)*

***** Ongoing consultation and collaboration occurs between the SLP, teacher, parents and other providers at each SDO.**

SDOs	SDO 1 SDO 2 SDO 3	SDO 2 SDO 3 SDO 4	SDO 5
Instructional	Skill Builder Acquisition Level	Fluency Building	Proficiency/Fluency Instruction
Student Characteristics	The student is at the acquisition (skill building) level of instruction. The student demonstrates inconsistent performance with a low frequency of correct answers. The student needs much direct teaching. Typically, short frequent sessions are best.	The student demonstrates more consistent performance. Student needs extensive practice. Less direct instruction is required. The student demonstrates a midlevel frequency of correct performance.	The student demonstrates very consistent and correct performances. The goal or aim has been achieved.

**SERVICE DELIVERY OPTIONS
MATCHING THE SDO TO STUDENT NEED**

Service Delivery Options - Matching the SDO to Student Need

SDO 1 Skillbuilding	SDO 2 Integrated	SDO 3 Co-teaching	SDO 4 Consultative	SDO 5 45 day trial out
<p>Student is in acquisition stage of learning. The student needs to build accuracy, needs models, corrective feedback, guided practice.</p>	<p>Student is in fluency stage or generalization (transfer) stage of learning. The student is accurate (80% or higher), needs to build fluency, needs multiple practice opportunities across multiple environments, needs less instruction on target skill, concept, or strategy and needs independent practice.</p>	<p>Student could be in acquisition, fluency, or generalization stage of learning.</p> <p>Considerations:</p> <ul style="list-style-type: none"> • Is the basic content of the curriculum appropriate for the target student?" • How much and what types of modifications will the student need to benefit from the general education curriculum? (Is it realistic to make those modifications?) • Does the student require direct instruction or intervention that is different from instruction the other students receive? • Is the overall climate in the room appropriate for multilevel instruction? • Would other students benefit from modifications in the curriculum or instruction? 	<p>Student could be in acquisition, fluency, or generalization stage of learning.</p>	<p>Student has met goal. Maintenance of level of performance is in question.</p>

Teaching for accuracy (Acquisition Instruction)	Teaching for Mastery (Fluency Instruction)	Types of co-teaching arrangements	Role of service provider (assistive role)	Role of service provider
<ul style="list-style-type: none"> • Extensive explanation • Modeling and demonstration • Ask about strategies and concepts • Do not emphasize answers • Use elaborate correction procedures • Use only guided and controlled practice • Have student complete partially worked items 	<ul style="list-style-type: none"> • Review • Emphasize answers • Ask many questions • Praise fluent work • Do not use correction procedures • Drill and practice • Independent practice <p style="text-align: center;">Automaticity (Generalization and transfer instruction)</p> <ul style="list-style-type: none"> • Explain how existing skills can be generalized • Teach related vocabulary • Ask how existing skills can be modified • Use elaborate corrections when generalization or transfer fails to occur • Use "real world" examples • De-emphasize classroom specific tasks 	<ul style="list-style-type: none"> • Teach and monitor • Parallel teaching • Station teaching • Team teaching 	<ul style="list-style-type: none"> • Maintain contact with teacher/parent • Monitor goal as needed and help teacher/parent make instructional decisions • Demonstration lessons, if needed • Assist with materials, if needed 	<ul style="list-style-type: none"> • Regularly scheduled monitoring or goal • Dismissal or change in service delivery options is considered at end of specified period.

**SERVICE DELIVERY OPTIONS
DECISION MAKING GUIDE**

Service Delivery Option Decision Making Guide

Once a student is entitled for special education speech/language services, there are a variety of service delivery options, to assist the team in making decisions about the best way to provide service to each student / (see handout). Research indicates that a variety of SDOs support student progress.

1. Decisions are made in regard to the **least restrictive environment (LRE)**, with consideration given to the unique combination of **instruction, providers, and environment** needed to meet the specific needs of each individual.

2. As SDOs are considered for each goal, **4 questions may be asked** based on the information reviewed from our teaching oriented evaluation system:

- ◆ **What** needs to be taught with consideration given to the student's current level of performance and stage of learning?
- ◆ **How** should the instruction be provided?
- ◆ **Who** will be the best provider (or combination of providers) to teach the skill or provide the instruction?
- ◆ **Where** should the instruction take place?

3) Refer to the SDO Decision Making Guide. As you look at each of the SDO's 1-5, You will notice that the same questions to be considered as discussed above is explained in more detail. Always asking the WHAT, HOW, WHO and WHERE questions in that order, to help determine which combinations of SDO's would best meet the needs of an individual student. Keep in mind that our beginning SDO reflects the current level of functioning and that as we establish our milestones we are always working towards transfer and generalization of skills to help the student become more independent and self sufficient in the Least Restrictive Environment.

4) Looking at the first question: What is the student's stage of learning? Move across the grid and select each SDO that matches the student's learning stage. Next, answer the second question, How should the instruction be provided? This time, only consider the SDO's selected for question 1, narrowing the choices. Look at the third question, Who should provide the instruction? Now there should be fewer choices. Finally, the last question will be addressed, Where should the instruction take place? Approaching the selection of SDO's in this manner allows the SLP to make decisions based on data.

An entitled speech student will probably be assigned more than one SDO per goal. These options are determined based on changes in his/her skill development or performance acquisition.

Service Delivery Option (SDO) Decision Making Guide Speech-Language Services

SDO 1: Skillbuilding	SDO 2: Integrated	SDO 3: Co-Teaching	SDO 4: Consultative	SDO 5: 45 day trial out
<p>What is the student's stage of learning? Student is acquiring a skill.</p>	<p>What is the student's stage of learning? Student demonstrates accuracy in skill (75-80%) and is building fluency or working on generalization of a skill.</p>	<p>What is the student's stage of learning? Student is acquiring a skill or is building fluency or working on generalization of a skill.</p>	<p>What is the student's stage of learning? Student is acquiring a skill or is building fluency or working on generalization of a skill.</p>	<p>What is the student's stage of learning? Student has met goal. Maintenance of level of performance is in question.</p>
<p>How should instruction be provided? Student needs more intensive instruction to build accuracy, needs models, corrective feedback and guided practice.</p>	<p>How should instruction be provided? Student needs to build fluency, needs multiple practice opportunities across multiple environments, needs less instruction on target skill, concept or strategy and needs independent practice.</p>	<p>How should instruction be provided? Student needs instruction as indicated in skillbuilding or integrated options. Support is provided to the student as a combined effort between the SLP and other provider(s).</p>	<p>How should instruction be provided? Student needs instruction as indicated in skillbuilding or integrated options. The SLP acts in an assistive role to the primary service provider. The SLP helps to monitor student progress, make instructional decisions, provide demonstrations and assist with materials.</p>	<p>How should instruction be provided? A maintenance goal is written and monitored to ensure that the skill can be maintained without intervention, given appropriate accommodations. After 45 days, a decision should be made regarding the termination or continuation of services.</p>
<p>Who should provide instruction? • SLP</p>	<p>Who should provide instruction? • SLP • Special ed teacher • Regular ed teacher • Parent • Other</p>	<p>Who should provide instruction? • SLP • Special ed teacher • Regular ed teacher • Parent • Other</p>	<p>Who should provide instruction? • SLP (assistive role) • Special ed teacher • Regular ed teacher • Parent • Other</p>	<p>Who should provide instruction? • SLP (monitoring role)</p>
<p>Where should instruction take place? • Speech room • Classroom • Other educational settings • Home • Community</p>	<p>Where should instruction take place? • Speech room • Classroom • Other educational settings • Home • Community</p>	<p>Where should instruction take place? • Classroom • Other educational settings • Home • Community</p>	<p>Where should instruction take place? • Classroom • Other educational settings • Home • Community</p>	<p>Where should instruction take place? • Classroom • Other educational settings • Home • Community</p>

** Decisions are made in regard to the least restrictive environment.

** A variety of SDOs should be implemented based upon changes in skill development or performance acquisition.

**IOWA SERVICE DELIVERY MODEL
SELF-ASSESSMENT TOOL**

Iowa Service Delivery Model Self Assessment Instructions

Purpose:

The Iowa Service Delivery Model Self-Assessment was developed to provide speech-language pathologists with a way to gain an overview of the service they are providing within their caseload. The SDM Self-Assessment was designed to provide a way to examine trends in service to students on IEPs.

The SDM Self Assessment looks at how assessment, IEP objectives, service delivery options, providers, instruction, environment and scheduling are provided within a framework of traditional, transition, consultative and monitoring interventions. The Iowa Service Delivery Model Self Assessment is not meant to be an evaluative tool, but a “snap shot” in time of current practices. It can be used for guiding professional growth and for making caseload decisions.

Instructions:

Step 1. Using a roster of your caseload, rate each individual on the seven areas listed on the left side of the self-assessment. To do this, the SLP determines which type of intervention (traditional, transition, consultation, monitoring) is being provided for each phase of serving students (assessment, IEP objectives, SDO, provider, instruction, environment, and scheduling). See examples 1 and 2.

Step 2. Using the results from Step 1, determine the type of intervention predominately provided for the individual. If there is not a clear-cut trend choose the type of service that occurs most frequently or obtain an average. An overview form for the Iowa Service Delivery Model Self-Assessment has been provided to summarize the predominant type of service provided for each student (see example 3).

Step 3. After completing the summary form, the SLP can determine the percent for each intervention type by dividing the number for each type by the total number of their caseload. (See example 4).

Step 4. Once you have compiled your data for your caseload, reflect on these questions:

1. What kind of interventionist am I?
2. Do the services I provide tend to fall in the same areas?
3. Are there areas that I never use? If so why?
4. Could some of the children I work with benefit from a different type of service delivery?
5. What obstacles prevent me from providing different service delivery options?
6. When providing services, do I move along a continuum or do I tend to stay in the same type of delivery model throughout intervention?
7. Do I need more training to learn to use a variety of service delivery options?

Name: _____

AEA/District: _____

Date: _____

Iowa SDM Self Assessment

	Traditional Interventionist	Transition Interventionist	Consultative Interventionist	Monitoring Interventionist
Assessment	Identification of problems using standardized tools	Classroom expectations guide evaluation tasks: combination of standardized and descriptive evaluation/dynamic assessment	Curriculum-based evaluation; continuous evaluation of successful or unsuccessful interventions	Evaluation of successful use of communication skills
IEP Objectives	Goals based on results from standardized tools	Goals based on results from standardized/descriptive evaluations and reflect district's standards and benchmarks	Goals based on results from curriculum-based evaluation and reflect district's standards and benchmarks	Previous goals are monitored for maintenance of skills
SDO	Use of SDO 1	Use of SDO 1, 2, and 3	Use of SDO 4	Use of SDO 5
Provider	SLP- Primary Provider SLP plans and implements lessons to meet students' needs	SLP/Cooperating Provider SLP and teacher(s) cooperatively plan and implement lessons to meet students' needs	SLP/ Assisting Provider SLP assists other provider(s) in meeting students' needs	SLP/Monitoring Provider SLP monitors students' maintenance of skills
Instruction	Skill building using clinical methods/materials different from general education	Clinical materials, curricula materials, and instructional strategies may be used to enhance student performance	Curricula materials and instructional strategies are used to enhance student performance	Accommodations, modifications and adaptations in place
Environment	Speech room	Speech room, various school settings, home, community and/or work sites	Various school settings, home, community and/or work sites	Various school settings home, community and/or work sites
Scheduling	Traditional scheduling set for each student	Traditional scheduling/flexible scheduling	Flexible scheduling	Flexible schedule that includes periodic monitoring

**IOWA TREATMENT OUTCOMES
ANNUAL STATEWIDE SPEECH-LANGUAGE
SERVICES REPORT AND
DATA COLLECTION MATRIX**

Treatment Outcome Project

The Treatment Outcome Project was initiated by the state speech-language Treatment Outcomes Project Committee. Its purpose was to develop a statewide data collection system to allow Iowa speech-language pathologists to analyze the efficiency and effectiveness of speech-language services. A variety of information has been gathered to track student outcomes. A statewide data collection matrix is provided top SLPs to collect data throughout the year for the yearly report. The committee will continue to fine tune what data is needed to provide the best information to SLPs in the state so that they can make changes to increase student achievement. This data is compiled in the **“Statewide Speech-Language Yearly Report”**. This yearly report has taken on a more important role than ever in documenting our accountability and the services we provide and how it impacts the students we serve. In the age of major Federal legislation such as NCLB and IDEA it is important as a profession that we continue to be accountable and provide accurate and needed data. This data is distributed to SLPs, AEA directors, supervisors, department of education officials at the State and Federal levels.

ANNUAL SPEECH-LANGUAGE SERVICES REPORT INSTRUCTIONS

Only one consolidated report is to be submitted by each AEA. Data may be collected in any manner determined by the AEA to be appropriate for that AEA.

Enter the *Identification Data* in the spaces provided at the top of the form.

- **Year:** Enter current school year as "2004-05".
- **AEA:** Enter the AEA number of your agency (or name of your district if Des Moines Public Schools).
- **Signature:** The Speech-Language Pathologist signs the report in the space provided.
- **SLP FTE:** Enter the total Full Time Equivalent for SLPs. Do not include SLP FTE assigned to specialty assignments.
- **SLP Specialty Assignments FTE:** Enter the total Full Time Equivalent for SLPs who are assigned to specialty assignments such as resource teams for assistive technology, autism, or brain injury, and for SLPs assigned time to work with staff development.
- **Speech Assistants FTE:** Enter the total Full Time Equivalent for Speech Assistant positions.

Intervention Plans

(Completed as part of the Problem Solving/General Education Intervention Plan process)

Section A

Line 1: Indicate the number of speech-language Intervention Plans completed for preschool-age children (3-5 years) that **resulted in the concern being resolved** and that did not go to referral for an initial evaluation. Plans that were implemented and did not require follow-up, or, plans that were modified/maintained in general education throughout the remainder of the school year, can be counted in this category.

Line 2: Indicate the number of speech-language Intervention Plans completed for preschool-age children (3-5 years) that resulted in a referral for an initial evaluation.

Line 3: Enter the **total** number of speech-language Intervention Plans that were completed for preschool-age children (3- 5 years) during the current school year. This number is the sum of Lines 1 and 2 above.

Section B

Line 1: Indicate the number of speech-language Intervention Plans completed for school-age children (Kindergarten – Grade 12) that **resulted in the concern being resolved** and that did not go to referral for an initial evaluation.

Line 2: Indicate the number of speech-language Intervention Plans completed for school-age children (Kindergarten - Grade 12) that resulted in a referral for initial evaluation.

Line 3: Enter the **total** number of speech-language Intervention Plans that were completed for school-age children (Kindergarten - Grade 12) during the current school year. This number is the sum of Lines 1 and 2 above.

Definition: When used by an AEA in its identification process i.e., as part of its systematic problem solving process, an intervention plan is designed based on the defined problem (which includes data collection and problem analysis), parent input, and professional judgments about the potential effectiveness of interventions. The intervention plan includes the following components:

- goals and strategies;
- a progress monitoring plan;
- a decision-making plan for summarizing and analyzing progress monitoring data; and,
- responsible parties

Interventions are implemented as developed and modified on the basis of objective data and with the agreement of the responsible parties. For further definition, see [41.47(3)] or pages 17-18, "Administrative Rules of Special Education", February 2000, Iowa Department of Education, Bureau of Children, Family and Community Services.

Initial Evaluations

Section A

Line 1: Enter the number of initial speech-language evaluations completed for children *birth through 2 years* that resulted in the development of an IFSP for speech-language services.

Line 2: Enter the number of initial speech-language evaluations completed for children *birth through 2 years* that did not result in the development of an IFSP for speech-language services.

Line 3: Enter the **total** number of initial evaluations completed for children *birth through 2 years* who were evaluated for consideration of speech-language services. This number is the sum of Lines 1 and 2 above.

Section B

Line 1: Enter the number of initial speech-language evaluations completed for *preschool-age children 3 through 5 years* that resulted in entitlement for speech-language services and the development of an initial IEP.

Line 2: Enter the number of initial speech-language evaluations completed for *preschool-age children 3 through 5 years* that did not result in entitlement or development of an initial IEP for speech-language services.

Line 3: Enter the **total** number of initial speech-language evaluations completed for *preschool-age children 3 through 5 years* who were evaluated for consideration of speech-language services. This number is the sum of Lines 1 and 2 above.

Section C

Line 1: Enter the number of initial speech-language evaluations completed for *school-age children Kindergarten through Grade 12* that resulted in entitlement and the development of an initial IEP for speech-language services.

Line 2: Enter the number of initial speech-language evaluations completed for *school-age children Kindergarten through Grade 12* that did not result in entitlement or the development of an initial IEP for speech-language services.

Line 3: Enter the **total** number of initial speech-language evaluations completed for *school-age children Kindergarten through Grade 12* who were evaluated for consideration of speech-language services. This number is the sum of Lines 1 and 2 above.

IFSP/IEP SERVICES – SPEECH-LANGUAGE AS “SUPPORT ONLY” SERVICE

This section counts all preschool-age and school-age children (birth to 24 years) who RECEIVED intervention services from a speech-language pathologist during the current school year as part of a “support only” Individualized Education Plan (IEP) or “support only” Individualized Family Service Plan (IFSP). This also includes those served by an SLP assistant under the supervision of an SLP.

Enter data for “speech-language only” IFSP/IEP services in appropriate columns and total horizontally and vertically. Interpret age for the table as being “the beginning age and not yet the ending age.” For example, in the box “1 to 2 years,” it is meant that the individual has reached age one but has not yet reached his or her second birthday anniversary. The age of the individual on **May 1** of the reporting school year should be used.

IFSP/IEP SERVICES – SPEECH-LANGUAGE AS SUPPORT/RELATED SERVICE TO INSTRUCTIONAL IFSPs/IEPs

This section counts all preschool-age and school-age children (birth to 24 years) who RECEIVED intervention services from a speech-language pathologist during the current school year as a support/related service to an “instructional” IFSP/IEP. This also includes those served by an SLP assistant under the supervision of an SLP.

Enter data for speech-language as “support/related service to an instructional IFSP/IEP” in appropriate columns and total horizontally and vertically. Interpret age for the table as being “the beginning age and not yet the ending age.” For example, in the box “1 to 2 years,” it is meant that the individual has reached age one but has not yet reached his or her second birthday anniversary. The age of the individual on **May 1** of the reporting school year should be used.

EXIT INFORMATION FOR IFSP/IEP

This section counts all dismissals and/or concerns resolved for all students receiving speech-language services. The count is broken down in two categories: one for speech and special education IFSP/IEP and one for speech only IFSP/IEP with a total count for both categories. Dismissal is defined as exit of the student from speech-language service and appropriate paperwork is completed and the child no longer has an IFSP/IEP for speech-language service. Do not include 45-day trial out or if one speech goal area is met and the student is still has a speech-language goal area on the IFSP/IEP with speech-language services listed as a support service. Only count students who have exited from speech-language services even if the student continues in another special education program.

Iowa Statewide Speech-Language Yearly Report 2004-05

Date Due: _____

AEA/ISD/DMPS Identification Data:

Year:	SLP FTE =
AEA:	SLP Specialty Assignments FTE =
Signature:	Speech Assistants FTE =

I. INTERVENTION PLANS

A. Total number of speech-language Intervention Plans completed for preschool-age children 3 through 5 years of age with the following results/outcomes:

_____ # Intervention Plans (Result: Concern Resolved)

_____ # Intervention Plans (Result: Referral for Evaluation/Initial Entitlement)

_____ Total # of Intervention Plans Completed

B. Total number of speech-language Intervention Plans completed for school-age children Kindergarten through Grade 12 with the following results/outcomes:

_____ # Intervention Plans (Result: Concern Resolved)

_____ # Intervention Plans (Result: Referral for Evaluation/Initial Entitlement)

_____ Total # of Intervention Plans Completed

II. INITIAL EVALUATIONS

A. Total number of initial speech-language evaluations completed for children birth through 2 years of age in conjunction with the following categories:

_____ # Initial Evaluations (Result: IFSP developed for S-L services)

_____ # Initial Evaluations (Result: No IFSP developed for S-L services)

_____ Total # Initial Evaluations for Birth through 2 Year Olds

B. Total number of initial speech-language evaluations completed for preschool-age children three through 5 years of age in conjunction with the following categories:

_____ # Initial Evaluations (Result: Entitlement/Initial IEP developed for S-L)

_____ # Initial Evaluations (Result: No Entitlement/No IEP developed for S-L)

_____ Total # Initial Evaluations for 3 through 5 Year Olds

C. Total number of initial speech-language evaluations completed for school-age children Kindergarten through Grade 12 in conjunction with the following categories:

_____ # Initial Evaluations (Result: Entitlement/Initial IEP developed for S-L)

_____ # Initial Evaluations (Result: No Entitlement/No IEP developed for S-L)

_____ Total # Initial Evaluations for Kindergarten through Grade 12

III. IFSP/IEP SERVICES – SPEECH-LANGUAGE AS “SUPPORT ONLY” SERVICE

Total number of preschool and school-age children (by age) who RECEIVED speech-language intervention services as part of a “support only” IFSP/IEP.

0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	Sub-Total
6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	Sub-Total
12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	Sub-Total
18 to 19	19 to 20	20 to 21	21 to 22	22 to 23	23 to 24	Sub-Total
					Total =	

IV. IFSP/IEP SERVICES – SPEECH-LANGUAGE AS SUPPORT/RELATED SERVICE TO INSTRUCTIONAL IEPs

Total number of preschool and school-age children (by age) who RECEIVED speech-language intervention services as support/related service to an instructional IFSP/IEP.

0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	Sub-Total
6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	Sub-Total
12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	Sub-Total
18 to 19	19 to 20	20 to 21	21 to 22	22 to 23	23 to 24	Sub-Total
					Total =	

V. EXIT DATA:

Total number of students dismissed from speech-language services that met goals or concern resolved for IFSP/IEPs

Speech with other Special Education	Speech Only	Total
IFSP:	ISFP:	
IEP:	IEP	
Total	Total:	

Iowa Statewide Speech-Language Yearly Report
Data Collection Matrix
2004-05

SLP:	Date:
AEA/District:	

I. Intervention Plans completed for preschool age children 3 through 5.													
A.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	
Concern resolved													
Referral for evaluation/entitlement													
Total I Plans													

I. Intervention Plans completed Kindergarten through 12th grade.													
B.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	
Concern resolved													
Referral for evaluation/entitlement													
Total I Plans													

II. Initial evaluations completed from 0 through 2 years													
A.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	
Results in ISFP for S-L services													
Results in no ISFP for S-L services													
Total Evaluations													

II. Initial evaluations completed for preschool children age 3 through 5.													
B.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	
Results in IEP for S-L services													
Results in no IEP for S-L services													
Total Evaluations													

II. Initial evaluations completed for students Kindergarten through Grade 12.													
C.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	
Results in IEP for S-L services													
Results in no IEP for S-L services													
Total Evaluations													

III. Speech-Language ISFP/IEP services as "support only" by age.						
						Sub-Total
0-1	1-2	2-3	3-4	4-5	5-6	
6-7	7-8	8-9	9-10	10-11	11-12	
12-13	13-14	14-15	15-16	16-17	17-18	
18-19	19-20	20-21	21-22	23-24	23-24	
Total =						

IV. Speech-Language ISFP/IEP services as support/related service to an instructional IEP by age.						
						Sub-Total
0-1	1-2	2-3	3-4	4-5	5-6	
6-7	7-8	8-9	9-10	10-11	11-12	
12-13	13-14	14-15	15-16	16-17	17-18	
18-19	19-20	20-21	21-22	23-24	23-24	
Total =						

V. Exit Data

IFSPs	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Speech & Spec. Ed.												
Speech Only												
Totals												

IEPs	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Speech & Spec. Ed.												
Speech Only												
Totals												

COMMUNICATION PROFILE

Communication Profile

The Communication Profile (CP) was a tool originally developed by the Caseload Management Committee and then it became an independent committee. The CP was developed to be a practical decision making tool for caseload management tool that closely links to IDEA and the IEP process. One of the main purposes of the CP is to provide data and descriptions that can answer the question, "Is Potential for Change Observed?" which is on the Caseload Selection Checklist to measure treatment efficacy. The communication profile also links to the IEP process with the selection of the service delivery options, answering the independence conclusion in the IEP results section, determining the current level of functioning, monitoring progress on goals and milestones and describing the special education services information.

The Communication Profile is a decision-making tool for caseload management. The Communication Profile is **designed to measure a student's level of independence for a targeted communication behavior**. Four components are used to describe a student's level of independence: curriculum, environment, instruction and learner. The **curriculum** section is not designed to measure change in independence. Curriculum is included, as a **description** of relevant components that may impact the student's potential to acquire a targeted communication behavior. **Environment** ratings are based on generalization of the targeted communication behavior to the student's typical environment(s). **Instruction** and **learner** ratings are based on the level of support needed to document change in the student's level of independence.

Communication Profile Applications and Guidelines:

The following information can be used as a guideline for more in depth applications of the Communication Profile.

- The Communication Profile can be used to answer question #5 on the Caseload Selection Checklist: Is **Potential for Change** observed.
- IEP applications:
 - The Communication Profile can be used to select and monitor the most effective Service Delivery Option(s) (SDO) (page A)
 - The Communication Profile can be used to provide a data based answer to the Independence Conclusion on the IEP (page C)
 - Present level supports can be identified using information from the Communication Profile Summary Rating form and the corresponding descriptions.
 - Future supports can be selected based on the student's current profile.
 - This information can be used to assist in writing the current level of functioning, goal and possible milestones on the IEP (page D or E).
 1. This information can be used when completing the Special Education Services information (page F) on the IEP.
- The Communication Profile can be used as a planning tool/format for parent-teacher conferences, ongoing collaboration and assist in the development of intervention plans.

Communication Profile Guidelines:

To assist in completing the Communication Profile with students, the following information is provided. By reviewing the summary profile for each student, you can readily identify specific areas to target. Ideally, growth would be seen in all fields. However, an increase of at least one number in any of the three components of environment, instruction or learner is sufficient to rate a student as having greater independence on the Independence conclusion on the IEP.

The Communication Profile measures independence in two ways

1. Degree of generalization (Environment)
 - Where (i.e. settings, situations, environments, contexts, conditions)
 - And with whom (i.e. interactions with communication partners)
2. Level of support(s) needed in the areas of:
 - Instruction
 - Learner

Environment – Generalization

To determine the environment(s) to target for generalization, consider the following:

- What settings, situations, environments and/or contexts does the student currently use the communication behavior? (Present level)
- Are the environment(s) typical communication environments (i.e. situations, conditions, contexts, or interactions where the targeted communication behavior is typically required)?
- Where do you want the student to use, or generalize the communication behavior/skill? (Targeted level)

Targets are determined by the communication needs of the individual student. Typical communication environments could include:

- Broader environments such as the classroom, home, and/or community Settings
- To more specific situations or functional routines, such as: during snack, free play, during a calendar routine, at lunch, etc.

To determine the communication partners to target, consider the following:

- Who can the student currently use the communication behavior with? (present communication partners)
- Who are key people, or communication partners, the student needs to communicate with? (targeted communication partners)

Consider how you can link to the primary communication partners (*identified under Curriculum*), to assist in facilitating communication with significant adults and peers in targeted environments.

Instruction – level of support needed

Directly links to SDO (both terminology and application)

- Identifying the level of instruction the student currently needs to use the targeted communication behavior can assist you in determining the current SDO and the SDO to target in the future.
- With SDO 3 & 4 – (*where the SLP is not the primary provider*) use the level of instruction to direct a designated communication partner(s) to the most appropriate level of instructional support the student needs. The level of instruction rating would reflect this collaborative effort.

Primary Provider

- Links to SDO descriptions
- Links to the communication partners identified under Curriculum.
- The goal would be to systematically incorporate other communication partners within the student's typical communication environment to build the student's independence.

Prompts – level of learner supports needed

- Level of prompts provide a systematic method to rank the type and degree of support needed, from a high level of support (direct model, or low level of student independence) to no prompts (the highest level of student independence)
- Frequency of prompt rating provides an additional method to determine the degree of support needed. For example, a student may need only general prompts (low level of support) but may need these prompts the majority of time (75%). For the student to demonstrate a high level of independence a lower frequency of prompting would be necessary.
- The prompt examples incorporate the level of prompt ratings from the Communication Profile. Each communication behavior in the training packet is based on typical LEA standards and benchmarks. There is a level of prompt rating example for each communication behavior (see Examples of Communication Behaviors in your training packet).

**IOWA SPEECH-LANGUAGE ORAL
NARRATIVE PROJECT
(FIRST GRADE DATA)**

Iowa Oral Narrative Project

Many SLPs have participated on what is known as the Oral Narrative Committee. These dedicated SLPs have used story based interventions and have collected data about the development of Oral Narrative skills in both our students with language disorders and their general education peers.

The state leadership group identified Oral Narratives as an area for staff development across the state because of its significant tie to a student's reading and writing success. Materials, books, assessment tools and guides were gathered and developed. The goal was for SLPs in Iowa to develop competencies implementing story-based interventions and assessment of oral narrative skills. All materials for both intervention and assessment were first researched by the committee members.

Outcomes:

SLPs will implement story based interventions with children monitoring progress and making data based decisions to improve school success.

Knowledge: Understand the importance of collecting data and using data to make instructional decisions for positive student outcomes.

Skill: Utilize before, during, and after strategies with integrity and scaffold or provide corrective feedback to improve student responses. Administer and score story probes and implement data-based decision rules.

Attitude: Belief that story based intervention is an efficient way to develop language based literacy skills. Belief that frequent data collection and decision making is critical to student success.

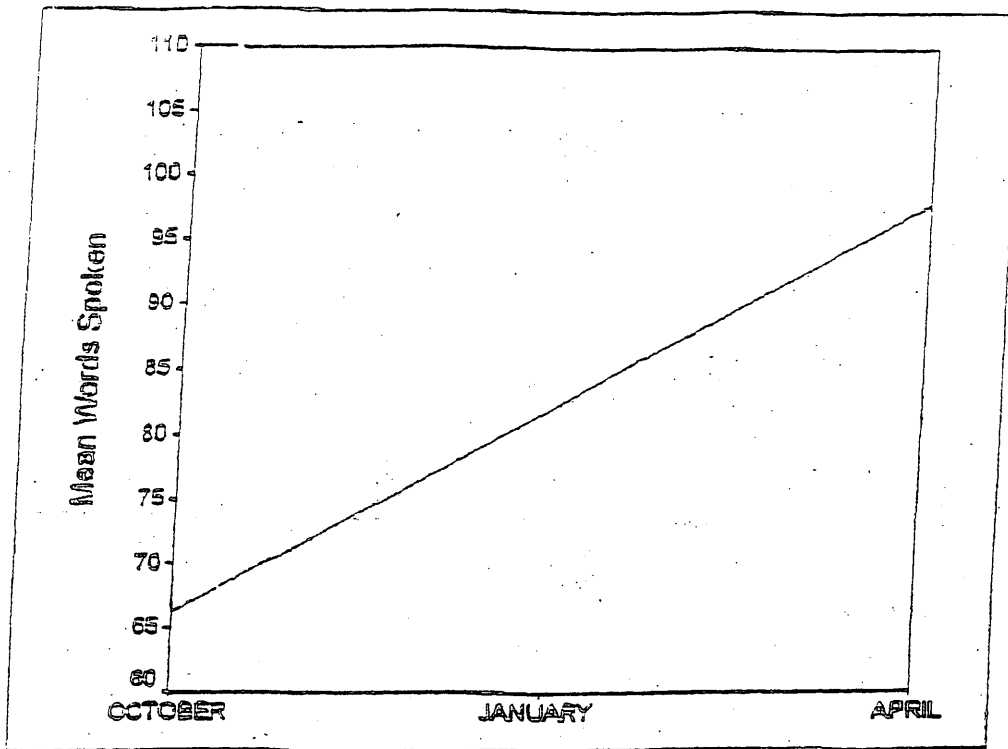
Competencies:

- Effectively use before, during and after strategies
- Select strategies most appropriate for current performance level of the child
- Select appropriate stories
- Write appropriate, measurable oral narrative goals
- Administer and score story probes
- Make data-based decisions

The Oral Narrative committee project has been ongoing and continues to expand year to year. Thus far materials for first grade have been trained and distributed. SLPs across the state can expect more materials for kindergarten aged students.

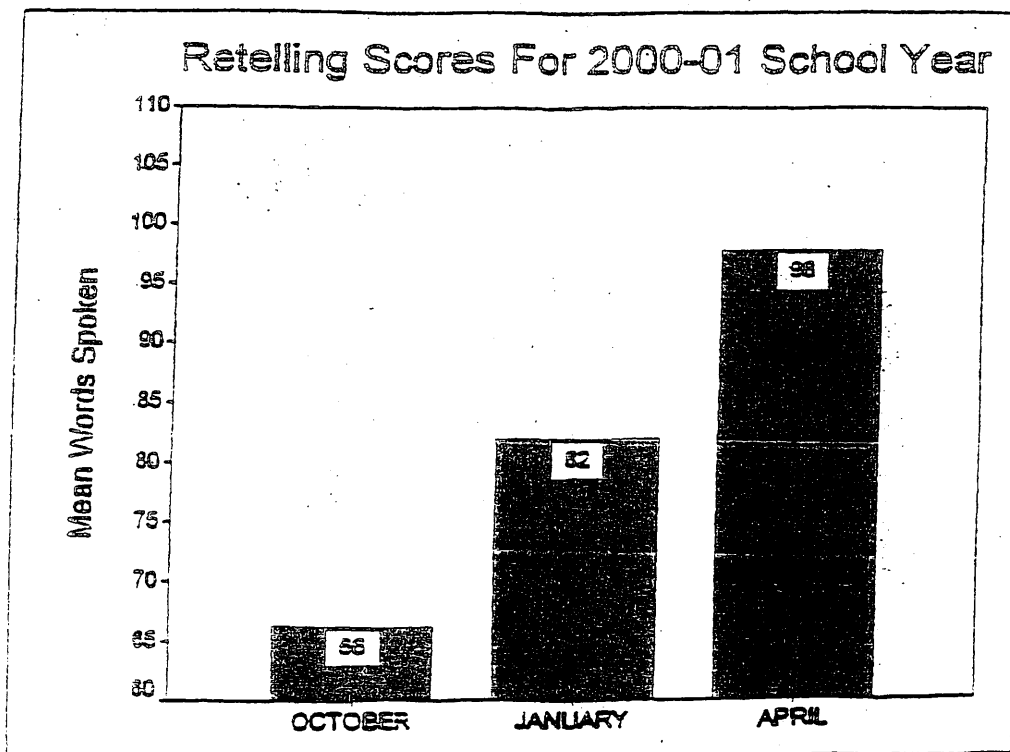
See attached project results for what to expect for average first grade students

*Speech-Language Pathologist Oral Narrative Committee
2000-2001 Benchmark Results
First Grade Results*



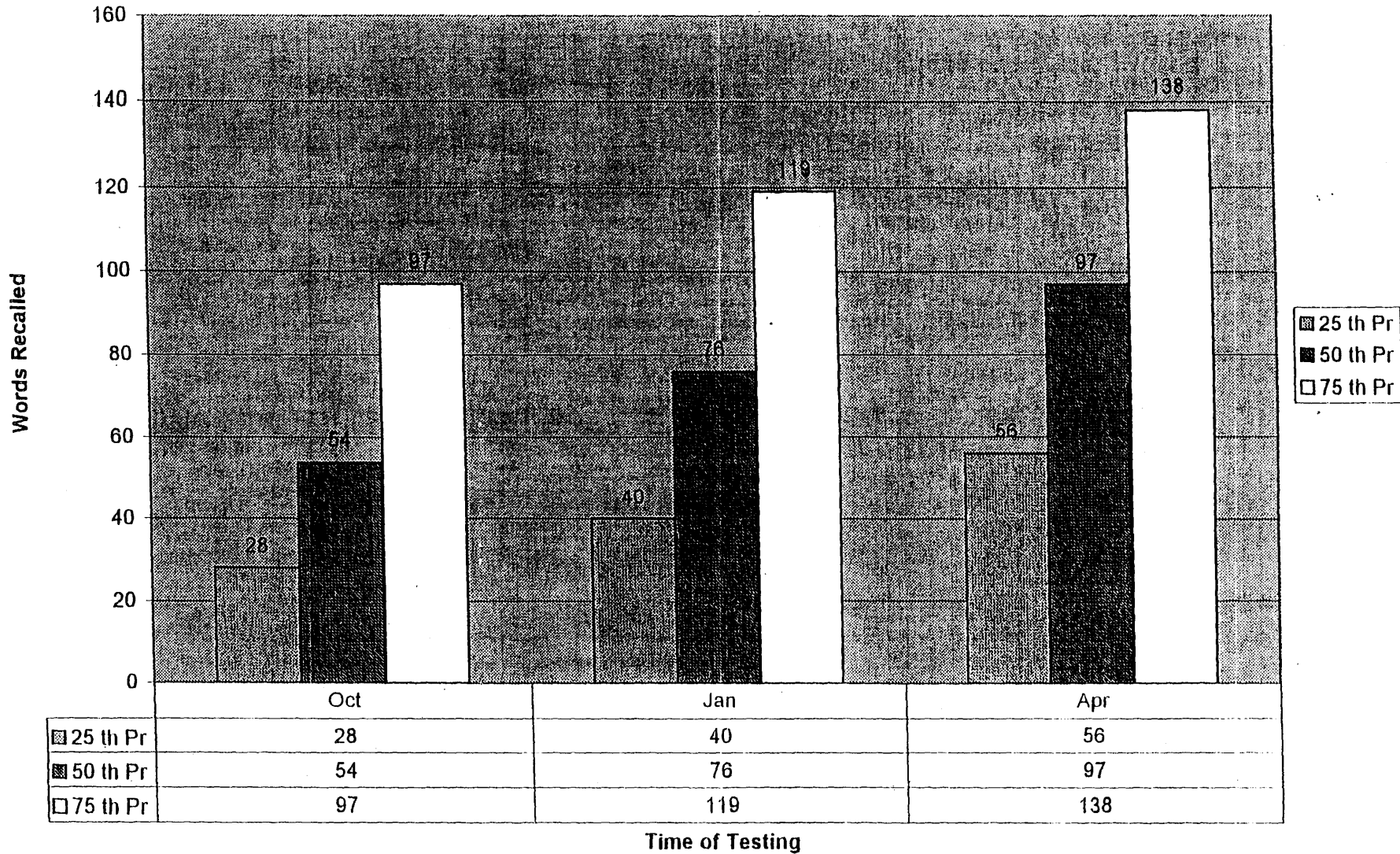
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
OCTOBER	887	.00	253.00	65.0596	47.27147
JANUARY	895	.00	229.00	84.0570	51.28383
APRIL	708	.00	227.00	97.6510	52.64785
Valid N (listwise)	655				



Iowa Statewide Speech-Language Oral Narrative Project Results
 Total Words Spoken
 First Grade Scores for Two-Minute Sample

Various Percentiles For 2000-01



Des Moines Public Schools
Oral Narrative Project Results
First Grade Average scores for a Two-Minute Sample
2001-02
Urban Area Comparison

Total Number of Words Spoken
(includes mazes)

Des Moines Public School Results

Total # of words Spoken (includes mazes)	October	January	April
Mean	69.92	84.46	95.69
Percentiles 25	27	36	40
50	63	77	93
75	103	126.25	146

Iowa Results

Total # of words Spoken (includes mazes)	October	January	April
Mean	65	83	98
Percentiles 25	28	40	56
50	54	76	97
75	97	119	138

Number of C-Units

Des Moines Public School Results

Number of C-Units	October	January	April
Mean	15.41	19.77	22.71
Percentiles 25	5	7	7
50	9	11	13
75	14	17.25	19

Iowa Results

Number of C-Units	September	May
Mean	8.5	16
Percentiles 25	NA	NA
50	NA	NA
75	NA	NA

Total Number Story Retell Guide

Des Moines Public School Results

Total # Story Retell Guide	October	January	April
Mean	3.82	4.817	5.79
Percentiles 25	1.5	2.5	3.5
50	3.5	4.66	5.7
75	5.6	7.0	8.0

Iowa Results

Total # Story Retell Guide	September	May
Mean	4.8	6.2
Percentiles 25	NA	NA
50	NA	NA
75	NA	NA

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SECTION IV

SECTION IV

Other Considerations

Workload/Caseload Considerations

Recently the term "caseload" has been viewed in different ways. In the past, "caseload" was measured by the numbers of students served. An alternative method of measuring the way we view a caseload is to consider characteristics of students, such as the age and the severity of the needs of the students. This method is more sensitive to workload demands on speech-language pathologists. The concept of considering student need is important to caseload considerations, and is incorporated into the caseload/workload concept.

The report American Speech-language-Hearing Association. (2002). A workload analysis approach for establishing speech-language caseload standards in the schools: Technical report. Rockville, MD: Author. proposed that ...*Caseload must be conceptualized as only one part of a school SLP's total workload.* The guidelines recommend shifting to the term "*workload*" as a more appropriate way to consider service delivery to children with disabilities under IDEA, (IDEA 1997). This change intends to encompass many of the issues described previously in terms of paperwork demands, changing student population, school reform issues and training and administrative requirements. The shift is recommended in order to include all of the professional activities required under IDEA 1997. In the document "*workload*" is defined as

...the amount of work across all areas of responsibility required in a given amount of time (e.g. in a workday, workweek, work month, or school year)" (p. 7).

The workload approach considers four activity clusters:

Direct instruction/intervention (e.g. identification, evaluation, and direct intervention/instruction)

Curriculum-related activities (e.g. classroom observations, teacher interviews, interventions)

Other activities that involve management or administrative tasks in support of direct services to students (e.g. student evaluation reports, progress reports, third party billing statements, etc.)

Associated activities that involve application of clinical skills on behalf of the student to support implementation of the student's educational program (e.g. design, maintenance, programming, staff training for assistive technology and AAC systems, data collection, transition planning).

Individuals interested in learning more about the ASHA Workload approach should contact ASHA at 1-800-498-2071. This document is free to ASHA members.

English Language Learners Speech-Language Services

According to Iowa Code 2003, Chapter 280.4, a limited English proficient student is defined as follows: "a student's language background is in a language other than English, and the student's proficiency in English is such that the probability of the student's academic success in an English-only classroom is below that of an academically successful peer with an English language background." The term English Language Learners (ELL) will replace the term Limited English Proficient (LEP).

Specific ELL issues for the Speech-Language pathologist will not be addressed in this document SLPs should refer to Iowa Speech-Language Pathologist English Language Learner Guidelines Manual Iowa Department of Education, December 2003. The manual can be downloaded at the following address on the Iowa Department of education Speech-Language website: <http://www.state.ia.us/educate/ecese/cfcs/slp/index.html> The manual will provide speech-language pathologists the information they need to provide appropriate services to second language learners in the schools, describe the legal mandates, second language acquisition, response to intervention and provide additional second language resources.

Early ACCESS Speech Language Services

Speech and language services are provided for children ages birth to age of three in accordance with Iowa Administrative Rules of Early ACCESS, 2003.

Information from the Iowa Administrative Rules of Early ACCESS Integrated System of Early Intervention Services January 2003 Iowa Department of Education Bureau of Children, Family and Community Services.

"*Early ACCESS*" is the statewide comprehensive, interagency system of integrated early intervention services that supports eligible children and their families. Early ACCESS is part of a larger early care, health, and education system. Services are provided by public and private agencies in partnership with families. The purpose of Early ACCESS is to work together in identifying, coordinating and providing needed services and resources, including informal supports provided by communities, that will help families assist their infants or toddlers to grow and develop. [34 CFR 303.11]

"*Eligible children*" means infants and toddlers from birth to the age of three years who meet one of the following criteria:

- 1. Have a condition, based on informed clinical opinion, known to have a high probability of resulting in later delays in growth and development if early intervention services are not provided; or [34 CFR 303.16(b); 303.300(c)]*
- 2. Have a developmental delay, which is a 25 percent delay as measured by appropriate diagnostic instruments and procedures and based on informed clinical opinion, in one or more of the following developmental areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, or adaptive development. [34 CFR 303.16(a); 303.161; 303.300(a)]*

120.14(14) “Speech-language pathology services” include:

- a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;*
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or swallowing disorders and delays in development of communication skills;*
- c. Provision of services for the habilitation, rehabilitation or prevention of communicative or swallowing disorders and delays in development of communication skills; and*
- d. Counseling and guidance of parents, children and teachers regarding speech and language impairments. [34 CFR 303.12(d)(14)].*

SECTION V

SECTION V

References and Resources

References

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American Speech-Language-Hearing Association. (2000). *Roles and responsibilities of speech-language pathologists related to reading and writing in children and adolescents*.

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American Speech-language-Hearing Association (2002) *Background Information and Standards and Implementation for the Certificate of Clinical Competence in Speech Language Pathology Standard VII: Maintenance of Certification*. Rockville, MD: Author

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American Speech-Language-Hearing Association. (1999). IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21. Technical report. Rockville, MD: Author.

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No Child Left Behind Act. (2001). P.L. 107-110

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Reauthorized Individuals with Disabilities Education Act. Public Law 101-476 (1997).

Reauthorized Individuals with Disabilities Education Act (IDEA) Amendments, 20 U.S.C. Section 1400 et seq. (1997).

Iowa Speech-Language Pathologists Tools for the Toolbox, Iowa Department of Of Education, April 2002.

Resources

Iowa Department of Education Speech-Language Pathology Website

<http://www.state.ia.us/educate/ecese/cfcs/slp/index.html>

Frank Forcucci

Program Consultant Speech-Language Services

Bureau of Children, Family & Community Services

Grimes State Office Building

Des Moines, IA 50319-0146

Phone: (515) 281-6111

Fax: (515) 242-6019

E-mail: Frank.Forcucci@ed.state.ia.us

Site Documents:

Revised Iowa Caseload Selection and Exit Considerations Practice Guidelines 2004

Provides a consistent process to identify common factors and procedures to use when making caseload decisions. These decisions are based on the student's instructional need, discrepancy from peers and rate of progress.

Iowa SLP Service Delivery Models A student centered decision-making framework for service delivery to effectively and efficiently interface speech-language services with educational progress.

Iowa Speech-Language Pathologist English Language Learner Guidelines Manual 2003

The manual will provide speech-language pathologists the information they need to provide appropriate services to second language learners in the schools, describe the legal mandates, second language acquisition, response to intervention and provide additional second language resources.

Site Speech-Language Pathology Links:

Iowa Speech-Language-Hearing Association

Iowa Speech-Language-Hearing Association (ISHA) is organized to promote speech-language and hearing as an area of science and as a service profession

<http://www.isha.org/>

American Speech-Language-Hearing Association <<<http://www.asha.org>>>

This site is the best source of information for professionals, parents, and students for speech, language, and hearing related disorders.

<http://www.asha.org/default.htm>

Apraxia- Kids <<<http://www.apraxia-kids.org/index.html>>>

This is a great online source for reliable and comprehensive information about childhood Apraxia of speech for families, professionals and all those who care about a child with Apraxia.

<http://www.apraxia-kids.org/index.html>

Speech Tx. Com <<<http://speechtx.com>>>

This site provides activities in the areas of articulation, language, literacy, and technology.

<http://speechtx.com/>

The Stuttering Homepage

The Stuttering Homepage is dedicated to providing information about stuttering for both consumers and professionals who work with people who stutter.

<http://www.mankato.msus.edu/dept/comdis/kuster/stutter.html>

Colorin Colorado

This bilingual web site was created especially for Spanish-speaking parents. Called Colorín Colorado, it provides information, activities, and advice on helping children learn to read and succeed.

<http://www.colorincolorado.org/homepage.php>